

DOCUMENT CHECKLIST

NOTE: We cannot START preparing your case for filing until all of the following information is provided to our office.

All documents will be scanned and returned to you, no need to make copies!!

A. INCOME AND DEDUCTIONS: *The ability to get accurate income information is critical to your case. If you are unable to locate the requested information, please contact your company's human resource department, your accountant or other sources. Please do not submit incomplete information!*

1. _____ Paycheck stubs last 6 months and any year to date. *The stubs should have the following information. If they do not then we will need documents showing each of the following: Deductions for taxes, insurance, retirement contributions, retirement loan repayments, wage garnishments, commissions and bonuses, etc.*
2. _____ Unemployment Benefits, received in the last 6 months.
3. _____ Child or Spousal Support payments received in the last 6 months.
4. _____ Soc. Sec. or SS Disability payments received by anyone in household.
5. _____ Pension or retirement benefits including cash outs or loans received in the last 6 months.
6. _____ Bank interest or stock dividend income received in the last 6 months.
7. _____ Lease or rental income received.
8. _____ If you have your own business: a P&L Statement for each of the past 6 months, and a Year-to-Date P&L. If you have questions about what is needed, please call us!

B. FINANCIAL INFORMATION:

1. **Tax Returns & Tax Debt:** *If you were not required to file taxes, please provide the most recent year for which you were required to file. If you have not filed taxes in more than four years there are additional forms that will need to be prepared by our office.*
 - a) _____ 2010 State and Federal Tax Return, *including* all Schedules, W-2's & 1099's
 - b) _____ 2011 State and Federal Tax Return, *Including* all Schedules, W-2's & 1099's.
2. _____ Statements of back taxes owed, tax liens, and all other tax related debts; *please include all correspondence you have received from any taxing authority or agency.*
3. **Six Months of Financial Account Statements:** *Please provide all statements! If you are missing statements request them from the bank or institution where the money is held.*
 - a) _____ ALL Checking & Savings accounts,
 - b) _____ Brokerage accounts, money markets, stocks, annuities
 - c) _____ 401(k), IRAs, or other retirement accounts, (most recent QUARTERLY Statement)
 - d) _____ Educational savings accounts for children (including Educational IRAs)
4. **Debts you owe:** *Please provide information about every debt you owe!*
 - a) _____ Most Recent Statement from Each Creditor, plus Most Recent Statement from any Collection Agency – includes credit cards, store cards, gas cards, medical bills pay day loans, past due or disconnected utilities, bills to old landlords, etc.
 - b) _____ Loans from Friends and Family
 - c) _____ Unpaid HOA/Condo Fees or Assessments
 - d) _____ Loans against 401K or Pensions (*please provide original loan documents*)
 - e) _____ Student Loans, tuition or other education-related debts
 - f) _____ Any other bills or debts not listed above!

5. _____ **Prior Bankruptcies Past 10 years, provide Petition and Schedules.**
6. _____ **Documents to Support your Budget *These are CRITICAL documents!!***
 - a) _____ **12 month summary of: *Call the Provider and request a 12 month summary***
 1. _____ **Variable Household Utilities: Gas/Electric/Water**
 2. _____ **Charitable Contributions**
 3. _____ **Out of Pocket Medical Expenses – co-pays, prescriptions, dental & vision**
 4. _____ **Education Expenses – school fees, extra-curricular activities, tutoring, etc.**
 5. _____ **Child Care Expenses**
 - b) _____ **2 monthly statements for other Household Expenses:**
 1. _____ **Cable**
 2. _____ **Home Phone**
 3. _____ **Mobile Phone**
 4. _____ **Internet**
 5. _____ **Trash**
 6. _____ **Security System**

C. REAL ESTATE/REAL PROPERTY (*Homes, Mobile Homes, Time Shares, Vacant Land*)

1. _____ **Lease Agreement, if you are renting.**
2. _____ **Mortgage Statements – *Two most recent mortgage statements for each property***
3. _____ **Deed of Trust & Loan Agreement or Note *check closing documents***
4. _____ **Most Recent Property Tax Bill**
5. _____ **Foreclosure, Eviction or other Notices**
6. _____ **Home Owners Association *Address, Payment Coupon, Amount due and Frequency***
7. _____ **Home Owners Insurance *declarations page from all policies***
8. _____ **Other Mortgage Documents: *any other documents related to your mortgage,***

including: Default Notices, Escrow Analysis, Letters from the Mortgage Company, Appraisals, Refinances, etc.

