

IMPORTANT

Instructions for Completing Client Information Form

This Questionnaire is designed to help facilitate your Bankruptcy Petition. If there are questions that do not apply, please state “N/A” to those questions. Attach additional pages if necessary. If you have any questions, do not hesitate to contact our office and we will be more than happy to answer them.

Complete Names and Mailing Addresses are Essential

Providing complete names and addresses for every debt (as well as the company collecting this debt [if applicable]) is *extremely important*. Without this crucial information, the creditor to whom you owe money cannot be properly notified by the court and the debt may not be eligible for discharge. If you fail to list ALL your creditors, the Court may deny the discharge of your debts and/or confirmation of your bankruptcy plan. The Court may deny you the ability to re-file. Provide copies of the most recent statements of your debts.

Other Areas to Pay Attention To:

- Be sure all company names are spelled out (for example, “Home Security Bank” instead of “HSB”).
- Make sure the street address is legible and any abbreviations are spelled out.
- Make sure the city, state and zip code are included for all addresses. If the zip code is not known, it can be obtained at www.usps.com
- Make sure all information for each creditor is complete. Every piece of this information is important in the preparation of a bankruptcy petition. If you do not know the exact date you made a debt, or charged an account, a “year” is sufficient. The “year” can be within a 2-year time frame. Not providing dates or years will delay the processing of your petition as we must contact you to obtain the information.
- For the “last date charged on this account” line, do **not** provide the last date you received a statement. We are only interested in the last date you *actually made a purchase* using this particular charge account.

Income Information Page

Year-to-date income and income for various time periods is required. Your year-to-date income should appear on your most recent paycheck stub. However, if you have had more than one employer this year, you will need to provide us with the TOTAL amount of income you made working for ALL employers.

In addition, if you receive (or have received) another type of income (rental income, child support, unemployment, social security, pension, etc.) within the past 2 years, we will need that information.

Statement of Affairs

Make sure that every question is answered with either a “Yes” or “No” on the Statement of Affairs pages. These pages serve as a written statement concerning your current financial condition. If a question is left unanswered, you will need to provide a written statement that specifically answers this question before your petition can be finalized.

In addition, if any questions on the Statement of Affairs page is answered “Yes,” make sure you fill in all the information needed to complete that answer on the lines provided. For instance, if you check “Yes” to the item referring to previous addresses, it is essential to include the city, state and zip code of these previous addresses. Or, if a car has been repossessed, don’t just refer to it as a “car” but provide the make, model and year. Feel free to turn the page over and write more information on back. The details you provide at this stage will greatly increase the turnaround time for completing your petition.

Motor Vehicles

Remember to ALWAYS provide the make, model, style and year of your motor vehicle. We must obtain the market value of all motor vehicles from the Kelly Blue Book for the bankruptcy court and we need all the information on the vehicle, including mileage, to obtain the correct market value. Example: a 2003 Ford should be - 2003 Ford Mustang SVT Cobra with 50,455 miles in good condition, or 1997 Ford F-150 Super Cab with 75,250 miles in poor working condition with dents in the exterior. Simply writing the word "car" is not sufficient. Also, if the vehicle is in need of repairs, we will need a written estimate for the repairs.

Court Documents

If you have been involved in a court proceeding of any type within the past 12 months, including a foreclosure, wage garnishment, traffic tickets, other fines, lawsuits, judgments or debt collection, etc., we need to know the following information, which can be obtained directly from the court pleading you received:

- Court Hearing (example: John Doe, Plaintiff – vs. Jane Doe, Defendant)
- Case Number
- Name and address of court where document was filed
- Date document was filed with the court
- Names and complete addresses of any attorneys or parties involved with the case (including the Plaintiff)
- Current status – has a hearing already taken place? If so, what was the result? If the hearing has not taken place and a decision has not been reached, provide the date of the court hearing and indicate that the case is still "pending."

You may find it easier to make a copy of the court documents and include them with your Client Information Forms. (All court documents you send with your petition will be returned.)

Full Disclosure

Remember that Bankruptcy Petitions are sworn under penalty of perjury and require full disclosure of all assets, liabilities and creditors. Even loans to a relative or a member of your immediate family (or who is a partner, ex-spouse, close friend, etc.) must be fully disclosed.

