

## **DOCUMENTS WE MUST HAVE BEFORE YOUR BANKRUPTCY CAN BE FILED:**

### **ALL CLIENTS WILL NEED TO PROVIDE:**

- Fully completed & signed **Follow-Up Financial Questionnaire** - AND - fully completed & signed **Debt Sheets** with complete address and account # for EVERY creditor listed
- COPIES** of your Federal and State income tax returns (**INCLUDING W2's**) for 2014, 2015, and 2016. (Please re-sign them in blue ink.)
- COPIES** of pay stubs from all jobs (full & part-time) for past eight (8) months and/or proof of other income such as child support, pension disbursements, etc.  
**NOTE:** In addition, you are REQUIRED to provide proof of income, from all sources, up to day your case is filed.  
**NOTE:** If married, but filing "single", must provide for non-filing spouse  
**NOTE:** If you are self-employed, bring a current profit-and-loss statement for the past year
- COPIES** of statements for past three (3) months from your credit union, bank, stock broker, or any other financial institution with whom you have an acct  
**NOTE:** In addition, you are REQUIRED to provide these statements, from all sources, up to day your case is filed.
- COPY** of your Driver's License and **COPY** of your Soc Sec Card (plan to bring your originals to your Court hearing)
- PLEASE PROVIDE** copy of **CREDIT COUNSELING CERTIFICATE**, once completed

### **IF YOU OWN AN AUTOMOBILE OUTRIGHT (NO LIEN), PLEASE PROVIDE A COPY OF THE AUTO TITLE; HOWEVER, IF YOU ARE PURCHASING AN AUTOMOBILE, PLEASE PROVIDE:**

- COPY** of the financing agreement for any vehicle you are purchasing along with proof of auto insurance

### **IF YOU OWN ANY TYPE OF REAL ESTATE (NO MORTGAGE OR LIEN), PLEASE PROVIDE A COPY OF THE DEED OR MORTGAGE; HOWEVER, IF YOU ARE PURCHASING ANY TYPE OF REAL ESTATE, PLEASE PROVIDE:**

- COPY** of the monthly mortgage statement or payment coupon, deed, and actual mortgage documents along with proof of homeowner's insurance
- COPY** of comparative market analysis and real estate tax assessments of all parcels of real estate in which you are listed on tax records or deeds  
**NOTE:** Any appraisals or CMAs done in the past two (2) years are acceptable

### **IF YOU ARE CURRENTLY BEING SUED, PLEASE PROVIDE:**

- COPY** of any lawsuit/court document (Be sure to list on debt sheets with all info!)

### **IF YOU HAVE BEEN DIVORCED AND/OR PAY CHILD SUPPORT, PLEASE PROVIDE:**

- COPY** of your divorce decree, or any other Court Order requiring you to pay child support, alimony, and/or maintenance

# FOLLOW-UP FINANCIAL QUESTIONNAIRE

Date Filled Out: \_\_\_\_\_

## **PERSONAL INFORMATION:**

### **DEBTOR 1**

Your FULL Name: \_\_\_\_\_  
**First** **Middle** **Last**

Other Names used in the last eight (8) years: \_\_\_\_\_  
(Include prior married names and/or maiden names)

Your Soc Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **DEBTOR 2** (if applicable)

Spouse's FULL Name: \_\_\_\_\_  
**First** **Middle** **Last**

Other Names used in the last eight (8) years: \_\_\_\_\_  
(Include prior married names and/or maiden names)

Your Soc Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you used any business names or Employer Identification Numbers in the last eight (8) years? **check (√)** No Yes

If you answered **Yes**, please provide business name and EIN:  
# \_\_\_\_\_ - \_\_\_\_\_

Where do you currently reside:

Complete Street Address: \_\_\_\_\_

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

County of Residence: \_\_\_\_\_

If you have a different mailing address, please note below:

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

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

Have you lived at the above address for at least 6 months? **check (√)** No Yes

Have you lived at the above address for at least 2 years? **check (√)** No Yes

If you answered **No** to either of the questions above, please note your previous address:

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

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

County: \_\_\_\_\_

Have you filed for bankruptcy in the last eight (8) years?

check (✓)    No    Yes

If Yes: State Name \_\_\_\_\_ Court District \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Case Number: \_\_\_\_\_ **ATTORNEY USE ONLY:** Is Motion to Extend Automatic Stay needed?)

Are any bankruptcy cases currently pending against you, your business, your spouse, or your spouse's business?

check (✓)    No    Yes

If Yes: State Name \_\_\_\_\_ Court District \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Case Number: \_\_\_\_\_ **ATTORNEY USE ONLY:** Is Motion to Extend Automatic Stay needed?)

Do you rent your residence?    check (✓)    No    Yes

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?    check (✓)    No    Yes

If Yes: State Name \_\_\_\_\_ Court District \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Case Number: \_\_\_\_\_ **ATTORNEY USE ONLY:** Is Motion to Extend Automatic Stay needed?)

If Yes, we will need to fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with the bankruptcy petition.

