



## **MARITAL STATUS**

- Never married                       Married, living together                       Married, living apart  
 Living with a domestic partner     Divorced     Widowed

If divorced, year & month when divorce became final: \_\_\_\_\_

List **all persons** living in your household other than your spouse:

Name	Age	Relationship	Employed? Yes or No

List **all dependents** NOT living with you:

Name	Age	Relationship	Support Order? Yes or NO. If yes, amount paid and how often.

## **SPOUSE'S INFORMATION**

[ Complete this section even if your spouse will not join you in the bankruptcy unless you are not living together. ]

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names used in last eight years: \_\_\_\_\_

Home Address: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

\_\_\_\_\_ Home Phone #: \_\_\_\_\_

\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_ Work Phone #: \_\_\_\_\_

\_\_\_\_\_ Date started at this job: \_\_\_\_\_

List all your addresses for the past 30 months:

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Have your **EVER** filed any type of bankruptcy? ?

Yes  No

If yes, list all bankruptcies that you have ever filed and indicate the outcome.

Date of Filing	Chapter 7, 11, 13, 12	Outcome (dismissed or completed)

### ***BANKING AND FINANCIAL ACCOUNTS***

List all **OPEN** financial accounts (checking, savings, CD, Christmas club, mutual fund, brokerage account, etc), whether in your name alone or jointly with someone else, even if there is a negative balance.

If none, please check box to the right. None

Type of account	Name of Bank etc	Current balance	If account jointly owned with someone else, indicate name
		\$	
		\$	
		\$	
		\$	

Have any financial accounts (checking, savings, retirement, IRA, stock, mutual fund, Christmas club) been **CLOSED** in the past two years (24 months) ? Yes  No  If yes list below:

Type of account	Name of Bank, etc.	Date closed	Value when closed
			\$
			\$

### ***VEHICLES***

Do you have **ANY** vehicles in your possession ?

Yes  No

[ If yes complete the table below. ]

Year, make and model of vehicle	Mileage	Date purchased	If paid in full, write PAID. If money is owed, total due.

# INCOME

## DEBTOR:

How often are you paid? Circle one:    Weekly            Every two weeks            Twice per month            Monthly

Gross pay (before taxes and deductions) each pay day:    \$\_\_\_\_\_

Net pay ( after taxes and deductions) each pay day:        \$\_\_\_\_\_

**Other income** (2<sup>nd</sup> job, social security, pension/retirement, rent). Please explain and indicate amount received and how often:\_\_\_\_\_

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## SPOUSE:

How often are you paid? Circle one:    Weekly            Every two weeks            Twice per month            Monthly

Gross pay (before taxes and deductions) each pay day:    \$\_\_\_\_\_

Net pay ( after taxes and deductions) each pay day:        \$\_\_\_\_\_

**Other income** (2<sup>nd</sup> job, social security, pension/retirement, rent). Please explain and indicate amount received and how often:\_\_\_\_\_

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**PLEASE ENTER ONLY THE FOLLOWING ESTIMATED MONTHLY EXPENSES  
(ONLY ENTER INFO THAT APPLIES TO YOUR SITUATION; THESE DO NOT INCLUDE ALL EXPENSES)**

Rent or Mortgage	\$_____	Medical	\$_____
2 <sup>nd</sup> Mortgage	\$_____	Charitable	\$_____
Condo Assessment	\$_____	Baby sitting	\$_____
Electric	\$_____	Day Care	\$_____
Heating/cooking gas	\$_____	Auto Loan/Lease	\$_____
Water	\$_____	Auto Loan/Lease	\$_____
Garbage	\$_____	Student Loan	\$_____
Telephone	\$_____	School Tuition	\$_____
Cellular Phone	\$_____	Gasoline	\$_____
Cable/Satellite TV	\$_____	Train Ticket	\$_____
Internet	\$_____	Vehicle Insurance	\$_____
Life Insurance ( not deducted from from payroll check )	\$_____	Health Insurance ( not deducted from from payroll check )	\$_____



## **RETIREMENT ACCOUNTS**

List all retirement accounts that you have. (IRA, 401k, Union, Government, Military, Profit Sharing).

If none, please check box to the right.

None

Type of account	Date withdrawals can start	Current value
		\$
		\$
		\$

## **BUSINESSES OWNED**

Have you or your spouse own any businesses, including partnerships and sole proprietorships, in the last six years?      Yes  No       If yes, list below:

Type of business	Date started (closed)	Annual gross income
		\$
		\$

Have you sold, transferred or closed any business (or an interest in any business) within the past three years?      Yes  No

## **VARIOUS QUESTIONS RELATING TO YOUR FINANCES**

Most of my/our debts are related to [check the box(es) that apply to your situation]:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A business      | <input type="checkbox"/> