

Felden & Felden, PA Bankruptcy Worksheet

Return by fax: (888) 808-9991 • By e-mail: megan@feldenandfelden.com • Or by mail: PO Box 1399, Jacksonville, NC 28541

The Pre-Filing Bankruptcy Process: So you know what to expect!

- The first step to reclaiming your financial freedom is completing this questionnaire. Please fill out all sections to the best of your ability. Don't worry if you don't have everything perfect – just be sure to honestly make a full disclosure of your finances! If you have questions, don't hesitate to call, text or email us.

For your reference, here is a list of words that you will come across on this worksheet and what they mean for you:

- **Assets.** EVERYTHING YOU OWN. Don't jeopardize your discharge by omitting anything. You can list assets by groups of similar property, i.e. "furniture", "clothing", etc. Keep in mind, when determining the "fair market value" of these items, please use the amount you could realistically sell the item for, NOT what you paid for it.
 - **Debts.** EVERYTHING YOU OWE. List all outstanding debts in this section – even the debts for things you want to keep like cars or houses. You may plan to repay some creditors, such as relatives or friends, but you must list them as creditors. If you have debts that are disputed, list them. If you have potential debts for which no one has yet made contact with you about, list them. If in doubt as to whether someone 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 outstanding contracts such as leases, real estate contracts, health clubs, time-shares, etc.
 - **Co-debtors.** For most people, a co-debtor is just someone who co-signed a loan. It is also important to note that if you co-signed a loan for someone else, that debt needs to be listed as well – even if you are not ultimately the one making the payments on the debt.
 - **Income.** WHAT YOU MAKE. Please include all sources of income: wages, business, retirement, pension, disability, social security, alimony, child support, etc.
 - **Expenditures.** WHAT YOU SPEND MONTHLY. Please list regular monthly living expenses for your household. 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 also include a detailed statement of their monthly business expenses.
- Once you have completed this worksheet, please return all pages to our office. We are happy to accept this documentation by fax, email or mail. Feel free to attach additional sheets as needed.
 - We will email you to let you know that this worksheet has been received by our office and that we are working on preparing your initial petition draft for review. When this draft is ready, we will call you to make arrangements for you to go over everything with Mr. Felden.

If at any time you have questions while completing this worksheet, please don't hesitate to contact us.

Phone: (888) 808-9291

Your Personal Information

Name: First _____ Middle _____ Last _____

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Have you lived in this county for at least 6 months? ☐ Yes ☐ No If not, where did you live? _____

Mailing Address (if different than above): _____

Home: _____ Cell: _____ E-mail: _____

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

If no, please provide reason: ☐ Unmarried ☐ Filing separately ☐ Separated ☐ Other: _____

Spouse Name: First _____ Middle _____ Last _____

Spouse Social Security Number: _____

Spouse Street Address: _____

City: _____ State: _____ Zip: _____

Have you lived in this county for at least 6 months? ☐ Yes ☐ No If not, where did you live? _____

Mailing Address (if different than above): _____

Home: _____ Cell: _____ E-mail: _____

Have either of you been known by any other name in the past 8 years? (i.e.: maiden name, etc.) ☐ Yes ☐ No

Name Used: _____ Dates Used: _____ to _____

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

Your Real Estate

Note: Use additional pages if necessary. Don't forget to list property that you are only on the title of, but do not consider yourself the owner of.