Please note that the following information is REQUIRED in preparation of your petition in addition to, and/or accompanying the completed Client Information package. Please bring this information to your scheduled appointment.

1. Current personal information. Please provide current phone numbers and addresses where you can be reached during the Bankruptcy process. If any of this information changes, please contact us as soon as possible to update your information.
2. A copy of your social security card and drivers license.
3. A copy of any deeds for any real estate owned by you or in which you have had any interest in within the last 3 years.
4. Registration titles for any vehicles, boats, trailers, mobile homes or any other personal property that is titled.
5. Pay stubs for the last 6 months.
6. Copies of your 2007, 2008, and 2009 tax returns.
7. Statements from your creditors
8. Bank statements for the past 3 months
9. Statements from all retirement and non-retirement accounts, such as 401-K's, IRA's, mutual funds, etc.
10. Settlement (HUD) statements and deeds for all real estate sold or transferred within one year.

Do not hesitate to call or email us if you have any questions whatsoever concerning your Client Information Forms. Thank you for your cooperation in accurately completing these forms.

GENERAL INFORMATION

Please fill out **ALL** the information requested in these forms. If a question or section does **NOT** apply to you, write "N/A" in the space. (N/A means "not applicable.")

First Name	Middle (spell out)	Last
Social Security Number		Date of Birth (Month, Day, Year)
Street Address		
City	State	Zip
County	Length of Time at This Address	
Home Phone		Other Phone
Email address:		
MAILING ADDRESS – If you would like any correspondence by the bankruptcy court to be sent to a different mailing address than provided above (i.e., P. O. Box, etc.), please provide that address: _____ _____		

SPOUSE, First Name	Middle (spell out)	Last
Social Security Number		Date of Birth
Address (if living separately)		
City	State	Zip

Have you resided in the same state for at least three (3) years? Yes No
 If not, where have you resided? _____

Are you filing this bankruptcy petition with your spouse? Yes No
 If "no" please check one: pending divorce Unmarried Spouse filing separately Other Reason

Have you filed bankruptcy within the last eight (8) years? Yes No
 If "yes" provide date(s): _____
 Date bankruptcy was dismissed/discharged: _____

DEPENDENTS			
Name	Age	Relationship to You	Is this person/child living with you?
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME INFORMATION

Are you a disabled veteran with debts incurred primarily during active duty or homeland defense? (If yes, Means Test does not apply)

Yes No

Do you receive Social Security Disability Income? (If yes, Means Test does not apply)

Yes No

Please provide copies of payroll statements for the past 6 months. Also provide copies of tax returns for 2007, 2008 and 2009. It is very important that you provide income information for both husband and wife, even if one spouse is not included in the bankruptcy. If separated, then provide info only for the months lived together.

Wages

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

YTD 2010 \$ _____ Employer _____ Dates Employed _____
 2009 Income \$ _____ Employer _____ Dates Employed _____
 2008 Income \$ _____ Employer _____ Dates Employed _____

Have you received income from the operation of a business, profession or farm during the last 6 months?

Yes No

If yes, provide monthly income

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

YTD 2010 \$ _____
 2009 Income \$ _____
 2008 Income \$ _____

Have you received income from rents and other property income?

Yes No

If yes, provide monthly income

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

YTD 2010 \$ _____
 2009 Income \$ _____
 2008 Income \$ _____

Have you received interest income, dividends or royalties during the past 6 months?

Yes No

If yes, provide monthly income

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

YTD 2010 \$ _____
 2009 Income \$ _____
 2008 Income \$ _____

Have you received pension and retirement income during the past 6 months?

Yes No

If yes, provide monthly income

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

YTD 2010 \$ _____
 2009 Income \$ _____
 2008 Income \$ _____

Have you received income during the past 6 months from others who are not filing bankruptcy with you but who contribute money to the household expenses?

Yes No

If yes, provide monthly income

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

YTD 2010 \$ _____
 2009 Income \$ _____
 2008 Income \$ _____

Have you received unemployment compensation during the past 6 months?

