

## Attorney Cover Page

REMOVE THIS PAGE before distributing the following client intake forms to your clients. This page should be retained by you until the client has completely filled out the Client Intake Forms. Fill in the information and include this form as the Cover Page for every bankruptcy petition you fax or mail to us for processing.

Attorney Name \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attorney Bar Number \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Client Name(s) \_\_\_\_\_

Attorney Fee (excluding filing fee) for Compensation Statement \$ \_\_\_\_\_

Please prepare a  Chapter 7 or  Chapter 13 for a  Consumer or  Business

Additional Information for Virtual Bankruptcy Assistant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Confidentiality Agreement

We agree to maintain in confidence and not to disclose any confidential client information received from the attorney other than to employees or agents who have a need to know the confidential information and approved by attorney for release.

Unless instructed by the attorney, We further agree not to make any copies in whole or in part of confidential information or analyze samples of tangible materials included therein, which are not available on the open market or from other sources, for any purposes and will, upon request by the attorney, return all tangible materials furnished hereunder and any notes or memoranda of conversations relating thereto, including any copies thereof.

**Attention Attorney: Send ONLY Fully Completed Intake Forms**  
**Please have clients enter "N/A" or cross out sections that don't apply**

# IMPORTANT

## Instructions for Filling Out Client Intake Forms

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### Your Assets

Everything you have in your possession, from the coffee pot to the house you live in (and everything in between) is an asset. Even if you still owe money to a creditor, the asset you are paying for is still in your possession and its value must be disclosed when you are filing bankruptcy. Your attorney may be able to help you estimate the value of some property, but in most cases, values can be obtained by you from current mortgage statements, receipts and bank records.

#### VERY IMPORTANT

**The extra time you spend in providing detailed answers to the questions on these Client Intake Forms will prevent your case from being delayed. If you do not provide the answers, we will need to speak with you at a later time to obtain the information anyway. So please take the time now and do not allow your case to be delayed over a few unanswered questions.**

### Provide COMPLETE addresses

Providing the complete names and addresses for every debt you owe (as well as the company collecting for this debt [if applicable] is extremely important. Without this crucial information, the company you owe money to may not be properly notified by the court and the debt may not be eligible for discharge. Additionally, in some instances, it can even be considered "fraud" not to provide complete mailing addresses for all creditors because it denies a creditor the right to file a Proof of Claim or Motion for Relief from Stay in a timely manner and could even delay the discharge of your bankruptcy case.

#### What if you don't know the address of the company you owe money to?

If you or your attorney requested a credit report before filling out these Client Intake Forms, the credit report may or may not contain all the addresses needed to properly complete the debt

sheets. If you are required to obtain your own credit report, you may want to try Annual Credit Report at [www.annualcreditreport.com](http://www.annualcreditreport.com). This 3-in-1 report contains addresses and other detailed information not provided in other credit reports.

To help you in locating addresses for creditors, the best place to start is to call the toll free national information line at 1-800-555-1212 and see if a toll-free number is listed under the company's name. If not, you may need to look in your phone directory or do an online search from a website such as Google at [www.google.com](http://www.google.com).

Listing the address of the original company you owe money to as well as the collection agency collecting on the debt is also just as important. By doing this, all parties concerned with the debt are notified by the court and it will greatly aid in decreasing all collection phone calls you may be currently receiving.

#### What do you do when you have an attorney but the credit collectors continue to call you

Provide the credit collector with the name and telephone number of your bankruptcy attorney. If you have a case number, you can provide that also. But do NOT provide any other information whatsoever. Allow your attorney to deal with the creditor. That is what you hired him or her for, to represent you.

#### Other Tips for Filling Out the Debt Sheets:

- Make sure all company names are spelled out. (For example, instead of writing "HSB" for a company name, write out the words "Home Secure Bank" or whatever the case may be.)
- Make sure the street address is readable and any abbreviations are spelled out.
- Make sure the city, state, and ZIP are included for all addresses. If the ZIP code is not known, it can be obtained online at: [www.usps.com](http://www.usps.com).

- For the “last date charged on this account” line, do not provide the last date you received a statement. We are only interested in the last date that you actually made a purchase using this particular charge account.

### **Means Test Page**

To meet the requirement of the changes in the bankruptcy law on October 17, 2005 - you are now required to pass a Means Test to determine if you are eligible to file a Chapter 7 or 13.

In order to make this determination, the court requires that you provide the amount of income you earned for the last six (6) months. Even if your income has drastically increased or decreased recently, the amount of income you received is still disclosed on the Means Test. This information may or may not be the same for the form named “Income History for You Page” (see below).

### **Income History for You**

An often overlooked piece of vital information we need on the Income History for You form, are your year-to-date income, and the income you made in the last two (2) years. This question appears right below your name on the form page. Your year-to-date income should appear on your recent paycheck stub. However, if you have had more than one employer this year, you will need to provide us with the TOTAL amount of income you earned from ALL employers.

In addition, if you receive (or have received) another type of income (child support, unemployment, social security, pension, etc.) within the past two (2) years, turn the page over (or use an additional sheet of paper) and provide the income for this year and the last two (2) years for each separate type of income.

Social security income is not considered to be income under the bankruptcy law but your attorney still needs to have this information available in your file for reference purposes.

### **Statement of Financial Affairs Form**

Make certain that EVERY question on the Statement of Financial Affairs forms within this package, are answered with either a “Yes” or “No.” These pages serve as a written statement

concerning your current financial condition. If a box is left unanswered, you will need to provide a written statement that specifically answers this question before your petition can be finalized. Please double-check and make sure you have answered every question on the form pages titled “Statement of Financial Affairs.”

In addition, if any question on the Statement of Financial Affairs forms is answered “yes,” it is extremely important that you fill in all the required information under the question you checked “Yes” to. For instance, some people select “Yes” for the item on the Statement of Financial Affairs referring to previous addresses, however, they do not include the city, state and ZIP code of the address they lived at. Or, if a car has been repossessed, don’t just refer to it as a “car,” but instead, provide the year, make, and model. It is important for you to be as detailed as possible when answering any question “Yes.” Also, if you run out of room, either make a copy of the page, or turn the page over and write on the back. The higher level of detail you provide at this initial stage will greatly aid in moving your case along at a fast pace and prevent long delays and additional paperwork later down the road.

### **Motor Vehicles**

Please remember to ALWAYS provide the year, make, and model of your motor vehicle. We must obtain market values of all motor vehicles from the Blue or Black Book for the bankruptcy court. We need all the information on the vehicle, including the present mileage to obtain the correct market value. Example: 2001 Kia should be 2001 Kia Rio, or 2001 Kia Spectra, or whatever the case may be. Simply writing the word “car” does not tell us anything and delays the filing of your bankruptcy petition.

### **Court Documents**

If you have been involved in a court proceeding of any type within the past twelve (12) months, including a foreclosure, wage garnishments, traffic tickets, other fines, lawsuits, judgments for debt collection, etc. -- we need to know the following information, which can be obtained directly from the court pleading you received in the mail:

- Court Heading -- (example: John Doe, Plaintiff -vs- Jane Doe, Defendant)
- Case Number
- Name and address of court where document was filed
- Date the document was filed with the court
- Names and complete addresses of any attorneys or parties involved with the case (including the Plaintiff)
- Current status -- Has a hearing already taken place? If so, what was the result? If the hearing has not taken place and a decision has not been reached yet, provide the date of the court hearing and let us know if the case is still "pending."

You may find it easier to simply make a copy of the court document and include it with your Client Intake Forms when you return them to your attorney.

If you no longer have a copy of the court pleading that provides this information, you may be able to go online and get a copy. Go to a search engine like Google at [www.google.com](http://www.google.com), and type in a search for your county (example: Los Angeles County, California). If your county is online, you can normally do a simple search by your last name and locate public records that may be helpful in locating the information needed for your bankruptcy petition.

### Contracts

Contracts you may have include cell phones, a lease for an automobile or even a contract you entered into with another party to pay back a debt. Be sure to provide the following:

- The date or year the contract began
- How many months the contract is for
- How much you pay per month (installment payment)
- If you want to continue paying the contract or not assume the lease
- Any details about this contract (lease)

### Summary

Thank you for taking the time to read these important instructions before filling out the Client Intake Forms. We understand that filing bankruptcy is not something people enjoy doing. In fact, we know this is a stressful time in your life. However, we want to make the experience as easy as possible. The only way we can do this is to obtain all the information that is needed for the attorney to represent you in court.

Thank you for taking the extra steps necessary to help us make this time in your life a little less stressful. And please do not hesitate to call our office if we can assist you in any way. We sincerely hope you are happy with our law firm and will want to recommend us to others.

### Famous People who filed bankruptcy:

|      |  |
|------|--|
| 1833 | Abraham Lincoln (16 <sup>th</sup> U.S. President)  |
| 1871 | P.T. Barnum (Barnum & Bailey Circus)               |
| 1875 | Henry John Heinz (Heinz catsup creator)            |
| 1884 | Henry Ford (automobile manufacturer)               |
| 1884 | Ulysses S. Grant (18 <sup>th</sup> U.S. President) |
| 1892 | Milton Snavely Hershey (candy maker)               |
| 1893 | William McKinley (25 <sup>th</sup> U.S. President) |
| 1894 | Mark Twain (writer)                                |
| 1917 | Buffalo Bill (soldier, hunter, showman)            |
| 1923 | Walt Disney (creator of Disney empire)             |
| 1936 | William C. Durant (founder of GM car co.)          |
| 1962 | Mickey Rooney (actor)                              |
| 1976 | Marvin Gaye (singer / actor)                       |
| 1978 | Larry King (TV personality / talk show host)       |
| 1979 | Tom Petty (musician)                               |
| 1984 | Mick Fleetwood (musician)                          |
| 1986 | Tia Carrere (actress)                              |
| 1988 | Jerry Lee Lewis (singer)                           |
| 1990 | Donald Trump (45 <sup>th</sup> U.S. President)     |
| 1990 | Willie Nelson (musician)                           |
| 1991 | Johnny Unitas (football quarterback)               |
| 1992 | Wayne Newton singer)                               |
| 1993 | Kim Basinger (actress)                             |
| 1996 | Burt Reynolds (actor)                              |
| 1996 | MC Hammer (singer)                                 |
| 1998 | Toni Braxton (singer)                              |
| 1999 | Gary Coleman (actor)                               |
| 1999 | Lorraine Bracco (actress)                          |
| 2001 | Stan Lee (comic book / superhero creator)          |
| 2003 | Mike Tyson (boxer)                                 |
| 2009 | Nicolas Cage (actor)                               |
| 2010 | Toni Braxton (singer)                              |
| 2012 | Gary Busey (actor)                                 |
| 2015 | 50 Cent (rapper)                                   |
| 2017 | Stephen Baldwin (actor)                            |

# GENERAL INFORMATION

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N / A" in the space. (N / A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor; so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in a faster turnaround.

|                        |                                |              |
|------------------------|--------------------------------|--------------|
| YOUR NAME, First       | Middle (spell out)             | Last         |
| Social Security Number | Date of Birth                  |              |
| Street Address         |                                |              |
| City                   | State                          | Zip          |
| County of Residence    | Length of Time at This Address |              |
| Daytime Phone          | Evening Phone                  | Mobile Phone |
| Email Address          |                                |              |

MAILING ADDRESS - If you would like any correspondence by the bankruptcy court to be sent to a different mailing address than the physical address you provided above (i.e., PO Box, etc.), please provide that address below:

## INFORMATION ABOUT YOUR SPOUSE

|                                |                    |      |
|--------------------------------|--------------------|------|
| SPOUSE'S NAME, First           | Middle (spell out) | Last |
| Social Security Number         | Date of Birth      |      |
| Address (if living separately) |                    |      |
| City                           | State              | Zip  |

Have you resided in the same county for at least 180 days (six (6) months)?  Yes  No

If not, where have you resided? \_\_\_\_\_

Are you filing this bankruptcy petition jointly with your spouse?  Yes  No

If "No", please select one:  Unmarried  Spouse Filing Separately  
 Divorced  Other \_\_\_\_\_

If your spouse is not filing with you, does your spouse live in a different household?  Yes  No

Have you filed bankruptcy within the last eight (8) years?  Yes  No

If "Yes", provide date(s): \_\_\_\_\_

Have you met the Credit/Debt Counseling requirement? (Please check one of the choices below)

Completed in the past 180 Days  NOT Yet Completed

If completed in last 180 days, how much did you pay for your credit counseling? \$ \_\_\_\_\_

## INFORMATION FOR MEANS TEST

Means Test does NOT apply. Debtor(s) is a disabled veteran with debts incurred primarily during active duty or homeland defense.

### DEPENDENTS

| Name     | Age   | Relationship to You | Is this Person / Child Living with You? |
|----------|-------|---------------------|---|
| 1. _____ | _____ | _____               | _____                                   |
| 2. _____ | _____ | _____               | _____                                   |
| 3. _____ | _____ | _____               | _____                                   |
| 4. _____ | _____ | _____               | _____                                   |
| 5. _____ | _____ | _____               | _____                                   |
| 6. _____ | _____ | _____               | _____                                   |

### INCOME FOR LAST SIX (6) Months

Provide the total amount of earned income (from all sources) that you received for the current month and last five (5) months - totaling six (6) months of income. **DO NOT DEDUCT TAXES.** The income you report below is **NOT TAKE-HOME PAY** but the **TOTAL INCOME YOU ACTUALLY EARNED BEFORE TAXES WERE DEDUCTED.**

**SPOUSE 1: Wages, salaries, tips, bonuses, overtime and commissions:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 2: Wages, salaries, tips, bonuses, overtime and commissions:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 1: Income from operation of business, profession or farm:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 2: Income from operation of business, profession or farm:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 1: Rents and other property income (not rent you paid, but rents paid to you):**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**CONTINUED ON NEXT PAGE**

## INFORMATION FOR MEANS TEST CONTINUED

**SPOUSE 2: Rents and other property income (not rent you paid, but rents paid to you):**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 1: Interest income, dividends and royalties:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 2: Interest income, dividends and royalties:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 1: Pension and retirement income:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 2: Pension and retirement income:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 1: Income received from others who are not filing bankruptcy with you who contribute money to the household expenses:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 2: Income received from others who are not filing bankruptcy with you who contribute money to the household expenses:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 1: Unemployment compensation:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**SPOUSE 2: Unemployment compensation:**

| Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|------------|--------------|--------------|--------------|--------------|--------------|
|            |              |              |              |              |              |

**CONTINUED ON NEXT PAGE**



**NOTICE: IF YOU OWN A MOBILE HOME,  
FILL OUT THE NEXT PAGE INSTEAD**

# YOUR REAL ESTATE

Check this box if you have a homestead exemption that exceeds \$125,000.00

USE SEPARATE PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN.

Check the type of real estate you own:     **House**     **Condominium**     **Vacant Lot**     **Other**

Name(s) on Deed \_\_\_\_\_

Address of Real Estate \_\_\_\_\_

Description of Real Estate: (example: 1,250 square foot home with 2 bedrooms, 2 baths, attached 2-car garage situated on 2 acres of ground with outbuildings) \_\_\_\_\_

Name of Mortgage Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date obtained this mortgage \_\_\_\_\_

What are the monthly payments? \$ \_\_\_\_\_ What is the payoff amount? \$ \_\_\_\_\_

Are you behind on payments?     **Yes**     **No**    If so, which months? \_\_\_\_\_

Does payment include taxes?     **Yes**     **No**    Does payment include insurance?     **Yes**     **No**

What interest rate do you pay? \_\_\_\_\_ %    Amount to catch up back payments? \$ \_\_\_\_\_

Whose name(s) are on the mortgage/loan? \_\_\_\_\_

What year was your real estate last appraised? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you have a 2<sup>nd</sup> mortgage on the real estate?     **Yes**     **No**    Intention:     **Keep**     **Surrender**

## SECOND (2<sup>nd</sup>) MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date obtained this mortgage \_\_\_\_\_

What are the monthly payments? \$ \_\_\_\_\_ What is the pay-off amount? \$ \_\_\_\_\_

Are you behind on payments?     **Yes**     **No**    If so, which months? \_\_\_\_\_

What interest rate do you pay? \_\_\_\_\_ %    Amount to catch up back payments? \$ \_\_\_\_\_

## COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this real estate in the process of foreclosure or replevin action?     **Yes**     **No**

If in collection, please provide a copy of the court documents you were served.

Check this box if you have a homestead exemption that exceeds \$170,000.00

## YOUR MOBILE HOME

PRINT OUT ADDITIONAL PAGES FOR EVERY MOBILE HOMES THAT YOU OWN.

Name(s) on title \_\_\_\_\_

Address of mobile home \_\_\_\_\_

Are the wheels completely removed and the mobile home attached to the ground?  **Yes**  **No**

Does the home sit in a mobile home park?  **Yes**  **No** What is the monthly lot rent? \$ \_\_\_\_\_

Does your mobile home sit on a piece of ground you own?  **Yes**  **No** Size of lot \_\_\_\_\_

Do you make separate payments for the ground your mobile home sits on?  **Yes**  **No**

If so, explain: \_\_\_\_\_

If you own the ground free and clear, what is the resale value for this piece of ground? \$ \_\_\_\_\_

Description of Mobile Home: (example: 28x40 double-wide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park.) \_\_\_\_\_

Name of Mortgage Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date obtained this mortgage \_\_\_\_\_

What are the monthly payments? \$ \_\_\_\_\_ What is the pay-off amount? \$ \_\_\_\_\_

Are you behind on payments?  **Yes**  **No** If so, which months? \_\_\_\_\_

What interest rate do you pay? \_\_\_\_\_ % Amount to catch up back payments? \$ \_\_\_\_\_

What year was your mobile home last appraised? \_\_\_\_\_ What was the appraised value? \$ \_\_\_\_\_

Do you have a 2<sup>nd</sup> mortgage on this mobile home?  **Yes**  **No** Intention:  **Keep**  **Surrender**

### SECOND (2<sup>nd</sup>) MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date obtained this mortgage \_\_\_\_\_

What are the monthly payments? \$ \_\_\_\_\_ What is the pay-off amount? \$ \_\_\_\_\_

Are you behind on payments?  **Yes**  **No** If so, which months? \_\_\_\_\_

What interest rate do you pay? \_\_\_\_\_ % Amount to catch up back payments? \$ \_\_\_\_\_

### COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this real estate in the process of foreclosure or replevin action?  **Yes**  **No**

If in collection, please provide a copy of the court documents you were served.

# YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. **Bolded items are most common.**  
Then, **provide the "Yard Sale" VALUE of each item**

**"Yard Sale" Value**

**Stove/Cooking Unit** \$ \_\_\_\_\_

**Refrigerator** \$ \_\_\_\_\_

**Washer/Dryer** \$ \_\_\_\_\_

**Microwave** \$ \_\_\_\_\_

**Dishwasher** \$ \_\_\_\_\_

**Cooking Utensils** \$ \_\_\_\_\_

**Silverware/Flatware** \$ \_\_\_\_\_

**Cookware (Pots/Pans)** \$ \_\_\_\_\_

**Dining Room Furniture** \$ \_\_\_\_\_

**Tables and Chairs** \$ \_\_\_\_\_

**Bedroom Furniture** \$ \_\_\_\_\_

**Television(s)** \$ \_\_\_\_\_

**Satellite or Cable Equipment** \$ \_\_\_\_\_

**VCR/DVD Players** \$ \_\_\_\_\_

**DVD's** \$ \_\_\_\_\_

**Compact Discs** \$ \_\_\_\_\_

**All Other Stereo Equipment** \$ \_\_\_\_\_

Describe item(s): \_\_\_\_\_

**Cellular / Mobile Phones** \$ \_\_\_\_\_

**Living Room Furniture** \$ \_\_\_\_\_

**Dressers/Night Stands** \$ \_\_\_\_\_

**Lamps and Accessories** \$ \_\_\_\_\_

**Wedding Rings** \$ \_\_\_\_\_

**Other Jewelry / Watches** \$ \_\_\_\_\_

Describe item(s): \_\_\_\_\_

**Furs** \$ \_\_\_\_\_

**Computer(s)** \$ \_\_\_\_\_

**Computer Printers/Fax** \$ \_\_\_\_\_

**Desks/Office Furniture** \$ \_\_\_\_\_

**Other Computer Equipment** \$ \_\_\_\_\_

Describe item(s): \_\_\_\_\_

**Photography Equipment** \$ \_\_\_\_\_

**All Clothing** \$ \_\_\_\_\_

**Collectibles** \$ \_\_\_\_\_

Describe Item(s): \_\_\_\_\_

**"Yard Sale" Value**

**Paintings/Art** \$ \_\_\_\_\_

Describe item(s): \_\_\_\_\_

**Carpenter Tools** \$ \_\_\_\_\_

Describe item(s): \_\_\_\_\_

**Mechanic Tools** \$ \_\_\_\_\_

Describe item(s): \_\_\_\_\_

**Guns and Firearms** \$ \_\_\_\_\_

Describe item(s): \_\_\_\_\_

**Lawnmower** \$ \_\_\_\_\_

**Boats** \$ \_\_\_\_\_

**Trailers** \$ \_\_\_\_\_

**Campers/RV's** \$ \_\_\_\_\_

**Yard Tools/Equipment** \$ \_\_\_\_\_

**Swimming Pool** \$ \_\_\_\_\_

**Other Assets**

Rent Deposit with Landlord \$ \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Government Bonds** \$ \_\_\_\_\_

**Certificates of Deposit (CD)** \$ \_\_\_\_\_

**Copyrights/Patents** \$ \_\_\_\_\_

**Aircraft** \$ \_\_\_\_\_

**Interest in Education IRA** \$ \_\_\_\_\_

**Customer Lists** \_\_\_\_\_

**Stocks** \_\_\_\_\_

**Cryptocurrency** \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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## YOUR MOTOR VEHICLES

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Motor vehicles include cars, trucks, SUV's, motorcycles, four wheelers/ATV's, motor homes, boats, trailers, campers, tractors, airplanes, etc., that are titled in your name *or* your spouse's name.

Print more sheets if you own more than four (4) vehicles.

Type:  Automobile  Truck  Motorcycle  Mobile Home (title only)  Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_  2 dr  4 dr  Other

Vehicle Identification Number (VIN #) - *VERY IMPORTANT* \_\_\_\_\_

If vehicle is a truck, check all that apply:  Long Bed  Short bed  4 Wheel Drive

½ Ton  ¾ Ton  Standard Cab  Ext Cab  Quad Cab  Crew Cab (4 reg doors)

Condition:  Excellent  Good  Fair  Poor  Not Running Mileage \_\_\_\_\_

Engine:  4 Cylinder  6 Cylinder  8 Cylinder Liters: \_\_\_\_\_ OR  Hybrid  Electric

Transmission:  Automatic  Manual (4-speed, 5-speed, etc.)

Name(s) on vehicle title? \_\_\_\_\_

Is vehicle leased?  Yes  No If yes, what is the "buy out" on the lease? \$ \_\_\_\_\_

Name of company you make payments to for this vehicle: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date loan established \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ How many months are you behind on payments? \_\_\_\_\_

What is the pay-off amount on this vehicle? \$ \_\_\_\_\_ Check one:  Keep  Surrender

Interest rate of auto loan: \_\_\_\_\_ % Month and year this will be paid off: \_\_\_\_\_

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan?  Yes  No

If so, name and address of loan company for personal loan: \_\_\_\_\_

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Type:  Automobile  Truck  Motorcycle  Mobile Home (title only)  Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_  2 dr  4 dr  Other

Vehicle Identification Number (VIN #) - *VERY IMPORTANT* \_\_\_\_\_

If vehicle is a truck, check all that apply:  Long Bed  Short bed  4 Wheel Drive

½ Ton  ¾ Ton  Standard Cab  Ext Cab  Quad Cab  Crew Cab (4 reg doors)

Condition:  Excellent  Good  Fair  Poor  Not Running Mileage \_\_\_\_\_

Engine:  4 Cylinder  6 Cylinder  8 Cylinder Liters: \_\_\_\_\_ OR  Hybrid  Electric

Transmission:  Automatic  Manual (4-speed, 5-speed, etc.)

Name(s) on vehicle title? \_\_\_\_\_

Is vehicle leased?  Yes  No If yes, what is the "buy out" on the lease? \$ \_\_\_\_\_

Name of company you make payments to for this vehicle: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date loan established \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ How many months are you behind on payments? \_\_\_\_\_

What is the pay-off amount on this vehicle? \$ \_\_\_\_\_ Check one:  Keep  Surrender

Interest rate of auto loan: \_\_\_\_\_ % Month and year this will be paid off: \_\_\_\_\_

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan?  Yes  No

If so, name of loan company for personal loan: \_\_\_\_\_

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## YOUR MOTOR VEHICLES CONTINUED

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Motor vehicles include cars, trucks, SUV's, motorcycles, four wheelers/ATV's, motor homes, boats, trailers, campers, tractors, airplanes, etc., that are titled in your name *or* your spouse's name.

Print more sheets if you own more than four (4) vehicles.

Type:  Automobile  Truck  Motorcycle  Mobile Home (title only)  Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_  2 dr  4 dr  Other

Vehicle Identification Number (VIN #) - *VERY IMPORTANT* \_\_\_\_\_

If vehicle is a truck, check all that apply:  Long Bed  Short bed  4 Wheel Drive

½ Ton  ¾ Ton  Standard Cab  Ext Cab  Quad Cab  Crew Cab (4 reg doors)

Condition:  Excellent  Good  Fair  Poor  Not Running Mileage \_\_\_\_\_

Engine:  4 Cylinder  6 Cylinder  8 Cylinder Liters: \_\_\_\_\_ OR  Hybrid  Electric

Transmission:  Automatic  Manual (4-speed, 5-speed, etc.)

Name(s) on vehicle title? \_\_\_\_\_

Is vehicle leased?  Yes  No If yes, what is the "buy out" on the lease? \$ \_\_\_\_\_

Name of company you make payments to for this vehicle: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date loan established \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ How many months are you behind on payments? \_\_\_\_\_

What is the pay-off amount on this vehicle? \$ \_\_\_\_\_ Check one:  Keep  Surrender

Interest rate of auto loan: \_\_\_\_\_ % Month and year this will be paid off: \_\_\_\_\_

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan?  Yes  No

If so, name and address of loan company for personal loan: \_\_\_\_\_

---

Type:  Automobile  Truck  Motorcycle  Mobile Home (title only)  Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_  2 dr  4 dr  Other

Vehicle Identification Number (VIN #) - *VERY IMPORTANT* \_\_\_\_\_

If vehicle is a truck, check all that apply:  Long Bed  Short bed  4 Wheel Drive

½ Ton  ¾ Ton  Standard Cab  Ext Cab  Quad Cab  Crew Cab (4 reg doors)

Condition:  Excellent  Good  Fair  Poor  Not Running Mileage \_\_\_\_\_

Engine:  4 Cylinder  6 Cylinder  8 Cylinder Liters: \_\_\_\_\_ OR  Hybrid  Electric

Transmission:  Automatic  Manual (4-speed, 5-speed, etc.)

Name(s) on vehicle title? \_\_\_\_\_

Is vehicle leased?  Yes  No If yes, what is the "buy out" on the lease? \$ \_\_\_\_\_

Name of company you make payments to for this vehicle: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date loan established \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ How many months are you behind on payments? \_\_\_\_\_

What is the pay-off amount on this vehicle? \$ \_\_\_\_\_ Check one:  Keep  Surrender

Interest rate of auto loan: \_\_\_\_\_ % Month and year this will be paid off: \_\_\_\_\_

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan?  Yes  No

If so, name of loan company for personal loan: \_\_\_\_\_

# DEBT SHEET (1 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DEBT SHEET (2 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DEBT SHEET (3 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DEBT SHEET (4 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DEBT SHEET (5 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DEBT SHEET (6 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DEBT SHEET (7 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DEBT SHEET (8 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DEBT SHEET (9 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DEBT SHEET (10 OF 10)

COPY OR PRINT MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS TO LIST

LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_\_\_  
What is this debt for?     Medical     Credit Card     Loan     Other \_\_\_\_\_  
Who is responsible for this debt?             Spouse 1     Spouse 2     Both     Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?             Yes     No  
**Name of collection agency or law firm** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CURRENT AND HISTORICAL INCOME FOR YOU

Your Name as listed on your current paycheck stub \_\_\_\_\_

Date of Last Paycheck \_\_\_\_\_ Date of Next Paycheck \_\_\_\_\_

**Year-to-Date Total for this current year \$** \_\_\_\_\_

**VERY IMPORTANT!** Gross Income last year \$ \_\_\_\_\_ **Gross Income 2 Yrs Ago \$** \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Length of Time at This Job? Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title (do not abbreviate) \_\_\_\_\_

How often do you get paid? (check one)

- Every Week     Bi-Weekly (sometimes I get paid 3 times a month)  
 Once a Month     Semi-Monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ \_\_\_\_\_

"Average" amount of extra money you receive in overtime/commissions per pay period \$ \_\_\_\_\_

Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck \$ \_\_\_\_\_

What is the total amount deducted from your paycheck for insurance? \$ \_\_\_\_\_

What is the total amount deducted from your paycheck for Union Dues? \$ \_\_\_\_\_

Amount you pay in Alimony AND Child Support (if any) \$ \_\_\_\_\_

Are you court ordered to pay this?     Yes     No

Are there any other deductions from your paycheck?     Yes     No    If so, how much? \$ \_\_\_\_\_

What is this "other" deduction for? \_\_\_\_\_ If 401k, how long have you participated? \_\_\_\_\_

How much additional income do you make monthly from a business, ebay, flea market etc? \$ \_\_\_\_\_

Monthly Income from real property (rentals) \$ \_\_\_\_\_ Monthly Interests and Dividends \$ \_\_\_\_\_

Monthly Alimony or Child Support received \$ \_\_\_\_\_ Monthly Social Security \$ \_\_\_\_\_

Monthly Government Assistance \$ \_\_\_\_\_ Monthly Food Stamps \$ \_\_\_\_\_

Monthly Public Assistance \$ \_\_\_\_\_ Monthly Pension or Retirement \$ \_\_\_\_\_

Other Income (Reason and amount received monthly)? \_\_\_\_\_ \$ \_\_\_\_\_

Do you expect your income to change in the next 1 year? Explain: \_\_\_\_\_

Do you have a second job?     Yes     No    If yes, name of employer: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Length of Time at this Job: Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title (do not abbreviate) \_\_\_\_\_

How often do you get paid? (check one)

- Every Week     Bi-Weekly (sometimes I get paid 3 times a month)  
 Once a Month     Semi-Monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ \_\_\_\_\_

Year-to-Date Income: \$ \_\_\_\_\_ Income Last year: \$ \_\_\_\_\_ Income 2 Yrs Ago: \$ \_\_\_\_\_

Do you receive income from a home-based business?     Yes     No    How much per month? \$ \_\_\_\_\_

## CURRENT AND HISTORICAL INCOME FOR YOUR SPOUSE

Your Name as listed on your current paycheck stub \_\_\_\_\_

Date of Last Paycheck \_\_\_\_\_ Date of Next Paycheck \_\_\_\_\_

**Year-to-Date Total for this current year \$** \_\_\_\_\_

**VERY IMPORTANT!** Gross Income last year \$ \_\_\_\_\_ **Gross Income 2 Yrs Ago \$** \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Length of Time at This Job? Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title (do not abbreviate) \_\_\_\_\_

How often do you get paid? (check one)

- Every Week     Bi-Weekly (sometimes I get paid 3 times a month)  
 Once a Month     Semi-Monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ \_\_\_\_\_

"Average" amount of extra money you receive in overtime/commissions per pay period \$ \_\_\_\_\_

Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck \$ \_\_\_\_\_

What is the total amount deducted from your paycheck for insurance? \$ \_\_\_\_\_

What is the total amount deducted from your paycheck for Union Dues? \$ \_\_\_\_\_

Amount you pay in Alimony AND Child Support (if any) \$ \_\_\_\_\_

Are you court ordered to pay this?     Yes     No

Are there any other deductions from your paycheck?     Yes     No    If so, how much? \$ \_\_\_\_\_

What is this "other" deduction for? \_\_\_\_\_ If 401k, how long have you participated? \_\_\_\_\_

How much additional income do you make monthly from a business, ebay, flea market etc? \$ \_\_\_\_\_

Monthly Income from real property (rentals) \$ \_\_\_\_\_ Monthly Interests and Dividends \$ \_\_\_\_\_

Monthly Alimony or Child Support received \$ \_\_\_\_\_ Monthly Social Security \$ \_\_\_\_\_

Monthly Government Assistance \$ \_\_\_\_\_ Monthly Food Stamps \$ \_\_\_\_\_

Monthly Public Assistance \$ \_\_\_\_\_ Monthly Pension or Retirement \$ \_\_\_\_\_

Other Income (Reason and amount received monthly)? \_\_\_\_\_ \$ \_\_\_\_\_

Do you expect your income to change in the next 1 year? Explain: \_\_\_\_\_

Do you have a second job?     Yes     No    If yes, name of employer: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Length of Time at this Job: Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title (do not abbreviate) \_\_\_\_\_

How often do you get paid? (check one)

- Every Week     Bi-Weekly (sometimes I get paid 3 times a month)  
 Once a Month     Semi-Monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ \_\_\_\_\_

Year-to-Date Income: \$ \_\_\_\_\_ Income Last year: \$ \_\_\_\_\_ Income 2 Yrs Ago: \$ \_\_\_\_\_

Do you receive income from a home-based business?     Yes     No    How much per month? \$ \_\_\_\_\_

# SELF-EMPLOYED BUSINESS OWNERS - PROFIT AND LOSS (P&L) STATEMENTS

If you are self-employed and are unable to provide Profit & Loss (P&L) statements, make six (6) copies of this page and list the income and expenses for each of the last six (6) months for each month, each on their own page.

Business Name \_\_\_\_\_ Business ID/EIN \_\_\_\_\_

Month (Use a copy of this page for each of the last six months): \_\_\_\_\_

**Gross Income / Gross Sales Year-to-Date (YTD)** \$ \_\_\_\_\_

## Expenses

Net Payroll (Other than Self) \$ \_\_\_\_\_

Payroll Taxes \$ \_\_\_\_\_

Unemployment Taxes \$ \_\_\_\_\_

Workers Compensation \$ \_\_\_\_\_

Other Taxes \$ \_\_\_\_\_

Inventory Purchases \$ \_\_\_\_\_

Purchase of Feed/Fertilizer/etc. \$ \_\_\_\_\_

Rent (Other than Your Residence) \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Office Expenses and Supplies \$ \_\_\_\_\_

Repairs and Maintenance \$ \_\_\_\_\_

Vehicle Expenses \$ \_\_\_\_\_

Travel and Entertainment \$ \_\_\_\_\_

Equipment Rental and Leases \$ \_\_\_\_\_

Legal/Accounting/Professional Fees \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Employee Benefits \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Did you withhold any earnings for tax purposes?  Yes  No

If yes, how much did you withhold monthly? \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

**Net Profit (Gross Income minus Expenses)** \$ \_\_\_\_\_

Did you file income taxes for the years you operated your business?  Yes  No

If not, what years did you NOT file taxes? \_\_\_\_\_

# MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amounts in the spaces below each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole twelve (12) month period.

**Housing Expenses**

Rent (If You Don't Own Your Home) \$ \_\_\_\_\_  
 First Mortgage Payment or  
 Mobile Home Monthly Payment \$ \_\_\_\_\_  
 Second Mortgage (If Applicable) \$ \_\_\_\_\_  
 Third Mortgage (If Applicable) \$ \_\_\_\_\_  
 Lot Payment (If Applicable) \$ \_\_\_\_\_  
 Are Real Estate Taxes Included in  
 Your Mortgage Payment?  Yes  No  
 Taxes Not Included in House Payment \$ \_\_\_\_\_  
 Is Your Homeowner's Insurance Included  
 in Your Mortgage Payment?  Yes  No  
 Insurance Not Included in House Payment \$ \_\_\_\_\_

**Utilities (Normal Monthly Average)**

Electricity and Gas \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_  
 Telephone (Basic Service) \$ \_\_\_\_\_  
 Trash Pick-up \$ \_\_\_\_\_

**Basic Needs**

Home Maintenance (If You Own a Home) \$ \_\_\_\_\_  
 Food (Monthly) \$ \_\_\_\_\_  
 Clothing (Monthly Expense) \$ \_\_\_\_\_  
 Laundry, Dry Cleaning, Soap, Etc. \$ \_\_\_\_\_  
 Medical Expenses Not Paid by Insurance \$ \_\_\_\_\_

**Transportation**

Gasoline / Auto Maintenance \$ \_\_\_\_\_  
 Recreation / Entertainment \$ \_\_\_\_\_  
 Charitable Giving (If Claimed on Taxes) \$ \_\_\_\_\_

**Insurance**

Renters Insurance \$ \_\_\_\_\_  
 Life Insurance (Other than Employer) \$ \_\_\_\_\_  
 Health Insurance (Other than Employer) \$ \_\_\_\_\_  
 Automobile Insurance \$ \_\_\_\_\_  
 Other Insurance \$ \_\_\_\_\_

**Taxes**

Are any other taxes deducted from your wages?  Yes  No  
 Other Taxes \_\_\_\_\_ \$ \_\_\_\_\_

**Other Expenses**

Alimony and/or Child Support \$ \_\_\_\_\_  
 Payments for Someone Outside  
 Your Home \$ \_\_\_\_\_  
 Union Dues \$ \_\_\_\_\_  
 Internet Access \$ \_\_\_\_\_  
 Cable/Satellite TV \$ \_\_\_\_\_  
 Professional Dues (Not Payroll Deducted) \$ \_\_\_\_\_  
 Child Care Expenses \$ \_\_\_\_\_  
 Babysitter/Day Care Expenses \$ \_\_\_\_\_  
 School Expenses \$ \_\_\_\_\_  
 School Lunch Expenses \$ \_\_\_\_\_  
 College Tuition (Not Loans) \$ \_\_\_\_\_  
 Student Loan Repayment \$ \_\_\_\_\_  
 Newspapers, Books, Magazines \$ \_\_\_\_\_  
 Personal Care Items \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

Use the space below to describe any additional monthly expenses that you must pay out of your pocket that are not covered here. Explain the type of expense, amount of expense and how long you will continue to have this expense:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you expect your budget to change in the next 1 year? Explain: \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (1 of 14)

The following pages contain extremely IMPORTANT QUESTIONS, many of which will be asked you again by the Trustee when you attend your first hearing. Please take your time and go through every question thoroughly and provide as much detail as possible to the questions you answer "yes" to.

List the names of ALL spouses (past and present) that you have been married to, as well as the dates you were married to each spouse:

Full Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Dates Married: From \_\_\_\_\_ To \_\_\_\_\_ State Where Lived \_\_\_\_\_

Full Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Dates Married: From \_\_\_\_\_ To \_\_\_\_\_ State Where Lived \_\_\_\_\_

Full Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Dates Married: From \_\_\_\_\_ To \_\_\_\_\_ State Where Lived \_\_\_\_\_

Full Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Dates Married: From \_\_\_\_\_ To \_\_\_\_\_ State Where Lived \_\_\_\_\_

Have you ever provided a notice to any governmental unit of a Release of Hazardous Materials?  Yes  No

If so, list the name and address of every site for which you have provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

Name/Address of Site \_\_\_\_\_

Governmental Unit Notice Sent To \_\_\_\_\_

Date Notice Sent to Governmental Unit \_\_\_\_\_

Do you share the ownership of any real property with another person, such as a co-tenancy or joint tenancy? (This does not apply to your spouse.)  Yes  No

Name of Person \_\_\_\_\_

Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet?  Yes  No

If yes, provide details \_\_\_\_\_

Do you own or are you buying a timeshare in a vacation property or resort?  Yes  No

If yes, provide details \_\_\_\_\_

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name?  Yes  No

If yes, Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Who/s name is the vehicle titled in? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is this person's relationship to you? \_\_\_\_\_

Why are you holding this property? \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (2 of 14)

**Are you buying any of your furniture or appliances with installment payments?**  Yes  No

Description of Item(s)

1. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

Name of company you make installment payments to \_\_\_\_\_

**\*\*\* MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS \*\*\***

**Are you renting-to-own any of your furniture or appliances?**  Yes  No

Description of Item(s)

1. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

Name of company you make installment payments to \_\_\_\_\_

**\*\*\* MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS \*\*\***

**Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions as security, at the time you obtained the loan?**  Yes  No

Description of Item(s)

1. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

Name of company you make installment payments to \_\_\_\_\_

**\*\*\* MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS \*\*\***

**Do you own or are you buying any tools or equipment that you use for your work?**  Yes  No

Description of Item(s)

1. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

Name of company you make installment payments to \_\_\_\_\_

**\*\*\* MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS \*\*\***

**Do you have any inventory (stock in trade) that could be sold for \$200 or more in profit?**  Yes  No

Description of Item(s)

1. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

Name of company you make installment payments to \_\_\_\_\_

**\*\*\* MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS \*\*\***

# STATEMENT OF FINANCIAL AFFAIRS (3 of 14)

**Are you buying any jewelry with installment payments?**  Yes  No

Description of Item(s) AND Name and Mailing Address of Creditor

1. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

Name and mailing address of company you make payments to \_\_\_\_\_  
\_\_\_\_\_

Monthly Payments: \$ \_\_\_\_\_

Are the payments current?  Yes  No If not, how many months are behind? \_\_\_\_\_

\*\*\* MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS \*\*\*

**Do you have any animals, livestock or pets you could sell for \$200 or more?**  Yes  No

Description of Animal(s) \_\_\_\_\_

Value of the animals if you had to sell them \$ \_\_\_\_\_

**Do you have any checking, savings, or other financial account(s) (e.g., PayPal) at this time?**  Yes  No

Name of Bank \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Account Number for Checking \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Account Number for Savings (if applicable) \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Name(s) on Account(s) \_\_\_\_\_

Name of Second Bank (if applicable) \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Account Number for Checking \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Account Number for Savings (if applicable) \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Name(s) on Account(s) \_\_\_\_\_

**Have you closed ANY checking, savings, or ANY other type of financial account(s) (e.g., PayPal) within the past 12 months?**  Yes  No

Name of Bank \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Account Number(s) \_\_\_\_\_ Date Closed \_\_\_\_\_ Name(s) on Account \_\_\_\_\_

Did you owe a balance when you closed this account?  Yes  No Balance Owed \$ \_\_\_\_\_

If you did not owe a balance when you closed this account, how much money did you receive? \$ \_\_\_\_\_

Date Account Closed \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (4 of 14)

Have you closed ANY checking, savings, or ANY other type of financial account(s) (e.g., PayPal) within the past two (2) years? CONTINUED

Yes  No

Name of Bank \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Account Number(s) \_\_\_\_\_ Date Closed \_\_\_\_\_ Name(s) on Account \_\_\_\_\_

Did you owe a balance when you closed this account?  Yes  No Balance Owed \$ \_\_\_\_\_

If you did not owe a balance when you closed this account, how much money did you receive? \$ \_\_\_\_\_

Date Account Closed \_\_\_\_\_

Name of Bank \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Account Number(s) \_\_\_\_\_ Date Closed \_\_\_\_\_ Name(s) on Account \_\_\_\_\_

Did you owe a balance when you closed this account?  Yes  No Balance Owed \$ \_\_\_\_\_

If you did not owe a balance when you closed this account, how much money did you receive? \$ \_\_\_\_\_

Date Account Closed \_\_\_\_\_

Name of Bank \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Account Number(s) \_\_\_\_\_ Date Closed \_\_\_\_\_ Name(s) on Account \_\_\_\_\_

Did you owe a balance when you closed this account?  Yes  No Balance Owed \$ \_\_\_\_\_

If you did not owe a balance when you closed this account, how much money did you receive? \$ \_\_\_\_\_

Date Account Closed \_\_\_\_\_

Name of Bank \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Type of Account (Checking / Savings / Both) \_\_\_\_\_

Account Number(s) \_\_\_\_\_ Date Closed \_\_\_\_\_ Name(s) on Account \_\_\_\_\_

Did you owe a balance when you closed this account?  Yes  No Balance Owed \$ \_\_\_\_\_

If you did not owe a balance when you closed this account, how much money did you receive? \$ \_\_\_\_\_

Date Account Closed \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (5 of 14)

**Do you or have you rented a safe deposit box during the past two (2) years?**  Yes  No

Name of financial institution \_\_\_\_\_

Address of financial institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What are the contents of the safe deposit box? \_\_\_\_\_

What monthly amount do you pay for rental of this deposit box? (divide annual fee by 12 months) \$ \_\_\_\_\_

If you no longer have the safe deposit box, what date/year did you surrender it? \_\_\_\_\_

If you transferred the safe deposit box, who did you transfer it to? \_\_\_\_\_

**Do you have a Christmas Club Account or any other special purpose accounts?**  Yes  No

Name of financial institution \_\_\_\_\_

Address of financial institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on Account \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

**Do you currently have any security deposits being held by a utility company?**  Yes  No

If yes, what is the amount? \$ \_\_\_\_\_ Name of Utility Company \_\_\_\_\_

Address of utility company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

**\*\*\* Include any past-due utility bills that you owe from previous addresses on the Debt Sheets \*\*\***

**Do you have any life insurance?**  Yes  No

Name of insurance company \_\_\_\_\_

Address of insurance company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If a "whole life" or "universal life" policy, what is the current cash value? \$ \_\_\_\_\_

If your life insurance is only payable upon death, what is the face value of the policy? \$ \_\_\_\_\_

Who is the beneficiary? \_\_\_\_\_ Relationship \_\_\_\_\_

**\*\*\* If you have other life insurance policies, copy this page and fill in the information for each policy. \*\*\***

**Do you or your spouse participate in a retirement, 401k or pension plan?**  Yes  No

Type of pension plan (i.e., 401k, PERS, etc.) \_\_\_\_\_

Name of pension company \_\_\_\_\_

Address of pension company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

When did you first enroll in this plan? \_\_\_\_\_ Current cash value \$ \_\_\_\_\_

**\*\*\* If you have other pension plans, please copy this page and fill in the information for each policy. \*\*\***

## STATEMENT OF FINANCIAL AFFAIRS (6 of 14)

**Have you setup your own separate retirement not provided by employer?**  Yes  No

Name of financial institution (if applicable) \_\_\_\_\_

Address of financial institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount in this separate retirement account? \$ \_\_\_\_\_ Who is the beneficiary? \_\_\_\_\_

**Will you be receiving retirement benefits from a former employer within the next six months?**  Yes  No

Date you expect to start receiving retirement benefits \_\_\_\_\_

**Do you have any stocks, bonds (including savings bonds) or mutual funds?**  Yes  No

Type of bond, stock, mutual fund \_\_\_\_\_

Does this bond, stock or mutual fund have a cash value?  Yes  No Cash value \$ \_\_\_\_\_

**Do you have a cell phone?**  Yes  No

Name of cell phone company \_\_\_\_\_

Address of cell phone company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date contract began \_\_\_\_\_

Is this a month-to-month contract?  Yes  No

If not, what is the length of the contract?  1 Year  2 Years  3 Years Date contract began \_\_\_\_\_

What is the normal monthly contract payment? \$ \_\_\_\_\_

Do you wish to keep the cell phone and continue paying the monthly contract?  Yes  No

\*\*\* If you have other cell phones, please copy this page and fill in the information for each phone. \*\*\*

**Do you live with a roommate/relative that pays part of your expenses?**  Yes  No

Name of roommate or relative \_\_\_\_\_ Relationship \_\_\_\_\_

What expenses do they pay? \_\_\_\_\_

What is the total amount they contribute on a monthly basis to your living expenses? \$ \_\_\_\_\_

How long have they been paying this amount? From \_\_\_\_\_ To \_\_\_\_\_

**Do relatives or other parties help to pay part or all of your monthly expenses?**  Yes  No

Name of relatives providing additional support \_\_\_\_\_

Relationship of this relative to you \_\_\_\_\_

What is the total amount they contribute on a monthly basis to your living expenses? \$ \_\_\_\_\_

How long have they been paying this amount? From \_\_\_\_\_ To \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (7 of 14)

**Are you currently attending college?**  Yes  No

Name of college \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_ Major of Study \_\_\_\_\_

**Do you have a student loan?**  Yes  No

Name of institution you will make payments to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date student loan first obtained? \_\_\_\_\_ Date payment is/was to begin \_\_\_\_\_

Total amount to pay off student loan \$ \_\_\_\_\_ Average monthly payment \$ \_\_\_\_\_

**Do you currently owe any fines? (includes parking tickets, moving violations, etc.)**  Yes  No

Name of court you owe fines to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

Case number assigned by court \_\_\_\_\_

Name of party \_\_\_\_\_  Spouse 1  Spouse 2  Other

**If you pay child support, are you currently behind in any payments?**  Yes  No

Name of person/agency you pay child support to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the total amount you owe in back child support? \$ \_\_\_\_\_

¿En qué fecha (o año) se suponía que debía comenzar a pagar la manutención de los hijos? \_\_\_\_\_

¿Cuáles son los arreglos de pago? \_\_\_\_\_

**Even if you never expect to collect any money,  
does an ex-spouse owe you money for alimony or child support?**  Yes  No

Name of ex-spouse \_\_\_\_\_

Address of ex-spouse \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total amount he/she owes you \$ \_\_\_\_\_ Date he/she originally started owing you \_\_\_\_\_

Has this ex-spouse been court ordered to pay you?  Yes  No Year of court order? \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (8 of 14)

**Over the last year, have you, your children or your spouse been involved in an accident where someone was hurt, for example, a car accident?**  Yes  No

Date accident occurred \_\_\_\_\_ Who was at fault? \_\_\_\_\_

Who was involved in the accident? \_\_\_\_\_

Was any insurance money received?  Yes  No If yes, how much? \$ \_\_\_\_\_

**During the next six (6) months, do you expect to inherit anything?**  Yes  No

How much do you expect to inherit? \$ \_\_\_\_\_ Date expected \_\_\_\_\_

Reasons for inheritance \_\_\_\_\_

**During the next six (6) months, do you expect to recover on anyone's life insurance policy?**  Yes  No

How much do you expect to receive? \$ \_\_\_\_\_ Date expected \_\_\_\_\_

Reasons for receiving this money \_\_\_\_\_

**Do you expect to receive any money from any insurance claim, for any reason, during the next six (6) months?**  Yes  No

How much do you expect to receive? \$ \_\_\_\_\_ Date expected \_\_\_\_\_

Reasons for receiving this money \_\_\_\_\_

**Are you the beneficiary of a trust fund?**  Yes  No

What is the amount of the trust fund? \$ \_\_\_\_\_ Name of trust fund owner \_\_\_\_\_

Relationship to you \_\_\_\_\_ When will you have access to this trust fund? \_\_\_\_\_

**Are you owed any back wages, commissions, or vacation pay from your current or previous employer?**  Yes  No

Employer Name \_\_\_\_\_

Amount expected to receive \$ \_\_\_\_\_ Date expected \_\_\_\_\_

\*\*\* Provide details about this amount owed you. \*\*\*

**Is any of your property in the hands of a repairman, storage company or pawnbroker?**  Yes  No

Name of Place Holding Your Property \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Items and Yard Sale value:

1. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

2. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

3. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

What is the total amount you need to pay in order to get these items released? \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (9 of 14)

**In the near future, do you expect to settle, win or begin a case for personal injury?**  Yes  No

How much do you expect to receive? \$ \_\_\_\_\_ Date you expect to receive this money? \_\_\_\_\_

Provide details about this personal injury claim \_\_\_\_\_

Name of attorney or law firm handling this claim? \_\_\_\_\_

**In the near future, do you expect to enter into any property settlement with a former spouse?**  Yes  No

List all items you expect to receive or turn over in the property settlement (including cash) \_\_\_\_\_