D. VEHICLES (*Cars, Trucks, Motorcycles, Campers, RV's, Boats, Trailers, Quads, etc*)

1. _____ **Original purchase contracts (IF YOU HAVE A LOAN)– *look in the glove box!!***
2. _____ **Registration: *for each vehicle, motor home or mobile home.***
3. _____ **Proof of Insurance – *declaration page showing vehicles covered and amounts***

covered

E. MISCELLANEOUS

1. _____ **Lawsuits *Please provide a copy of the first page of any lawsuit from the past 2 years.***
2. _____ **Garnishments *Provide the garnishment papers for wage and bank garnishments***
3. _____ **Divorce/Child Support *please attach all settlement agreements and support orders.***
4. _____ **Felony Convictions *any information about felony convictions in the past 10 years***
5. _____ **Inheritance: *All papers re: an inheritance received in the past 2 years, or trust fund you can receive money from.***

F. IDENTIFICATION

1. _____ Copy of Drivers License, State Issued ID, Passport or Employee ID
_____ Copy of Social Security Card

Tell us about your case, are you filing:

Please choose one:

- Individual Single
Individual Married (You are married, but your spouse is not filing).
Joint Husband and Wife

What Chapter are you filing? Chapter 7 or Chapter 13

When do you want to file (this is only an estimate) _____/_____/20____

VOLUNTARY PETITION

Complete All Questions. If there is no possibility that your spouse will file bankruptcy along with you, **or you are not married**, complete the following personal information for yourself only.

Single Filer or Husband's Information: (Include maiden name if applicable)

Full name: First _____ Middle _____ Last _____

Social security number: _____

Date of birth _____

List any other names used or other ways you have signed your names to papers and checks during the last **SIX** years:

Job title or usual type of work: _____

Name of employer: _____

Address of employer: _____

How long have you been employed at this job? _____ years _____ months

How often do you get paid:

Monthly (6 stubs) Semi-Monthly (12 stubs) Bi-Weekly (13 stubs) Weekly (26 stubs)

****SUBMIT LAST 6 MONTHS OF DETAILED PAYSTUBS****

The stubs must show the gross pay, and all your deductions; not just your net pay

If you are missing ANY paystubs, please request them from your employer!!

Other Sources of Income:

Unemployment received: Provide documentation.

How often are you paid? _____

Amount you receive _____

Do you have taxes taken out of your unemployment benefits? _____

When do your benefits expire? _____

Social Security benefits: Provide documentation.

Amount you receive monthly _____

Child Support/Maintenance: Provide documentation.

How often are you paid? _____

Amount you receive _____

When does your support end? _____

Amount of back support due to you? _____

Who owes the back support (provide name and address) _____

Loans or Cash Outs of 401k, IRA or other Retirement Accounts: Provide documentation.

Amount withdrawn or borrowed: _____

Date/Dates Received: _____

Income from Operation of a Business, or from work as a Contractor or 1099 Employee. Please provide a Profit and Loss Statement for each of the past six months, and a Year To Date Statement.

For information about preparing a profit and loss statement, please contact our office or your accountant.

ANY other income received in the past SIX months (including Workers' Compensation, Personal Injury Settlements, Bonuses, Gifts, etc.): Provide documentation.

Date	Amount	Source
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you expect your income to increase or decrease more than 10% in the next year? YES NO

Please explain _____

Do you expect to have any major expenses (like medical bills) in the near future? YES NO

If YES, describe: _____

Is your family eligible for food stamps? YES NO

If YES, how much in food stamps do you receive per month? \$ _____

Wife or Spouse Information:

PROVIDE ALL REQUESTED DOCUMENTS EVEN IF THE SPOUSE IS NOT FILING FOR BANKRUPTCY. WE NEED TO SHOW THE TOTAL AMOUNT OF INCOME FOR THE HOUSEHOLD.

Full name: First _____ **Middle** _____ **Last** _____

Social security number: _____

Date of birth _____

List any other names used (including maiden name), or other ways you have signed your names to papers and checks during the last six years:

Job title or usual type of work: _____

Name of employer: _____

Address of employer: _____

How long have you been employed at this job? _____ years _____ months _____

How often do you get paid:

Monthly (6 stubs) Semi-Monthly (12 stubs) Bi-Weekly (13 stubs) Weekly (26 stubs)

****SUBMIT LAST 6 MONTHS OF DETAILED PAYSTUBS****

The stubs must show the gross pay, and all your deductions; not just your net pay

If you are missing ANY paystubs, please request them from your employer!!

Other Sources of Income in the Past SIX Months:

Unemployment received: Provide documentation.

How often are you paid? _____

Amount you receive _____

Do you have taxes taken out of your unemployment benefits? _____

When do your benefits expire? _____

Social Security or Pension/Retirement Benefits: Provide documentation.