Yes No

If yes, provide monthly income

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

YTD 2010 \$ _____
 2009 Income \$ _____
 2008 Income \$ _____

OTHER INFORMATION

Have either you or your spouse been known by any other name during the past 8 years? Yes No
(Example: maiden name, last name from previous marriage, legal name change, etc.)

If yes, write the **NAME KNOWN AS** and **DATE(S) THIS NAME WAS USED** below:

Name Used _____

Name Used _____

Please tell us the reason you are filing bankruptcy at this time.

Has your income significantly increased or decreased during the past six (6) months? If so, please provide details.

REAL ESTATE

(Use additional pages for every separate piece of real estate that you own.)

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

PLEASE PROVIDE A COPY OF YOUR WARRANTY DEED/QUIT CLAIM DEED AND THE HUD SETTLEMENT STATEMENT.

Check the type of real estate your own: House Condominium Vacant Lot Other

Name(s) on Deed _____

Address of Real Estate _____

Description of Real Estate: (example: 1,250 square foot home with 2 bedrooms, 2 baths, attached 2-car garage situated on 2 acres of ground with outbuildings) _____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date mortgage obtained _____

What are the monthly payments? _____ What is the pay-off amount of this mortgage? _____

Are you behind in payments? Yes No If yes, what how much? _____

What interest rate do you pay? _____% Present Market Value _____

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

HOA Dues? _____ Paid Monthly Quarterly Annually Are they current? Yes No

CCD Fees? _____ Paid Monthly Quarterly Annually Are they current? Yes No

Do you intend to keep or surrender this home? KEEP SURRENDER

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date mortgage obtained _____

What are the monthly payments? _____ What is the pay-off amount of this mortgage? _____

Are you behind in payments? Yes No If yes, how much? _____

What interest rate do you pay? _____%

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector _____

Address _____

City _____ State _____ Zip _____

Is this real estate in the process of foreclosure action? Yes No

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

MOBILE HOME

(Use additional pages for every mobile home that you own.)

PLEASE PROVIDE A COPY OF THE TITLE TO YOUR MOBILE HOME AND IF YOU OWN THE LAND PROVIDE A COPY OF THE WARRANTY DEED.

Name(s) on Title _____

Address of Mobile Home _____

Are the wheels completely removed from your mobile home and is it attached to the ground? Yes No

Does your mobile home sit in a mobile home park? Yes No What is the monthly lot rent? _____

Does your mobile home sit on land you own? Yes No Size of land _____

Do you make separate payments for the land your mobile home sits on? Yes No

If so, explain: _____

If you own the land free and clear, what is the resale value of this land? _____

Description of Mobile Home: (example, 28X40 doublewide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park) _____

Name of Mortgage Company _____

Address of Mortgage Company _____

City _____ State _____ Zip _____

Account Number _____ Date mortgage obtained _____

What are the monthly payments? _____ What is the pay-off amount of this mortgage? _____

Are you behind in payments? Yes No If yes, how much? _____

What interest rate do you pay? _____% What is the Present Market Value _____

What year was your mobile home last appraised? _____ What was the appraised value? _____

Do you intend to keep or surrender this home? KEEP SURRENDER

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date mortgage obtained _____

What are the monthly payments? _____ What is the pay-off amount of this mortgage? _____

Are you behind in payments? Yes No

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

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector _____

Address _____

City _____ State _____ Zip _____

Is this real estate in the process of foreclosure action? Yes No

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

PERSONAL PROPERTY

Do you have any checking or savings account(s) at this time?

Yes No

Name of bank _____

Address of bank _____

City _____ State _____ Zip _____

Type of account: Checking Savings Both

Name(s) on the account _____

Account number for checking _____ Present balance _____

Account number for savings (if applicable) _____ Present balance _____

Name of second bank (if applicable) _____

Address of bank _____

City _____ State _____ Zip _____

Type of account: Checking Savings Both

Name(s) on the account _____

Account number _____ Present balance _____

YOUR HOUSEHOLD INVENTORY

Please provide **Yard Sale Value** for each item, not replacement value.