What is the total market value (Yard Sale value) of these items? \$ \_\_\_\_\_

When do you expect to receive this money or property? OR \_\_\_\_\_

When do you expect to turn over this cash or property? \_\_\_\_\_

**Does anyone owe you any money for a judgment you have obtained against them?**  Yes  No

Name of party you filed a lawsuit on \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date you filed this lawsuit? \_\_\_\_\_ Money amount awarded you in judgment \$ \_\_\_\_\_

**Even if you never expect to collect, does anyone owe you any money for any reason whatsoever?**  Yes  No

Name of person who owes you money \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Explain why they owe you money \_\_\_\_\_

Amount they owe you \$ \_\_\_\_\_ Date they originally started owing you \_\_\_\_\_

**Have you made any payments on your loans or bills other than ordinary payments? In other words, have you made catch-up payments, paid off, or borrowed money to pay on or off bills or loans?**  Yes  No

Name of creditor you paid \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Current Balance Due \$ \_\_\_\_\_

Name of creditor you paid \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Current Balance Due \$ \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (10 of 14)

**Are there any lawsuits pending against you now?**

Yes  No

Name of party suing you (Plaintiff)? \_\_\_\_\_

Case Number \_\_\_\_\_ Date Lawsuit Filed \_\_\_\_\_

Type of Lawsuit From Court Pleading (Complaint, Summons, etc.) \_\_\_\_\_

Attorney for the Plaintiff (found on court pleading) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Court where lawsuit was filed (at the top of the pleading) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\* If lawsuit is LESS THAN 1 YEAR OLD, please make a copy and include with these forms. \*\*\*

**Have your wages or property been garnished or attached?**

Yes  No

Who garnished your wages or attached your property? \_\_\_\_\_

What item did they repossess? (If car, provide the year, make, model) \_\_\_\_\_

How much money do they take from your paycheck? \$ \_\_\_\_\_ How often is this deducted? \_\_\_\_\_

**Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller?**

Yes  No

What property did you turn over to a receiver? \_\_\_\_\_

When and where did this take place? \_\_\_\_\_

**Is any of your property in receivership or other legal custody?**

Yes  No

When did you file your receivership? \_\_\_\_\_

In what court was this done? \_\_\_\_\_

**Have you made any gifts to friends or relatives?**

Yes  No

What gifts or transfers have you made? \_\_\_\_\_

Who did you give the gift to? \_\_\_\_\_

Mailing address of Recipient \_\_\_\_\_

Relationship to Recipient \_\_\_\_\_

What date/year did you make the gift? \_\_\_\_\_

**Have you transferred any money or property to family members or friends or paid them any money on debts you might owe them?**

Yes  No

Type of property transferred \_\_\_\_\_

What date/year was it transferred? \_\_\_\_\_ What is the approximate value? \$ \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (11 of 14)

**Have you had any unusual losses, such as fire, theft, gambling or otherwise?**  Yes  No

Type of loss  Fire  Theft  Gambling  Other \_\_\_\_\_

What item(s) or amount of money was lost? \_\_\_\_\_

What date/year was it lost? \_\_\_\_\_ Amount insurance paid? \$ \_\_\_\_\_

**Have you had any losses covered by insurance?**  Yes  No

Describe loss \_\_\_\_\_

Date/year of loss \_\_\_\_\_ Amount insurance paid? \$ \_\_\_\_\_

**Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service?**  Yes  No

Name of attorney or service \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Consultation Date \_\_\_\_\_ Total paid for service \$ \_\_\_\_\_

**Have you filed any bankruptcy within the last eight (8) years?**  Yes  No

Did you file a Chapter 7, Chapter 13, or a Chapter 11? \_\_\_\_\_

Date your bankruptcy was filed? \_\_\_\_\_ City, State filed? \_\_\_\_\_

Name(s) of persons who filed? \_\_\_\_\_

Was the case discharged?  Yes  No Case Number \_\_\_\_\_

**Is anyone holding any property that belongs to you?**  Yes  No

Item(s) in someone else's possession that belong to you? \_\_\_\_\_

Name of person holding these items \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Beside your current address, have you lived at any other addresses within the past three (3) years?**  Yes  No

Previous Address lived at \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_

Name(s) Used \_\_\_\_\_

Previous Address lived at \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_

Name(s) Used \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (12 of 14)

Previous Addresses lived at (last three years) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_  
Name(s) of parties who lived at this address \_\_\_\_\_

Previous Addresses lived at (last three years) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_  
Name(s) of parties who lived at this address \_\_\_\_\_

Previous Addresses lived at (last three years) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_  
Name(s) of parties who lived at this address \_\_\_\_\_

Previous Addresses lived at (last three years) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_  
Name(s) of parties who lived at this address \_\_\_\_\_

What is the amount of the TAX REFUND you received this year? \$ \_\_\_\_\_  
When did you receive the TAX REFUND? Date: \_\_\_\_\_  
What did you spend the TAX REFUND ON? \_\_\_\_\_

I did not file taxes  I had to pay taxes and did not receive a refund

**During the past two (2) years, have either you or your spouse had any other income source outside normal pay from your employer? (includes ebay, website, flea market dealers, etc.)**  Yes  No

**Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business within the past eight (8) years)?**  Yes  No

Name of business \_\_\_\_\_

Business Address \_\_\_\_\_

Type of business (what type of products were/are sold)? \_\_\_\_\_  
Date business began \_\_\_\_\_ Date business ended (if still operating, list "Present") \_\_\_\_\_

What were your net profits for this year? \$ \_\_\_\_\_ Last Year? \$ \_\_\_\_\_ 2 Years ago \$ \_\_\_\_\_

How much income tax do you pay from the income you make with your business? \$ \_\_\_\_\_

Income this year \$ \_\_\_\_\_ Last year \$ \_\_\_\_\_ 2 Yrs Ago \$ \_\_\_\_\_

## STATEMENT OF FINANCIAL AFFAIRS (13 of 14)

**INSTRUCTIONS:** If you are self-employed, a partner in a business or corporation, or your business is filing bankruptcy, complete the items on the next two pages.

List **bookkeepers and accountants** you have had within the two (2) years prior to this filing.

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List **firms or individuals** who have audited your books within two (2) years prior to this filing.

---

List **firms or individuals** possessing books of account and records at the time of this filing.

---

List **financial institutions, creditors and others parties** that a financial statement was issued to within the two (2) years prior to this filing.

---

List **dates of the last two product inventories** taken, and list the name of who supervised it, the value of inventory, and names of persons with records.

---

**If your business is a partnership**, list the nature and percentage of partnership interest of each member of the partnership.

---

**If a corporation**, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5% or more of the voting securities of the corporation

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**If a partnership**, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

---

**If a corporation**, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

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## STATEMENT OF FINANCIAL AFFAIRS (14 of 14)

**If a partnership or corporation**, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite within one year immediately preceding the commencement of this case.

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**If a partnership or corporation**, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite within one year immediately preceding the commencement of this case.

---

**If a corporation**, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six (6) years prior immediately preceding the commencement of the case.

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**If filer is NOT an individual**, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing to at any time within six (6) years immediately preceding the commencement of the case.

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By signing below, I state that all the information provided in these Client Intake Forms is true, accurate and complete to the best of my (our) knowledge.

\_\_\_\_\_  
Signature of Debtor #1

\_\_\_\_\_  
Signature of Debtor #2

Date \_\_\_\_\_

Date \_\_\_\_\_