

Please answer each and every question.

**CLIENT INFORMATION SHEET
FOR CHAPTER 7 or 13**

Date: _____

Marital Status: _____

Debtor # 1 Name _____
First Middle Last

Your Home address:

_____ City _____ St. _____ Zip _____

Mailing address if different:

_____ City _____ St. _____ Zip _____

How long have you lived at this address: _____

Home Phone: _____

Your cell phone number : _____

Your email address : _____

Social Security Number _____

Have you or any spouse filed any type of bankruptcy EVER in any state? If so state when and where _____

Debtor # 2 Name _____
First Middle Last

Your Home address:

_____ City _____ St. _____ Zip _____

Mailing address if different:

_____ City _____ St. _____ Zip _____

How long have you lived at this address: _____

Home Phone: _____

Your cell phone number : _____

Your email address : _____

Social Security Number _____

Have you or your spouse filed any type of bankruptcy EVER in any state? If so state when and where _____

Debtor No. 1 EMPLOYMENT:

Debtor No. 2 EMPLOYMENT

Employer: _____	Employer: _____
Address: _____	Address: _____
City & zip _____	City & zip _____
Occupation: _____	Occupation: _____
Length of Employment: _____	Length of Employment: _____
Phone No.: _____	Phone No.: _____

1. Other addresses in the last 4 years. Include street number, city, state, zip and dates of occupancy:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Have you owned a business or been in a partnership in the last 6 years:

If so, name and type of business and address, date commenced, date terminated:

EMPLOYMENT/ INCOME SOURCE

3. Current Year Income

Year to date: Client 1 : _____ _ Client 2: _____

Source of Income: _____

Last Year Income: Client 1: _____ Client 2: _____

Source of Income: _____

Prior Year Income: Client 1: _____ Client 2: _____

Source of Income: _____

4. Any other income received in the last two years; i.e. Unemployment, Public Assistance, Child Support, Disability, etc.: Indicate which client received the money if married

Source: _____ \$ _____ Year _____

Source: _____ \$ _____ Year _____

5. Name/address of current bank or bank accounts. Also note any accounts closed in the past 2 years:

Savings ____ Checking ____
Closed ____ Active _____

Savings ____ Checking ____
Closed ____ Active _____

Persons on Account :

Persons on Account:

6. Do you have a loan or credit card issued by a **Credit Union** where your checking or savings account is kept? If so they may take any money in your account on the date you file. Discuss this with the attorney.

7. Have you paid a family member or business partner \$900 or more in the last year? _____

9. Do you hold property for another? This would include, vehicles in your name but in another's possession, joint accounts, real estate etc. If so, explain

10. Have you made payments to creditors over the last 90 days which total \$600.00 or more to one creditor? If so list the creditor, amount of payment and date.

11. Have you transferred or gifted any property in the last year? Yes _____ No _____
This includes Sales of Real Estate, Foreclosures, Vehicles, Money or other valuable items. _____

12. Are you currently being sued? By whom? _____

13. Have any judgment been taken against you in the past year? If so, state who and when.

14. Is anyone garnishing your wages or bank account? If your employer is holding funds from the garnishment, we may be able to get some money back. If so, whom?

15. Any vehicle or other repossessions or returns in the last 12 months?

Creditor Name and Address _____

Item Repossessed _____

Value: _____ Balance Owed: _____ Date Taken: _____

16. Have you consulted an attorney in the last year? _____

17. Do you have a personal injury action pending or a right to sue someone?

18. Do you have a safe deposit box? If so give bank location and list contents.

Do you have a storage unit? If so give location and list contents.

19. Real estate (home, mobile home, land)? Address: _____

Date purchased: _____ Purchase amount \$ _____

Today's Market Value \$ _____ (see tax assessed value)

NAME AND ADDRESS _____
OF MORTGAGE COMPANY: _____

Balance owed: \$ _____
Account # _____
Payment amount: _____
Interest Rate: _____

SECOND MORTGAGE (if any)
NAME AND ADDRESS _____
OF MORTGAGE COMPANY: _____

Balance owed: \$ _____
Account # _____
Payment amount: _____
Interest Rate: _____

If you have Superior Court Judgments against you, those may be liens against your home. Those liens will need to be removed during the bankruptcy. It is an additional \$200 to remove liens from real estate and is possible only in some circumstances. If you are unsure if there are liens on residential real estate, you may go to the Auditors Office at the Courthouse and they will tell you. If these liens are not removed before your case closes, the liens will not be removed without reopening the case at a fee.

20. Cash on hand Money in Bank Rent Deposit Utilities Deposit
\$ _____ \$ _____ \$ _____ \$ _____

MOST PEOPLE DO NOT LOSE ANY ASSETS IN A BANKRUPTCY, BUT YOU MUST DISCLOSE ALL OF YOUR ASSETS AND PLACE A FAIR MARKET VALUE ON EACH ITEM CONSIDERING THE AGE AND CONDITION OF THE ITEM. THE LAW ALLOWS ITEMS IN MANY CATEGORIES TO BE RETAINED WHEN YOU FILE. THE ATTORNEY WILL ADVISE YOU OF THE ITEMS CLAIMED EXEMPT FROM BANKRUPTCY.

We ask that you list all of your assets below so that we can tell you if you would lose something to your creditors in a bankruptcy. If an asset is not listed on your bankruptcy and declared exempt, you may not keep it.

21. ***PLACE A YARD SALE VALUE ON FURNISHINGS YOU HAVE IN YOUR HOME***

Couch	\$_____	Stereo	\$_____	Microwave	\$_____
Chair	\$_____	Lamps	\$_____	Refrigerator	\$_____
Endtables	\$_____	Dinette	\$_____	Stove	\$_____
Television	\$_____	Beds	\$_____	Freezer	\$_____
VCR/DVD	\$_____	Dressers	\$_____	Computer	\$_____
Other	\$_____	Washer/Dryer	\$_____	Tools	\$_____
Lawn Mower	\$_____	Snow Blower	\$_____	Other	\$_____

Please take a clipboard and go into each room in your home as well as the garage and patio and make a list of all assets not listed above. Place a value for each item on the list.

22. Any collection of art, books, coins, of value? Item: _____ Value \$_____

23. Clothing \$_____ Jewelry \$_____ Firearms \$_____ Sports Equipment \$_____

24. AUTOMOBILE No. 1: Year _____ Model _____
 Market Value \$_____ Balance Owed \$_____

Bank/Financing Institution & Address: _____

Date Purchased : _____
 Account number _____

AUTOMOBILE No. 2: Year _____ Model _____

Market Value \$ _____ Balance Owed \$ _____

Bank/Financing Institution & Address: _____

Date Purchased: _____

25. LIST ANY AND ALL OTHER ASSETS OF VALUE, i.e., motorcycle, camper, tools of the trade, boat, retirement. Include any personal injury, workmans comp, potential inheritance, wrongful termination from employment, farm equipment:

If an item is not listed in your bankruptcy, you may not get to keep it.

26.	Dependent's name	Age	Relationship
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

INCOME AND EXPENSES

SHOULD YOU DECIDE TO FILE BANKRUPTCY PLEASE PROVIDE US WITH A PAY STUB FOR EVERY PAYCHECK FOR THE PAST 6 MONTHS :

Monthly Income	Source- (Include all sources, Unemployment, Wages, Child Support, Rental Income, Social Security, Labor and Industry, State Grants, etc)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does any other person live in your home and contribute to expenses? _____

27. **ESTIMATED MONTHLY EXPENSES:**

Rent/Mortgage	\$ _____	Electricity	\$ _____
Phone	\$ _____	Transportation	\$ _____
Food	\$ _____	Home Maintenance	\$ _____
Cable	\$ _____	Medical/Dental	\$ _____
Water	\$ _____	Clothing	\$ _____
Garbage	\$ _____	Laundry/Dry Clean	\$ _____
Daycare	\$ _____	Real Estate Taxes	\$ _____
Recreation/Newspaper/Magazines \$ _____			
Other (specify)	_____		\$ _____
	_____		\$ _____
	_____		\$ _____

Taxes not automatically paid elsewhere: \$ _____

28. Life Insurance \$ _____ Health Insurance \$ _____ Auto Insurance \$ _____
Homeowner's or Renters Insurance \$ _____ Other \$ _____

29. Installment Payments: Auto \$ _____ Other _____ \$ _____

30. Alimony and Child Support \$ _____ For Whom _____

31. Mailing address of any person you pay support to: _____

32. Any other monthly expenses you wish the court to consider in your budget:

33. Have you any right to sue another party for an injury such as an assault or car accident? Wrongful termination from employment? Class actions? Failure to list such a claim could prevent you from being able to sue in the future.
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34. Have you sold any real estate in the last 4 years? Is your name on any real estate even though you have no right to sell it.? _____
34. Do you have property that has been transferred into a Trust, Family Trust or other legal agreement to hold property in a name other than your own? _____ If so, explain. _____
35. Has any creditor taken a list of your property as security for a debt? If so, please provide a copy of the Security Agreement.
36. Please provide us with every debt (except utilities) whether or not you intend to continue paying these after the filing.
37. If you move or change phone numbers after filing please update us.
38. Your creditors meeting occurs one month after filing. The court will mail a date and time to you one week from filing date.
39. Please bring the last two years tax returns as the trustee in your case will need the last one as well as a bank statement for any account open on the day you file. He will need this more than 7 days prior to your creditors meeting date or your case could be dismissed. Make sure you provide your attorney this documentation within 2 days of filing so that it reaches your trustee in a timely fashion.

PLEASE PROVIDE NAME AND **PHONE NUMBER** OF A FRIEND OR RELATIVE WHO WILL KNOW OF YOUR WHEREABOUTS SHOULD YOU MOVE FROM ADDRESS OR PHONE NUMBER PROVIDED ON FRONT PAGE