Living/Family Room(s)	Value of each item					Total Value
	1	2	3	4	5	
Couch(es)						
Bookcase(s)						
Desk(s)						
Chair(s)						
Table(s)						
Lamp(s)						
Radio/Stereo(s)						
Television(s)						
Stereo(s)						
VCR/DVD Player(s)						
DVD's/Video Cassettes						
Playstations						
Gamecube						
X-Box						
Video Games						
Pictures						
Other:						

	Value of each item					
Dining Room	1	2	3	4	5	Total Value
Table(s)						
Chair(s)						
Lamp(s)						
China Closet(s)						
China						
Silverware						
Pictures						
Other						

	Value of each item					
Bedrooms	1	2	3	4	5	Total Value
Bed(s)						
Chair(s)						
Dresser(s)						
Chest(s) of Drawers						
Desk(s)						
Mirror(s)						
Lamp(s)						
Pictures						
Other						

	Value of each item					
Kitchen	1	2	3	4	5	Total Value
Table(s)						
Chair(s)						
Microwave(s)						
Refrigerator(s)						
Dishwasher						
Stove(s)						
Dishes						
Cookware						
Flatware						
Utensils						
Clothes Washer(s)						
Dryer(s)						
Other:						

Other Items	Value of each item					Total Value
	1	2	3	4	5	
Decorative Clocks						
Decorative Pillows						
Decorative Paintings						
Area Rugs						
Collectibles (describe):						
Computers						
Printers						
Fax Machines						
Scanners						
Radio(s)						
Stereo(s)						
Chair(s)						
Game Table(s)						
Sewing Machine(s)						
Vacuum Cleaner(s)						
Window Air Condition(s)						
Desk(s)						
Tool(s)						
Lawn Mower(s)						
Other:						

Please provide **Yard Sale Value** of the following items you own:

Clothing (please disclose some value, even if it is minimal):

Males (shirts, pants, suits, ties, hats, sweaters, jackets, shoes, undergarments, etc.) \$ _____

Females (shirts, pants, suits, dresses, hats, sweaters, jackets, shoes, undergarments, etc.) \$ _____

Yard Sale Value

Fine Jewelry (describe, watches, wedding rings, etc.)

Costume Jewelry (describe, watches, inexpensive necklaces, earrings, etc.)

Carpenter Tools (describe) _____

Mechanics Tools (describe) _____

Firearms, sports, photographic and other hobby equipment:

Description _____

Description _____

Yard Sale Value

Boats/Trailers - please provide copy of title and registration (describe)

Campers (describe) _____

Do you have any life insurance?

Yes No

(If yes, request a Statement of Cash Value from your insurance company and provide a copy of the policy)

Name of Insurance Company _____

Address: _____

Who is the beneficiary? _____ Relationship _____

Is this a Whole Life or Term Policy? Whole Life Term Cash Value: _____

Name of Insurance Company _____

Address: _____

Who is the beneficiary? _____ Relationship _____

Is this a Whole Life or Term Policy? Whole Life Term Cash Value: _____

Do you have any annuities?

Yes No

Company Name _____

City _____ State _____ Zip _____

Current Value _____

Do you have any stocks?

Yes No

Stock Name	# of Shares	Current Value	
		Per Share	Total Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any bonds, including savings bonds, mutual funds or investment funds?

Yes No

What Kind: _____ How Many: _____ Current Value _____

What Kind: _____ How Many: _____ Current Value _____

Do you or your spouse participate in a retirement, 401K or pension plan?

Yes No

Type of pension plan (i.e., 401K, PERS, etc.) _____

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

Have you set up your own separate retirement plan not provided by employer?

Yes No

Name of Financial Institution (if applicable) _____

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

Will you be receiving retirement benefits from a previous employer within the next six (6) months?

Yes No

Date you expect to start receiving retirement benefits _____

Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business) within the past eight (8) years?

Yes No

Name of business _____

Business address _____

City _____ State _____ Zip _____

Type of business (what type of products were sold)? _____

Date business began _____ Date business ended _____

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

What were your net profits for this year? _____ Last year? _____ 2 years ago? _____

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

Did you receive a TAX REFUND this year?

Yes No

Amount of refund _____

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

MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, motor home, boats, trailers, campers, etc. that are TITLED IN YOUR (OR YOUR SPOUSE'S) NAME. Use more sheets if you own more than 2 vehicles.

