

Limited Scope Information Sheet
-FOR OFFICE USE ONLY-

Attorney _____

Debtor Name _____

Joint Debtor Name _____

- Type of Case:** **Chapter 7** **Chapter 13**
- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Joint | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Business | <input type="checkbox"/> Chapter 11 Business |

Chapter 7

Type of Service: (check all that apply)
Most Chapter 7 cases cover: Preparation, Filing and Representation at 341 (1 & 2)

- | | |
|--|---|
| 1. <input type="checkbox"/> Preparation and Filing | 2. <input type="checkbox"/> Representation at the 341 Hearing |
| 3. <input type="checkbox"/> Relief from stay actions | 4. <input type="checkbox"/> Representation due to objections of Discharge |
| 5. <input type="checkbox"/> Representation of determination of dischargeable debt. | |

Chapter 13

Type of Service: (check all that apply)
Most Chapter 13 cases cover: Preparation, Filing, Representation at 341 and confirmation (1, 2 & 3)

- | | |
|--|---|
| 1. <input type="checkbox"/> Preparation and Filing | 2. <input type="checkbox"/> Representation at the 341 Hearing |
| 3. <input type="checkbox"/> Confirmation Hearing | 4. <input type="checkbox"/> Relief from stay actions |
| 5. <input type="checkbox"/> Representation due to objections of Discharge | |
| 6. <input type="checkbox"/> Representation of determination of dischargeable debt. | |
| 7. <input type="checkbox"/> Lien Stripping | |

Fees:

Fee paid up front: \$ _____ Date Paid: _____ Balance: \$ _____
(Balance only applies to 13's)

Additional Notes:

Bankruptcy Checklist

Clients please provide us with the following Documentation:

- Bankruptcy Intake *(included with this packet)*
- Credit Reports(s) -or- Credit report will be provided by office
- Last 2 years Tax Returns
- Last 2 months pay stubs or Profit and loss statement covering the last 6 months
- Law suit, Garnishment, Court documents, Lien Notices
- Foreclosure or Trustee sale documents
- Statements for debt not listed on credit report, i.e.: Medical bills, Tax statements, etc.
- Other _____
- Other _____
- Other _____

Thank you!

-OFFICE USE ONLY-

Paralegal Requirements

- Limited Scope Information Sheet
- Bankruptcy Intake
- Credit Report(s)
- First page** of last 2 years tax returns
- Last 2 months pay stubs or Profit and loss statement covering the last 6 months
- First page** of Law suit, Garnishment, Lien Notices, Court documents
- Foreclosure or Trustee sale documents
- Statements for debt not listed on credit report, i.e.: Medical bills, Tax statements, etc.

Documents not included:

- Limited Scope Information Sheet
- Bankruptcy Intake
- Credit Report(s)
- First page** of last 2 years tax returns
- Last 2 months pay stubs or Profit and loss statement covering the last 6 months
- First page** of Law suit, Garnishment, Lien Notices, Court documents
- Foreclosure or Trustee sale documents
- Statements for debt not listed on credit report, i.e.: Medical bills, Tax statements, etc.

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 faster turnaround.

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	
Home Phone	Other 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, First Name	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 (6 months)? Yes No

If not, where have you resided? _____

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

If "no" please check one: Unmarried Spouse filing separately Other Reason

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

If "yes" provide date(s): _____

Have you met the Debt Counseling requirement for your state? Please check one of the choices below:

Counseling not completed Received counseling within the past 180 days Request waiver

Does not apply to my district

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. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

INCOME FOR 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.**

HUSBAND: Wages, salaries, tips, bonuses, overtime and commissions:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

WIFE: Wages, salaries, tips, bonuses, overtime and commissions:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

HUSBAND: Income from operation of business, profession or farm:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

WIFE: Income from operation of business, profession or farm:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

CONTINUED ON NEXT PAGE

INFORMATION FOR MEANS TEST CONTINUED

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

HUSBAND: Interest income, dividends and royalties:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

WIFE: Interest income, dividends and royalties:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

HUSBAND: Pension and retirement income:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

WIFE: Pension and retirement income:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

HUSBAND: Unemployment compensation:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

CONTINUED ON NEXT PAGE

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

YOUR REAL ESTATE

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

PRINT OUT ADDITIONAL 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 pay-off amount on this mortgage? \$ _____

Are you behind in payments? YES NO If so, what months? _____

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

What year was your real estate last appraised? _____ What was the appraised value? \$ _____

Do you have a second mortgage on the real estate? YES NO Intention: KEEP SURRENDER

