

OFFICE USE ONLY  
Office Location

# BANKRUPTCY INTAKE FORM

OFFICE USE ONLY  
Interviewing Attorney

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time In/Out: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

County of Residence: \_\_\_\_\_ Length of Time at Current Address: \_\_\_\_\_

Prior Address if Less Than 2 Years: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

Spouse Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (if living separately): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## DEPENDENTS

Name	Age	Relationship to You	Is this person/child living with you?

Have you ever filed for Bankruptcy before, even if it was dismissed or you did not go through with it?  YES  NO

If the answer is yes, what year and case number? Year: \_\_\_\_\_ Case Number: \_\_\_\_\_

Are both you and your spouse filing this bankruptcy together?  YES  NO

Have either you or your spouse been known by any other name during the past 6 years?  YES  NO

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

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

How did you hear about us?  Referral  AT&T Book  Yellow Book  Radio  internet  TV  Movie Ad  Other \_\_\_\_\_

Attorney Notes: \_\_\_\_\_

# INCOME HISTORY

**Employers Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Length of time at this job?** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Rate of pay:** \_\_\_\_\_ **How often do you get paid:**  weekly  Bi-weekly  Bi-monthly  Monthly

**Child support/Alimony**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**Food stamps**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**FIA assistance**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**Unemployment**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**Workmans comp**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**Pension/Social Security**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**Disability income**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**Rental/Roomate income**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**Commissions**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**Annuity or Trust Income**  YES  NO **If yes, how much:** \_\_\_\_\_ **How often:** \_\_\_\_\_ **For how long:** \_\_\_\_\_

**Will you be receiving a bonus check or profit sharing check within the next year?**  YES  NO **Amount?:** \_\_\_\_\_

**Have you received a bonus check or profit sharing check within the last year?**  YES  NO **Amount?** \_\_\_\_\_

**Are you or your spouse expecting to receive a buyout/buydown from your current employer within the next year?**  YES  NO

**Have you or your spouse received a buyout or severance pay from your current employer during the last 2 years?**  YES  NO

**Do you have a second job?**  YES  NO **If yes, Employer name:** \_\_\_\_\_

**Employer address:** \_\_\_\_\_

**Length of time at this job?** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Rate of pay:** \_\_\_\_\_

**How often do you get paid:**  weekly  Bi-weekly  Bi-monthly  Monthly

**Spouse's Employment Information: Please see next page.**

**Are you self employed, own your own business or receive a 1099? If yes, complete next page.**

**Is your Spouse employed?**  YES  NO

If yes, Employers Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time at this job? \_\_\_\_\_ Job Title: \_\_\_\_\_

Rate of pay: \_\_\_\_\_ How often do you get paid:  weekly  Bi-weekly  Bi-monthly  Monthly

### SELF EMPLOYMENT INCOME

**Are you self employed, own your own business or receive a 1099? Please complete below:**

Are you paid as an independent contractor (1099)?  YES  NO Do you have your own business?  YES  NO

Name of company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For how long: \_\_\_\_\_ LLC, Corp, or DBA: \_\_\_\_\_ Partners?: \_\_\_\_\_

Type of business: \_\_\_\_\_

Have you owned your own business other than the one mentioned above in the last 6 years?  YES  NO

What is the name of the company: \_\_\_\_\_

LLC, Corporation or D/B/A? \_\_\_\_\_ How long was it operational? \_\_\_\_\_

# MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY amounts in the spaces to the right of each expense.

## HOUSING EXPENSES

Rent payment (Monthly) \_\_\_\_\_

1<sup>ST</sup> Mortgage payment or  
Mobile home monthly payment \_\_\_\_\_

2<sup>nd</sup> Mortgage (if applicable) \_\_\_\_\_

3<sup>rd</sup> Mortgage (if applicable) \_\_\_\_\_

Lot Rent payment (if applicable) \_\_\_\_\_

Are real estate taxes included in  
your mortgage payment?  YES  NO

**Taxes** not included in your  
mortgage payment \_\_\_\_\_

**Insurance** not included in your  
mortgage payment \_\_\_\_\_

## UTILITIES (normal monthly average)

Electricity \_\_\_\_\_

Gas \_\_\_\_\_

Water \_\_\_\_\_

Telephone (basic & long  
distance) \_\_\_\_\_

Trash pickup \_\_\_\_\_

Cable TV and/or internet service \_\_\_\_\_

Cell phone service \_\_\_\_\_

## BASIC NEEDS (monthly)

Home maintenance  
(for home owners) \_\_\_\_\_

Food (monthly) \_\_\_\_\_

Clothing (monthly) \_\_\_\_\_

Laundry (dry cleaning, soap  
etc...) \_\_\_\_\_

Medical expenses NOT paid by  
insurance (Co-pays, glasses, etc) \_\_\_\_\_

## INSURANCE

Renters insurance \_\_\_\_\_

Life insurance  
(other than employer) \_\_\_\_\_

Health insurance  
(other than employer) \_\_\_\_\_

Automobile insurance \_\_\_\_\_

Other Insurance \_\_\_\_\_

## TRANSPORTATION

Gasoline/auto maintenance \_\_\_\_\_

Auto payments \_\_\_\_\_

Auto lease payments \_\_\_\_\_

## TAXES

IRS/State of MI payments \_\_\_\_\_

## OTHER EXPENSES

Alimony or child support \_\_\_\_\_

Payments for someone outside  
your home \_\_\_\_\_

College tuition / Books \_\_\_\_\_

Union dues/Professional dues  
(not payroll deducted) \_\_\_\_\_

Oil Changes/Tabs for autos \_\_\_\_\_

Church Tithes/Contributions \_\_\_\_\_

Baby sitter / Day Care expenses \_\_\_\_\_

Childrens activities  
(dance class, karate, etc...) \_\_\_\_\_

Childrens dental, Braces \_\_\_\_\_

School lunches \_\_\_\_\_

School expenses \_\_\_\_\_

Diapers / Formula \_\_\_\_\_

Physical therapy \_\_\_\_\_

Psychiatrist / Therapist \_\_\_\_\_

Prescriptions (out of pocket) \_\_\_\_\_

Personal care items \_\_\_\_\_

Pet supplies/food/vet \_\_\_\_\_

Newspapers, books, magazines \_\_\_\_\_

Cigarettes / Tobacco \_\_\_\_\_

Condo association fees \_\_\_\_\_

Time share expenses \_\_\_\_\_

Alarm system fees \_\_\_\_\_

Storage Fees \_\_\_\_\_

Lawn / Snow service \_\_\_\_\_

Rent to own furniture \_\_\_\_\_

Loans to family or friends \_\_\_\_\_

Student loans \_\_\_\_\_

Probation fees/Restitution \_\_\_\_\_

Recreation \_\_\_\_\_

Other \_\_\_\_\_

# YOUR REAL ESTATE

Including Mobile Homes and all other property

Check the type of real estate you own  House  Condominium  Mobile home  Vacant Lot  Rental Property  
 Time Share  Out of state/other country  Other  Co-op

How many properties do you own? \_\_\_\_\_

**Name(s) on Deed or Title:** \_\_\_\_\_

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

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

**1<sup>st</sup> Mortgage Company:** \_\_\_\_\_

Monthly payment: \_\_\_\_\_ What is the payoff amount?: \_\_\_\_\_

Are you behind on payments?  YES  NO If yes, how many months? \_\_\_\_\_

Have you refinanced your home in the last 2 years?  YES  NO If yes, when: \_\_\_\_\_ Amount received: \_\_\_\_\_

What is the value of your home? \_\_\_\_\_ Are you past due on property taxes?  YES  NO

Do you intend to keep your home or surrender it?  KEEP  SURRENDER

Is there a sheriff sale scheduled?  YES  NO If yes, date of sale: \_\_\_\_\_

When did you purchase your home? \_\_\_\_\_ Purchase price? \_\_\_\_\_

Have you had an appraisal?  YES  NO Amount of appraisal: \_\_\_\_\_ Date of appraisal: \_\_\_\_\_

Do you own any real estate with other people, or has someone added your name to their property?  YES  NO

Do you own any real estate via land contract?  YES  NO

**If condo, name & address of Association** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Condo fee amount paid monthly: \_\_\_\_\_ Are you past due?  YES  NO If yes, amount past due: \_\_\_\_\_

**Do you pay lot rent?**  YES  NO If yes, amount: \_\_\_\_\_ Are you past due?  YES  NO If yes, amount: \_\_\_\_\_

**Mobile Home Park Association:** \_\_\_\_\_

**2<sup>nd</sup> Mortgage Company:** \_\_\_\_\_

Monthly payment: \_\_\_\_\_ What is the payoff amount?: \_\_\_\_\_

Are you behind on payments?  YES  NO If yes, how many months? \_\_\_\_\_

**3<sup>rd</sup> Mortgage Company:** \_\_\_\_\_

**Have you sold, transferred, or lost through foreclosure any other real estate in the last 6 years?**  YES  NO

## RENTAL PROPERTY OR VACANT LAND

Do you own other real estate or have an interest in other real estate, such as rentals or vacant property?  YES  NO

If yes, location of property: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Payoff amount: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Rents received monthly: \_\_\_\_\_ Value of property: \_\_\_\_\_

**IF YOU ARE RENTING:**

Landlord name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Term of lease: \_\_\_\_\_ Date lease began: \_\_\_\_\_

**TIME SHARE**

Do you have an interest in a time share?  YES  NO Do you want to keep it or surrender it?  KEEP  SURRENDER

If yes, location of property: \_\_\_\_\_  
Date purchased: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Purchase amount: \_\_\_\_\_  
Name of Finance company: \_\_\_\_\_ Account number: \_\_\_\_\_ Value: \_\_\_\_\_

**FOR CONDOMINIUMS:**

**Name & Address of Association that you pay your monthly fees to:**

Name of company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

**FOR MOBILE HOMES:**

**Name & Address of Association that you pay your lot rent to:**

Name of company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

**FOR TIME SHARES:**

**Name & Address of Association that you pay your fees/dues to:**

Name of company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

**FOR STORAGE UNITS:**

**Name & Address of Company that you pay your fees/dues to:**

Name of company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

# YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, RV's, boats, trailers, campers etc..., that are **TITLED IN YOUR NAME OR YOUR SPOUSES NAME, OR WITH ANYONE ELSE**. Include all vehicles even if they are paid in full or not running, or someone else drives.

**(1) VEHICLE TYPE:**     Automobile     Truck     Motorcycle     Boat     Trailer/Camper     Other

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lease or Purchase?     Lease     Purchase

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

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

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

Vehicle value: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Do you want to keep or surrender:     Keep     Surrender

Are you behind on your payments?     Yes     No    If yes, how many months? \_\_\_\_\_

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**(2) VEHICLE TYPE:**     Automobile     Truck     Motorcycle     Boat     Trailer/Camper     Other

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lease or Purchase?     Lease     Purchase

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

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

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

Vehicle value: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Do you want to keep or surrender:     Keep     Surrender

Are you behind on your payments?     Yes     No    If yes, how many months? \_\_\_\_\_

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**(3) VEHICLE TYPE:**     Automobile     Truck     Motorcycle     Boat     Trailer/Camper     Other

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lease or Purchase?     Lease     Purchase

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

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

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

Vehicle value: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Do you want to keep or surrender:     Keep     Surrender

Are you behind on your payments?     Yes     No    If yes, how many months? \_\_\_\_\_

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**(4) VEHICLE TYPE:**     Automobile     Truck     Motorcycle     Boat     Trailer/Camper     Other

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lease or Purchase?     Lease     Purchase

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

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

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

Vehicle value: \_\_\_\_\_ Monthly payments: \_\_\_\_\_ Do you want to keep or surrender:     Keep     Surrender

Are you behind on your payments?     Yes     No    If yes, how many months? \_\_\_\_\_

# YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home, even if they were a gift. To the right of each item, provide the value of each item in its **current condition (used, "garage sale value")**, and the brand name if known.

- Stove / Cooking Unit \_\_\_\_\_
- Refrigerator \_\_\_\_\_
- Washer/Dryer \_\_\_\_\_
- Microwave \_\_\_\_\_
- Cookware (pots & pans) \_\_\_\_\_
- Cooking Utensils \_\_\_\_\_
- Silverware/Flatware \_\_\_\_\_
- Living Room Furniture \_\_\_\_\_
- Dining Room Furniture \_\_\_\_\_
- Tables & Chairs \_\_\_\_\_
- Televisions \_\_\_\_\_
- VCR's \_\_\_\_\_
- DVD Players \_\_\_\_\_
- Satellite Disks \_\_\_\_\_
- Compact Disks \_\_\_\_\_
- DVD's \_\_\_\_\_
- Stereo Equipment \_\_\_\_\_
- Bedroom Furniture \_\_\_\_\_
- Dressers/Nightstands \_\_\_\_\_
- Lamps & Accessories \_\_\_\_\_
- Wedding Rings \_\_\_\_\_
- Other Jewelry/watches  
Describe items even if you  
think they are worthless \_\_\_\_\_
- Trust Beneficiary/Trustee \_\_\_\_\_
- Furs \_\_\_\_\_
- Computers \_\_\_\_\_
- Computer printers \_\_\_\_\_
- Desk/Office Furniture \_\_\_\_\_
- Other computer equipment \_\_\_\_\_
- Accounts Receivables \_\_\_\_\_
- Cash On Hand \_\_\_\_\_
- Photography equipment \_\_\_\_\_
- Camcorder \_\_\_\_\_
- Cell Phones \_\_\_\_\_
- Paintings/Art \_\_\_\_\_
- Annuity \_\_\_\_\_
- Books \_\_\_\_\_
- Guns & Firearms \_\_\_\_\_
- Corporation or LLC share \_\_\_\_\_
- Clothes \_\_\_\_\_
- Other \_\_\_\_\_