Amount you receive monthly _____

Child Support/Maintenance: Provide documentation.

How often are you paid? _____

Amount you receive _____

When does your support end? _____

Amount of back support due to you? _____

Who owes the back support (provide name and address) _____

Loans or Cash Outs of 401k, IRA or other Retirement Accounts: Provide documentation.

Amount withdrawn or borrowed: _____

Date/Dates Received: _____

ANY other income received in the past SIX months (including Workers' Compensation, Personal Injury Settlements, Bonuses, Gifts, etc.): Provide documentation.

Date	Amount	Source
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Income from Operation of a Business, or from work as a Contractor or 1099 Employee. Please provide a Profit and Loss Statement for each of the past six months, and a Year To Date Statement.

For information about preparing a profit and loss statement, please contact our office or your accountant.

Do you expect your income to increase or decrease more than 10% in the next year? YES NO

Please explain _____

Do you expect to have any major expenses (like medical bills) in the near future? YES NO

If YES, describe: _____

Is your family eligible for food stamps? YES NO

If YES, how much in food stamps do you receive per month? \$ _____

Who lives in Your Household?

Name	Age	Gender	Relationship	Contribution to Household*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Please explain any income that these members contribute to the household and any household expenses that they pay. Attach additional pages with details.

Current Address (Single Filer or Husband):

Street: _____

Mailing address (if different) _____

City: _____

County: _____

State and Zip Code: _____

Telephone: _____

Email _____

Current Address Spouse (if different than Husband):

Street: _____

Mailing address (if different) _____

City: _____

County: _____

State and Zip Code: _____

Telephone: _____

Email _____

Prior Addresses in Past THREE Years:

List all addresses you and your spouse have had in the last three years, the dates when you lived there, and the name you used while living there. If husband and wife are filing bankruptcy together, list addresses for each for the last three years (include street, town, and zip code).

#1 Street address: _____ City: _____ State: _____ Zip: _____

Dates you lived there: ____ / ____ / ____ - ____ / ____ / ____ Names Used: _____

#2 Street address: _____ City: _____ State: _____ Zip: _____

Dates you lived there: ____ / ____ / ____ - ____ / ____ / ____ Names Used: _____

#3 Street address: _____ City: _____ State: _____ Zip: _____

Dates you lived there: ____ / ____ / ____ - ____ / ____ / ____ Names Used: _____

Prior Bankruptcy

Have you or your spouse ever been involved before in a bankruptcy? Y or N

If so, has the previous bankruptcy been discharged? Y or N

Which Chapter did you file? **Chapter 7** or **Chapter 13**

City & State of Filing: _____

Case Number: _____

Date Filed: _____

STATEMENT OF FINANCIAL AFFAIRS

Please double check, do you have the following items ready?

Tax Returns

2008, 2009 and 2010 (if filed) Tax returns for all filers.

If you are not providing them, please tell us why?

Didn't file Can't find the returns Other: _____

If you have filed and do not have a copy, please call the IRS at 1-800-829-1040 and request a transcript of your return be mailed out to you.

In the past three years, have you taken any loans against retirement plans, cashed out retirement accounts, received pensions, or social security benefits? YES NO If Yes to ANY:

Source of Funds: _____

Amount Received: _____ **Year(s) Received:** _____

Source of Funds: _____

Amount Received: _____ **Year(s) Received:** _____

Source of Funds: _____

Amount Received: _____ **Year(s) Received:** _____

Have you or your spouse been in business by yourself or with others during the last six years?

YES NO **If YES, please provide the following for EACH BUSINESS – add additional sheets if necessary:**

Name of Business: _____

Dates the business opened and the date it was closed (if applicable): _____

Address: _____

Names of others in business with you or your spouse. _____

Are there any debts from your business? (including personal guarantees for business debts)

YES NO **If YES, please give details here:**

Attach additional sheets if necessary. Please provide statements or invoices for these debts!

If you employed anyone (such as regular employees, cleaning people, gardeners, babysitters), do you still owe them wages? YES NO **If YES,**

Name of employee: _____

Address of employee: _____

Dates worked: _____

Amount owed: _____

Work done: _____

Has anyone given you money for property or services that you were unable to provide?

YES NO **If YES, give details:** _____

Government Benefits

Have you been on welfare within the past two years? YES NO

Has anyone in your immediate family? YES NO **If YES to either question,**

Who received welfare: _____

Dates welfare was received: _____

Amounts received: _____

Places: _____

(If state welfare, name the state, if local welfare, name the city or county)

Have you ever received or been told you have received more money from the government than you were supposed to (such as social security, welfare, unemployment compensation, food stamps, etc.)?