Are you a sole proprietor of any full-or part-time business?

check (✓)    No    Yes

(NOTE: A sole proprietor is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.)

If **Yes**, please provide name and location of business:

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

If **Yes**, please check (✓) what type of business it is:

Health Care Business                      Single Asset Real Estate  
Stockbroker                                      Commodity Broker  
None of the Above \_\_\_\_\_

Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?    check (✓)    No    Yes

Or do you own any property that needs immediate attention, such as livestock that needs fed or a building that needs immediate repair?    check (✓)    No    Yes

If **Yes**, please advise what the hazard is, why attention is needed, and where it is located:

\_\_\_\_\_

**REAL ESTATE INFORMATION:**

1. Are you buying any real estate or is your name on any real estate?

check (√)    No    Yes    (List all real estate, including timeshares)

If **Yes: Property (1)** Street Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
(**ATTORNEY USE ONLY:** Nature of Debtor's Interest: \_\_\_\_\_)

Description of Property: # Bedrooms\_\_\_\_\_, # Baths\_\_\_\_\_, # Floors\_\_\_\_\_, Date Purchased:  
\_\_\_\_\_

Purchase Price: \$\_\_\_\_\_ Amount Owed: \$\_\_\_\_\_ Current **Value:**  
\$\_\_\_\_\_

**Please check (√) what type of property this is (check one):**

Single-family home	Duplex or multi-unit building
Condominium or cooperative	Manufactured or mobile home
Land	Investment property
Timeshare	Other_____

**Please check (√) who has interest in this property (check one):**

Debtor 1 only	Debtor 2 only
Debtor 1 and Debtor 2 Jointly	One of the Debtors and another party_____

If **Yes: Property (2)** Street Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
(**ATTORNEY USE ONLY:** Nature of Debtor's Interest: \_\_\_\_\_)

Description of Property: # Bedrooms\_\_\_\_\_, # Baths\_\_\_\_\_, # Floors\_\_\_\_\_, Date Purchased:  
\_\_\_\_\_

Purchase Price: \$\_\_\_\_\_ Amount Owed: \$\_\_\_\_\_ Current **Value:**  
\$\_\_\_\_\_

**Please check (√) what type of property this is (check one):**

Single-family home	Duplex or multi-unit building
Condominium or cooperative	Manufactured or mobile home
Land	Investment property
Timeshare	Other_____

**Please check (√) who has interest in this property (check one):**

Debtor 1 only	Debtor 2 only
Debtor 1 and Debtor 2 Jointly	One of the Debtors and another party_____

**2. Atty Use Only:**  
Total for real estate \$ \_\_\_\_\_

**PERSONAL PROPERTY INFORMATION (VEHICLES):**

**3.** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? This includes autos, trucks, motorcycles, auto leases, and any vehicles that you own that someone else drives. **check (√)**    No    Yes

If **Yes: Vehicle (1)** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Approx. Mileage \_\_\_\_\_ Other Info. \_\_\_\_\_  
 Balance Owed: \$ \_\_\_\_\_ Current **Value:** \$ \_\_\_\_\_

**Please check (√) who has interest in this property (check one):**

Debtor 1 only	Debtor 2 only
Debtor 1 and Debtor 2 Jointly	One of the Debtors and another party_____

If **Yes: Vehicle (2)** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Approx. Mileage \_\_\_\_\_ Other Info. \_\_\_\_\_  
 Balance Owed: \$ \_\_\_\_\_ Current **Value:** \$ \_\_\_\_\_

**Please check (√) who has interest in this property (check one):**

Debtor 1 only	Debtor 2 only
Debtor 1 and Debtor 2 Jointly	One of the Debtors and another party_____

If **Yes: Vehicle (3)** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Approx. Mileage \_\_\_\_\_ Other Info. \_\_\_\_\_  
 Balance Owed: \$ \_\_\_\_\_ Current **Value:** \$ \_\_\_\_\_

**Please check (√) who has interest in this property (check one):**

Debtor 1 only	Debtor 2 only
Debtor 1 and Debtor 2 Jointly	One of the Debtors and another party_____

**4.** Do you own, lease, or have legal or equitable interest in any watercraft, aircraft, motorhome, ATV and other recreational vehicles? This includes boats, trailers, motors, watercraft and fishing boats. **check (√)**    No    Yes

If **Yes**, list info: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Approx. Mileage \_\_\_\_\_ Other Info. \_\_\_\_\_

Balance Owed: \$ \_\_\_\_\_ Current **Value:** \$ \_\_\_\_\_

**Please check (√) who has interest in this property (check one):**

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 Jointly

One of the Debtors and another

party \_\_\_\_\_

**5. Atty Use Only:**  
Total for autos \$ \_\_\_\_\_

## **PERSONAL PROPERTY INFORMATION (PERSONAL & HOUSEHOLD):**

Do you own or have any legal or equitable interest in any of the following items?

Please **check (√)** No or Yes:

### **6. Household Goods and Furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

No Yes If **Yes**, please give brief description of items and current value of the portion you own

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Value: \$** \_\_\_\_\_

### **7. Electronics**

*Examples: Televisions, radios, audio, video, stereo, digital equipment, computers, printers, scanners, music collections, cell phones, cameras, media players, games*

No Yes If **Yes**, please give brief description of items and current value of the portion you own

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Value: \$** \_\_\_\_\_

### **8. Collectibles of Value**

*Examples: Antiques, figurines, paintings, prints, artwork, books, pictures, art objects, stamp collection, coin collection, baseball card collection, any collection, memorabilia, collectibles*

No Yes If **Yes**, please give brief description of items and current value of the portion you own

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Value: \$** \_\_\_\_\_

### **9. Equipment for Sports and Hobbies**

*Examples: Sports equipment, photographic equipment, exercise/hobby equipment, bicycles, pool tables, golf clubs, skis, canoes, kayaks, carpentry tools, musical instruments*

No Yes If **Yes**, please give brief description of items and current value of the portion you own

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**Value: \$** \_\_\_\_\_

**PERSONAL PROPERTY INFORMATION (PERSONAL & HOUSEHOLD) CONTINUED:**

**10. Firearms**

*Examples: Pistols, rifles, shotguns, ammunition and related equipment*

No Yes If **Yes**, please give brief description of items and current value of the portion you own

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**Value: \$** \_\_\_\_\_

**11. Clothes**

*Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories*

No Yes If **Yes**, please give brief description of items and current value of the portion you own

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**Value: \$** \_\_\_\_\_

**12. Jewelry**

*Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold silver*

No Yes If **Yes**, please give brief description of items and current value of the portion you own

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**Value: \$** \_\_\_\_\_

**13. Non-Farm Animals**

*Examples: Dogs, cats, birds, horses*

No Yes If **Yes**, please give brief description of items and current value of the portion you own

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**Value: \$** \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No Yes If **Yes**, please give brief description of items and current value of the portion you own

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

**Value: \$** \_\_\_\_\_

**15. Atty Use Only:**  
 Total for personal items \$ \_\_\_\_\_

**PERSONAL PROPERTY INFORMATION (FINANCIAL ASSETS):**

Do you own or have any legal or equitable interest in any of the following items?  
 Please **check (√)** No or Yes:

**16. Cash**

*Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition*

No Yes If **Yes**, please list amount: **Cash: \$** \_\_\_\_\_

**17. Deposits of Money**

*Examples: Checking, savings, debit card accounts, or other financial institutions, certificates of deposit, shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.*

No Yes If **Yes**, please give details below:

Name of Institution or Bank	Type of Account	Last 4 digits of Account #	<b>Balance</b> in Account
_____	_____	_____	<b>\$</b> _____
_____	_____	_____	<b>\$</b> _____
_____	_____	_____	<b>\$</b> _____

**18. Bonds, Mutual Funds, or Publicly Traded Stocks**

*Examples: Bond funds, investment accounts with brokerage firms, money market accounts*

No Yes If **Yes**, please give details below:

Name of Institution or Issuer	Type of Account	Last 4 digits of Account #	<b>Balance</b> in Account
_____	_____	_____	<b>\$</b> _____



**19. Non-Publicly Traded Stock and Interests in Incorporated and Unincorporated Businesses, Including an Interest in an LLC, Partnership or Joint Venture**

No Yes If **Yes**, please give details below:

Name of Entity	Type of Stock	% of ownership	<b>Value</b> of Stock
_____	_____	_____	\$ _____

**PERSONAL PROPERTY INFORMATION (FINANCIAL ASSETS) CONTINUED:**

Do you own or have any legal or equitable interest in any of the following items?  
Please **check (√)** No or Yes:

**20. Government and Corporate bonds and other Negotiable & Non-Negotiable Instruments**

*Examples: Negotiable include Personal checks, cashier's checks, and money orders. Non-negotiable include instruments that you cannot transfer to someone by signing or delivering them*

No Yes If **Yes**, please give details below:

Name of Issuer: \_\_\_\_\_ **Value:** \$ \_\_\_\_\_

**21. Retirement or Pension Accounts**

*Examples: This would include 401(k), pension plan, IRA, retirement account, Keogh*

No Yes If **Yes**, please give details below **AND bring in documentation for each of these accounts:**

Type of Account	Institution Name	Debtor Name on Acct	<b>Balance</b> in Account
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**22. Security Deposits and Prepayments**

No Yes If **Yes**, please give details below:

Electric Co	Amount of Deposit: \$ _____	Heating Oil Co	Amount of Deposit: \$ _____
Gas Co	Amount of Deposit: \$ _____	Water Co	Amount of Deposit: \$ _____
Rent Deposit	Amount of Deposit: \$ _____	Telephone Co	Amount of Deposit: \$ _____
Other _____		Amount of Deposit:	
\$ _____			

**23. Annuities**

No Yes If **Yes**, please give details below:  
Name of Issuer: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**24. Interests in Education IRA or a Qualified State Tuition Program**

No Yes If **Yes**, please give details below:  
Name of Issuer: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**PERSONAL PROPERTY INFORMATION (FINANCIAL ASSETS) CONTINUED:**