Type: Automobile Truck Motorcycle Motor Home Other: _____

Year _____ Make _____ Model _____ Style (GT, LS) _____

2 dr 4 dr Other Color _____

Describe condition of car (scratches, dents, engine, etc.) _____

If repairs are needed, please provide written estimate from repair shop. Mileage _____

Name(s) on vehicle title _____

Is vehicle leased? Yes No Please provide payoff amount \$ _____

Name of company you make payments to for this vehicle _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Loan Established _____

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

What is the "pay off" amount on this vehicle? _____ Do you intend to: Keep Surrender

How many months remaining for payment on this vehicle? _____

Have you gone to a loan company and listed this vehicle as collateral for a personal loan? Yes No

If so, name and address of loan company _____

Type: Automobile Truck Motorcycle Motor Home Other: _____

Year _____ Make _____ Model _____ Style (GT, LS) _____

2 dr 4 dr Other Color _____

Describe condition of car (scratches, dents, engine, etc.) _____

If repairs are needed, please provide written estimate from repair shop. Mileage _____

Name(s) on vehicle title _____

Is vehicle leased? Yes No If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Loan Established _____

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

What is the "pay off" amount on this vehicle? _____ Do you intend to: Keep Surrender

How many months remaining for payment on this vehicle? _____

Have you gone to a loan company and listed this vehicle as collateral for a personal loan? Yes No

If so, name and address of loan company _____

CONTRACTS & LEASES

List all contracts or leases which you have.

Residential Leases that have been broken

Name of Landlord _____
Address: _____
City _____ State _____ Zip _____
Terms of Contract: _____ Account No. _____

Other (Cell Phone, etc.)

Name of Creditor _____
Address: _____
City _____ State _____ Zip _____
Terms of Contract: _____ Account No. _____
Intention: KEEP (Assume) SURRENDER

Other (Cell Phone, etc.)

Name of Creditor _____
Address: _____
City _____ State _____ Zip _____
Terms of Contract: _____ Account No. _____
Intention: KEEP (Assume) SURRENDER

Vehicle Leases

Name of Leasing Company _____
Address: _____
City _____ State _____ Zip _____
Terms of Contract: _____ Account No. _____
Intention: KEEP (Assume) SURRENDER
How many months remain for payment on this vehicle? _____

Vehicle Leases

Name of Leasing Company _____
Address: _____
City _____ State _____ Zip _____
Terms of Contract: _____ Account No. _____
Intention: KEEP (Assume) SURRENDER
How many months remain for payment on this vehicle? _____

**If you have more contracts, list the same information above on the BACK of this page.

DEBT SHEET

- USE MORE PAGES IF NEEDED.
- LIST ALL DEBTS, INCLUDING LOANS FROM RELATIVES

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount of this debt _____ Account No.: _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE BOTH OTHER _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No.: _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE BOTH OTHER _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No.: _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE BOTH OTHER _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No.: _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE BOTH OTHER _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

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Total amount you owe on this debt _____ Account No.: _____
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Address _____
City _____ State _____ Zip _____

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Who is financially responsible for this debt? HUSBAND WIFE BOTH OTHER _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No.: _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE BOTH OTHER _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No.: _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
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Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
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If this debt is for a credit card, what date (or year) did you last make a purchase _____
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Has this debt been turned over to a collection agency? Yes No
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Address _____
City _____ State _____ Zip _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No.: _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE BOTH OTHER _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Account No.: _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who is financially responsible for this debt? HUSBAND WIFE BOTH OTHER _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

SELF-EMPLOYED BUSINESS OWNERS

If you have been self-employed during the past 12 months, list below the **average** income and expenses your business generated for an **average** month. If your business income has extreme highs and lows, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method for determining your average monthly expenses and enter those figures into the spaces below:

Average monthly business income \$ _____

Did you withhold any earnings for tax purposes? Yes No

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

Have you paid that tax to the IRS? Yes No

Average monthly business expenses (if applicable)

Rent and utilities \$ _____

Office supplies \$ _____

Product supplies \$ _____

Wages \$ _____

Equipment leases \$ _____

Other business leases \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Average Monthly Income \$ _____

Total Average Monthly Expenses \$ _____

Average Monthly Business Profit \$ _____

Did you file income taxes each year you operated your business? Yes No

If not, what years did you **NOT** file taxes? _____

MONTHLY BUDGET

It is necessary to determine how much you spend each month on living expenses. Write in the MONTHLY (not yearly) amounts in the spaces for each expenditure. For utilities, your bill may be higher in the summer months than in the winter months, so write an amount that is "average" covering the whole 12 month period.