YES NO If YES, give details:

Who did you receive the money from: _____

When did you receive the money: _____

Are they trying to collect the money: _____

How are they trying to collect the money: _____

Payments Made On Debts in the Past Three Months:

If you have made any payments that total \$600 or more to a single creditor within the last ninety days, complete the information below for each creditor: Be sure to include a statement for each creditor listed.

This includes regular payments on your mortgages, car loans, and other debts.

Payment Made to	Date of Payment	Amt of Payment
30 days ago _____		

60 days ago _____		

90 days ago _____		

(Please add additional pages if necessary!)

Have you made any payments within the last year to friends, relatives or business associates who you borrowed money from? YES NO If YES, give details:

Name: _____

Address: _____ City _____ St _____ Zip _____

Amount of payment: _____

Date of payment: _____

Student Loans:

Do you have a student loan or have you cosigned for someone else's student loan? YES NO

If YES to either question, please provide the following information:

Lender or Creditor Name, Address, Acct No.	Balance Due	Monthly Payment	Making Payments?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lawsuits:

(Please provide all papers relating to any lawsuits, collection actions or criminal cases.)

Have you been sued by any person, company, or organization in the past TWO years?

YES NO If YES, state:

Case Name: _____

Case #: _____

Name and Address of Court: _____

Type of Case: _____

Result of Case _____

Have any court suits resulted in a lien being placed on your property? YES NO If YES, describe

Have you ever sued any person, company, or organization? YES NO If yes, please provide:

Case Name: _____

Case #: _____

Name and Address of Court: _____

Type of Case: _____

Result of Case _____

Do you have any criminal charges or convictions in the past THREE years? YES NO If yes, state:

Case Name: _____

Case # _____

Name and Address of Court: _____

Type of Case: _____

Result of Case: _____

Have you been involved in any administrative agency cases (challenging denial of unemployment compensation, worker's compensation, etc.) in the past 12 months? YES NO If YES, state:

Case Name: _____

Case #: _____

Name and Address of Agency: _____

Type of Case: _____

Do you have any possible reason for suing someone for damage to your property or for injuries to yourself or other members of your family? YES NO If YES,

Who could you sue: _____

How much money is involved: _____

Garnishments, Attachments, and Sheriff's Sales

Have you had any property listed for or sold at a foreclosure sale in the past YEAR?

YES NO If YES, bring any papers concerning those actions to the office and state:

What property was sold or listed: _____

Value of property: _____

Date of sale/foreclosure: _____

Name of creditor: _____

Street address: _____ City _____ St _____ Zip _____

In the past YEAR - has money from your paycheck or bank account been garnished, or taken or frozen by a creditor, including your bank or credit union, because of a debt?

YES NO If YES, give the following:

Name of creditor: _____

Street address: _____ **City** _____ **St** _____ **Zip** _____

Amount taken: _____

Dates: _____

(Please add additional pages if necessary!)

Repossessions and Voluntary Returns

Have you had any property or merchandise repossessed during the last year? YES NO

If YES, bring all papers including all letters telling you of the repossession or sale.

Description of property: _____

Month and year of repossession: _____

Name of who repossessed item: _____

Street address: _____ **City** _____ **St** _____ **Zip** _____

Value of property: _____

Have you voluntarily returned any property to a lender in the past year?

YES NO . If YES, state:

Description of property: _____

Returned to Seller: Month _____ Year _____

Seller's name: _____

Street address: _____ **City** _____ **St** _____ **Zip** _____

Value of property: _____

Property of Yours Held by Someone Else

Does any other person have any of your property?

(This includes any check you may have given to a *payday lender or check cashing service*, and vehicles that your name is on the title, but you don't use) YES NO If YES, list the following:

Type of property: _____

Value of property: _____

Name of who is holding property: _____

Address of who is holding property: _____ **City** _____ **State** _____ **Zip** _____

Why is this person holding this property: _____

Have you given or made an assignment of any of your property for the benefit of your creditors or any settlements with your creditors within the past two years? YES NO If YES,

Name of creditor: _____

Address of the creditor _____

Terms and conditions under which you gave the property to the creditor or made an agreement with the creditor: _____

Is any of your property in the hands of a court-appointed person (a receiver), or in the hands of a person who is holding it for your benefit and use (a trustee)? YES NO If YES, give details:

Is any of your property in the possession of a pawnbroker, storage company or repairman?

YES NO If YES,

Describe property: _____

Value of property: _____

Gifts and Transfers:

Have you made sales of property, mortgages, gifts, or transfers of any substantial property or cash within the last four years? YES NO If YES, give the following:

Name of person who received property: _____

Description of property: _____

Month of sale or gift: _____ year _____

Was sale or gift to a relative: _____

Losses:

Have you lost money or property as a result of fire, theft, auto accidents or gambling during the last year?

YES NO If YES, state the following:

What caused the loss: _____

Value of property lost: _____

Date of loss: _____

Did insurance pay for any part of the loss? YES NO If YES,

What was date of payment? _____

How much was paid? \$ _____

Payments or Transfers to Attorney or Debt Consultants:

Have you paid any other attorney, bankruptcy consultant (petition preparer, typing service, document preparation service, independent paralegal), or credit counselor other than *THE LAW OFFICE OF DENNIS LOVE* for help with your debt in the past year?

YES NO If YES, please provide

Name of Attorney/Firm or Provider: _____

Street address: _____ City _____ St _____ Zip _____

Dates: _____

How much have you paid the attorney or bankruptcy consultant? \$ _____

Have you consulted anyone else about your debts in the past year? YES NO If YES,

Name: _____

Address: _____

Amount(s) paid for the service: _____

Did any of your debts result from a refinancing or a consolidation loan? YES NO

If YES, which ones?

Please be sure to bring all papers for these loans with you.

Closed Bank Accounts:

Have you or your spouse had your name on any bank account (such as savings, checking, certificates of deposit) during the past 12 months that is now closed? YES NO If YES, state:

Bank name: _____

Address: _____ City _____ St _____ Zip _____

Account # _____

Account type (savings or checking): _____

Names on the account: _____

Date closed: _____

Final balance: _____

Bank name: _____

Address: _____ City _____ St _____ Zip _____

Account # _____

Account type (savings or checking): _____

Names on the account: _____

Date closed: _____

Final balance: _____

Safe Deposit Boxes:

Have you or your spouse had a safe deposit box during the last year? YES NO If YES,

Name of bank: _____

Address: _____

Names of who has access: _____

Address of who has access: _____

Contents of the box: _____

Date closed, if closed: _____

Property Held for Another Person:

Do you have any money, property, furniture, vehicles etc. that belongs to another person or that you are holding for someone else? YES NO

If YES, what is the property, who owns it, and what is it worth? Include name and address of the owners:

Describe property: _____

Value of property: _____

Owned by: _____

Address: _____ City _____ St _____ Zip _____

Does property belong to a relative: _____

At what address are you keeping this property? _____

Leases:

Have you had an auto lease, rent-to-own, or rental-purchase transaction in the past four years?

YES NO If YES, give details and submit a copy of the lease: _____

Do you currently lease/rent a house or apartment?

YES NO If YES, give details and submit a copy of the lease: _____

Did you pay a deposit for this house or apartment?

YES NO If YES, give the name and address of who you paid the deposit to and the amount paid? _____

Cooperatives:

Are you a member of any type of cooperative (housing, food, agricultural, etc.)? YES NO

If YES, give details: _____

Accidents and Driver's License:

Have you been involved in a vehicle accident in the last four years? YES NO

Has your vehicle been involved in an accident in the last four years? YES NO

Have your children ever injured anyone else or their property? YES NO

Have you ever lost your driver's license? YES NO If YES, give details: _____

DEBTS OWED TO CREDITORS

*** PLEASE PROVIDE A STATEMENT FROM EACH CREDITOR ***

Secured Debts:

Please provide a statement for each of loan, mortgage or line of credit that is secured by an interest in collateral, such as a home or car.

If the collateral is a home or a car, do you have insurance on the property? YES NO IF YES, who is your insurance provider? _____

When is your insurance coverage due for renewal? _____

Is any of the collateral located somewhere other than your home? YES NO If YES, describe:

Unsecured Debts: Provide a statement for EVERY creditor, including creditors who have judgments or whose claims you dispute. Anyone who you think may have a claim against you must be listed even if the claim is old. **For each debt, please give all information requested. If a collection agency or an attorney is involved, please provide the name and contact information for that agency and the person or company you originally owed.**

PLEASE PROVIDE A STATEMENT FOR EACH CREDITOR, IF YOU DON'T HAVE A STATEMENT, PLEASE WRITE DOWN ALL THE INFORMATION YOU HAVE!

Now review all the statements you have gathered and debts you have listed, Have you forgotten any? Here is a list to help refresh your memory!

medical bills?	loan companies?
mail order bills?	welfare debts?
schools?	criminal restitution debts?
condominium assessments?	cable T.V. bills?
utility or telephone bills?	debts you cosigned?
credit card bills?	back rent?
judgments?	bills for goods or services?
student loans?	repossessed your property?
traffic tickets or parking tickets?	payday loans?
loans from relatives?	bills owed to old landlords?
store charges?	