Do you own or have any legal or equitable interest in any of the following items?  
Please **check** (√) No or Yes:

**25. Trusts, Equitable or Future Interests in Property**

No Yes If **Yes**, please give details below:  
\_\_\_\_\_ Value: \$ \_\_\_\_\_

**26. Patents Copyrights, Trademarks, or other Intellectual Property**

No Yes If **Yes**, please give details below:  
\_\_\_\_\_ Value: \$ \_\_\_\_\_

**27. Licenses, Franchises, or other General Intangibles**

No Yes If **Yes**, please give details below:  
\_\_\_\_\_ Value: \$ \_\_\_\_\_

**PERSONAL PROPERTY INFORMATION (MONEY OWED TO YOU):**

**28. Are you owed any Tax Refunds?**

No Yes If **Yes**, please give details below:  
Tax Year: \_\_\_\_\_ Return Filed?: \_\_\_\_\_ Federal Refund: \$ \_\_\_\_\_  
Tax Year: \_\_\_\_\_ Return Filed?: \_\_\_\_\_ State Refund: \$ \_\_\_\_\_

**29. Are you owed any past-due alimony, support, maintenance, etc.?**

No Yes If **Yes**, please give details below:

Amount: \$ \_\_\_\_\_

**PERSONAL PROPERTY INFORMATION (MONEY OWED TO YOU) CONTINUED:**

**30. Are you owed any other money such as unpaid wages, disability benefits, vacation pay, sick pay, unpaid loans made to someone else, etc.?**

No Yes If **Yes**, please give details below and include Company Name, Beneficiary and Surrender Value:

Amount: \$ \_\_\_\_\_

**31. Do you have any life insurance policies?**

No Yes If **Yes**, please give details below **AND bring in documentation for each of these policies:**

Amount: \$ \_\_\_\_\_

**32. Do you have any interest in property that is due you from someone who has died?**

No Yes If **Yes**, please give details below:

Amount: \$ \_\_\_\_\_

**33. Do you have any claims against 3<sup>rd</sup> parties, whether or not you have filed a lawsuit or made a demand for payment?**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

No Yes If **Yes**, please give details below:

Amount: \$ \_\_\_\_\_

**34. Do you have any other contingent or unliquidated claims of every nature, including counterclaims?**

*Example: Can you sue anyone for any reason?*

No Yes If **Yes**, please give details below:

Amount: \$ \_\_\_\_\_

**35. Do you have any financial assets you did not already list?**

No Yes If **Yes**, please give details below:

Amount: \$ \_\_\_\_\_

**36. Atty Use Only:**  
Total for financial \$ \_\_\_\_\_

**BUSINESS INFORMATION:**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No If **No**, **SKIP** this page and go to question #46

Yes If **Yes**, **FILL** out questions #38 through #44

**38. Do you have any accounts receivable or commissions you already earned?**

No Yes If **Yes**, please list amount:

Amount: \$ \_\_\_\_\_

**39. Do you have any office equipment, furnishings or supplies?**

No Yes If **Yes**, please list details and value:

Value: \$ \_\_\_\_\_

**40. Do you have any machinery, fixtures, tools of the trade, etc.?**

No Yes If **Yes**, please list details and value:

Value: \$ \_\_\_\_\_

**41. Do you have any inventory?**

No Yes If **Yes**, please list details and value:

Value: \$ \_\_\_\_\_

**42. Do you have any interests in partnerships or joint ventures?**

No Yes If **Yes**, please list details and value:

Value: \$ \_\_\_\_\_

**43. Do you have any customer lists, mailing lists, etc.?**

No Yes If **Yes**, please list value: **Value:** \$ \_\_\_\_\_

**44. Do you have any other business-related property you did not already list?**

No Yes If **Yes**, please give brief description of items and current value of the portion you own

\_\_\_\_\_  
\_\_\_\_\_  
**Value:** \$ \_\_\_\_\_

**45. Atty Use Only:**  
Total for business \$ \_\_\_\_\_

**FARM AND FISHING INFORMATION:**

**46. Do you own or have any legal or equitable interest in any farm- or commercial-fishing related property?**

No If **No**, go to question #53

Yes If **Yes**, **FILL** out questions #47 through #51

**47. Do you have any farm animals, live stock, poultry, farm-raised fish?**

No Yes If **Yes**, please list details and value:

\_\_\_\_\_  
**Value:** \$ \_\_\_\_\_

**48. Do you have any crops – either growing or harvested?**

No Yes If **Yes**, please list value:

**Value:** \$ \_\_\_\_\_

**49. Do you have any farm or fishing equipment, machinery, fixtures, tools of the trade, etc.?**

No Yes If **Yes**, please list details and value:

\_\_\_\_\_  
**Value:** \$ \_\_\_\_\_

**50. Do you have any farm or fishing supplies, chemicals or feed?**

No Yes If **Yes**, please list details and value:

\_\_\_\_\_  
**Value:** \$ \_\_\_\_\_

**51. Do you have any other farm- or fishing-related property you did not already list?**

No Yes If **Yes**, please give brief description of items and current value of the portion you own

\_\_\_\_\_  
**Value:** \$ \_\_\_\_\_

**52. Atty Use Only:**

**PERSONAL PROPERTY INFORMATION (MISCELLANEOUS):**

**53. Do you have any other personal property you did not already list?**

No Yes If **Yes**, please give brief description of items and current value of the portion you own

\_\_\_\_\_ **Value: \$** \_\_\_\_\_

**54. Atty Use Only:**  
Total for misc. \$ \_\_\_\_\_

**TAXES OWED:**

Do you owe back taxes to the **Internal Revenue Service?**

**check (√)** No Yes If **Yes**, MAKE SURE to list on debt sheets & add'l info needed:

Year owed for: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date this tax return was filed with IRS: \_\_\_\_\_  
 Year owed for: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date this tax return was filed with IRS: \_\_\_\_\_  
 Year owed for: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date this tax return was filed with IRS: \_\_\_\_\_  
 Year owed for: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date this tax return was filed with IRS: \_\_\_\_\_

If you need to know the date your tax return was filed, please call: 1-800-829-1040 (7am-10pm)

Do you owe back taxes to the **Indiana Department of Revenue?**

**check (√)** No Yes If **Yes**, MAKE SURE to list on debt sheets & add'l info needed:

Year owed for: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date this tax return was filed with IDR: \_\_\_\_\_  
 Year owed for: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date this tax return was filed with IDR: \_\_\_\_\_  
 Year owed for: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date this tax return was filed with IDR: \_\_\_\_\_  
 Year owed for: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Date this tax return was filed with IDR: \_\_\_\_\_

If you need to know the date your tax return was filed, please call: 1-317-232-2289

**CONTRACTS AND LEASES:**

Do you have any unexpired contracts or leases?

*Examples: auto leases, apartment or house club membership, rent-to-own, storage spaces, musical equipment rental, land contracts, etc.*

**check (√)** No Yes If **Yes**, MAKE SURE to list on debt sheets & add'l info needed:

Name & Address of who you contract or lease from: \_\_\_\_\_

Type of contract or lease: \_\_\_\_\_ Assume or Reject: \_\_\_\_\_

**CO-DEBTORS:**

Has anyone co-signed for you? (including an ex-spouse or spouse who is not filing)

**check (√)** No Yes If **Yes**, please list details below:

Name of person WHO CO-SIGNED FOR YOU and list their address: \_\_\_\_\_

What debt did they co-sign for (name of creditor)? \_\_\_\_\_

Have you co-signed for anyone? (including an ex-spouse or spouse who is not filing)

**check (✓)**    No    Yes    If **Yes**, please list details below:

Name of person YOU CO-SIGNED FOR and list their address: \_\_\_\_\_

What debt did you co-sign for (name of creditor)? \_\_\_\_\_

**CURRENT INCOME (EMPLOYER INFORMATION):**

**DEBTOR 1**

Job Description: \_\_\_\_\_

How long Employed: \_\_\_\_\_

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

Complete Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If different from above, need Payroll Name and Address:**

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

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

\_\_\_\_\_

Payroll Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How often paid? (weekly, biweekly, etc.) \_\_\_\_\_

**Do you have a part-time job? If so, please provide:**

Part-time Job Description: \_\_\_\_\_

How long Employed: \_\_\_\_\_

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

Complete Address of Employer: \_\_\_\_\_

**DEBTOR 2**

Job Description: \_\_\_\_\_

How long Employed: \_\_\_\_\_

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

Complete Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If different from above, need Payroll Name and Address:**

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

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

\_\_\_\_\_

Payroll Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How often paid? (weekly, biweekly, etc.) \_\_\_\_\_

**Do you have a part-time job? If so, please provide:**

Part-time Job Description: \_\_\_\_\_

How long Employed: \_\_\_\_\_

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

Complete Address of Employer: \_\_\_\_\_

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

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

**\*\*\*DO NOT FILL OUT THIS PAGE - GO ON TO PAGE 17 \*\*\***  
**\*\*\*THIS PAGE WILL BE COMPLETED AT YOUR FOLLOW-UP APPOINTMENT\*\*\***

**CURRENT INCOME (PAYCHECK INFORMATION):**

	<b>DEBTOR 1</b>	<b>DEBTOR 2</b>
Income: (Estimate of average monthly income)		
Current monthly gross wages, salary, commissions:	\$ _____	\$ _____
Estimated Overtime:	\$ _____	\$ _____
<hr style="border-top: 1px dashed black;"/>		
SUBTOTAL:	\$ _____	\$ _____
Less Payroll Deductions		
Tax, Medicare, and Social Security:	\$ _____	\$ _____
Mandatory contributions for retirement plans:	\$ _____	\$ _____
Voluntary contributions for retirement plans:	\$ _____	\$ _____
Required repayments of retirement fund loans:	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____
Domestic support obligations:	\$ _____	\$ _____
Union dues:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<hr style="border-top: 1px dashed black;"/>		
SUBTOTAL OF PAYROLL DEDUCTIONS:	\$ _____	\$ _____
<hr style="border-top: 1px dashed black;"/>		
TOTAL NET MONTHLY TAKE HOME PAY:	\$ _____	\$ _____
Net income from rental property:	\$ _____	\$ _____
Net income from operating a business, profession, or farm:	\$ _____	\$ _____
Interest and dividends:	\$ _____	\$ _____



Alimony, maintenance, support payments:	\$ _____	\$ _____
Unemployment compensation:	\$ _____	\$ _____
Social security:	\$ _____	\$ _____
Other government assistance received _____:	\$ _____	\$ _____
Pension or retirement income _____:	\$ _____	\$ _____
Other monthly income _____:	\$ _____	\$ _____
-----		
TOTAL MONTHLY INCOME:	\$ _____	\$ _____
TOTAL COMBINED MONTHLY INCOME: \$ _____		

**Description of increase/decrease of more than 10%:**

---

**CURRENT EXPENSES:**

1. If this is a JOINT case and you live apart, this is a reminder that both Debtor 1 and Debtor 2 will be required to fill out separate CURRENT EXPENSES forms.
2. Please list all dependents of Debtor 1 and Debtor 2 (whether or not they live with you):

First Name of Dependent & Relationship (son, daughter, etc.)	Age	Live with you?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Do your expenses include expenses of people other than yourself and your dependents?**

No    Yes    If **Yes**, please list details: \_\_\_\_\_

**Please complete the following** by estimating the **average monthly expenses** of the Debtor and Debtor's family. Make sure you list as a monthly rate.

**4. 1<sup>st</sup> Mortgage Payment or Rent Payment:** \$ \_\_\_\_\_

If not included in the above mortgage or rent payment, please list monthly amount paid for:

- |  |          |
|--|----------|
| 4a. <b>Real Estate Taxes:</b>                    | \$ _____ |
| 4b. <b>Homeowner or Renter Insurance:</b>        | \$ _____ |
| 4c. <b>Home Maintenance, Repair, and Upkeep:</b> | \$ _____ |
| 4d. <b>Homeowner Assoc. or Condo Dues:</b>       | \$ _____ |

**5. 2<sup>nd</sup> Mortgage Payment or Home Equity Loan:** \$ \_\_\_\_\_

**6. Utilities:**

    6a. **Electric, Heat, Natural Gas:** \$ \_\_\_\_\_

    6b. **Water, Sewer, Garbage Collection:** \$ \_\_\_\_\_

    6c. **Telephone, Cell, Internet, Satellite, Cable:** \$ \_\_\_\_\_

    6d. **Other** \_\_\_\_\_: \$ \_\_\_\_\_

**7. Food and Housekeeping Supplies:** \$ \_\_\_\_\_

**8. Childcare and Children’s Education Costs:** \$ \_\_\_\_\_

**9. Clothing, Laundry, Dry Cleaning:** \$ \_\_\_\_\_

**10. Personal Care Products and Services:** \$ \_\_\_\_\_

**11. Medical and Dental Expenses:** \$ \_\_\_\_\_

**CURRENT EXPENSES CONTINUED:**

**12. Transportation** (include gas, maintenance, bus fare): \$ \_\_\_\_\_

**13. Entertainment, Newspapers, Books, Magazines, etc.:** \$ \_\_\_\_\_

**14. Charitable Contributions or Religious Donations:** \$ \_\_\_\_\_

**15. Insurance:**

    15a. **Life Insurance** (not deducted from paycheck): \$ \_\_\_\_\_

    15b. **Health Insurance**(not deducted from paycheck): \$ \_\_\_\_\_

    15c. **Vehicle Insurance:** \$ \_\_\_\_\_

    15d. **Other** \_\_\_\_\_: \$ \_\_\_\_\_

**16. Taxes** (not deducted from paycheck): \$ \_\_\_\_\_

**17. Installment or Lease Payments:**

    17a. **Car Payment or Lease Payment for Vehicle 1:** \$ \_\_\_\_\_

    17b. **Car Payment or Lease Payment for Vehicle 2:** \$ \_\_\_\_\_

    17c. **Other** \_\_\_\_\_: \$ \_\_\_\_\_

    17d. **Other** \_\_\_\_\_: \$ \_\_\_\_\_

**18. Alimony or Support** (not deducted from paycheck): \$ \_\_\_\_\_

**19. Other payments you make to support others who do not live with you:**

    Specify \_\_\_\_\_: \$ \_\_\_\_\_

    Specify \_\_\_\_\_: \$ \_\_\_\_\_

**20. Other real property expenses if you have more than 1 piece of real estate, including mortgage, HOA, taxes, etc.:**

    Specify \_\_\_\_\_: \$ \_\_\_\_\_

    Specify \_\_\_\_\_: \$ \_\_\_\_\_

**21. ANY Other expense not already included:**

Specify \_\_\_\_\_: \$ \_\_\_\_\_  
Specify \_\_\_\_\_: \$ \_\_\_\_\_  
Specify \_\_\_\_\_: \$ \_\_\_\_\_

(TOTALS BELOW WILL BE FIGURED **BY THE ATTORNEY** AT YOUR FOLLOW-UP APPOINTMENT)

TOTAL INCOME: \$ \_\_\_\_\_  
TOTAL EXPENSES: \$ \_\_\_\_\_  
EXCESS INCOME: \$ \_\_\_\_\_  
PLAN PAYMENT: \$ \_\_\_\_\_

Description of increase/decrease of more than 10%:  
\_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS:**

**1. What is your current marital status?** \_\_\_\_\_

**2. During the last 3 years, have you lived anywhere other than where you live now?**      check (✓)    No    Yes    If **Yes**, give details below:

Debtor 1: Prior Address \_\_\_\_\_  
          Dates lived there \_\_\_\_\_ to \_\_\_\_\_  
Debtor 1: Prior Address \_\_\_\_\_  
          Dates lived there \_\_\_\_\_ to \_\_\_\_\_  
Debtor 2: Prior Address \_\_\_\_\_  
          Dates lived there \_\_\_\_\_ to \_\_\_\_\_  
Debtor 2: Prior Address \_\_\_\_\_  
          Dates lived there \_\_\_\_\_ to \_\_\_\_\_

**3. Within the last 8 years, has Debtor 1 or Debtor 2 ever lived in a community property state such as Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin?**

check (✓)    No    Yes    If **Yes**, which state and when? \_\_\_\_\_

**4. Please list Annual Gross Income so far this year, and for the past three (3) years. Include all sources of that income (all employers, self-employment, etc.)**

**DEBTOR 1**

2017 ytd \$ \_\_\_\_\_ Name of employers: \_\_\_\_\_  
2016     \$ \_\_\_\_\_ Name of employers: \_\_\_\_\_  
2015     \$ \_\_\_\_\_ Name of employers: \_\_\_\_\_

2014 \$ \_\_\_\_\_ Name of employers: \_\_\_\_\_

**DEBTOR 2**

2017 ytd \$ \_\_\_\_\_ Name of employers: \_\_\_\_\_

2016 \$ \_\_\_\_\_ Name of employers: \_\_\_\_\_

2015 \$ \_\_\_\_\_ Name of employers: \_\_\_\_\_

2014 \$ \_\_\_\_\_ Name of employers: \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS CONTINUED:**

**5. Have you received any income so far this year, or in last three (3) years, other than from your job? (Such as, Soc Sec, Disability, Retirement, Child Supp, etc.)**

check (√) No Yes If **Yes**, please list details below:

circle **Yes or No** If yes, complete below:

**DEBTOR 1**

2017 ytd \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

2016 \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

2015 \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

2014 \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

**DEBTOR 2**

2017 ytd \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

2016 \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

2015 \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

2014 \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

**6. Have you made payments to any of your creditors totaling \$600 (or more) within the last 90 days?**

check (√) No Yes If **Yes**, please list:

Creditor Name: \_\_\_\_\_ Total Amt Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Date Paid: \_\_\_\_\_ What was this payment for? \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Total Amt Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
Date Paid: \_\_\_\_\_ What was this payment for? \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Total Amt Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
Date Paid: \_\_\_\_\_ What was this payment for? \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Total Amt Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
Date Paid: \_\_\_\_\_ What was this payment for? \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS CONTINUED:**

**7. Within 1 year before filing, did you make a payment on a debt you owed anyone who was an insider? check (✓) No Yes If Yes, please list:**

*Insiders include your relatives, partners, etc. Also, include payments for domestic and support obligations such as child support and alimony. (NOTE to Attorney: If Debtor pays child support fill out DSO)*

Insider's Name \_\_\_\_\_ Total Amt Paid \_\_\_\_\_ Balance Due \_\_\_\_\_  
Date Paid \_\_\_\_\_ What was this payment for? \_\_\_\_\_

Insider's Name \_\_\_\_\_ Total Amt Paid \_\_\_\_\_ Balance Due \_\_\_\_\_  
Date Paid \_\_\_\_\_ What was this payment for? \_\_\_\_\_

Insider's Name \_\_\_\_\_ Total Amt Paid \_\_\_\_\_ Balance Due \_\_\_\_\_  
Date Paid \_\_\_\_\_ What was this payment for? \_\_\_\_\_

**8. Within 1 year before filing, did you make a payment or transfer any property of a debt that benefited an insider? check (✓) No Yes If Yes, please list:**

Insider's Name: \_\_\_\_\_ Total Amt Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
Date Paid: \_\_\_\_\_ What was this payment for? \_\_\_\_\_

**9. Within 1 year before filing, were you a party in any lawsuit, court action, or administrative proceeding? check (✓) No Yes If Yes, please list:**

*List all such matters, including personal injury claims, small claims actions, collection lawsuits, paternity actions, custody modifications or contract disputes.*

Creditor Who Sued You \_\_\_\_\_  
Cause # \_\_\_\_\_ Nature of Proceeding \_\_\_\_\_