SECOND 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 on this mortgage? \$ _____

Are you behind in payments? YES NO If so, what 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 \$125,000.00

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 from your mobile home and it is attached to the ground? YES NO

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 you own? YES NO Size of ground _____

Do you make separate payments for the ground your mobile home sits on? _____

If so, explain: _____

If you own the ground free and clear, what is the resell value for this piece of ground? _____

Description of Mobile Home: (example: 28x40 doublewide, 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 on this mortgage? \$ _____

Are you behind in payments? YES NO If so, what 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 second mortgage on this mobile home? YES NO

SECOND 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 on this mortgage? \$ _____

Are you behind in payments? YES NO If so, what 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 _____

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

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, mobile homes, boats, trailers, campers, etc. that are TITLED IN YOU (OR YOUR SPOUSE'S NAME) **Print out more sheets if you own more than 2 vehicles.**

Type: Automobile Truck Motorcycle Mobile Home (Title Only) Other:

Year _____ Make _____ Model _____ Style _____ 2dr 4dr Other

Condition Excellent Good Fair Poor Not Running Mileage _____

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 Established Loan _____

Monthly Payment \$ _____ How many months are you behind in payments? _____

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

Have you went to a loan company and listed this vehicle as collateral for a personal loan? YES NO

If so, name of loan company for personal loan: _____

Type: Automobile Truck Motorcycle Mobile Home (Title Only) Other:

Year _____ Make _____ Model _____ Style _____ 2dr 4dr Other

Condition Excellent Good Fair Poor Not Running Mileage _____

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 Established Loan _____

Monthly Payment \$ _____ How many months are you behind in payments? _____

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

Have you went to a loan company and listed this vehicle as collateral for a personal loan? YES NO

If so, name of loan company for personal loan: _____

DEBT SHEET 1 OF 5

- PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.
- DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 5

- PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.
- DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 5

- PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.
- DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No: _____
Date (or year) you originally obtained this debt or established credit: _____
If this debt is for a credit card, what date (or year) did you last make a purchase? _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No: _____
Date (or year) you originally obtained this debt or established credit: _____
If this debt is for a credit card, what date (or year) did you last make a purchase? _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No: _____
Date (or year) you originally obtained this debt or established credit: _____
If this debt is for a credit card, what date (or year) did you last make a purchase? _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE 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 5

- PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.
- DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 5

- PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.
- DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE -- BUT EVERY DEBT YOU OWE, EVEN LOAN FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? HUSBAND WIFE 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 _____

INCOME HISTORY FOR YOU

Your Name as listed on your current paycheck stub: _____

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? (*circle or 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 wages before deductions? _____

How much "average" extra money do you receive in overtime and commissions per pay period? _____

What is the total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck? _____

How much Insurance is deducted from your paycheck? _____ How much in Union Dues? _____

How much do you pay in Alimony or Child Support if any? _____ Are you court ordered to pay this? YES NO

Are there any other deductions from your paycheck? YES NO If yes, how much? _____

What is this "other" deduction for? _____ If 401K Plan, how long have you participated? _____

How much additional income do you make monthly from a business, 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 have a second job? YES NO If yes, name of employer: _____

Address _____

City, State, Zip _____

Telephone Number _____

Length of Time at This Job? _____ Job Title _____

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 wages before deductions? _____

Do you receive any income from a home-based business? YES NO How much per month? _____

INCOME HISTORY FOR YOUR SPOUSE

Your Name as listed on your current paycheck stub: _____

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? (*circle or 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 wages before deductions? _____

How much "average" extra money do you receive in overtime and commissions per pay period? _____

What is the total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck? _____

How much Insurance is deducted from your paycheck? _____ How much in Union Dues? _____

How much do you pay in Alimony or Child Support if any? _____ Are you court ordered to pay this? YES NO

Are there any other deductions from your paycheck? YES NO If yes, how much? _____

What is this "other" deduction for? _____ If 401K Plan, how long have you participated? _____

How much additional income do you make monthly from a business, 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 have a second job? YES NO If yes, name of employer: _____

Address _____

City, State, Zip _____

Telephone Number _____

Length of Time at This Job? _____ Job Title _____

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 wages before deductions? _____

Do you receive any income from a home-based business? YES NO How much per month? _____

SELF-EMPLOYED BUSINESS OWNERS

If you have been self-employed during the past 12 months, please list below the **normal** income and expenses your business generated for an **average** month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter those figures into the spaces below:

Average monthly business income \$ _____

Did you withhold any earnings for tax purposes? Yes No

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

Average monthly business expenses (if applicable)

Rent and utilities \$ _____

Office Supplies \$ _____

Product Supplies \$ _____

Wages \$ _____

Equipment Leases \$ _____

Other Business Leases \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Average Monthly Income \$ _____

Total Average Monthly Expenses \$ _____

Average Monthly Business Profit \$ _____

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 12 month period.

