

Client Information Workbook

Instructions

 **YOU MUST COMPLETE THIS WORKBOOK BEFORE WE FILE YOUR CASE.**

 **ANSWER ALL QUESTIONS.**

Do not leave any question blank. We return incomplete workbooks.

 **CLIENTS ARE SEEN BY APPOINTMENT ONLY**

Contact our office with questions or to schedule an appointment. Please, no walk-ins.

 **OTHER DOCUMENTS ARE REQUIRED**

Provide 6 months of income statements, 2 years of tax returns, & take your course.

Part 1: Your Information

PROVIDE YOUR CURRENT INFORMATION.

Client Name:	Other Names Used in the Last 8 Years:
Street Address:	City, State, Zip:
Best Contact Number:	Email Address:
(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	

PROVIDE YOUR SPOUSE'S INFORMATION (if filing together).

Joint Client (Spouse) Name:	Other Names Used in the Last 8 Years:
Best Contact Number:	Email Address:
(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	

General Filing Information

Have you filed a bankruptcy case in the last 8 years? <input type="checkbox"/> No <input type="checkbox"/> Yes: Case Number: _____ Was the case dismissed (you did not complete the bankruptcy)? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you the sole proprietor of a business? <input type="checkbox"/> No <input type="checkbox"/> Yes. Business Name: _____ Business Address: _____ Business Description: _____
Do you have an eviction pending against you? <input type="checkbox"/> No <input type="checkbox"/> es. Landlord Name: _____	Do you own any hazardous property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Describe:

Part 2: Your Property

Part A. Residence, Building, Land, Other Real Estate (Use additional sheets as necessary.)

LIST ALL YOUR INTERESTS IN REAL ESTATE. or No Real Estate Owned

Address of Property	Type of Real Estate:	Owned by:	Estimated Value:
Address: _____ City, State, Zip: _____	<input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex/ multi-unit building <input type="checkbox"/> Condominium <input type="checkbox"/> Manufactured/mobile home	<input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other: _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with: _____ \$ _____ If there is a loan on this property, complete p. 4
Address: _____ City, State, Zip: _____	<input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex / multi-unit building <input type="checkbox"/> Condominium <input type="checkbox"/> Manufactured/ mobile home	<input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other: _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with: _____ \$ _____ If there is a loan on this property, complete p. 4

Part B. Cars, Vans, Trucks, Tractors, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Etc

LIST ALL YOUR INTERESTS IN VEHICLES. or No Vehicles Owned

Vehicle Description. Describe all vehicles where you are listed on the title.				Owned by:	Estimated Value:
Vehicle #1	Year: _____ Mileage: _____	Make: _____ Condition: _____	Model: _____ Trim Package: (LT, LX, etc.): _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with: _____	\$ _____ If there is a loan on this vehicle, complete p. 5
Vehicle #2	Year: _____ Mileage: _____	Make: _____ Condition: _____	Model: _____ Trim Package: (LT, LX, etc.): _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with: _____	\$ _____ If there is a loan on this vehicle, complete p. 5
Vehicle #3	Year: _____ Mileage: _____	Make: _____ Condition: _____	Model: _____ Trim Package: (LT, LX, etc.): _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with: _____	\$ _____ If there is a loan on this vehicle, complete p. 5
Watercraft/ Motor Homes/ ATVs/ Other	Year: _____ Mileage: _____	Make: _____ Condition: _____	Model: _____ Trim Package: (LT, LX, etc.): _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with: _____	\$ _____ If there is a loan on this vehicle, complete p. 5

Part C. Personal and Household Items. Use resale value.

LIST ALL YOUR PERSONAL PROPERTY.

Type of Property	Description	List value →	Estimated Value:
	Furniture, appliances, home goods, & household items	List value →	\$ _____
	Electronics: <input type="checkbox"/> TV <input type="checkbox"/> Phone <input type="checkbox"/> Tablet <input type="checkbox"/> Computer <input type="checkbox"/> Other:	List value →	\$ _____
	Collectibles: Antiques, art, collections, etc.	<input type="checkbox"/> None	\$ _____
	Sport & Hobby Equipment	<input type="checkbox"/> None	\$ _____
	Firearms & Firearm Accessories. Describe:	<input type="checkbox"/> None	\$ _____
	Clothing: Shirts, pants, dresses, shoes, etc. (Used value.)	List value →	\$ _____
	Jewelry & Watches: Including Costume Jewelry.	List value →	\$ _____
	Wedding Rings	<input type="checkbox"/> None	\$ _____
	Pets: Cats, Dogs, Fish, etc.	<input type="checkbox"/> None	\$ _____

Part D. Financial Assets. List current value.