Housing Expenses

Rent (if you do not own your home) \$ _____
 First mortgage payment or mobile home monthly payment \$ _____
 Second mortgage (if applicable) \$ _____
 Lot payment (if applicable) \$ _____
 Are real estate **taxes** included in your mortgage payment? Yes No
 Taxes not included in house payment \$ _____
 Is your home **insurance** included in your mortgage payment? Yes No
 Insurance not included in house payment \$ _____
 HOA/CDD Dues \$ _____

Utilities (normal monthly average)

Electricity and gas \$ _____
 Water \$ _____
 Telephone (basic service) \$ _____
 Cable \$ _____
 Cell Phones \$ _____

Basic Needs

Home maintenance (home owners) \$ _____
 Food (monthly) \$ _____
 Clothing (monthly expense) \$ _____
 Laundry, dry cleaning, soap, etc. \$ _____
 Newspapers, magazines, books \$ _____
 Medical expenses **not** paid by insurance \$ _____

Transportation

Car Payments \$ _____
 Gasoline/auto maintenance \$ _____
 Recreation, entertainment \$ _____

Insurance

Renters insurance \$ _____
 Life insurance (other than employer) \$ _____
 Health insurance (other than employer) \$ _____
 Automobile insurance \$ _____
 Other insurance \$ _____

Taxes

Are any other taxes deducted from your wages? If so, what type of taxes are they? \$ _____

Installment Payments:

Describe: _____ \$ _____
 Describe: _____ \$ _____
 Describe: _____ \$ _____
 Describe: _____ \$ _____

Other Expenses

Charitable giving (if claimed on taxes) \$ _____
 Alimony or child support \$ _____
 Payments for someone outside your home \$ _____
 Union dues (not payroll deducted) \$ _____
 Professional dues (not payroll deducted) \$ _____
 Child care expenses – receipts required \$ _____
 Babysitter/day care expenses – receipts required \$ _____
 School expenses – receipts required \$ _____
 College tuition (not loans) \$ _____
 Student loan repayment \$ _____
 Personal care items \$ _____
 IRS Repayment \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Use the space below to describe any additional monthly expenses that you must pay out of your pocket that are not covered here. Explain the type of expense, amount of expense and how long you will continue to have this expense:

STATEMENT OF AFFAIRS

The following pages contain **IMPORTANT QUESTIONS**, many of which you will be asked by the Trustee when you attend your first hearing. Please take your time to thoroughly go through every question and provide as much detail as possible to the questions answered "Yes".

Do you pay Homeowners Association or Condominium Dues?

Yes No

Name of Association _____

City _____ State _____ Zip _____

How often to you pay these dues? Monthly Quarterly Annually

How much do you pay? _____ When was the last payment made? _____

Are you delinquent in your Association Dues? Yes No If so, how much? _____

Do you share the ownership of any real property with another person, such as a co-tenancy or joint tenancy? (This does not apply to your spouse.)

Yes No

Name of person _____

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

Yes No

If so, provide details _____

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

Yes No

Year, make, model of vehicle _____

Whose name is on the motor vehicle title? _____

Address _____

City _____ State _____ Zip _____

What is this person's relationship to you? _____

Do you own or are you buying any tools or equipment that you use for your work?

Yes No

Description of item(s): _____

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

If making payments, who do you pay? _____

MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.

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

Yes No

Name of bank _____

Address of bank _____

City _____ State _____ Zip _____

Account number _____ Date closed _____ Name on account _____

Did you owe a balance when you closed this account? Yes No Balance owed: _____

If you did not owe a balance when you closed this account, how much money did you receive? _____

Do you or have you rented a safe deposit box during the past two (2) years?

Yes No

Name of financial institution _____

Address _____

City _____ State _____ Zip _____

What are the contents of the safe deposit box? _____

What monthly amount do you pay for rental of this deposit box? _____

If you no longer have the safe deposit box, what date/year did you surrender it? _____

If you transferred the safe deposit box, who did you transfer it to? _____

Do you have a roommate/relative that pays part of your living expenses?

