

## 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 pervious 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:**

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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:** \_\_\_\_\_

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**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: \_\_\_\_\_

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**Do you currently lease/rent a house or apartment?**

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

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**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? \_\_\_\_\_

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**Cooperatives:**

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

If YES, give details: \_\_\_\_\_

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**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: \_\_\_\_\_

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## 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?  
mail order bills?  
schools?  
condominium assessments?  
utility or telephone bills?  
credit card bills?  
judgments?  
student loans?  
traffic tickets or parking tickets?  
loans from relatives?  
store charges?

loan companies?  
welfare debts?  
criminal restitution debts?  
cable T.V. bills?  
debts you cosigned?  
back rent?  
bills for goods or services?  
repossessed your property?  
payday loans?  
bills owed to old landlords?

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?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**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 1<sup>st</sup> mortgage balance: \_\_\_\_\_

(6) Name of 1<sup>st</sup> 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:

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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:

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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? \_\_\_\_\_

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**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)	_____
_____	_____

## Personal Property Inventory

Please fill out as completely as possible. Estimated value should be replacement value, what it would cost to replace the item with an item of similar age and condition. **THIS MEANS GARAGE SALE OR THRIFT STORE VALUES!**

Property Item	Description (if multiple items, describe each) <small>add additional sheets if necessary</small>	Quantity	Estimated Value
<u>Furniture</u>			
Sofas			
Chairs			
Side/Coffee/Sofa Tables			
Entertainment Center			
Bookcases			
Dining Sets			
Sideboards/China Cabinet			
Beds			
Mattresses			
Dressers/Armoires			
Nightstands			
Lights			
Office Furnishings (Desks, Chairs, Printer Stands)			
<u>Electronics</u>			
Televisions			
DVD Players			
VCR Players			
Stereo Equipment			
Speakers			
Telephone Systems			
Mobile Telephones			
Computers			
Printers			
Other Office Equipment (Copiers, Fax Machines, etc.)			
<u>Appliances</u>			
Washing Machine			
Dryer			
Refrigerator			
Freezer			
Microwave			
Small Appliances (List)			
<u>Miscellaneous Furnishings</u>			
Dishes/China			
Cooking Equipment			
Cutlery/Silverware			
Linens (Sheets/Towels/Blankets)			