LIST ALL YOUR FINANCIAL ACCOUNTS.

Type of Property	Description	List value →	Value
Cash →	(average amount of cash on hand) →	List value →	\$ _____
Checking account or Bank Card #1 →	Bank/Check Card name:	List value →	\$ _____
Checking account or Bank Card #2 → <i>List all accounts, use more sheets if necessary.</i>	Bank/Check Card name:	List value →	\$ _____
Savings account #1 →	Bank name:	List value →	\$ _____
Savings account #2 → <i>List all accounts, use more sheets if necessary.</i>	Bank name:	List value →	\$ _____


Certificate of deposit (CD)	Bank name:	<input type="checkbox"/> None	\$
Other financial account (money market, savings, etc.)	Bank name:	<input type="checkbox"/> None	\$
Other financial account	Type of Account & Bank name:	<input type="checkbox"/> None	\$
Bonds, mutual funds, and publicly traded stocks	List Interest & Describe:	<input type="checkbox"/> None	\$
Business you own or have interest in	Business Names: % Ownership Interest:	<input type="checkbox"/> None	\$
Government and corporate bonds and instruments (incl. U.S. Savings Bonds)	Describe:	<input type="checkbox"/> None	\$
Retirement, pension, or profit-sharing plan #1 (IRA, 401(k), 403(b), or other pension or profit-sharing plan)	Type of Account: Financial Institution Name:	<input type="checkbox"/> None	\$
Retirement, pension, or profit-sharing plan #2 (IRA, 401(k), 403(b), or other pension or profit-sharing plan)	Type of Account: Financial Institution Name:	<input type="checkbox"/> None	\$
Security deposits (typically with landlord or utility)	Holder of Deposit:	<input type="checkbox"/> None	\$
Annuities	Annuity Company:	<input type="checkbox"/> None	\$
Education IRA, §529 or §530 account, or tuition plan	Type of Account: Financial Institution Name:	<input type="checkbox"/> None	\$
Trusts, life estates, and future and equitable interests in property or assets	Describe:	<input type="checkbox"/> None	\$
Patents, copyrights, trademarks, trade secrets, and intellectual property	Describe:	<input type="checkbox"/> None	\$
Licenses, franchises, and other general intangibles	Describe:	<input type="checkbox"/> None	\$
Tax refunds owed to you	Years Due to You: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> None	\$
Alimony and child support	Who owes you:	<input type="checkbox"/> None	\$
Other amounts someone owes you (unpaid wages, benefits, vacation pay, workers' comp., loans, etc.)	Who owes you: Describe:	<input type="checkbox"/> None	\$
Cash value of Insurance Policies (whole/universal life, health, disability, HSA, etc.)	Type of Policy: Insurance Company: Beneficiary:	<input type="checkbox"/> None	\$
Inheritances, estate distributions, and death benefits	Describe:	<input type="checkbox"/> None	\$
Personal injury claims or awards	Describe:	<input type="checkbox"/> None	\$
Lawsuits or claims against anyone for anything	Describe:	<input type="checkbox"/> None	\$
All other claims or rights to sue someone	Describe:	<input type="checkbox"/> None	\$
Any other financial asset not listed	Describe:	<input type="checkbox"/> None	\$

 **Part E. Business-Related Assets (List only if you own or operate a business)**

Type of Property	Description	Value:
Accounts receivable or commissions earned Office equipment, furniture, and supplies Equipment, fixtures, supplies, and tools of your trade Business inventory Interests in partnerships or joint ventures Customer and mailing lists	(Provide detailed description & list of property)	\$





 **Part F. Farm and Commercial Fishing-Related Property (List only if you own or operate a farm)** 

Type of Property	Description	Value:
Farm animals (livestock, poultry, fish, etc.) Crops (growing or harvested) Farm equipment, machinery, fixtures, and tools of trade Farm supplies, chemicals, and feed (list)		\$




Part 3: Your Debts 

Part A. Debts Secured by Property. List *all* debts that are *secured by property*. (Mortgages, Car Loans, Title Loans, etc.)