Yes No

Name of roommate or relative _____ Relationship? _____

What expenses do they pay? _____

What is the total amount they contribute on a monthly basis to your living expenses? _____

How long have they been paying this amount? From _____ To _____

Do relatives or other parties help to pay part or all of your month expenses?

Yes No

Name of relatives providing additional support _____

Relationship of this relative to you _____

What is the total amount they contribute on a monthly basis for your living expenses? _____

How long have they been paying this amount? From _____ To _____

Are you currently attending college?

Yes No

Name of college _____

Anticipated graduation date _____ Course of Study _____

Do you have a student loan?

Yes No

Name of institution you will make payments to _____

Address _____

City _____ State _____ Zip _____

Date student loan first obtained _____ Date payment is/was to begin _____

Total amount to pay off student loan _____ Average monthly payment _____

Do you currently owe any fines (includes parking tickets, moving violations, etc.)

Yes No

Name of court you owe fines to _____

Address _____

City _____ State _____ Zip _____

Date of occurrence _____ Amount owed _____

Case number assigned by court _____ Name of party Husband Wife Other

What was the fine for? _____

If you pay child support, are you currently behind in payments?

Yes No

Please provide copy of court orders.

Name of person/agency you pay child support to _____

Address _____

City _____ State _____ Zip _____

What is the total amount you owe in back child support? _____

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

If so, what are the payment arrangements? _____

Over the last year, have you, your children or your spouse been involved in an accident where someone was hurt, for example, a car accident?

Yes No

Date accident occurred _____ Who was at fault? _____

Who was involved in the accident? _____

Was any insurance money received? Yes No If so, how much? _____

Are you the beneficiary of a trust fund?

Yes No

What is the amount of the trust fund? _____ Name of trust fund owner _____

Relationship to you _____ When will you have access to this trust fund? _____

In the near future, do you expect to settle, win or begin a case for personal injury?

Yes No

How much do you expect to receive? _____ Date you expect to receive this money _____

Provide details about this personal injury claim _____

Name of attorney or law firm handling this claim _____

Have you made any payments on your loans or bills other than regular payments?

This includes catch-up payments, or money borrowed to pay any of these loans?

Yes No

Name of creditor you paid _____

Date paid _____ Amount paid _____ Current balance due _____

Name of creditor you paid _____

Date paid _____ Amount paid _____ Current balance due _____

Are there any lawsuits pending against you?

Yes No

Name of party suing you (Plaintiff) _____

Case number _____ Date lawsuit filed _____

Type of lawsuit from court pleading (Complaint, Summons, etc.) _____

Attorney for the plaintiff (found on court pleading): _____

Address _____

City _____ State _____ Zip _____

Court where lawsuit was filed (at the top of the pleading) _____

Address _____

City _____ State _____ Zip _____

If lawsuit is LESS THAN 1 YEAR OLD, please make a copy and attach.

Have your wages or property been garnisheed or attached? Yes No
Who garnisheed your wages or attached your property? _____
What item did they possess (if car, provide the year, make, model)? _____
How much money do they take from your paycheck? _____ How often is this deducted? _____

Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller? Yes No
What property did you turn over to a receiver? _____
When and where did this take place? _____

Is any of your property in receivership or other legal custody? Yes No
When did you file your receivership? _____
In what court was this done? _____

Have you made any gifts to friends or relatives? Yes No
What gifts or transfers have you made? _____
Who did you give the gift to? _____
What date/year did you make the gift? _____ What is the approximate value? _____

Have you transferred any money or property to family members or friends or paid them any money on debts you might owe them? Yes No
Type of property transferred _____
What date/year was it transferred? _____ What is the approximate value? _____

Have you had any unusual losses, such a fire, theft, gambling or otherwise? Yes No
Type of loss Fire Theft Gambling Other: _____
What item(s) or amount of money was lost? _____
What date/year was it lost? _____ Amount insurance paid _____

Have you had any losses covered by insurance? Yes No
Describe loss: _____
Date/year of loss _____ Amount insurance paid _____

Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service? Yes No
Name of attorney or service _____
Address _____
City _____ State _____ Zip _____
Consultation date _____ Total paid for service _____

Have you filed any bankruptcy within the last eight (8) years?