Type of real estate that you own: ☐ House ☐ Condo ☐ Land ☐ Mobile Home ☐ Timeshare/Other: _____

Name(s) on Deed: _____

Street Address of Property: _____

City: _____ State: _____ Zip: _____

What is the current value of this property? _____

Do you want to keep this property? ☐ Yes ☐ No

Is this property currently in foreclosure? ☐ Yes ☐ No **If yes, provide copies of all documents you received.**

If mobile home, does it sit in a mobile home park? ☐ Yes ☐ No What is the monthly lot rent? _____

If mobile home, does it sit on a piece of ground that you own? ☐ Yes ☐ No

Is there a mortgage on the property? ☐ Yes ☐ No Name of Mortgage Company: _____

Address of Mortgage Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Monthly payment amount: _____

Total amount still owed on the loan? _____ Are you behind on payments? ☐ Yes ☐ No

Total amount you are behind? _____

Is there a 2nd mortgage on this property? ☐ Yes ☐ No

Name of 2nd Mortgage Company (if applicable): _____

Address of 2nd Mortgage Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Monthly payment amount: _____

Total amount still owed on the loan? _____ Are you behind on payments? ☐ Yes ☐ No

Total amount you are behind? _____

Your Personal Items

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

<input type="radio"/> Stove	\$ _____	<input type="radio"/> Checking Account	\$ _____
<input type="radio"/> Refrigerator	\$ _____		With what bank? _____
<input type="radio"/> Washer/Dryer	\$ _____	<input type="radio"/> Savings Account	\$ _____
<input type="radio"/> Microwave	\$ _____		With what bank? _____
<input type="radio"/> Utensils/Silverware	\$ _____	<input type="radio"/> Certificates of Deposit	\$ _____
<input type="radio"/> Pots/Pans/Cookware	\$ _____		With what bank? _____
<input type="radio"/> Dining Furniture	\$ _____	<input type="radio"/> Rental Deposit	\$ _____
<input type="radio"/> Living Room Furniture	\$ _____		Landlord: _____
<input type="radio"/> Lamps/Accessories	\$ _____	<input type="radio"/> Other Deposit	\$ _____
<input type="radio"/> Television(s) # _____	\$ _____		Utility Company: _____
<input type="radio"/> DVD(s)/CD(s)	\$ _____	<input type="radio"/> Stocks/Bonds	\$ _____
<input type="radio"/> DVD Player(s)	\$ _____		With what company? _____
<input type="radio"/> Misc. Stereo Items	\$ _____	<input type="radio"/> Copyright/Patent	\$ _____
<input type="radio"/> Bedroom Furniture	\$ _____	<input type="radio"/> Education IRA	\$ _____
<input type="radio"/> Computer/Printer	\$ _____		With what company? _____
<input type="radio"/> Desk/Office Furniture	\$ _____	<input type="radio"/> Retirement Account	\$ _____
<input type="radio"/> Wedding Ring(s)	\$ _____		With what company? _____
<input type="radio"/> Misc. Jewelry Items	\$ _____	<input type="radio"/> Whole Life Insurance	\$ _____
<input type="radio"/> All Clothing	\$ _____		With what company? _____
<input type="radio"/> Cameras	\$ _____	<input type="radio"/> Wages Owed To You	\$ _____
<input type="radio"/> Guns	\$ _____	<input type="radio"/> Support Owed To You	\$ _____
<input type="radio"/> Tools	\$ _____	<input type="radio"/> Other Owed To You	\$ _____
<input type="radio"/> Lawnmower	\$ _____	<input type="radio"/> _____	\$ _____

1. Are you buying any of your furniture or appliances with installment payments? ☐ Yes ☐ No
2. Have you pledged any of your belongings as collateral for a personal loan? ☐ Yes ☐ No
3. Are you renting-to-own any of your furniture or appliances? ☐ Yes ☐ No

If yes to any of the above, MAKE SURE THESE DEBTS ARE LISTED ON THE DEBT SHEETS!

1. Do you have any property in your possession that belongs to someone else? ☐ Yes ☐ No
2. Is anyone holding any property that belongs to you? ☐ Yes ☐ No

Your Motor Vehicles

Motor vehicles include cars, trucks, motorcycles, RVs, boats, trailers, aircraft, etc. that are titled in your and/or your spouse's name.

Note: Print out additional pages if you own more than two vehicles.

Type of vehicle: ☐ Car ☐ Truck ☐ Motorcycle ☐ RV ☐ Boat ☐ Trailer/Other: _____

Year: _____ Make: _____ Model: _____ Current Value: _____

Name(s) on Title: _____

Is this vehicle leased? ☐ Yes ☐ No If yes, what is the early "buy out" amount? _____

Do you want to keep this vehicle? ☐ Yes ☐ No Is there a loan on this vehicle? ☐ Yes ☐ No

Name of company you make payments to for this vehicle: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Monthly payment amount: _____

What is the total amount owed? _____ Date purchased/financed: _____

Are you behind on payments? ☐ Yes ☐ No Total amount you are behind? _____

Type of vehicle: ☐ Car ☐ Truck ☐ Motorcycle ☐ RV ☐ Boat ☐ Trailer/Other: _____

Year: _____ Make: _____ Model: _____ Current Value: _____

Name(s) on Title: _____

Is this vehicle leased? ☐ Yes ☐ No If yes, what is the early "buy out" amount? _____

Do you want to keep this vehicle? ☐ Yes ☐ No Is there a loan on this vehicle? ☐ Yes ☐ No

Name of company you make payments to for this vehicle: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Monthly payment amount: _____

What is the total amount owed? _____ Date purchased/financed: _____

Are you behind on payments? ☐ Yes ☐ No Total amount you are behind? _____

Over the last year, have you 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? _____

Debt Sheet 1 of 3

Note: Print out additional pages if needed. **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE – LIST EVERY DEBT YOU OWE.**

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Debt Sheet 2 of 3

Note: Print out additional pages if needed. **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE – LIST EVERY DEBT YOU OWE.**

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Debt Sheet 3 of 3

Note: Print out additional pages if needed. **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE – LIST EVERY DEBT YOU OWE.**

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Creditor Name: _____

Creditor Address: _____

Account Number: _____ Total amount owed: _____

Did someone co-sign this loan with you? ☐ Yes ☐ No If yes, give co-debtor name: _____

Is this debt in collections? ☐ Yes ☐ No Name of Collection Agency: _____

Address of Collection Agency: _____

Your Income Information

Are you employed? ☐ Yes ☐ No Employer Name: _____ Length of Time at Job: _____

Job Title/Rank: _____ How often do you get paid? ☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly

Income (PER PAY PERIOD)

Gross Income \$ _____

Estimated Overtime \$ _____

Payroll Deductions

Federal Income Tax \$ _____

Social Security/FICA \$ _____

Medicare Tax \$ _____

State Income Tax \$ _____

Insurance \$ _____

Union Dues/Other \$ _____

Retirement Contribution \$ _____

Other Income (PER MONTH)

From your business \$ _____

From real property \$ _____

Pension/Retirement \$ _____

Alimony, child support \$ _____

Social Security \$ _____

Gov. Assistance \$ _____

VA Disability \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Are you expecting an increase or decrease in income? ☐ Yes ☐ No If yes, provide details _____

Your Spouse's Income Information

Are you employed? ☐ Yes ☐ No Employer Name: _____ Length of Time at Job: _____

Job Title/Rank: _____ How often do you get paid? ☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly

Income (PER PAY PERIOD)

Gross Income \$ _____

Estimated Overtime \$ _____

Payroll Deductions

Federal Income Tax \$ _____

Social Security/FICA \$ _____

Medicare Tax \$ _____

State Income Tax \$ _____

Insurance \$ _____

Union Dues/Other \$ _____

Retirement Contribution \$ _____

Other Income (PER MONTH)

From your business \$ _____

From real property \$ _____

Pension/Retirement \$ _____

Alimony, child support \$ _____

Social Security \$ _____

Gov. Assistance \$ _____

VA Disability \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Are you expecting an increase or decrease in income? ☐ Yes ☐ No If yes, provide details _____

Your Monthly Household Budget

Note: Be sure to write in the MONTHLY (not yearly) amounts for each expense. Please use average amounts for utilities.