LIST ALL YOUR MORTGAGE & REAL ESTATE LOAN INFORMATION.





Type of Debt	Creditor Information		Property Information:	Persons Responsible
Home Loan, Mortgage, or 2 nd Mortgage 	Lender Name:	_____	Property Address: _____ _____ _____ Does the payment include insurance and real estate tax? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you want to keep this property? <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
	Address & Zip:	_____		
	Account #:	_____		
	Amount Owed:	\$ _____		
	Interest Rate:	_____ %		
Monthly Payment	\$ _____			
Delinquent Amount:	\$ _____			
Date Taken Out:	____/____/____			
Collection Agency (if any)	_____			
Collector Address:	_____			
Home Loan, Mortgage, or 2 nd Mortgage 	Lender Name:	_____	Property Address: _____ _____ _____ Does the payment include insurance and real estate tax? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you want to keep this property? <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
	Address & Zip:	_____		
	Account #:	_____		
	Amount Owed:	\$ _____		
	Interest Rate:	_____ %		
Monthly Payment	\$ _____			
Delinquent Amount:	\$ _____			
Date Taken Out:	____/____/____			
Collection Agency (if any)	_____			
Collector Address:	_____			
Home Loan, Mortgage, or 2 nd Mortgage 	Lender Name:	_____	Property Address: _____ _____ _____ Does the payment include insurance and real estate tax? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you want to keep this property? <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
	Address & Zip:	_____		
	Account #:	_____		
	Amount Owed:	\$ _____		
	Interest Rate:	_____ %		
Monthly Payment	\$ _____			
Delinquent Amount:	\$ _____			
Date Taken Out:	____/____/____			
Collection Agency (if any)	_____			
Collector Address:	_____			
Home Loan, Mortgage, or 2 nd Mortgage 	Lender Name:	_____	Vehicle: Year, Make, Model: _____ _____ _____ Do you want to keep this vehicle? <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
	Address & Zip:	_____		
	Account #:	_____		
	Amount Owed:	\$ _____		
	Interest Rate:	_____ %		
Monthly Payment	\$ _____			
Delinquent Amount:	\$ _____			
Date Taken Out:	____/____/____			
Collection Agency (if any)	_____			
Collector Address:	_____			

LIST ALL YOUR VEHICLE & TITLE LOAN INFORMATION.



Type of Debt	Creditor Information		Vehicle Information:	Persons Responsible
Vehicle & Auto Loans: (Include Title Loans) 	Lender Name: Address & Zip: Account #: Amount Owed: Interest Rate: Monthly Payment Delinquent Amount: Date Taken Out: Collection Agency (if any) Collector Address:	_____ _____ _____ \$ _____ _____ % \$ _____ \$ _____ ____/____/____ _____ _____	Vehicle: Year, Make, Model: _____ _____ _____ Do you want to keep this vehicle? <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Vehicle & Auto Loans: (Include Title Loans) 	Lender Name: Address & Zip: Account #: Amount Owed: Interest Rate: Monthly Payment Delinquent Amount: Date Taken Out: Collection Agency (if any) Collector Address:	_____ _____ _____ \$ _____ _____ % \$ _____ \$ _____ ____/____/____ _____ _____	Vehicle: Year, Make, Model: _____ _____ _____ Do you want to keep this vehicle? <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Vehicle & Auto Loans: (Include Title Loans) 	Lender Name: Address & Zip: Account #: Amount Owed: Interest Rate: Monthly Payment Delinquent Amount: Date Taken Out: Collection Agency (if any) Collector Address:	_____ _____ _____ \$ _____ _____ % \$ _____ \$ _____ ____/____/____ _____ _____	Vehicle: Year, Make, Model: _____ _____ _____ Do you want to keep this vehicle? <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Other Property Loans: (Loans secured by real or personal property)	Lender Name: Address & Zip: Account #: Amount Owed: Interest Rate: Monthly Payment Delinquent Amount: Date Taken Out: Collection Agency (if any) Collector Address:	_____ _____ _____ \$ _____ _____ % \$ _____ \$ _____ ____/____/____ _____ _____	Property Description: _____ _____ _____ Do you want to keep this property? <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:

Part B. Credit Card Debts & Personal Loans.

LIST ALL YOUR CREDIT CARDS.