Housing Expenses

Rent (if you do not 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 home **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 (home owners) \$ _____
 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? If so, what type of taxes are they? \$ _____

Other Expenses

Alimony or Child Support \$ _____
 Payments for someone outside your home \$ _____
 Union Dues (not payroll deducted) \$ _____
 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 _____ \$ _____

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:

STATEMENT OF AFFAIRS (1 of 11)

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 this spouse:

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?

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 so, provide details: _____

Do you own or are you buying a time-share in a vacation property or resort?

Yes No

If so, provide details: _____

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name?

Yes No

Year, Make, Model of Vehicle _____

Whose name is the motor vehicle titled to? _____

Address _____

City _____ State _____ Zip _____

What is this person's relationship to you? _____

Why are you holding this property? _____

STATEMENT OF AFFAIRS (2 of 11)

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 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 SURE TO LIST THES DEBTS ON THE DEBT SHEETS.**

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions 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 SURE TO LIST THES 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): _____

Value of the item if sold at a flea market or yard sale: _____

If making payments on, who do you pay? _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS**

At present, do you have any inventory (stock in trade) that could be sold for \$200 or more in profit? Yes No

Description of Item(s) _____

Value of the item if sold at a flea market or yard sale _____

STATEMENT OF AFFAIRS (3 of 11)

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 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 or savings account(s) at this time?

Yes No

Name of Bank _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number for Checking _____ Present Balance _____

Account Number for Savings (if applicable) _____ Present Balance _____

Name of Second Bank (if applicable) _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number _____ Present Balance _____

Have you closed any bank accounts within the past two (2) years?

Yes No

Name of Bank _____

Address of Bank _____

City _____ State _____ Zip _____

Account Number _____ Date Closed _____ Name 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? _____

STATEMENT OF AFFAIRS (4 of 11)

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? _____

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 _____

City _____ State _____ Zip _____

Type of account: _____ Account Number _____

Name(s) on the Account _____ Present 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 _____ Present Balance _____

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

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 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., 401-K, PERS, etc.) _____

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

STATEMENT OF AFFAIRS (5 of 11)

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

Name of Financial Institution (if applicable) _____

Amount in this separate retirement account? _____ Who is the beneficiary? _____

Will you be receiving 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: _____

Does you have a cell phone? Yes No

Name of cell phone company _____

Address _____

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 Other: _____

What is the normal monthly contract payment? (i.e.: \$19.95, \$29.95, etc) _____

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

** If you have more than one cell phone, list the same information above on the BACK of this page.

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 AFFAIRS (6 of 11)

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 Husband Wife Other

What was this fine for? _____

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? _____

What date (or year) were you supposed to start paying child support? _____

If so, what are the payment arrangements? _____

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 originally started owing you _____

Has this ex-spouse been court ordered to pay you? _____ Year of court order? _____

STATEMENT OF AFFAIRS (7 of 11)

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 to receive _____

** Provide details about this amount owed you. (Feel free to use the back of this page if necessary)

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 _____

STATEMENT OF AFFAIRS (8 of 11)

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? _____

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 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 AFFAIRS (9 of 11)

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 when 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 garnisheed or attached?

Yes No

Who garnisheed your wages or attached your property? _____

When 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? _____

What date/year did you make the gift? _____ What is the approximate value? _____

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 AFFAIRS (10 of 11)

Have you have 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 six (6) years? Yes No

Previous Address lived at: _____

City _____ State _____ Zip _____

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

Name(s) of parties who lived at this address: _____

STATEMENT OF AFFAIRS (11 of 11)

Previous Address lived at: _____

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 Address lived at: _____

City _____ State _____ Zip _____

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

Name(s) of parties who lived at this address: _____

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 sold)? _____

Date business began _____ Date business ended _____

Name of your partners, co-investors, or associates? _____

What were your net profits for this year? _____ Last year? _____ 2 Yrs Ago? _____

How much income tax do you pay from the income you make with your business? _____

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

Income this year? _____ Last year? _____ 2 Yrs Ago? _____

What is the amount of the TAX REFUND you received this year? _____

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

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

Signature of Debtor #1

Signature of Debtor #2

Date:

Date:
