



## Bankruptcy Questionnaire

Return to: Felden and Felden, P.A., PO Box 1399, Jacksonville, NC 28541-1399

Bankruptcy is a time honored practice that affords honest debtors the opportunity for a fresh start. Everyone filing a bankruptcy has experienced financial problems beyond his or her control. The court, trustees, and your attorney, understand this and if you comply with their instructions, they will help you out of your financial crisis. In order to help you get the relief to which you are entitled, you **must make full disclosure** of all your financial affairs. Do not try to second-guess the system – it has been here longer than you.

Be sure to put your name at the bottom of each page and make sure to number them as well.

**Assets.** LIST ALL OF YOUR ASSETS. In all likelihood you will retain most, if not all, of your assets after the bankruptcy. Do not jeopardize your discharge by omitting anything. You can list assets by groups of similar property, i.e. “furniture”, “clothing”, “personal effects”, etc. Your attorney will tell you how large or small your groupings can be.

Keep in mind, when determining the “fair market value” of collateral, use the amount you could sell the item for, NOT what you paid for it

**Debts.** LIST ALL OF YOUR DEBTS. You may plan to repay some creditors, including relatives and friends, but you must, nevertheless, list them as creditors. Your attorney can discuss with you the procedure for “reaffirming” a debt to a creditor or how to go about repaying your relatives or friends. If you have debts that are disputed, list them. If you have potential debts for which no one has yet made a direct claim against you, list them. If in doubt as to whether a creditor should be listed, list them. LIST ALL OF YOUR DEBTS. Failure to list a creditor can result in you not being discharged of your obligation to that creditor.

**Executory Contracts.** These are contracts such as leases, real estate contracts, health clubs, time-shares, etc., for which either or both parties to the contract have not yet fully performed their obligations under the contract. In all likelihood you should also list these parties as creditors too.

**Co-debtors.** Your co-debtors are obligated to pay the debts you do not. For most people, a co-debtor is just someone who co-signed a loan. However, partners, spouses and others who are not part of your petition may be liable on many of your debts without actually co-signing anything. If this is your situation you will need to attach additional sheets listing all debts for which someone else may be jointly liable, or those debts that you co-signed for another party.

**Income.** You must disclose your income over the last 6 months. If you are employed, you will need to provide a pay stubs for at least the last 60 days. If you are self-employed or you are a corporation or partnership, attach a financial statement showing your monthly income.

**Expenditures.** The accuracy of your estimated living expenses is essential. The trustees assigned to your case will scrutinize budgets carefully. Budgets will be compared to standards published by the IRS for your county of residence. To the extent your needs differ, your attorney can advise you about your alternatives.

If you are a partnership or a corporation, submit a financial statement indicating your monthly business expenses. Individuals who are in business for themselves should include a detailed statement of their business expenses in addition to the personal expenses called for in this questionnaire.

If at any time you have questions while completing this form, please do not hesitate to contact us at 888-808-9291.

Client Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_

*FELDEN AND FELDEN, P.A.*

## General Information

Please fill out ALL of the information requested in these forms. If a question or section does NOT apply to you, please write "N/A" in the space provided. (N/A means "not applicable".) The more information you provide in these forms, the faster your bankruptcy petition can be prepared. Thank you in advance for taking the time to be thorough and complete, resulting in a faster turnaround of your case.

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

County of Residence: \_\_\_\_\_ Length of time at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address (if different than street address): \_\_\_\_\_

\_\_\_\_\_

Spouse Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_

Spouse Street Address: \_\_\_\_\_

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

County of Residence: \_\_\_\_\_ Length of time at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse Email address: \_\_\_\_\_

Spouse Mailing Address (if different than street address): \_\_\_\_\_

\_\_\_\_\_

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

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

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

If not, please provide the reason:  Unmarried  Spouse filing separately  Separated  Other reason

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

If yes, please provide the date and location of your filing: \_\_\_\_\_

Client Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_

Dependents:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Resides with you:  Yes  No
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Resides with you:  Yes  No
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Resides with you:  Yes  No
4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Resides with you:  Yes  No

Other Information:

Have either you or your spouse been known by any other name during the past 8 years? (Example: maiden name, last name from previous marriage, legal name change, etc.)  Yes  No

Name Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_ to \_\_\_\_\_

Name Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_ to \_\_\_\_\_

Has your income significantly increased or decreased during the past six (6) months? If so, please provide details below: \_\_\_\_\_

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## Your Real Estate

Note: If you own a Mobile Home, please fill out the next page. Print out additional pages for every separate piece of real estate that you own.