- Carpenters Tools \_\_\_\_\_  
Describe items \_\_\_\_\_
- Mechanics Tools \_\_\_\_\_  
Describe items \_\_\_\_\_
- Lawn mower \_\_\_\_\_
- Pets \_\_\_\_\_
- Tax refund 2007/2008  
When did you receive? \_\_\_\_\_
- Yard tools / equipment \_\_\_\_\_
- Swimming Pool \_\_\_\_\_
- Storage Unit & Contents \_\_\_\_\_
- OTHER ASSETS:**
- Rent deposit with landlord \_\_\_\_\_
- Collectibles \_\_\_\_\_
- Off Shore Bank Accounts \_\_\_\_\_
- Baseball cards, Sports stuff,  
Train Sets, Hobbies, etc \_\_\_\_\_
- Inheritance \_\_\_\_\_
- Government bonds \_\_\_\_\_
- Antiques \_\_\_\_\_
- Copyrights / Patents \_\_\_\_\_
- Aircraft \_\_\_\_\_
- 1<sup>st</sup> Checking account  
Name of bank \_\_\_\_\_  
Account number \_\_\_\_\_  
Joint account?  yes  no
- 2<sup>nd</sup> Checking account  
Name of bank \_\_\_\_\_  
Account number \_\_\_\_\_  
Joint account?  yes  no
- Savings account  
Name of bank \_\_\_\_\_  
Account number \_\_\_\_\_  
Joint account?  yes  no
- 401K / IRA \_\_\_\_\_
- Certificate of deposit \_\_\_\_\_
- Money market accounts \_\_\_\_\_
- Stocks, bonds, mutual funds \_\_\_\_\_
- Safe deposit boxes \_\_\_\_\_
- Life Insurance Policy \_\_\_\_\_





**Places where you and/or your spouse have worked for the last 6 months and ALL sources of income for the last 6 months. Including gifts of money, rental/roommate income, gambling/lottery winnings, buyouts, 401k loans, etc.**

Place Name: \_\_\_\_\_ Date of hire/termination \_\_\_\_\_

Place Name: \_\_\_\_\_ Date of hire/termination \_\_\_\_\_

Place Name: \_\_\_\_\_ Date of hire/termination \_\_\_\_\_

Have your wages or property been garnished or attached in the last 90 days?  YES  NO

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

How much/what was taken? \_\_\_\_\_ Time period? \_\_\_\_\_

**Other Income: (401K Loans, IRA Distributions, Life Insurance Proceeds, Gifts of money, Lottery winnings, Gambling winnings, Inheritance, Roommate assistance, etc received in the last 2 years)**

**NAMES & ADDRESSES OF ANY CO-DEBTORS ON YOUR DEBTS**

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Name of Creditor: \_\_\_\_\_

**Does anyone owe you money?**  YES  NO If yes, who & how much: \_\_\_\_\_

**Do you pay or owe child support?**  YES  NO

If yes, Name & Address of recipient: \_\_\_\_\_

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

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

Amount paid or owed: \_\_\_\_\_

**Do you pay on rent to own furniture contracts or storage units?**  YES  NO

If yes, Name of company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment amount: \_\_\_\_\_

**Have you paid back any family or friends in the past year?**  YES  NO How much and when? \_\_\_\_\_

If yes, Name: \_\_\_\_\_

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

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

**Have you paid back any creditors/credit cards/utilities in the last 90 days?**  YES  NO

If yes, list below:

Name of Creditor: \_\_\_\_\_

Date and amount paid back: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Date and amount paid back: \_\_\_\_\_

**PLEASE CHECK THE TYPES OF DEBTS YOU OWE & ESTIMATED AMOUNTS OF DEBT**

- |   |  |
|---|--|
| <input type="checkbox"/> Auto Repossession _____          | <input type="checkbox"/> Student Loans _____                 |
| <input type="checkbox"/> IRS/State of Michigan _____      | <input type="checkbox"/> Loans to friends/relatives _____    |
| <input type="checkbox"/> Credit Cards _____               | <input type="checkbox"/> Child support _____                 |
| <input type="checkbox"/> Medical Bills _____              | <input type="checkbox"/> Unemployment comp fees _____        |
| <input type="checkbox"/> Judgments/Garnishments _____     | <input type="checkbox"/> Traffic tickets _____               |
| <input type="checkbox"/> Payday/Cash advance loans _____  | <input type="checkbox"/> Rent to own furniture _____         |
| <input type="checkbox"/> Apartment/lease deficiency _____ | <input type="checkbox"/> Art Van, Gardner White, etc.. _____ |
| <input type="checkbox"/> Storage unit fees _____          | <input type="checkbox"/> Other _____                         |

**NAMES & ADDRESSES OF RELATIVES AND/OR FRIENDS YOU OWE MONEY TO AND THE AMOUNTS:**

(1)Name: \_\_\_\_\_

(2)Name: \_\_\_\_\_

(3) Name: \_\_\_\_\_

**Have you had any lotto or gambling winnings in the last 2 years?**  YES  NO How much and when? \_\_\_\_\_

**Have you had any lotto or gambling losses in the last 2 years?**  YES  NO How much and when? \_\_\_\_\_

**Do you expect to receive an inheritance or life insurance proceeds in the next year?**  YES  NO How much/ when? \_\_\_\_\_

**Have you received an inheritance or life insurance proceeds in the last 6 years?**  YES  NO How/when? \_\_\_\_\_

**Have you sued anyone in the last 5 years or are currently involved in a lawsuit?**  YES  NO If yes, why? \_\_\_\_\_

**Have you been injured at work, in a car accident, or a slip and fall incident in the last 6 years?**  YES  NO

**Are you currently receiving medical care for an injury?**  YES  NO

**Is anyone holding property that belongs to you?**  YES  NO

EXAMPLE: Your parents have a vehicle in their name because you did not have good credit but it is your car and you make the payments and pay the insurance

What are the items? \_\_\_\_\_

Name of person holding the items: \_\_\_\_\_

**Have you returned any property to creditors or was any property repossessed?**  YES  NO

If yes, date of sale/seizure: \_\_\_\_\_ Items sold/seized: \_\_\_\_\_

Name of person who sold/seized the property: \_\_\_\_\_

**Have you transferred any money or property to family members and/or friends?**  YES  NO

If yes, what and when: \_\_\_\_\_

**Have you or your bank closed a checking or savings account in the last 2 years?**  YES  NO

If yes, name of bank, account number and balance at time of closing: \_\_\_\_\_

Date of Closing: \_\_\_\_\_

Are you thinking of suing anyone?  YES  NO Why? \_\_\_\_\_

Have you participated in a debt counseling/consolidation program in the last year?  YES  NO

If yes, how much did you pay & dates of payments: \_\_\_\_\_

\_\_\_\_\_

Name of counseling agency: \_\_\_\_\_

Have you sold, transferred, given away or lost due to theft or fire any property in the last 2 years?  YES  NO

If yes, please indicate below:

Autos \_\_\_\_\_

Real Estate \_\_\_\_\_

Furniture \_\_\_\_\_

Jewelry \_\_\_\_\_

Boats \_\_\_\_\_

Recreational Vehicles \_\_\_\_\_

Bank Accounts/CD's \_\_\_\_\_

Other \_\_\_\_\_

Have you filed all required tax returns?  YES  NO If not, why? \_\_\_\_\_

Have you received all tax refunds you are entitled to receive for the last 4 years?  YES  NO

Do you intend to amend any income tax returns?  YES  NO If yes, why and when? \_\_\_\_\_

BRIEFLY DESCRIBE THE CIRCUMSTANCES THAT GAVE RISE TO YOUR CURRENT FINANCIAL SITUATION THAT CAUSED YOU TO SEEK HELP AND POSSIBLY FILE FOR BANKRUPTCY:

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

Signature of debtor 1: \_\_\_\_\_

Signature of debtor 2: \_\_\_\_\_

# QUESTIONNAIRE

Important: Please answer all questions below so that we may better assess your situation .

Name: \_\_\_\_\_ Phone number \_\_\_\_\_

Name: \_\_\_\_\_ Phone number \_\_\_\_\_

(married debtors may fill out same questionnaire if answers are the same)

Select YES or NO

1) Do you own any house or real estate? (assume for these questions "house or real estate" includes houses, mobile homes, buildings, land, etc...)  YES  NO

If you have a house, is it:  "stick built" (built out of lumber at the site)  
 a manufactured mobile home (such as a double wide; these have titles)  
 a modular home

How much land?  city lot  acres \_\_\_\_\_

If it has been appraised in the last 4 years, state: when: \_\_\_\_\_ and for how much: \_\_\_\_\_

2) Do you currently have any agreement regarding the purchase or sale of any asset? (besides the ones on schedule D where you are purchasing)  YES  NO

3) Have you owned or had an interest of any type, in any house or real estate in the Last 4 years (other than the ones you now own)?  YES  NO

4) Is your name now (or within the last 3 years) on anyone else's deed, or mobile home title, bank account, CD, or stock certificate?  YES  NO

5) Is there any house or real estate or other asset owned by someone else which if it was sold, you'd be entitled to money for any reason?  YES  NO

6) Have you been divorced in the past 4 years?  YES  NO  
If yes, when: \_\_\_\_\_

7) Does anyone owe you money?  YES  NO

8) Do you have a basis to sue anyone?  YES  NO  
If yes, who? \_\_\_\_\_

9) Are you involved in any lawsuit or court proceeding in which you might receive money?  YES  NO

10) Have you received anything from an inheritance, trust, probate estate, or insurance in the last 2 years?  YES  NO  
If yes, how much? \_\_\_\_\_

11) Do you expect to receive any inheritance or anything from a trust, probate estate or insurance in the next year?  YES  NO

12) Do you have any interest in a trust or estate?  YES  NO

13) Have you paid any money to relatives in the past 1 1/2 years?  YES  NO

14) Have you given away or otherwise transferred real estate or anything worth over \$500.00 to friends or relatives in the last 6 years?  YES  NO

15) For each vehicle you now have, list:

Year                                      Make                                      Mileage                                      Condition

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

- 16) Are you subject to or responsible for a domestic support obligation?  YES  NO  
If yes, please provide the beneficiary's name, current address & phone number.  
ALSO, identify which court the support obligation is through & case number  
Beneficiary: \_\_\_\_\_  
Address & phone: \_\_\_\_\_  
Court & Case number: \_\_\_\_\_
- 17) In the past 6 months, have you paid one credit card off or down with another credit card or with a check written against another credit card (balance transfer)?  YES  NO
- 18) Do you collect items which might be valuable (such as coins, stamps, antiques, guns, cards, etc...) or have any musical instrument or household goods worth over \$450.00 or \$900.00 if jointly owned?  YES  NO
- 19) Do you have any IRA's, CD's, stocks, bonds, mutual funds or other investments?  YES  NO
- 20) What tax refunds did you receive for the tax year \_\_\_\_\_?  
For tax year \_\_\_\_\_, do you expect:  more  less  same
- 21) What day of the week are you paid? \_\_\_\_\_ most recent payday? \_\_\_\_\_  
For how many weeks? \_\_\_\_\_ Is there a one week holdback? \_\_\_\_\_
- 22) Have you received a lump sum payment of \$10,000.00 or more for any reason in the last 4 years?  YES  NO
- 23) Did any creditor get payments totaling over \$600.00 during the 3 months before your bankruptcy was filed?  YES  NO
- 24) Have you filed a bankruptcy case before this one?  YES  NO
- 25) Are you involved in the operation of any business (including home based businesses, partnerships, proprietorships, etc...)  YES  NO
- 26) Were any of your assets seized, repossessed, surrendered, or garnished during The 3 months before your bankruptcy case was filed?  YES  NO
- 27) Have you ever had an accident or injury for which someone else may be at fault or liable?  YES  NO
- 28) Do you have an RV, boat, motor home, camper, trailer, snowmobile, jet ski, or lawn tractor?  YES  NO

For any yes answer above, please explain:

# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_

I have read and understand these questions and the answers are true and correct to the best of my information, knowledge, and belief.

Signature of debtor 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of debtor 2: \_\_\_\_\_ Date: \_\_\_\_\_