

BANKRUPTCY WORKSHEET

PERSONAL INFORMATION

Your Full Name: _____ Your SSN: _____

Spouse's Full Name: _____ Spouse's SSN: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Home Phone #: _____ His Cell #: _____ His Work #: _____

Her Cell #: _____ Her Work #: _____

Email Addresses: _____

Nearest Relative's Name: _____ Nearest Relative's Phone #: _____

Indicate if You Are: Married Single Divorced Separated Widowed

Number of Dependents At Home: _____

Have you ever filed for bankruptcy (Chapter 7 or Chapter 13)? Yes No If yes, what year? _____

REAL PROPERTY (HOUSES/BUILDINGS/LAND)

Do you: Own your own home? Rent? Live with family or friends?

What is the value of your home? \$ _____ What year did you purchase: _____

How much did you pay for it?: \$ _____

Is your home a: House & Lot House & Acreage Mobile Home & Land Mobile Home on Rented Lot

List All Property that you or your spouse owns: (including, house, mobile home, land)

<i>Address</i>	<i>Mortgage Co.</i>	<i>Payoff Balance</i>	<i>Monthly Note</i>	<i>Number of Months Behind</i>	<i>Mortgage Position (1st, 2nd, etc.)</i>
		\$	\$		
		\$	\$		
		\$	\$		

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Do you own any other property not listed above? Including Rental Property, Inherited Property, Vacant Land or other property? Yes No

If so, please list below:

<i>Address</i>	<i>Name of Mortgage of Company, if Mortgaged</i>	<i>Payoff Balance</i>	<i>Monthly Note</i>	<i>Number of Months Behind</i>	<i>Mortgage Position (1st, 2nd, etc.)</i>
		\$	\$		
		\$	\$		
		\$	\$		

VEHICLES (CARS, TRUCKS, MOTORCYCLES, BOATS, RVS, ATVS)

List ALL vehicles (cars, trucks, motorcycles, boats, RVs, and ATVs). List the vehicle, even if it is paid for.

<i>Year/Make/Model (ex. 2000 Ford F150)</i>	<i>Mileage</i>	<i>Creditor</i>	<i>Loan Balance</i>	<i>Monthly Note</i>	<i>Arrears</i>
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

OTHER SECURED LOANS

Do you have loans secured by property other than your home and vehicles (i.e., furniture loans, electronics loans, etc.)? Yes No If so, please list all other secured loans:

<i>Property/Collateral</i>	<i>Value of Property/Collateral</i>	<i>Creditor</i>	<i>Loan Balance</i>	<i>Monthly Note</i>	<i>Arrears</i>
	\$		\$	\$	\$
	\$		\$	\$	\$

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ASSETS SECTION

THINGS OF VALUE/PERSONAL PROPERTY

HOUSEHOLD FURNISHINGS & APPLIANCES: Please check each of the following items that you own & their approximate value:

Refrigerator		King Bed		Sofa/Couch	
Freezer		Queen Bed		Loveseat	
Stove		Double Bed		Recliner	
Washer		Single Bed		Occasional Chair	
Dryer		Night Stands		End Table	
Table/Chairs		Chest of Drawers		Coffee Table	
Desk/Chairs		Dresser		Entertainment Cntr.	
Baker's Rack		Bookshelves		Lamps	
File Cabinet		Patio Furniture		China Cabinet	

SMALL HOUSEHOLD ITEMS: List how many of each of the following items that you own:

Pots & Pans		Coffee Maker		Toaster Oven	
Dishes		Microwave		Alarm Clock	
Silverware		Mixer		Iron	
Toaster		Blender		Hairdryer	

ELECTRONICS: List how many of each of the following items that you own:

<i>Item</i>		<i>Item</i>		<i>Item</i>	
TVs (list sizes)		MP3 Player/iPod		Telephone	
DVD player		Video Games		Cellular Phone	
VCR		Computer		Typewriter	
Stereo		Printer		Scanner	

CLOTHING & JEWELRY: List how many of each of the following items that you own:

Personal Clothing		Necklaces		Costume Jewelry	
Wedding Rings		Other Rings		Jewelry Box	
Watches		Bracelets		Furs	

RETIREMENT/INSURANCE/FINANCIAL: List how many of each of the following items that you own:

401(k) Account		Stocks (Company)		SEPs	
IRA Account		Government Bonds		Keoghs	
Life Insurance Policy		Business Interests		Utility Deposits	
Annuity		ESOPs		Certif. of Deposit	

MISCELLANEOUS ITEMS: List how many of each of the following items that you own:

Guns (list types)		Weights		Clocks	
Hunting Equipment		Trampoline		Luggage	
Fishing Equipment		Treadmill		Tools	
Bicycles		Pets (list type)		Lawnmower	
Golf Clubs		Musical Instruments		Barbecue Grill	
Tennis Racket		Books		Antiques	
Exercise Equipment		Artwork		Rugs	

Please list any additional assets not included above on the following page.

*** All assets **MUST** be disclosed. ***

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ASSETS SECTION - THINGS OF VALUE/PERSONAL PROPERTY (CONT.)

ADDITIONAL ASSETS:

List any additional assets not listed above, including interests in any businesses, business equipment, inventory, accounts receivables, etc.: (Attach separate sheet if necessary.)

BANK ACCOUNTS: List ALL accounts below.

<i>Name of Bank</i>	<i>Checking or Savings?</i>	<i>Approximate Balance</i>
		\$
		\$
		\$
		\$

FAMILY (INHERITED) PROPERTY:

Are both of your parents living? Yes No Are both of your spouse's parents living? Yes No

If deceased, did either parent own a home at the time they died? If so, please list the property location and value:

Address Where Property is Located: _____

Value of Property: _____ Balance of any Mortgage: _____

**You are required to provide a copy of the will or succession papers.

Did they own any other property at the time they died? Yes No

LAWSUITS & CLAIMS AGAINST ANOTHER:

Do you have any lawsuits or claims pending against anyone or any company? Yes No

If yes, type of lawsuit: _____ Name of Person you are Suing _____

Name and Address of your Attorney: _____

OTHER POTENTIAL CLAIMS:

Please list any other potential claims that you may have against a business or individual. This includes claims for injuries, auto accidents, money owed to you, loss due to fraud, etc.:

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INCOME SECTION

EMPLOYMENT INFORMATION

Name of Your Employer: _____

Employer's Address: _____

How Long Have You Worked for this Employer: _____ Occupation: _____

Name of Spouse's Employer: _____

Spouse's Employer's Address: _____

How Long Has Spouse Worked for this Employer: _____ Occupation: _____

List the Names & Addresses of All Additional Employers (2nd, 3rd, & Part Time Jobs):

DEPENDENTS (Children and/or Elderly Relatives) Living at Home

Name	Age	Relationship	School/Work?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please provide all of their check stubs/income from the past 7 months

ADDITIONAL SOURCES OF INCOME

Please indicate below the monthly amount of income that you receive from any additional sources.
Documentation must be provided:

Source of Income	Monthly Amount Received
2 nd Job	\$
Social Security	\$
Disability	\$
Veterans Benefits	\$
Unemployment Compensation	\$
Food Stamps	\$
Retirement/Pension	\$
Child Support/Alimony	\$
Asst from Family or Friends (list name & address)	\$
Stock Dividend	\$
Oil/Mineral Royalty	\$
Any Other Type of Income (list type)	\$

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EXPENSES

APPROXIMATE MONTHLY EXPENSES: Please estimate to the best of your knowledge. If you and your spouse are filing together but living separately, monthly expenses for both parties need to be listed.