Type of Debt	Creditor Information:		Person(s) Responsible/Codebtor
Credit card debt. (Bank cards or Visa, American Express, Master Card, Discover) 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Credit card debt. (Bank cards or Visa, American Express, Master Card, Discover) 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Credit card debt. (Bank cards or Visa, American Express, Master Card, Discover) 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Credit card debt. (Bank cards or Visa, American Express, Master Card, Discover) 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Department Store Credit Cards 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Department Store Credit Cards 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:

LIST ALL OF YOUR LOANS.

Personal Loans / Cash Advances / Payday Loans 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Cash Advances / Payday Loans 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Cash Advances / Payday Loans 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Personal Loans or Lines of Credit 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Personal Loans or Lines of Credit 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Personal Loans or Lines of Credit 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) _____ Collector Address: _____	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
_____ _____ _____ _____ _____ _____ _____			




Part C. Medical Debts.

LIST ALL OF YOUR MEDICAL BILLS.



<p>Unpaid Medical Bills  </p>	<p>Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____</p> <p>Collection Agency (if any) _____ Collector Address: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____</p>
<p>Unpaid Medical Bills  </p>	<p>Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____</p> <p>Collection Agency (if any) _____ Collector Address: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____</p>
<p>Unpaid Medical Bills  </p>	<p>Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____</p> <p>Collection Agency (if any) _____ Collector Address: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____</p>
<p>Unpaid Medical Bills  </p>	<p>Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____</p> <p>Collection Agency (if any) _____ Collector Address: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Name: _____ Address: _____</p>
<p>Unpaid Medical Bills  </p>	<p>Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____</p> <p>Collection Agency (if any) _____ Collector Address: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____</p>
<p>Unpaid Medical Bills  </p>	<p>Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____</p> <p>Collection Agency (if any) _____ Collector Address: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____</p>

Part D. Tax Debts.

LIST ALL OF THE TAXES YOU OWE.



Taxes Owed  <input type="checkbox"/> Income Tax <input type="checkbox"/> Personal Property <input type="checkbox"/> Other:	Creditor Name: _____ Creditor Address: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____	_____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____
Taxes Owed  <input type="checkbox"/> Income Tax <input type="checkbox"/> Personal Property <input type="checkbox"/> Other:	Creditor Name: _____ Creditor Address: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____	_____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____
Taxes Owed  <input type="checkbox"/> Income Tax <input type="checkbox"/> Personal Property <input type="checkbox"/> Other:	Creditor Name: _____ Creditor Address: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____	_____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____





Part E. Student Loan Debts

Student Loans 	Student Loan Servicer: Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____	_____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____
Student Loans 	Student Loan Servicer: Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____	_____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____

Part F. Other Debts. List all other debts you owe. (e.g. unpaid rent, utilities, family support, service fees, other personal loans.)

LIST ALL OTHER DEBTS & BILLS.

Utilities, Phone Bills, Cable Bills, Loans & Other Debts 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) Collector Address: _____	_____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____
Utilities, Phone Bills, Cable Bills, Loans & Other Debts 	Creditor Name: _____ Address & Zip: _____ Account #: _____ Amount Owed: \$ _____ Date Incurred: _____ Collection Agency (if any) Collector Address: _____	_____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: _____ Address: _____

Utilities, Phone Bills, Cable Bills, Loans & Other Debts 	Creditor Name: Address & Zip: Account #: Amount Owed: \$ Date Incurred: Collection Agency (if any) Collector Address:	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Utilities, Phone Bills, Cable Bills, Loans & Other Debts 	Creditor Name: Address & Zip: Account #: Amount Owed: \$ Date Incurred: Collection Agency (if any) Collector Address:	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Utilities, Phone Bills, Cable Bills, Loans & Other Debts 	Creditor Name: Address & Zip: Account #: Amount Owed: \$ Date Incurred: Collection Agency (if any) Collector Address:	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:
Utilities, Phone Bills, Cable Bills, Loans & Other Debts 	Creditor Name: Address & Zip: Account #: Amount Owed: \$ Date Incurred: Collection Agency (if any) Collector Address:	_____ _____ _____ _____ _____ _____ _____	Who owes the debt? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint with codebtor/cosigner: Codebtor Name: Address:

Part 4: Leases and Contracts

LIST ALL RENTAL AGREEMENTS.

RESIDENTIAL LEASES & RENTALS

Do you currently have a residential lease (i.e. Do you rent)? Yes. No. If yes:

Landlord Name:

Landlord Address, City, & State:

Lease Start Date: ___/___/___ End Date: ___/___/___ Monthly Payment: \$

Do you want to stay or move? Stay. Move.