Housing Expenses

Rent \$ _____

First Mortgage \$ _____

Second Mortgage \$ _____

Lot Rent \$ _____

HOA \$ _____

Real Estate Taxes \$ _____

(if not in mortgage)

Insurance \$ _____

(if not in mortgage)

Utilities

Electricity/Gas \$ _____

Water \$ _____

Phone/Cable/Internet \$ _____

Food \$ _____

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 \$ _____

Cell Phone \$ _____

Do you wish to keep this contract? ☐ Yes ☐ No

Name of cell phone carrier: _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

☐ _____ \$ _____

Statement of Financial Affairs

Note: The following pages contain additional questions, many of which will be asked again by the Trustee when you attend your 341 Meeting.

Have you filed bankruptcy in the last 8 years? ☐ Yes ☐ No Date filing took place: _____

Chapter filed: ☐ Chapter 7 ☐ Chapter 13 ☐ Chapter 11 Did you receive a discharge? ☐ Yes ☐ No

Case Number: _____ City and State where filed: _____

Besides your current address, have you lived anywhere else in the past 3 years? ☐ Yes ☐ No

Previous address: _____

Dates you lived here: From (month/year) _____ to (month/year) _____

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

Name of Bank: _____ Type of Account: ☐ Checking ☐ Savings ☐ Other

Account number: _____ Date Closed: _____ Closing Balance: _____ or Balance owed: _____

Do you or your spouse pay child support? ☐ Yes ☐ No

Name and address of person you pay child support to: _____

Are you current with payments? ☐ Yes ☐ No If no, what is the amount of back support owed: _____

Have you given any gifts or transferred any money or property to friends or family? ☐ Yes ☐ No

What gifts or transfers have you made? _____

Who did you give the gift to? _____ What was the value/amount? _____

Are there any lawsuits pending against you? ☐ Yes ☐ No If yes, provide a copy of all court documents.

Have your wages been garnished? ☐ Yes ☐ No If yes, how much was garnished? _____

Please provide your total income amounts for the following:

This year: _____ Last year: _____ Two years ago: _____

Source of income: ☐ Wages ☐ Business ☐ Social Security ☐ Disability ☐ Retirement ☐ Other: _____

Please provide your spouse's total income amounts for the following:

This year: _____ Last year: _____ Two years ago: _____

Source of income: ☐ Wages ☐ Business ☐ Social Security ☐ Disability ☐ Retirement ☐ Other: _____

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

How much do you expect to receive? _____ Date you expect to receive this money: _____

Please provide details about claim: _____ Law firm handling claim: _____

During the next 6 months, do you expect to inherit anything valuable items or money? ☐ Yes ☐ No

What you expect to receive? _____ Date expected: _____ Reason: _____

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

Amount you expect to receive? _____ Date expected: _____ Reason: _____

Have you had any unusual losses (i.e. natural disaster, fire, theft, gambling, etc.)? ☐ Yes ☐ No

Type of loss: ☐ Fire ☐ Theft ☐ Gambling ☐ Other: _____ Date of loss: _____

What items or amount of money was lost? _____ Amount insurance paid, if any: _____

Have you returned any property to creditors, or was any property repossessed or foreclosed? ☐ Yes ☐ No

Describe property that was repossessed/foreclosed: _____ Date: _____

Have you made any payments to any creditors over \$600 and other than ordinary payments? ☐ Yes ☐ No

If yes, please provide details: _____

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

Name and address of agency: _____ Total paid: _____ Date of payment: _____

Have you been self-employed within the past 8 years? ☐ Yes ☐ No

Name and address of business: _____

Type of business: _____ Date business began: _____ Date business ended: _____

By signing below, I/we certify that all the information provided in this questionnaire is true, accurate and complete to the best of my/our knowledge.

Signature of Debtor

Signature of Co-Debtor

Date: _____

Date: _____