Court \_\_\_\_\_ Status \_\_\_\_\_

Creditor Who Sued You \_\_\_\_\_

Cause # \_\_\_\_\_ Nature of Proceeding \_\_\_\_\_

Court \_\_\_\_\_ Status \_\_\_\_\_

Creditor Who Sued You \_\_\_\_\_

Cause # \_\_\_\_\_ Nature of Proceeding \_\_\_\_\_

Court \_\_\_\_\_ Status \_\_\_\_\_

Creditor Who Sued You \_\_\_\_\_

Cause # \_\_\_\_\_ Nature of Proceeding \_\_\_\_\_

Court \_\_\_\_\_ Status \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS CONTINUED:**

**10. Within 1 year before filing, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

check (✓) No Yes If **Yes**, please list:

Creditor Name \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Details \_\_\_\_\_

Creditor Name \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Details \_\_\_\_\_

**11. Within 1 year before filing, has any bank or financial institution taken money from your account to pay a debt (other than regular bank charges)?**

check (✓) No Yes If **Yes**, please list:

Bank \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

**12. Within 1 year before filing, was any of your property in the possession of an assignee for the benefit of creditors, custodian or other official?**

check (✓) No Yes If **Yes**, please give details:

\_\_\_\_\_

**13. Within 2 years before filing, did you give any gifts with a total value of**

**more than \$600 per person?**

**check (√)**    No    Yes If **Yes**, please give details:

Name of Person Gift Given To \_\_\_\_\_

Date \_\_\_\_\_ Value \_\_\_\_\_

Details of Gift \_\_\_\_\_

Name of Person Gift Given To \_\_\_\_\_

Date \_\_\_\_\_ Value \_\_\_\_\_

Details of Gift \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS CONTINUED:**

**14. Within 2 years before filing, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

**check (√)**    No    Yes If **Yes**, please give details:

Charity Name Given To \_\_\_\_\_

Date \_\_\_\_\_ Value \_\_\_\_\_

Details of Contribution \_\_\_\_\_

Charity Name Given To \_\_\_\_\_

Date \_\_\_\_\_ Value \_\_\_\_\_

Details of Contribution \_\_\_\_\_

**15. Within 1 year before filing, or since you filed bankruptcy, did you lose anything because of theft, fire, disaster, or gambling?**

**check (√)**    No    Yes If **Yes**, please give details:

Details of Loss \_\_\_\_\_

Date \_\_\_\_\_ Value \_\_\_\_\_

**16. Within 1 year before filing, did you pay any attorney for any legal advice regarding bankruptcy?**

**check (√)**    No    Yes If **Yes**, please give details:

Name of Payee \_\_\_\_\_

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_

**17. Within 1 year before filing, did you pay any credit counseling company for any legal advice regarding bankruptcy?**

check (✓) No Yes If **Yes**, please give details:

Name of Payee \_\_\_\_\_

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS CONTINUED:**

**18. Within 2 years before filing, did you give away, sell or transfer any property to anyone?**

*Do not include any gifts or transfers that you have already listed.*

check (✓) No Yes If **Yes**, please give details:

Name and address of Transferee \_\_\_\_\_

Date of Transfer \_\_\_\_\_ Property and FMV \_\_\_\_\_

**19. Within 10 years before filing, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?**

check (✓) No Yes If **Yes**, please give details:

\_\_\_\_\_

**20. Within 1 year before filing, were any financial accounts (such as checking or savings) or instruments held in your name, closed, sold, moved, or transferred?**

check (✓) No Yes If **Yes**, please give details:

Name of Financial Institution \_\_\_\_\_

Last 4 digits of Account \_\_\_\_\_ Type of Account \_\_\_\_\_

Date closed, sold, moved, or transferred \_\_\_\_\_ Final Balance \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Last 4 digits of Account \_\_\_\_\_ Type of Account \_\_\_\_\_



Date closed, sold, moved, or transferred \_\_\_\_\_ Final Balance \_\_\_\_\_

**21. Do you currently have, or did you have within 1 year before filing, a safe deposit box or other depository?**

check (✓) No Yes If **Yes**, please give details:

Name of Financial Institution \_\_\_\_\_

Contents of Box \_\_\_\_\_

Who has Access? \_\_\_\_\_ Still Open? \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS CONTINUED:**

**22. Do you currently have, or did you have within 1 year before filing, a storage unit?**

check (✓) No Yes If **Yes**, please give details:

Name of Facility \_\_\_\_\_

Contents of Unit \_\_\_\_\_

Who has Access? \_\_\_\_\_ Still Open? \_\_\_\_\_

**23. Do you hold or control any property that someone else owns? Including any property you borrowed from, are storing for, or hold in trust for someone.**

check (✓) No Yes If **Yes**, please give details:

Owner's Name \_\_\_\_\_

Location of Property \_\_\_\_\_

Description of Property \_\_\_\_\_ Value \_\_\_\_\_

**I AFFIRM UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:**

Date: \_\_\_\_\_ X \_\_\_\_\_  
DEBTOR 1

Date: \_\_\_\_\_ X \_\_\_\_\_  
DEBTOR 2

**Once you are paid in full, please bring this paperwork packet to one of our**