VEHICLE & AUTOMOBILE LEASES

Do you currently have a vehicle *lease*? Yes. No. If yes:

Vehicle Year, Make, & Model:

Lessor Name: _____ Lessor Address, City, State:

Lease Start Date: ___/___/___ End Date: ___/___/___ Monthly Payment: \$

Do you want to keep this vehicle? Keep. Surrender.

OTHER LEASES & RENT-to-OWN Contracts

Do you currently have any other types of leases (i.e. Rental furniture, storage, etc.) Yes No. If yes:

Name of Lessor: _____ Lessor Address:

Lease Start Date: ___/___/___ End Date: ___/___/___ Monthly Payment: \$

Do you want to stay/keep or move/surrender? Stay/Keep. Move/Surrender.

Part 5: Your Income & Expenses

① DEPENDENTS & SUPPORT List all of your dependents and any income you receive for their care. No Dependents.

DEPENDENTS:	Relationship	Age	Lives with you?	Monthly Support	Spouse's dependent?
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ _____ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ _____ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ _____ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ _____ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.

② INCOME List the information regarding the source and amount of all of your income.

Your Employment information ↓		Your Spouse's Employment Information ↓	
Occupation:		Occupation:	
Primary Employer:		Primary Employer:	
Employer Address & Zip:		Employer Address & Zip:	
How Long at this job?		How Long at this job?	
Paid: <input type="checkbox"/> Hourly: \$ _____/hr. <input type="checkbox"/> Salary: \$ _____/yr.		Paid: <input type="checkbox"/> Hourly: \$ _____/hr. <input type="checkbox"/> Salary: \$ _____/yr.	
Your Other Sources of Income (Monthly): ↓		Your Spouse's Other Sources of Income (Monthly): ↓	
Business (profit & loss)	\$ _____	Business (profit & loss)	\$ _____
Investments:	\$ _____	Investments:	\$ _____
Child Support/Alimony	\$ _____	Child Support/Alimony	\$ _____
Unemployment	\$ _____	Unemployment	\$ _____
Social Security	\$ _____	Social Security:	\$ _____
Food Stamps	\$ _____	Food Stamps	\$ _____
Pension/Retirement:	\$ _____	Pension/Retirement:	\$ _____
Other: (explain)	\$ _____	Other: (explain)	\$ _____

⚠ You must provide income statements & pay stubs for the full 6 months prior to the date we file you. ⚠

③ EXPENSES List your average monthly Expenses. Do not list deductions from pay here.

EXPENSES (per month)	Your Expenses ↓	Spouse's ↓ (only if separate expenses)
Rent, Mortgage, Lot Rental, or Pad Fee	\$ _____	\$ _____
Real Estate Taxes (if not paid in mortgage)	Monthly: (Annual/12) = \$ _____	Monthly: (Annual/12) = \$ _____
Property/Rental Insurance (if not included)	\$ _____	\$ _____
Home Maintenance (repairs & upkeep)	\$ _____	\$ _____
Homeowner Association or Condo dues	\$ _____	\$ _____
Second mortgage / equity loan payments	\$ _____	\$ _____
Electricity, heat, & gas (monthly average)	\$ _____	\$ _____
Water, sewer, garbage collection	\$ _____	\$ _____
Telephone, cell phone, internet, cable	\$ _____	\$ _____
Alarm System	\$ _____	\$ _____
Food & housekeeping supplies (for family)	\$ _____	\$ _____
Childcare & Child education costs	\$ _____	\$ _____
Clothing, Laundry, & Dry Cleaning	\$ _____	\$ _____
Personal Care. (Hair, supplies, barber etc.)	\$ _____	\$ _____
Medical & Dental Expenses	\$ _____	\$ _____
Transportation (gas, bus, train, taxi, etc)	\$ _____	\$ _____
Entertainment, clubs, recreation, books, etc.	\$ _____	\$ _____
Charitable / Religious donations	\$ _____	\$ _____
Life Insurance (if not deducted from pay)	\$ _____	\$ _____
Health Insurance (if not deducted from pay)	\$ _____	\$ _____
Vehicle Insurance	\$ _____	\$ _____
Personal Property Tax	Monthly: (Annual/12) = \$ _____	Monthly: (Annual/12) = \$ _____
Auto Payments	\$ _____	\$ _____
<input type="checkbox"/> Alimony or <input type="checkbox"/> Child Support Payments	\$ _____	\$ _____
Payments supporting others	\$ _____	\$ _____
Other Expenses:	\$ _____	\$ _____

Part 6: Your Financial Affairs

ANSWER ALL THE QUESTIONS.