<i>Description of Monthly Expense</i>	<i>Debtor's Monthly Expense</i>
Mortgage/Rent Payment	\$ _____
Are real estate taxes included?	___ Yes ___ No
Is property insurance included?	___ Yes ___ No
Annual property taxes	\$ _____
Annual homeowner's insurance premium	\$ _____
Electricity and Home Gas	\$ _____
Water and Sewer	\$ _____
Home Telephone	\$ _____
Cell Phones	\$ _____
Cable/Satellite TV	\$ _____
Internet	\$ _____
Home Maintenance	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry and Dry Cleaning	\$ _____
Medical and Dental Expenses	\$ _____
Transportation (gas, oil change, etc.)	\$ _____
Recreation (movies, newspapers, etc.)	\$ _____
Charitable Contributions and Tithes	\$ _____
Life Insurance	\$ _____
Health Insurance (not deducted from wages)	\$ _____
Car Insurance	\$ _____
Other Insurance (please list):	\$ _____
Child Support/Alimony	\$ _____
Support of dependents not living at home	\$ _____
Daycare/Aftercare (please provide documentation)	\$ _____
School Expenses/School Lunches	\$ _____
Pet Food/Supplies	\$ _____
Other Monthly Expenses (please list):	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

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CREDITORS/DEBTS OWED

Please list **ALL DEBTS** below, no debts can be omitted. Debts include student loans, finance companies, medical bills, credit cards, credit union loans, personal loans, lawsuits, judgments, garnishments, pay day loans, check cashing loans, etc.

Creditors not listed will not be included in your bankruptcy.

Creditor's Name: _____	Amount Owed: \$_____
Address: _____ _____	Account No.: _____
Type of Debt (medical, credit card, business, etc.): _____	Date Incurred (Month & Year): _____
Creditor's Name: _____	Amount Owed: \$_____
Address: _____ _____	Account No.: _____
Type of Debt (medical, credit card, business, etc.): _____	Date Incurred (Month & Year): _____
Creditor's Name: _____	Amount Owed: \$_____
Address: _____ _____	Account No.: _____
Type of Debt (medical, credit card, business, etc.): _____	Date Incurred (Month & Year): _____
Creditor's Name: _____	Amount Owed: \$_____
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Address: _____ _____	Account No.: _____
Type of Debt (medical, credit card, business, etc.): _____	Date Incurred (Month & Year): _____

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***** Be sure to include all creditors and collectors. Attach additional pages if needed. *****
CREDITORS/DEBTS OWED (CONT.)

Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
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CREDITORS/DEBTS OWED (CONT.)

Creditor's Name: _____	Amount Owed: \$_____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$_____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$_____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$_____
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Type of Debt (medical, credit card, business, etc.): _____	
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Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$_____
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CREDITORS/DEBTS OWED (CONT.)

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Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$_____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
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Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$_____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$_____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	

Have you included ALL debts? Yes No

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TAXES:

Have you filed all of your tax returns in the last four years? Yes No
 If NO, what years have you not filed? _____

Do you owe IRS? Yes No If YES, amount owed: \$_____ For what year(s) _____

Do you owe State? Yes No If YES, amount owed: \$_____ For what year(s) _____

Do you owe any Other Taxes? Yes No If YES, description & amount owed: \$_____

CHILD SUPPORT/ALIMONY:

Do you owe back child support? Yes No If YES, amount owed: \$_____

Is it court ordered? Yes No If YES, you must provide a copy of court order/judgment.

Do you owe back spousal support/alimony? Yes No If YES, amount owed: \$_____

List the name, address, and telephone number of all people to whom you owe child support/alimony:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

LAWSUITS/GARNISHMENTS:

Have you been sued in the last year? Yes No If YES, list the name of the creditor and their attorney:

Creditor: _____ Attorney: _____

Creditor: _____ Attorney: _____

Have your wages been garnished in the last year? Yes No If YES, list:

Creditor: _____ Attorney: _____

Do you have any judgments against you? Yes No If YES, list the creditor (provide documentation):

Creditor: _____ Attorney: _____

CO-DEBTORS:

Is there a co-debtor (or co-signor) on any of your debts? Yes No If YES, List:

Co-Debtor's Name & Address: _____

Creditor's Name & Description of Debt: _____

Who is Paying the Debt: _____ Is it Current? Yes No

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STATEMENT OF FINANCIAL AFFAIRS

