

**SECTION A-PERSONAL INFORMATION**

Name:(include middle) \_\_\_\_\_ Social Security \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City Zip

Mailing Address: (if different) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City Zip

Mailing Address: (if different) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other names in last 8 years?:  No  Yes  
(list) \_\_\_\_\_

Business names used in last 8 years?:  No  Yes (list) \_\_\_\_\_

Prior Bankruptcy in last 8 years?  No  Yes (list)

\_\_\_\_\_  
City Case Number Date filed

**SECTION B - REAL PROPERTY**

Do you or your spouse own or have an interest in a residence, building, land, timeshare or similar property?  No  Yes

Address \_\_\_\_\_

Type  Single Family  Duplex  Condo  Mobile home  Bare land  Timeshare  Rental  Other

Current Value: \_\_\_\_\_ Source of Value: \_\_\_\_\_

1st Mortgage: \_\_\_\_\_  
Company name Address State Zip

Account Number: \_\_\_\_\_ Balance owed on 1<sup>st</sup> Mortgage \$ \_\_\_\_\_  
Are there any past due payments?  No  Yes If yes, How many? \_\_\_\_\_

2<sup>nd</sup> Mortgage: \_\_\_\_\_  
Company name Address State Zip

Account Number: \_\_\_\_\_ Balance owed on 2nd Mortgage \$ \_\_\_\_\_  
Are there any past due payments?  No  Yes If yes, How many? \_\_\_\_\_

Do you or your spouse own or have an interest in any other residence, condo, building, mobile home, land, timeshare or similar property?  No  Yes. If yes, please attach an additional page with the information requested above.

Have you invested money in property owned by someone else or helped someone else buy a residence, building, land, timeshare or similar property even if your name is not on the title?  No  Yes If yes, please describe below.

### SECTION C – PERSONAL PROPERTY

Each question has a box to mark **No** or **Yes**. The recently updated official bankruptcy forms now require a yes or no answer to each question. If you mark Yes to any question, please provide details in the space below each question.

1. Do you own, lease, or have an interest in any **vehicles** even if they are not titled in your name?  No  Yes

Make (Ford, Chevy)	Model (F150, Accord))	Year	Mileage	Value
Make (Ford, Chevy)	Model (F150, Accord))	Year	Mileage	Value
Make (Ford, Chevy)	Model (F150, Accord))	Year	Mileage	Value
Make (Ford, Chevy)	Model (F150, Accord))	Year	Mileage	Value

2. Do you own or have an interest in any watercraft, aircraft, motor homes, ATV's or other recreation vehicles even if they are not titled in your name?  No  Yes

3. Household goods and furniture  No  Yes

Furniture \$ \_\_\_\_\_ Appliances \$ \_\_\_\_\_ Household goods \$ \_\_\_\_\_

4. **Electronics**  No  Yes TV's \$ \_\_\_\_\_ Audio/video/stereo \$ \_\_\_\_\_

Computer/printer/scanner \$ \_\_\_\_\_ Cell Phones \$ \_\_\_\_\_

Music Collection \$ \_\_\_\_\_ Cameras \$ \_\_\_\_\_

Other(describe) \_\_\_\_\_ \$ \_\_\_\_\_ Other(describe) \_\_\_\_\_ \$ \_\_\_\_\_

5. **Collectibles of value:**  No  Yes (antiques, figurines, painting, prints or other artwork, nooks, pictures or other art objects, stamp, coin, sports card collections, other collections, memorabilia, collectibles) Please list each that applies and a dollar value.

_____ \$ _____	_____ \$ _____
Description _____	_____
_____ \$ _____	_____ \$ _____

6. **Sports and Hobby Equipment**  No  Yes (Sports, photographic, exercise, camping and fishing gear, bicycles, pool tables, golf clubs, canoes and kayaks, carpentry tools, musical instruments and other hobby equipment) List below.

_____ \$ _____	_____ \$ _____
Description _____	_____
_____ \$ _____	_____ \$ _____

7. **Firearms**  No  Yes (pistols, rifles, shotguns, ammunition, reloading equipment and related equipment)

_____ \$ _____	_____ \$ _____
Description _____	_____

8. Clothing, shoes and accessories:  No  Yes Clothing and shoes \$ \_\_\_\_\_ Accessories \$ \_\_\_\_\_

8. Jewelry  No  Yes (everyday jewelry, costume jewelry, rings, heirlooms, watches gems, gold, silver)

_____ \$ _____	_____ \$ _____
Description _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

9. Non Farm Animals  No  Yes (dogs, cats, birds, horses)

_____ Describe	_____ Value, if any	_____ Describe	_____ Value, if any
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10 Any other personal property.  No  Yes (this could include health aids, yard tools, power tools)

11 Bank and other deposit account:  No  Yes (checking, savings, Paypal, Payroll cards, debit cards, CD's, credit unions, brokerage houses and similar institutions) If you need additional room please attach a separate sheet.

Checking _____	Last 4 Digits of Account _____
Checking _____	Last 4 Digits of Account _____
Checking _____	Last 4 Digits of Account _____
Savings _____	Last 4 Digits of Account _____
Savings _____	Last 4 Digits of Account _____
Other _____	Last 4 Digits of Account _____
Other _____	Last 4 Digits of Account _____

12. Bonds, Mutual Funds and publicly traded stocks:  No  Yes. If Yes, list below

13. Non publicly traded stock and interest in businesses  No  Yes (This includes and LLC, joint venture, partnership S Corporation or C corporation)

14 Government and Corporate Bonds and other negotiable and non-negotiable instruments.  No  Yes (personal checks, cashier's checks, promissory notes, money orders) If yes, list below.

15. Retirement and pension accounts.  No  Yes (IRA's, 401K's 403b, TSP, Keogh, ERISA accounts, profit sharing pensions) If yes list below.

16 Security deposits and payments  No  Yes (deposits with landlord, utility company prepaid rent, If yes list below:

17. Annuities  No  Yes (a contract for a periodic payment of money to you either for life or for a number of years) If yes

18 Education IRA, Qualified ABLE program state tuition program  No  Yes . If yes list below

19. Trusts, equitable or future interest in property and rights or powers exercisable for your benefit  No  Yes If yes, list below.

20. Parents copyrights, trademarks, trade secrets, and other intellectual property  No  Yes . If yes please describe below.

21. Licenses, franchises and other intangibles.  No  Yes (building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses)

22. Tax refunds owed to you.  No  Yes (if yes list below. Include what you expect to receive this current year and next.

22(a) Have you filed all tax returns that are due?  **No**  **Yes** . If not, what years are not filed?

23. Family Support  **No**  **Yes** (past due or lump sum alimony, spousal; support, child support maintenance, divorce settlement, property settlement. How much is owed?)

24. Other amounts someone or a company owes to you  **No**  **Yes** (unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, worker's compensation social security benefits, unpaid loans)

25. Interest in insurance policies.  **No**  **Yes** If yes, list name of company and any cash surrender value (health, disability, life insurance, health savings accounts (HSA), credit, homeowners or renters insurance)

Company	Beneficiary, if any	Surrender or refund value
Company	Beneficiary, if any	Surrender or refund value
Company	Beneficiary, if any	Surrender or refund value

26. Any interest in property that is due you from someone that has dies  **No**  **Yes** (if you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died)

26(a). Do you expect to receive any kind of inheritance within the next year?  **No**  **Yes** If yes, please explain.

27. Claims against third parties even if you have not filed a lawsuit or made a demand for payment.  **No**  **Yes** (accidents, employment disputes, wage claims, insurance claims, or rights to sue). If yes, describe below.

28. Other contingent and liquidated claims of every nature, including counter claims of the debtor and rights to set off claims)  **No**  **Yes** (If yes, describe below.

29. Any **financial** assets you did not already list above  **No**  **Yes** If yes, describe below.

30. Do you own or have a legal or equitable interest in any business related property  **No**  **Yes** If yes then complete questions 31-37

31. Account receivables or commissions you have already earned by have not yet been paid for  **No**  **Yes**. If yes, describe below.

32. Office equipment, furnishings and supplies  **No**  **Yes** (computers, modems, printers, copiers, fax machines, rugs telephones, desks, chairs, electronic devices) If yes, describe below.

33. Machinery, fixtures, equipment, supplies you use in a business., and tools of your trade  **No**  **Yes** . If yes, describe below.

34. Inventory  **No**  **Yes**. If yes, describe below.

35. Interests in partnerships or joint ventures.  **No**  **Yes**. If yes, describe below

36. Customer lists, mailing lists and other compilations  **No**  **Yes**. If yes, describe below.

37. Any other business related property you did not list already  **No**  **Yes** If yes, describe below.

38. Do you have any legal or equitable interest in any farm or commercial fishing related property  **No**  **Yes**. If yes, describe below

39. Farm animals  **No**  **Yes**. If yes, describe below.

40. Crops  No  Yes. If yes, describe below.

41. Farm and fishing equipment, implements, machinery, fixtures and tools of trade  No  Yes. If yes, describe below.

42. Farm and fishing supplies, chemicals and feed  No  Yes. If yes, describe below

43. Any farm and commercial fishing related property you did not already list  No  Yes If yes, describe below.

44.. Any property of any kind you did not already list above  No  Yes (for example season tickets, country club membership, Groupons, gift certificates or anything else you can think of that is not listed above). If yes, describe below.

### SECTION D - CREDITORS

Car, Truck, ATV, Motorcycle and RV Loans	Describe Vehicle	Amount owed and value	Cosigner name and address
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____		\$ _____ Amount Owed \$ _____ Value	
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____		\$ _____ Amount Owed \$ _____ Value	
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____		\$ _____ Amount Owed \$ _____ Value	
Furniture, Jewelry and other installment loans	Describe the property	Amount owed and value	Cosigner name and address
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____		\$ _____ Amount Owed \$ _____ Value	
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____		\$ _____ Amount Owed \$ _____ Value	

**Credit cards, medical bills, collections, past due utilities,  
loans from family and friends and all other debts of any kind.**

Creditor name, address and account number	Type of debt	Amount owed	Cosigner name and address, if any.
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			

CONTINUED LIST OF UNSECURED CREDITORS

Creditor Name, Address & Account number	Type of debt	Amount owed	Co debtor Name & address
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____ Account Number _____			

Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			
Account Number _____ Name _____ Address _____ City _____ State _____ Zip _____			

### TAX DEBTS

Federal Taxes	amount owed	When Return Filed/Comments
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____
State Taxes		
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____



# Section E

## Income and Expenses

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Client 1

Client 2 (or non filing spouse)

**Occupation Title** \_\_\_\_\_

**How Long Employed** \_\_\_\_\_

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

**& Address** \_\_\_\_\_

Hourly Rate \_\_\_\_\_

Average hours worked  
per week \_\_\_\_\_

Gross monthly Income  
from employment \_\_\_\_\_

Overtime \_\_\_\_\_

Deductions

a. Tax & S.S. \_\_\_\_\_

b. Union Dues \_\_\_\_\_

c. Insurance \_\_\_\_\_

d. Other \_\_\_\_\_

Describe \_\_\_\_\_

OTHER INCOME:

Business Income \_\_\_\_\_

Real Property Income \_\_\_\_\_

Interest & Dividends \_\_\_\_\_

Alimony/child support \_\_\_\_\_

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

Unemployment \_\_\_\_\_

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

Other \_\_\_\_\_

Specify source of other income

Do you anticipate an increase or decrease in income in the next year? If yes, explain below

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# AVERAGE MONTHLY EXPENSES

Rent or First Mortgage		
Real Estate Taxes (if not included)		
Homeowner or renter's insurance		
Home maintenance, repair and upkeep		
HOA or Condominium dues		
Second mortgage or home equity loan		
Electricity, heat and natural gas		
Water, sewer and garbage		
Phone, cell phone, cable, internet, satellite		
Other Utilities _____		
Food and housekeeping supplies		
Child care and children's education costs		
Clothing, laundry and dry cleaning		
Personal care products and services		
Medical and dental expenses		
Transportation (gas, repairs, tires)		
Bus and train		
Entertainment, clubs recreation - newspapers, magazines, etc.		
Charitable Contributions and tithing		
Life Insurance		
Health Insurance		(not deducted from paycheck)
Auto Insurance		
Other Insurance ? _____		
Car Payment		Which car? _____
2 <sup>nd</sup> car payment		Which car? _____
Other Installment Payments		Describe _____
Alimony/spousal support		
Child support		
Support for others not living with you		Describe _____
Bank charges/fees		
School lunches		
Pet food and veterinary care		
School sport and activity fees		
Other _____		
_____		
_____		
_____		

Do you expect any changes in your expenses over the next year? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain what changes will occur.

# Section F

## Misc. Information

1. Current Marital Status  Married  Not Married

2. In the last three years have you lived any anywhere other than where you live now?  No  Yes  
Address \_\_\_\_\_ Dates resided there \_\_\_\_\_

3. Within the last 8 years did you ever live with a spouse or legal equivalent in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin)  No  Yes

4. Did you earn income from employment or operation a business in the 2015, 2016 or 2017?  No  Yes If yes, please provide W-2 forms and tax returns for the years 2015 and 2016. For 2017 please provide year to date pay stubs for all jobs.

5. Any other sources of income in 2014, 2015 and 2016 even if it is not taxable.  No  Yes (includes child support, alimony, social security, unemployment public benefits, food stamps, pensions, rental income dividends, gambling, lottery, babysitting, eBay sales)

2015	Source of income _____	Amount \$ _____
2015	Source of Income _____	Amount \$ _____
2016	Source of income _____	Amount \$ _____
2016	Source of Income _____	Amount \$ _____
2017	Source of Income _____	Amount \$ _____
2017	Source of Income _____	Amount \$ _____

6. Are you debts primarily consumer debts incurred primarily for personal, family or household purposes  No  Yes

6(a). In the last 90 days did you pay one single creditor at total of \$600 or more.  No  Yes (For example a house payment or a car payment of \$200 per month or more or a balance transfer from one credit card to another)

Creditor Name	Date and \$ paid	Date and \$ Paid	Date and \$ Paid
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7. Within the last year did you pay back any Insiders?  No  Yes (insiders are friends, family members, business associates, partners. This would also include child support and spousal support) If yes, describe below.

8 Within the last year did you make any payments on a debt or transfer property that benefited an insider?  No  Yes (this could include paying a debt that has a cosigner, paying a credit card that someone let you use but that your name is not on)

Name of person	Date of payments	Total amount Paid	Amount still owed	Reason for payment
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9. Were you a party to a lawsuit, court action or administrative proceeding in the last year  No  Yes

Case Title and Account #	Nature of the case	Court location	Status of case
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10. Has you have anything repossessed, garnished, attached, foreclosed, seized or levied  No  Yes

Name of creditor	Describe property	What happened	Date	Value
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11. In the last 90 days did a creditor set off any amounts owed to you.  No  Yes (The IRS or state keeping your tax refund or a bank taking money out of your account or Social Security holding benefits) If yes describe what happened below.

12 In the last year has any of your property been in the possession of an assignee for the benefit of creditors, court appointed receiver a custodian or other official  No  Yes If yes describe what happened below.

13. In the last two years did you give any gifts with a total value of more than \$600 to any person?  No  Yes If yes give name and address of the person, the type of gift and the dollar value.

14. In the last 2 years did you make any charitable contribution or gifts with a total value of \$600 to any charity.  No  Yes (this would include churches, non profits, Goodwill, other charities.) If yes, give the name and address of the charity or church and value of the gift or donation)

Name of Charity or Church	Amount paid	dates of payments
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15. In the last year have you lost anything due to fire, theft, other disaster, or gambling?  No  Yes. If yes, explain below.

16. Did you or anyone acting for you consult with anyone in the last year about bankruptcy or to prepare a bankruptcy petition or documents  No  Yes If yes, list below. If you paid them any money or gave them other property, indicate when and how much.

17. In the last year did you or anyone acting for you transfer money or property to anyone who promised to help you deal with your creditors or to make payments to your creditors  No  Yes (this could include debt settlement companies, tax resolution companies, attorneys, credit counseling companies) If yes, list below

18. Have you sold, traded, given away, or otherwise transferred anything to anyone other than in the ordinary course of a business  No  Yes (this could include trading in a car, selling on eBay, selling on craigslist or garage sales). If yes describe below.

Name and address Relation to you	What was sold or transferred	Value received	When
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19. Within the last 10 years did you did you transfer any property to self settled trust or similar devise of which you are a beneficiary  No  Yes **If yes describe below.**

20. In the last year were any financial accounts or instruments held in your name or for your benefit closed, sold, moved or transferred or did you remove your name from a joint account?  No  Yes ( accounts can include checking savings, money market, CD's shares in banks, credit unions brokerage houses, pension funds, cooperatives, or any other financial institutions)

Name of Institution	Last 4 Digits of Acct #	Type of Account	Date	Last balance
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21. In the last year have you had a safe deposit box or any other place to deposit valuables, securities, cash, etc  No  Yes  
 Name of Institution Who else had access Describe contents Do you still have it 22. In the last year have you stored anything in a storage unit or any place other than your home  No  Yes

Name of storage facility	Who else had access	Describe contents	Do you still have it?
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22. Have you stored property in a storage until or any other place other than your home in the last year?  No  Yes. **If yes, please provide facility name and address.**

23. Do you hold or control any property someone else owns,  No  Yes (borrowed property, storing something for someone, holding something in trust for someone. Holding something for safekeeping)

Owner name and address	Where is the property	Describe property	Value
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Environmental Information definitions: Environmental law means any federal, state or local statute, or regulation concerning pollution, contamination, release of hazardous or toxic substances, wastes or material into the air, land, soil, surface water,

ground water, or any other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law.  No  Yes

25. Have you notified any governmental unit of any release of hazardous material?  No  Yes

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  No  Yes

27. Have you operated or been connected to a business in the last four years as a (mark each that apply)  Sole proprietor,  LLC or LLP,  Partnership,  Owner of at least 5% of the voting or equity shares of a corporation,  officer, director, or managing executive of a corporation  No Connection to any business.

**Name of Business      Nature of Business      Accountant      Employer ID #      Dates existed**

28. In the last 2 years did you give a financial statement to anyone about your business including financial institutions, creditors or other parties  No  Yes

29. Do you have any dependants?  No  Yes If yes, please provide relationship to you and their ages.

Please note that I must have an opportunity to review this completed questionnaire and perform a conflict of interest check before I can agree to represent you in your bankruptcy case. Also we both must sign a written fee agreement as required by the bankruptcy code. You also acknowledge that the information contained in this worksheet that you provided is true and accurate to the best of your knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **LIST OF NECESSARY DOCUMENTS TO BRING WITH YOU WHEN YOU DROP OFF THIS WORKSHEET**

1. Last 7 months of pay stubs or other proof of income for each person.
2. 2017 and 2018 tax returns and W2 forms.
3. Bank statements for last 7 months.
4. Most recent property tax statement if you own a house or land.
5. Copy of vehicle registration or copy of title for all vehicles.
6. 401K, 403(b), pension plan or IRA statement showing balance in each account.
7. Copy of any divorce decree or property settlement agreement within last 5 years.
8. Copy of most recent statement for each creditor and/or collection agency, if available.
9. Copy of credit counseling certificate. [WWW.debtorcc.org](http://WWW.debtorcc.org) is an effective low cost option. The cost is \$14.95.