Pay close attention to time frames. Attach additional sheets if necessary.

1	What is your current marital status ?	<input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Married, but separated		
2	Have you moved in the last 3 years?	If yes, list prior addresses & dates moved: <input type="checkbox"/> Yes Address: _____ In: ___/___/___ Out ___/___/___ <input type="checkbox"/> No Address: _____ In: ___/___/___ Out ___/___/___		
3	Have you lived with a spouse in AZ, CA, ID, LA, NV, NM, PR, TX, WA or WI in the last 3 years ?	<input type="checkbox"/> Yes If yes, which state? _____ <input type="checkbox"/> No		
4	What is your total yearly income from a job or business from this year & the prior two years? • Use total year-to-date gross pay from all check stubs or business income and/or the gross income from tax returns.	Client Yearly Income ↓	Spousal Yearly Income ↓	
		This year: YTD income. \$ _____	This year: YTD income. \$ _____	
		Last Year: \$ _____	Last Year: \$ _____	
		Year before last: \$ _____	Year before last: \$ _____	
5	What is your total yearly income received from all other sources this year & the prior two years? • Specify the source(s) of income and list the total yearly gross amount . • Include all types of government assistance , SSI, disability, pension, retirement, unemployment, AFDC, child support, alimony, interest, winnings, etc. • Do not list amounts from a job or business listed in #4. • Your Tax Returns may not list all of these amounts.	Client Yearly Income ↓	Spousal Yearly Income ↓	
		Year to date income: \$ _____	Year to date income: \$ _____	
		Source: _____	Source: _____	
		Last Year Income: \$ _____	Last Year Income: \$ _____	
	Source: _____	Source: _____		
	Year before last income: \$ _____	Year before last income: \$ _____		
	Source: _____	Source: _____		
6	In the last 90 days , have you paid any creditor a total of \$600 or more? (or \$6,225 if business related)	If yes, how much paid: \$ _____ <input type="checkbox"/> Yes Creditor: _____ <input type="checkbox"/> No Address: _____ Pay Date: ___/___/___ Still Owe: \$ _____		
7	In the last year , did you repay any friends, family, or business partners?	If yes, how much paid: \$ _____ <input type="checkbox"/> Yes Name: _____ Relation: _____ <input type="checkbox"/> No Address: _____ Pay Date: ___/___/___ Still Owe: \$ _____		
8	In the last year , did you pay any bills for friends, family, or business partners? (including any debts cosigned by family or friends)	If yes, how much paid: \$ _____ <input type="checkbox"/> Yes Name: _____ Relation: _____ <input type="checkbox"/> No Address: _____ Date given: ___/___/___ Value: \$ _____		
9	In the last year , were you a party in any lawsuit or court action? i.e. Have you been sued? (Provide all court paperwork)	If yes, Case # _____. Parties: _____ v. _____ <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ Status: <input type="checkbox"/> Pending. <input type="checkbox"/> Won. <input type="checkbox"/> Lost.		
10	In the last year , have you been garnished or had property repossessed, foreclosed upon, levied, or seized ? (Provide additional details as necessary)	If yes, <input type="checkbox"/> Bank account levied. <input type="checkbox"/> Pay Garnished. <input type="checkbox"/> Real Estate Foreclosed. <input type="checkbox"/> Vehicle Repossessed. <input type="checkbox"/> Yes Date taken ___/___/___ Value: \$ _____ <input type="checkbox"/> No Creditor name: _____ Creditor address: _____		

11	In the last 90 days , has any creditor taken money from your accounts to pay a debt you owed them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Creditor name: _____ Creditor address: _____ Date offset ___/___/___ Value: \$ _____
12	In the last year , has any property been assigned to your creditors, the court, or custodian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who assigned: _____ Date assigned ___/___/___ Value: \$ _____
13	In the last 2 years , have you made a gift or contribution valued more than \$600 to any individual ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was given? _____ Given to: _____ Address: _____ Date given: ___/___/___ Value: \$ _____
14	In the last 2 years , have you made a gift or contribution valued more than \$600 to any charity ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was given? _____ Given to: _____ Address: _____ Date given: ___/___/___ Value: \$ _____
15	In the last year , did you lose anything because of theft, fire, other disaster, or gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What was lost: _____ <input type="checkbox"/> Fire. <input type="checkbox"/> Theft. <input type="checkbox"/> Gambling. <input type="checkbox"/> Other: Date lost: ___/___/___ Value: \$ _____ Insured? <input type="checkbox"/> Yes. <input type="checkbox"/> No. for how much \$ _____
16	In the last year , did you pay anyone (besides our firm) to assist with bankruptcy services ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Who: _____ Date paid ___/___/___ Amount: \$ _____
17	In the last year , did you pay anyone to help you deal with or make payments to creditors? (i.e. consolidation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Who: _____ Date paid ___/___/___ Amount: \$ _____
18	In the last 2 years , did you sell, trade, or transfer any property to anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was transferred? _____ Sold to: _____ Address: _____ Date sold: ___/___/___ Value: \$ _____
19	In the last 10 years , did you transfer any property into a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was transferred? _____ Trust Name & Location: _____ Date: ___/___/___ Value: \$ _____
20	In the last year , did you close, move, or transfer any bank accounts or other financial accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Bank Name? _____ Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Date closed: ___/___/___ Value: \$ _____
21	In the last year , did you have a safe deposit box ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Bank Name? _____ Address: _____ Contents: _____
22	In the last year , did you have a storage unit ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Storage Company? _____ Address: _____ Contents: _____
23	Are you holding, borrowing, or controlling any property owned by someone else ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what property? _____ Owner: _____ Address: _____ Relationship: _____ Value: \$ _____
24 26	Are you liable or potentially liable under or in violation of an environmental law ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe property, related hazard, and potential violations on a separate sheet.
27	In the last 4 years , have you owned a business or been a partner, officer, or >5% shareholder in any business? (use additional sheets if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name: _____ Nature of Business: _____ EIN: _____ Address: _____ Your relationship to business: _____ Dates operated: _____ to _____
28	In the last 2 years , have you given a financial statement to anyone regarding your business (if you have one)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who? _____ Date: ___/___/___ Address: _____

Part 7: Your Tax Refunds

Answer the following questions regarding the receipt and spending of your income tax refund.

1. Did you receive a refund on the **last taxes** you filed? **Yes.** If yes, answer the following: **No,** did not receive a refund.
 I am not required to file taxes.

2. What **tax year** did you receive this refund? _____

3. **Federal Refund** Amount: \$ _____. Married & filed *separately*? Refund for: Husband \$ _____ + Wife \$ _____

4. **State Refund** Amount: \$ _____. Married & filed *separately*? Refund for: Husband \$ _____ + Wife \$ _____

5. **How did you spend your tax refund?** Answering "bills" is not enough. The Bankruptcy Trustee will ask for details.

Description of Expenditure:	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

6. Using your refund, **did you repay family or friends?** (If yes, complete details below.) Yes. No.

Name _____ Relationship: _____ Amount: \$ _____

Name _____ Relationship: _____ Amount: \$ _____

The Bankruptcy Process ✓

1. Initial Consultation to Review Your Options

2. Provide Required Information

- Pay stubs & Income Statements from prior 6 months until filed,
- Income Tax Returns both Federal & State from prior 2 years,
- Information Workbook & Client Review Forms completed and signed,
- Credit Counseling Course must be completed,
- Remaining Attorney's Fees & Filing Fees if not already paid.

3. Signing Appointment with Attorney

4. Bankruptcy Case Filed with Court

- a. Creditors Notified of Bankruptcy
- b. Take Required Debtor's Education Course

5. Meeting of Creditors

- a. You must appear to confirm that your paperwork is accurate, to determine if you have any non-exempt property, and give the Trustee and creditors the opportunity to question you.

6. Confirmation Hearing & Repayment Plan (Chapter 13 Only)

- a. You do not need to appear at these hearings unless otherwise specified.
- b. Your first plan payment in a Chapter 13 Bankruptcy is due 30 days from the date of filing.

7. Bankruptcy is discharged 😊

Congrats! You successfully navigated the bankruptcy process and are ready to get a fresh start.

NOTES:

Please use this section to ask any questions or to include additional information you feel we should know

Forms & additional information available online: bktab.com/current-clients