Please answer **ALL** questions:

1. Have you made payments of over \$600.00 to any one creditor in the last 90 days? Yes No
Name & Address of Creditor(s): _____ Date(s) of Payments: _____
_____ Amount of Payments: _____

2. Have you had any property repossessed or voluntarily surrendered in the last year? Yes No
Name & Address of Creditor(s): _____ Description of Property: _____
_____ Date Repo/Surrendered: _____

3. Have you made charitable contributions in the last year? Yes No
Name & Address: _____ Date(s) of Contribution: _____
_____ Amount of Contribution: _____

4. Have you borrowed money from a relative or friend in the last year? Yes No
Name & Address: _____ Date(s) Borrowed: _____
_____ Amount Borrowed: _____
_____ Relationship: _____

5. Have you given or paid back money to a friend or a relative in the last year? Yes No
Name & Address: _____ Date(s) Paid: _____
_____ Amount Paid: _____
_____ Balance: _____

6. Have you paid anyone other than our firm for bankruptcy or debt related services? Yes No
Name & Address: _____ Date(s) Paid: _____
_____ Amount Paid: _____
_____ **Please provide documentation. **

7. Have you sold, donated, or given away any property in the last year? Yes No
Name & Address: _____ Property Description: _____
_____ Date of Transfer: _____
_____ Value/Amt Sold for: _____

8. Have you had any losses due to fire, theft, casualty, or gambling in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description and Value of Property	Circumstances of Loss and Insurance Coverage	Date of Loss
_____	_____	_____
_____	_____	_____

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9. Have you closed any bank accounts in the last year? Yes No

Name: _____ Type of Account: _____
Address: _____ Account Number: _____
Closing Date & Balance: _____

10. Do you have a safe deposit box? Yes No

Name of Bank : _____ Contents: _____
Address: _____

11. Do you have any property in your possession that is owned by someone else? Yes No

Name: _____ Property Description: _____
Address: _____

12. Have you used a different address in the last three years? Yes No

Prior Address: _____ Prior Address: _____

13. Have you been married at any point during the last eight years? Yes No

Name of Former Spouse: _____

Was there a community property settlement? Yes No

If so, please provide a copy of the settlement papers.

14. Have you inherited any property (i.e., real estate, money, cars, or anything of value)? Yes No

Property Description: _____

15. Do you own or have you owned a business in the last 6 years or had an ownership interest in any corporation, partnership, or LLC? Yes No

Name of Business: _____ Nature of Business: _____

Date Business began: _____ Date Business closed: _____

Tax ID No.: _____ Type of Business (Corporation, LLC, etc.): _____

If you currently own an interest in any business (LLC, Corporation, etc.) please provide a current balance sheet and profit & loss statement. We may require additional information on the business at a later date

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DEBT NEGOTIATORS/FORECLOSURE ASSISTANCE

Have you paid money to any company or individual in the last year for the purpose of debt negotiation, debt elimination, debt consolidation, foreclosure assistance, loss mitigation, or for any other assistance with creditors? Yes No If YES, list the name and address of the company (also provide documentation):

Name: _____ Address: _____

How much money did you pay this company/individual? \$_____

List the date(s) of all payments to this company/individual: _____

HARASSING CREDITORS/DEBT COLLECTORS

Have any of your creditors or debt collectors excessively harassed you? If so, list. (i.e., made threats against you, called early in the morning or late at night, used abusive or nasty language with you, called third parties about your debts, called you excessively, called you at work, come to your home or work, etc.) Yes No

Creditor: _____ Address: _____

Personal Injury

In addition to Bankruptcy Law, our firm has extensive experience in the area of Personal Injury Law. We represent many clients in the following areas:

1. Injury law suits for accidents
2. Automobile accidents
3. 18 Wheeler accidents
4. Slip and fall accidents
5. Work related injuries
6. Medical malpractice law suits.

Should you or any members of your family suffer damages as a result of someone else's negligence, whether in a car accident or please contact our firm immediately to discuss your rights.

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