Check the type of real estate that you own:  House  Condominium  Land  Timeshare/Other: \_\_\_\_\_

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

Description of Property (example: 1,250 square foot single family home with 2 bedrooms, 2 baths, attached 2-car garage, situated on 2 acres of land with outbuildings):  
\_\_\_\_\_

Street Address of Property: \_\_\_\_\_

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

Name of 1<sup>st</sup> Mortgage Company: \_\_\_\_\_

Address of 1<sup>st</sup> Mortgage Company: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

What is the payoff on this mortgage? \_\_\_\_\_ Are you behind on payments?  Yes  No

By what amount are you behind? \_\_\_\_\_ What is the current market value of this property? \_\_\_\_\_

What is your intention with this property?  Keeping  Surrendering

Is there a 2<sup>nd</sup> mortgage on this property?  Yes  No

Name of 2<sup>nd</sup> Mortgage Company (if applicable): \_\_\_\_\_

Address of 2<sup>nd</sup> Mortgage Company: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

What is the payoff on this mortgage? \_\_\_\_\_ Are you behind on payments?  Yes  No

By what amount are you behind? \_\_\_\_\_

Name of Collection Agency or Attorney (if applicable): \_\_\_\_\_

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

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

Is this property currently in foreclosure?  Yes  No

**If in collections or foreclosure, please provide a copy of all court documents you received.**

Client Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_

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# Your Mobile Home

Print out additional pages for every mobile home that you own.

Name(s) on Title: \_\_\_\_\_

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

Street Address of Mobile Home: \_\_\_\_\_

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

Does your mobile 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 that you own?  Yes  No **USE YOUR REAL ESTATE PAGE FOR THIS**

Name of 1<sup>st</sup> Mortgage Company: \_\_\_\_\_

Address of 1<sup>st</sup> Mortgage Company: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

What is the payoff on this mortgage? \_\_\_\_\_ Are you behind on payments?  Yes  No

By what amount are you behind? \_\_\_\_\_ What is the current market value of this mobile home? \_\_\_\_\_

What is your intention with this property?  Keeping  Surrendering

Is there a 2<sup>nd</sup> mortgage on this property?  Yes  No

Name of 2<sup>nd</sup> Mortgage Company (if applicable): \_\_\_\_\_

Address of 2<sup>nd</sup> Mortgage Company: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

What is the payoff on this mortgage? \_\_\_\_\_ Are you behind on payments?  Yes  No

By what amount are you behind? \_\_\_\_\_

Name of Collection Agency or Attorney (if applicable): \_\_\_\_\_

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

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

Is this property currently in foreclosure?  Yes  No

**If in collections or foreclosure, please provide a copy of all court documents you received.**

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Your Household Inventory

Please check the items below that you own. Please provide the current GARAGE SALE VALE of each item - **NOT** the replacement cost.

<input type="radio"/> Stove/Cooking Unit     \$ _____ <input type="radio"/> Refrigerator             \$ _____ <input type="radio"/> Washer/Dryer             \$ _____ <input type="radio"/> Microwave                 \$ _____ <input type="radio"/> Cooking Utensils         \$ _____ <input type="radio"/> Silverware                 \$ _____ <input type="radio"/> Pots/Pans/Cookware     \$ _____ <input type="radio"/> Living Room Furniture   \$ _____ <input type="radio"/> Dining Furniture         \$ _____ <input type="radio"/> Television(s) # _____ \$ _____ <input type="radio"/> DVD(s)                     \$ _____ <input type="radio"/> DVD Player(s)             \$ _____ <input type="radio"/> CD(s)                        \$ _____ <input type="radio"/> Other Stereo Items       \$ _____ <input type="radio"/> Bedroom Furniture       \$ _____ <input type="radio"/> Lamps/Accessories       \$ _____ <input type="radio"/> Computer                 \$ _____ <input type="radio"/> Printer                     \$ _____ <input type="radio"/> Desk/Office Furniture    \$ _____ <input type="radio"/> Wedding Ring(s)         \$ _____ <input type="radio"/> Other Jewelry Items       \$ _____ <input type="radio"/> Furs                         \$ _____ <input type="radio"/> All Clothing                \$ _____ <input type="radio"/> Photography Items        \$ _____ <input type="radio"/> Collectibles                \$ _____ <input type="radio"/> Paintings/Art             \$ _____ <input type="radio"/> Tools                        \$ _____	<input type="radio"/> Guns/Firearms             \$ _____ <input type="radio"/> Lawnmower                 \$ _____ <input type="radio"/> Boat                         \$ _____ <input type="radio"/> Trailer                      \$ _____ <input type="radio"/> Camper                      \$ _____ <input type="radio"/> Rental Deposit             \$ _____ Landlord: _____ _____ <input type="radio"/> Security Deposit         \$ _____ Company: _____ _____ <input type="radio"/> Government Bonds       \$ _____ <input type="radio"/> Certificates of Deposit   \$ _____ <input type="radio"/> Copyright/Patent         \$ _____ <input type="radio"/> Aircraft                     \$ _____ <input type="radio"/> Education IRA             \$ _____ <input type="radio"/> Customer List             \$ _____ <input type="radio"/> _____ \$ _____ <input type="radio"/> _____ \$ _____ <input type="radio"/> _____ \$ _____ <input type="radio"/> _____ \$ _____ <input type="radio"/> _____ \$ _____ <input type="radio"/> _____ \$ _____ <input type="radio"/> _____ \$ _____ <input type="radio"/> _____ \$ _____
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Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Your Motor Vehicles

Motor vehicles include cars, trucks, SUVs, motorcycles, RVs, boats, trailers, campers, etc. that are titled in your and/or your spouse's name.  
Print out additional pages for additional that you own.

Check the type of vehicle:  Car  Truck  Motorcycle  Other: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Current Market Value: \_\_\_\_\_

Name(s) on Title: \_\_\_\_\_

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

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

Address of Company: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

What is the payoff on this vehicle? \_\_\_\_\_ Are you behind on payments?  Yes  No

By what amount are you behind? \_\_\_\_\_ Date vehicle was purchased/financed: \_\_\_\_\_

What is your intention with this property?  Keeping  Surrendering

Check the type of vehicle:  Car  Truck  Motorcycle  Other: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Current Market Value: \_\_\_\_\_

Name(s) on Title: \_\_\_\_\_

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

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

Address of Company: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

What is the payoff on this vehicle? \_\_\_\_\_ Are you behind on payments?  Yes  No

By what amount are you behind? \_\_\_\_\_ Date vehicle was purchased/financed: \_\_\_\_\_

What is your intention with this property?  Keeping  Surrendering

Client Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_

# Debt Sheet 1 of 5

Print out additional pages if you need more space for listing creditors, or feel free to continue on the back of this sheet.

**DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE – LIST EVERY DEBT YOU OWE, EVEN LOANS FROM RELATIVES.**

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:  Credit Card  Medical Bill  Personal Loan  Student Loan  Other: \_\_\_\_\_

Who is responsible for this debt?  Husband  Wife  Both  Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?  Yes  No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:  Credit Card  Medical Bill  Personal Loan  Student Loan  Other: \_\_\_\_\_

Who is responsible for this debt?  Husband  Wife  Both  Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?  Yes  No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_



## Debt Sheet 2 of 5

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:  Credit Card  Medical Bill  Personal Loan  Student Loan  Other: \_\_\_\_\_

Who is responsible for this debt?  Husband  Wife  Both  Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?  Yes  No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:  Credit Card  Medical Bill  Personal Loan  Student Loan  Other: \_\_\_\_\_

Who is responsible for this debt?  Husband  Wife  Both  Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?  Yes  No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Debt Sheet 3 of 5

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:    Credit Card    Medical Bill    Personal Loan    Student Loan    Other: \_\_\_\_\_

Who is responsible for this debt?    Husband    Wife    Both    Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?    Yes    No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:    Credit Card    Medical Bill    Personal Loan    Student Loan    Other: \_\_\_\_\_

Who is responsible for this debt?    Husband    Wife    Both    Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?    Yes    No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Debt Sheet 4 of 5

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:  Credit Card  Medical Bill  Personal Loan  Student Loan  Other: \_\_\_\_\_

Who is responsible for this debt?  Husband  Wife  Both  Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?  Yes  No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:  Credit Card  Medical Bill  Personal Loan  Student Loan  Other: \_\_\_\_\_

Who is responsible for this debt?  Husband  Wife  Both  Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?  Yes  No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Debt Sheet 5 of 5

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:  Credit Card  Medical Bill  Personal Loan  Student Loan  Other: \_\_\_\_\_

Who is responsible for this debt?  Husband  Wife  Both  Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?  Yes  No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Name of creditor: \_\_\_\_\_

Address of creditor: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Type of debt:  Credit Card  Medical Bill  Personal Loan  Student Loan  Other: \_\_\_\_\_

Who is responsible for this debt?  Husband  Wife  Both  Other/Co-debtor: \_\_\_\_\_

Has this debt been turned over to a collection agency?  Yes  No

Name of collection agency or law firm: \_\_\_\_\_

Address of collection agency: \_\_\_\_\_

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

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Your Income Information

### DEBTOR (HUSBAND)

Year to date total income: \_\_\_\_\_ Total income last year: \_\_\_\_\_ Total income two years ago: \_\_\_\_\_

- Monthly – You get paid **once** each month – 12 checks per year
- Semi-Monthly – You get paid **twice** each month (i.e. 1<sup>st</sup> and 15<sup>th</sup>) – 24 checks per year
- Bi-Weekly – You get paid every other week (i.e. every other Friday) – 26 checks per year
- Weekly – You get paid once each week – 52 checks per year

#### Income from your paystub (PER PAY PERIOD)

Gross Income \$ \_\_\_\_\_

Estimated Overtime \$ \_\_\_\_\_

#### Payroll Deductions

Federal Income Tax \$ \_\_\_\_\_

State Income Tax \$ \_\_\_\_\_

FICA/Medicare \$ \_\_\_\_\_

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

Union Dues \$ \_\_\_\_\_

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

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

#### Other Monthly Income (PER MONTH)

From your business \$ \_\_\_\_\_

From real property \$ \_\_\_\_\_

Interest and Dividends \$ \_\_\_\_\_

Pension/Retirement \$ \_\_\_\_\_

Alimony, child support \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Gov. Assistance \$ \_\_\_\_\_

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

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

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

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

Explain any anticipated increase or decrease in income of more than 10% in the next year. \_\_\_\_\_

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Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

# Your Spouse's Income Information

## CO-DEBTOR (WIFE)

Year to date total income: \_\_\_\_\_ Total income last year: \_\_\_\_\_ Total income two years ago: \_\_\_\_\_

- Monthly – You get paid **once** each month – 12 checks per year
- Semi-Monthly – You get paid **twice** each month (i.e. 1<sup>st</sup> and 15<sup>th</sup>) – 24 checks per year
- Bi-Weekly – You get paid every other week (i.e. every other Friday) – 26 checks per year
- Weekly – You get paid once each week – 52 checks per year

### Income from your paystub (PER PAY PERIOD)

Gross Income \$ \_\_\_\_\_

Estimated Overtime \$ \_\_\_\_\_

### Payroll Deductions

Federal Income Tax \$ \_\_\_\_\_

State Income Tax \$ \_\_\_\_\_

FICA/Medicare \$ \_\_\_\_\_

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

Union Dues \$ \_\_\_\_\_

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

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

### Other Monthly Income (PER MONTH)

From your business \$ \_\_\_\_\_

From real property \$ \_\_\_\_\_

Interest and Dividends \$ \_\_\_\_\_

Pension/Retirement \$ \_\_\_\_\_

Alimony, child support \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Gov. Assistance \$ \_\_\_\_\_

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

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

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

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

Explain any anticipated increase or decrease in income of more than 10% in the next year. \_\_\_\_\_

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Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Your Monthly Budget

This form is used to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amounts for each expense. For utilities, your bill may be higher in the winter than in the summer, so please use averages that will cover a 12 month period.

### Housing Expenses

Rent \$ \_\_\_\_\_

First Mortgage \$ \_\_\_\_\_

Second Mortgage \$ \_\_\_\_\_

Third Mortgage \$ \_\_\_\_\_

Lot Rent \$ \_\_\_\_\_

Real Estate Taxes \$ \_\_\_\_\_

(if not in mortgage)

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

(if not in mortgage)

### Utilities

Electricity/Gas \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Cable/Internet \$ \_\_\_\_\_

Trash Pick-Up \$ \_\_\_\_\_

Laundry/Dry Cleaning \$ \_\_\_\_\_

Medical Expenses \$ \_\_\_\_\_

### Transportation

Gasoline/Maintenance \$ \_\_\_\_\_

Vehicle Payment \$ \_\_\_\_\_

Vehicle Payment \$ \_\_\_\_\_

### Insurance

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

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

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

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

### Taxes

Other than deductions \$ \_\_\_\_\_

### Other Expenses

Alimony or Child Support \$ \_\_\_\_\_

Charitable Giving \$ \_\_\_\_\_

Payments for other \$ \_\_\_\_\_

dependents. Explain: \_\_\_\_\_

Child Care Expenses \$ \_\_\_\_\_

School Expenses \$ \_\_\_\_\_

School Lunch Expenses \$ \_\_\_\_\_

Personal Care \$ \_\_\_\_\_

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

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

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

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

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

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

Client Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (1 of 13)

The following pages contain important questions, many of which will be asked of you again by the Trustee when you attend your 341 Meeting. Please take your time and go through every question thoroughly, providing as much detail as possible to the questions you answer "yes".

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

Full Name (First, Middle, Last): \_\_\_\_\_

Dates Married: From \_\_\_\_\_ to \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Dates Married: From \_\_\_\_\_ to \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Dates Married: From \_\_\_\_\_ to \_\_\_\_\_

Full Name (First, Middle, Last): \_\_\_\_\_

Dates Married: From \_\_\_\_\_ to \_\_\_\_\_

**Have you ever provided a notice to any governmental unit of a Release of Hazardous Materials?**

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

Name/Address of Site \_\_\_\_\_ Governmental Unit Notice Sent To: \_\_\_\_\_

**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 so, please provide details: \_\_\_\_\_

**Do you own or are you buying a time-share in a vacation property or resort?**  Yes  No

If so, please provide details: \_\_\_\_\_

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_



## Statement of Financial Affairs (2 of 13)

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

If so, please provide details: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Whose name is the vehicle titled to? \_\_\_\_\_

Their address: \_\_\_\_\_

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

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

Why are you holding this property in your possession? \_\_\_\_\_

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 SURE THESE DEBTS ARE LISTED 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 SURE THESE DEBTS ARE LISTED ON THE DEBT SHEETS**

Have you listed any of your personal items as collateral to obtain a 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 SURE THESE DEBTS ARE LISTED ON THE DEBT SHEETS**

Client Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (3 of 13)

Do you own or are you buying any tools or equipment that you use for 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 SURE THESE DEBTS ARE LISTED ON THE DEBT SHEETS**

Do you currently have any inventory (stock in trade) that can be sold for \$200+ in profit?  Yes  No

Description of Item(s)

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

Are you buying any jewelry 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 SURE THESE DEBTS ARE LISTED ON THE DEBT SHEETS**

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

Description of Animals(s)

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

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (4 of 13)

Do you have any checking or savings account(s) at this time?  Yes  No

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

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

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

Type of Account:  Checking  Savings  Both  Other: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Account number for Checking: \_\_\_\_\_ Present Balance: \_\_\_\_\_

Account number for Savings: \_\_\_\_\_ Present Balance: \_\_\_\_\_

Do you have any secondary checking or savings account(s) at this time?  Yes  No

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

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

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

Type of Account:  Checking  Savings  Both  Other: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Account number for Checking: \_\_\_\_\_ Present Balance: \_\_\_\_\_

Account number for Savings: \_\_\_\_\_ Present Balance: \_\_\_\_\_

Have you closed any bank accounts within the past two (2) years?  Yes  No

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

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

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

Type of Account:  Checking  Savings  Both  Other: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Account number: \_\_\_\_\_ Date Closed: \_\_\_\_\_ Closing Balance: \_\_\_\_\_

Did you owe a balance when you closed this account?  Yes  No Balance owed: \_\_\_\_\_

**MAKE SURE THIS DEBT IS LISTED ON THE DEBT SHEETS**

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

*FELDEN AND FELDEN, P.A.*

## Statement of Financial Affairs (5 of 13)

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

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

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

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

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

\_\_\_\_\_

What monthly amount do you pay for rental of this deposit box? \_\_\_\_\_

If you no longer have the safe deposit box, what date 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 Bank: \_\_\_\_\_

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

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

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

Name(s) on the Account: \_\_\_\_\_ Present Balance: \_\_\_\_\_

Do you have any security deposits being held by a utility company?  Yes  No If yes, what amount? \_\_\_\_\_

Name of Utility Company: \_\_\_\_\_

Address of Utility Company: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Present Balance: \_\_\_\_\_

**Remember to include any past-due utility bills that you owe from previous addresses on your debt sheets.**

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (6 of 13)

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

Name of Insurance Company: \_\_\_\_\_

If a "whole 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, please list the information above for each one on the back of this page.**

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

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

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

**Have you set up your own separate retirement account, not provided by your employer?**  Yes  No

Name of Financial Institution: \_\_\_\_\_ Current cash value: \_\_\_\_\_

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

**Will you receive retirement benefits from a previous employer within the next six (6) 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 **Do you wish to continue the monthly contract?**  Yes  No

Name of Cell Phone Company: \_\_\_\_\_

Address of Cell Phone Company: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Date Contract began: \_\_\_\_\_ What is the average monthly bill? \_\_\_\_\_

Is this a month-to-month contract?  Yes  No If not, what is the length of the contract? \_\_\_\_\_

**If you have other cell phone contracts, please list the information above for each one on the back of this page.**

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (7 of 13)

**Do you live with a roommate/relative who 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? \_\_\_\_\_ How long have they been paying this amount? \_\_\_\_\_ to \_\_\_\_\_

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

Name of relative providing additional support: \_\_\_\_\_ Relationship: \_\_\_\_\_

What is the total amount they contribute? \_\_\_\_\_ How long have they been paying this amount? \_\_\_\_\_ to \_\_\_\_\_

**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 Student Loan Company: \_\_\_\_\_

Address of Student Loan Company: \_\_\_\_\_

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

Total amount owed: \_\_\_\_\_ Date payments began: \_\_\_\_\_ Average monthly bill: \_\_\_\_\_

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

Name of Court you owe fines to: \_\_\_\_\_

Address of Court you owe fines to: \_\_\_\_\_

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

Total amount owed: \_\_\_\_\_ Date of occurrence: \_\_\_\_\_ Case number: \_\_\_\_\_

What was this fine for? \_\_\_\_\_

Client Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (8 of 13)

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

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

Address of person/agency you pay child support to: \_\_\_\_\_

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

Total amount owed in back support: \_\_\_\_\_ What date were you supposed to start payments: \_\_\_\_\_

What are the payment arrangements? \_\_\_\_\_

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

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

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

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

Total amount owed in back support: \_\_\_\_\_ What date were payments supposed to start: \_\_\_\_\_

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

**Over the last year, have you, your children or your spouse been involved in an accident?**  Yes  No

Who was involved in the accident: \_\_\_\_\_ Who was at fault? \_\_\_\_\_

Date accident occurred: \_\_\_\_\_ Was any insurance money received?  Yes  No 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: \_\_\_\_\_

Reason for inheritance: \_\_\_\_\_

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

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

Reason for receiving money: \_\_\_\_\_

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

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

Reason for receiving money: \_\_\_\_\_

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (9 of 13)

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 an employer?  Yes  No

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

Amount expected to receive: \_\_\_\_\_ Date expected to receive: \_\_\_\_\_

**Please provide details about this amount that is owed to you. Feel free to the back of this page if necessary.**

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

Name of place holding your property: \_\_\_\_\_

Address of place holding your property: \_\_\_\_\_

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

Description of Item(s)

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? \_\_\_\_\_

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: \_\_\_\_\_

Please provide details about this personal injury claim: \_\_\_\_\_

\_\_\_\_\_

Name of attorney or law firm handing 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 yard sale value of these items? \_\_\_\_\_

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

Client Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_



## Statement of Financial Affairs (10 of 13)

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

Name of party you filed a lawsuit against: \_\_\_\_\_

Address of party you filed a lawsuit against: \_\_\_\_\_

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

Date you filed this lawsuit: \_\_\_\_\_ Amount awarded to you in judgment: \_\_\_\_\_

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

Name of party who owes you money: \_\_\_\_\_

Address of party who owes you money: \_\_\_\_\_

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

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

Have you made any payments to any creditors other than ordinary payments?  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: \_\_\_\_\_

Are there any lawsuits pending against you?  Yes  No

Name of party suing you (plaintiff): \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Type of Lawsuit: \_\_\_\_\_

Attorney for the Plaintiff: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

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

**Please provide a copy of all court documents. Feel free to the back of this page to list additional lawsuits.**

Have your wages or property been garnished or attached?  Yes  No

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

What item was repossessed? \_\_\_\_\_ How much was garnished? \_\_\_\_\_ How often? \_\_\_\_\_

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (11 of 13)

**Have you returned any property to creditors, or was any property repossessed or foreclosed?**  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? \_\_\_\_\_ What is the approximate value? \_\_\_\_\_

**Have you transferred any money or property to family members or friends?**  Yes  No

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

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

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

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

What items or amount of money was lost? \_\_\_\_\_

Date of loss: \_\_\_\_\_ Amount insurance paid: \_\_\_\_\_

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

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

Date of loss: \_\_\_\_\_ Amount insurance paid: \_\_\_\_\_

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (12 of 13)

Have you paid money to an attorney or debt counseling agency?  Yes  No

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

Address of attorney or service: \_\_\_\_\_

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

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

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

Chapter filed:  Chapter 7  Chapter 13  Chapter 11

Date filing took place: \_\_\_\_\_ Case Number: \_\_\_\_\_

City and State where filed: \_\_\_\_\_ Was the case discharged?  Yes  No

Name of person(s) who filed: \_\_\_\_\_

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

Name of person holding your property: \_\_\_\_\_

Address of person holding your property: \_\_\_\_\_

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

Description of Item(s) : \_\_\_\_\_

Besides your current address, have you lived at any other address within the past six (6) years?  Yes  No

Previous address: \_\_\_\_\_

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

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

Names of parties who lived at this address: \_\_\_\_\_

Previous address: \_\_\_\_\_

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

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

Names of parties who lived at this address: \_\_\_\_\_

**Feel free to the back of this page to list additional addresses, if necessary.**

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_

## Statement of Financial Affairs (13 of 13)

**Have you been self-employed or had any interest in a business within the past either (8) years?**    Yes    No

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

Address of business: \_\_\_\_\_

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

Type of business: \_\_\_\_\_ Date business began: \_\_\_\_\_ Date business ended: \_\_\_\_\_

Name(s) of your partners, co-investors, or associates: \_\_\_\_\_

What were your net profits for this year? \_\_\_\_\_ Last year? \_\_\_\_\_ Two years ago? \_\_\_\_\_

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

**During the past two (2) years, have either you or your spouse had any other income source?**    Yes    No

Additional Income for this year? \_\_\_\_\_ Last year? \_\_\_\_\_ Two years ago? \_\_\_\_\_

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

**Did you receive a tax refund this year?**    Yes    No   Amount of refund: \_\_\_\_\_

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

*By signing below, I state that all the information provided in these client intake forms are true, accurate and complete to the best of my/our knowledge.*

\_\_\_\_\_

Signature of Debtor

\_\_\_\_\_

Signature of Co-Debtor

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_\_