Do you dispute any of these debts? YES NO If YES, which ones?

TAXES:

Do you owe any taxes to the United States? YES NO **If YES,**
Name of the department or agency to which the tax is owing: _____
Address: _____ City _____ St _____ Zip _____
Type of tax that is owing: _____
Years for which the tax is owing _____

Do you owe any taxes to any states? YES NO **If YES,**
Name of the department or agency to which the tax is owing: _____
Address: _____ City _____ St _____ Zip _____
Kind of tax that is owing: _____
Years for which the tax is owing _____

Do you owe any taxes to a county, district, or city? (Including past due property taxes) YES NO
If YES: Name of the department or agency to which the tax is owing: _____
Address: _____ City _____ St _____ Zip _____
Kind of tax that is owing: _____
Years for which the tax is owing _____

Besides taxes, do you owe any other money to any branch of the United States Government?
(e.g., FHA, VA, withholding taxes [if you were in business], Small Business Administration)
 YES NO **If YES,**
Name of the department or agency to which the tax is owing: _____
Address: _____ City _____ St _____ Zip _____
Kind of tax that is owing: _____
Years for which the tax is owing _____

Are you entitled to a refund of taxes from the State or Federal Government? YES NO **If YES:**
For what tax years? _____
When do you expect to receive it? _____ How much are you owed? _____
Is any other person (such as your spouse) entitled to part of your refund? YES NO **If YES, who?**

Have you filed income tax returns every year for the last seven years? YES NO **If NO,**
Years of Unfiled Returns: _____

Alimony, Child Support, and Property Settlements:

Have you had any previous marriages? YES NO If YES, what is the name of your former spouse?

When was the divorce final? _____

What states did you reside in during the marriage? _____

Please be sure that any debts from prior marriages which were never paid are listed with your other debts.

Do you owe anyone alimony or maintenance? YES NO

Have you ever been ordered to pay child support? YES NO

Property Settlement? YES NO

If you answered YES to any question, please tell us:

(1) To whom do you make the payments? _____

(2) How much is your monthly payment? _____

(3) Are you behind in your payments? _____

(4) Are the persons you are required to support this way on welfare? _____

(5) Do you have any family court hearings coming up? If YES, explain and give dates:

Do you expect to be involved in a property settlement with your spouse in the near future? YES NO

If yes, please describe below: _____

Cosigners and Debts Incurred for Other People:

Were there any **cosigners for you** on any of the debts you have listed in these forms?

YES NO If YES,

Cosigners Name: _____

Cosigners Address: _____

What debt was cosigned for: _____

Have you ever been the **cosigner on someone else's loan or debt which hasn't been paid off?**

YES NO If YES, list the following for each debt:

Creditors Name: _____

Creditors Address: _____

Name of Person you Co-signed for: _____

Address of Person you Co-signed for: _____

Date of Debt: _____

Amount Owing: _____

Creditors Name: _____

Creditors Address: _____

Name of Person you Co-signed for: _____

Address of Person you Co-signed for: _____

Date of Debt: _____

Amount Owing: _____

Have you borrowed any money for someone else's benefit? YES NO If YES, list the following unless you are sure that loan or debt has been paid:

Creditor's Name: _____

Creditor's Address: _____

Collection Agent / Attorney: _____

Date of Debt: _____

Which Spouse Owes: _____

Current Amount of Claim: _____

What was the Money Borrowed For: _____

Credit Card and Finance Company Debts

Have you taken cash advances or made balance transfers of more than \$1,000 or used any credit card to purchase more than \$1,000 worth of goods or services in the last sixty days? YES NO

If YES, give details:

Date	Amount	Card/Creditor	Advance?Transfer/Purchase?
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Do you owe money on a payday loan or for a check cashing service? YES NO If YES give details:

Creditor (Name/Address)	Date Taken or Renewed?	Amount
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ASSETS

FAILURE TO LIST ASSETS WILL RESULT IN TURNOVER TO THE TRUSTEE IN YOUR CASE!

REAL PROPERTY:

IF YOU HAVE MORE THAN ONE REAL ESTATE PROPERTY, PHOTOCOPY THIS PAGE AND
COMPLETE THE ENTIRE PAGE FOR EACH PROPERTY.

(1) Do you own real estate? YES NO

Describe and give the location of all real property (lot, house, condominium, cooperative, land, burial plot, etc.)
in which you hold an interest:

Description: _____

Address: _____

Do you intend to keep or surrender this property?

(2) Co-owners: _____

(3) Purchase price: _____ Year purchased: _____

(4) Present value of your house: _____

(5) Outstanding 1st mortgage balance: _____

(6) Name of 1st mortgage company: _____

(7) Monthly Payment: _____ Includes: Taxes Insurance

(8) Are there any other mortgages? YES NO .

If YES, give the name and address of each company:

Name of second mortgage company: _____

Address: _____

Balance Due: _____ Date Incurred: _____

Name of third mortgage company: _____

Address: _____

Balance Due: _____ Date Incurred: _____

Do you pay HOA dues? YES NO .

Please provide your most recent statement or a payment coupon.

Name of HOA company you make your check payable to: _____

Street address of HOA company: _____

City State Zip: _____

Amount of past due HOA dues: _____

Do you pay your taxes or insurance yourself? YES NO If yes, please provide the most recent tax statement and your property tax statement.

PERSONAL PROPERTY:

Bank Accounts: Do you have any bank accounts? YES NO If so, please list each account!

This includes: banks, savings and loan associations, or credit unions? If YES, list the **name and address of the bank, savings and loan association, or credit union**, and the amount:

Please bring the balance in each account to our final signing appointment!!!

Bank name: _____

Address: _____

Account #: _____

Account type (savings or checking): _____

Names on the account: _____

Bank name: _____

Address: _____

Account #: _____

Account type (savings or checking): _____

Names on the account: _____

Bank name: _____

Address: _____

Account #: _____

Account type (savings or checking): _____

Names on the account: _____

Security Deposit: Have you given a security deposit to any landlord, utility, or anyone else? YES NO

If YES, please tell us:

Name of Person or Company: _____

Address of Person or Company: _____

Amount: _____

What is the term of this lease: Start date _____ End date _____

Jewelry: List each item of jewelry that you own, and an estimate of its value (liquidation or pawn shop value).

This includes costume jewelry, watches, rings, etc.

CARS, MOBILE HOMES, TRAILERS AND BOATS:

Do you have any cars, trucks, mobile homes, boats, trailers, or motorcycles? YES NO If YES, give the year, make, model, mileage and condition, who is financing it, and amount owed:

Year: _____

Make: _____ Model: _____ Trim Package: (i.e. LT, LX) _____

- Leather 4WD Long Bed Short Bed Diesel Turbo 2door 4 door Crew Cab
- King Cab Super Cab CD (single or multi) Power Seats Moon/Sun Roof

If your specifics are not listed please provide: _____

Mileage: _____ Condition: _____

Finance Company: _____

Amount Owed: _____

Monthly Payment: _____

Months Remaining on Loan _____

Do you intent to keep or surrender this vehicle: _____

Year: _____

Make: _____ Model: _____ Trim Package: (i.e. LT, LX) _____

- Leather 4WD Long Bed Short Bed Diesel Turbo 2door 4 door Crew Cab
- King Cab Super Cab CD (single or multi) Power Seats Moon/Sun Roof

If your specifics are not listed please provide: _____

Mileage: _____ Condition: _____

Company: _____

Amount Owed: _____

Monthly Payment: _____

Months Remaining on Loan _____

Do you intent to keep or surrender this vehicle: _____

Year: _____

Make: _____ Model: _____ Trim Package: (i.e. LT, LX) _____

Leather 4WD Long Bed Short Bed Diesel Turbo 2door 4 door Crew Cab

King Cab Super Cab CD (single or multi) Power Seats Moon/Sun Roof

If your specifics are not listed please provide: _____

Mileage: _____ Condition: _____

Finance Company: _____

Amount Owed: _____

Monthly Payment: _____

Months Remaining on Loan _____

Do you intent to keep or surrender this vehicle: _____

Year: _____

Make: _____ Model: _____ Trim Package: (i.e. LT, LX) _____

Leather 4WD Long Bed Short Bed Diesel Turbo 2door 4 door Crew Cab

King Cab Super Cab CD (single or multi) Power Seats Moon/Sun Roof

If your specifics are not listed please provide: _____

Mileage: _____ Condition: _____

Finance Company: _____

Amount Owed: _____

Monthly Payment: _____

Months Remaining on Loan _____

Do you intent to keep or surrender this vehicle: _____

OTHER PROPERTY:

Have you received any tax refunds this year? YES NO

State \$ _____ Date: _____ Federal \$ _____ Date: _____

What income tax refunds do you expect to receive this year?

State \$ _____ Federal \$ _____

Does this amount include an Earned Income Credit? YES NO

Have you already filed for the refund? YES NO

When do you expect to receive the tax refund? _____

Do you know if anyone intends to take or intercept your tax refund? YES NO If yes, give details.

Did you sign an agreement or refund anticipation loan with a tax preparer to get your refund early?

YES NO If YES, please bring a copy of the agreement or loan documents.

Do you own any life insurance policies? YES NO

Insurance Company: _____

Address: _____

How long have you had each policy? _____

Term? Death Benefit: _____ Whole Life? Death Benefit: _____ Cash Value: _____

Do you have any other insurance, including credit insurance? YES NO If YES, describe:

Do you expect to receive any money from any insurance in the near future? YES NO If YES, please

give all details: _____

Do you own any stocks? YES NO Value: \$ _____

Name: _____

Description: _____

Where traded (NASDAQ, NYSE): _____ Stock Symbol: _____

Do you own any bonds (including U.S. Savings Bonds)? YES NO Value: \$ _____

Maturity date? _____

Do you own any machinery, tools, or fixtures used in your business or work? YES NO If YES,

Description: _____

Value: _____

Description: _____

Value: _____

Description: _____

Value: _____

(Please attach additional sheets if necessary)

Do you have any animals or pets? YES NO If YES, list and give value (what they could sell for):

Do you have any right to receive commissions or other payments from any previous job you have held?

YES NO How much is owed to you? \$ _____

Does anyone owe you any money? YES NO If YES to either,

Name: _____

Addresses: _____

Amounts owed: _____

Name: _____

Addresses: _____

Amounts owed: _____

Do you have any books, prints or pictures, stamps or coins, or sports equipment of substantial value?

YES NO If YES, describe and estimate their value: _____

Do you have any inventory? YES NO If YES, describe and estimate the value:

Do you own anything else not mentioned above? YES NO If YES, describe and state its value

(what you could sell it for): _____

Does any of the property that you own or possess pose a threat of harm to public health or safety?

YES NO Is the threat imminent? YES NO

Do you have any vacation time that is due you from your employer? YES NO

If YES, how much is due? _____

Can you cash out vacation time without leaving your job? _____

Do you have an IRA, 401K or any other pension plan? YES NO If YES,

Bank or Institution: _____

Value: _____

Bank or Institution: _____

Value: _____

Bank or Institution: _____

Value: _____

Are you the beneficiary of a trust or future interest? YES NO If YES, give details:

Do you expect to receive more than a small amount of money or property at any time in the near future by way of gift or life insurance proceeds? YES NO If YES, give details:

Have you or do you expect to inherit any money or property in the near future? YES NO If YES, give details: _____

Do you have any possible reason for suing someone for damage to your property or for injuries to yourself or other members of your family? YES NO

If YES, who could you sue, how much money is involved, and why could you sue? _____

Alimony, Child Support, and Property Settlements:

Does anybody owe you any past due alimony, maintenance or child support? YES NO

Who? _____ How much? \$ _____

List of Current Utility Providers:

Cell phone: _____ **Heat:** _____

Water: _____ **Trash:** _____

Telephone: _____ **Cable:** _____

Internet: _____ **Security System:** _____

Electricity: _____ **Trash:** _____

Sewer: _____ **Satellite TV:** _____

MONTHLY EXPENSES

(These are expected expenses AFTER the Bankruptcy, so if you are surrendering or foreclosing on your home you will not have a house payment, but a rent payment instead)

**Please use the list below as it has the proper categories necessary for entering your case in our software.
Attaching spreadsheets slows the process of entering your case!**

Rent or mortgage	_____
Is Property Insurance included? ____	_____
Is property tax included? ____ If Not amount	_____
Home Owner's Association Dues	_____
Electricity	_____
Heat	_____
Water/Sewer	_____
Security System	_____
Telephone	_____
Mobile Telephone	_____
Cable	_____
Internet	_____
Home maintenance (repairs and upkeep)	_____
Food (cash you spend on groceries)	_____
Dining Out (includes lunch money)	_____
Clothing	_____
Laundry and cleaning	_____
Medications	_____
Other medical and dental expenses	_____
Public transportation	_____
Automobile upkeep	_____
Gasoline	_____
Vehicle Registration (annual cost)	_____
Newspapers, magazines, subscriptions	_____
Recreation (movies, sports, etc.)	_____
Charitable contributions	_____
Club and union dues (not deducted from wages)	_____
Insurance (not deducted from wages)	_____
Homeowner's or renter's	_____
Life	_____
Health	_____
Auto	_____
Other _____	_____
Taxes (not deducted from wages or in mortgage payment)	_____
Payment on Back Taxes	_____
Installment payments	_____
Vehicle #1	_____
Vehicle #2	_____
Other _____	_____
Alimony, maintenance or support payments	_____
Educational Expenses (not include school lunches)	_____
Child Care Expenses	_____
Other expenses (list types of expenses)	_____
_____	_____