Yes No

Did you file a Chapter 7, Chapter 13, or a Chapter 11? _____

Date your bankruptcy was filed _____ City, State filed _____

Name(s) of persons who filed _____

Was the case discharged? Yes No Case number _____

Is anyone holding property that belongs to you?

Yes No

Item(s) in someone else's possession that belong to you _____

Name of person holding these items _____

Address _____

City _____ State _____ Zip _____

Besides your current address, have you lived at any other addresses within the past two (2) years?

Yes No

Previous address _____

City _____ State _____ Zip _____

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

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

Previous address _____

City _____ State _____ Zip _____

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

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

Previous address _____

City _____ State _____ Zip _____

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

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

Have you ever provided a notice to any governmental unit of a Release of Hazardous Materials? Yes No

If so, list the name and address of every site for which you have provided notice to a governmental unit of a release of hazardous material. Indicate the governmental unit to which to notice was sent and the date of the notice.

Name/Address of Site _____

Governmental Unit Notice Sent To _____

Date Notice Sent to Governmental Unit _____

During the past two (2) years, have either you or your spouse had any other income source outside normal pay from your employer (includes flea market dealers)?

Yes No

Income this year _____ Last year _____ 2 years ago _____

VERIFICATION OF INFORMATION

By signing below, I state that all the information provided in this Client Information Form is true, accurate and complete to the best of my (our) knowledge.

Signature of Debtor #1

Signature of Debtor #2

Date _____

Date _____

FINAL CHECKLIST

Please deliver the following items to your Attorney:

- _____ Copy of drivers license and Social Security card for each filer.
 - _____ Client Information pages with signed Verification of Information
 - _____ Certificate(s) of Credit Counseling
 - _____ Copies of pay stubs for the six (6) months prior to the filing date, ending on the last day of the month before filing. **This includes pay information for your spouse even if he or she is not filing bankruptcy. Furthermore, after your case is filed, we will need pay information for both spouses up to the date of filing.**
 - _____ Copies of documentation of any other income for the six calendar months prior to the filing date including income from the operation of a business, profession or farm, rental income, interest, dividends, royalties, pension and retirement income, child support, spousal support, and/or unemployment compensation. **This includes pay information for your spouse even if he or she is not filing bankruptcy. Furthermore, after your case is filed, we will need pay information for both spouses up to the date of filing.**
 - _____ Copies of only your **most recent** invoice for mortgages and motor vehicle loans or leases.
 - _____ Copy of any appraisals, market analysis or assessments for all Real Estate, if any.
 - _____ Copies of Titles (in your possession) and/or Registrations for all vehicles, boats, trailers, or other personal property that is titled.
 - _____ Copies of the last 2 statements for all retirement accounts, including 401(k) plans, IRAs, etc. **If** the type of account is not evident from reviewing the statement, the plan documents describing the type of plan involved are required to be provided.
 - _____ Copies of **most recent whole life** insurance policy statements of account for each policy owned by each debtor.
 - _____ Copies of complete federal and state (if any) tax returns for the last 2 years returns were filed and the pending prior years' tax return.
 - _____ Copies of all checking, saving, brokerage, money market, mutual funds or other non-retirement account statements or online transaction printouts for the 3 months prior to the month of filing bankruptcy. After your case if filed, we will need copies of statements or online transaction print outs up to the date of filing.
 - _____ Copies of written payoff statements reflecting the balance owed for all vehicles, boats, trailers, or other real or personal property, including homestead property. The payoff **MUST** be in writing and prepared by the creditor.
-

- _____ Copies of Deeds to all parcels of real estate owned by the debtor, or in which the debtor had any kind of interest in within 1215 days of the filing date together with closing statements for purchase of the real estate.
 - _____ Copies of closing statements and deeds for all real estate sold or transferred within two years before the filing date.
 - _____ If the veteran's exemption is applied, form DD-214.
 - _____ Copies of proof of special expenses claimed, if any (e.g. school, food, and clothing expense receipts) under the Means Testing provision.
-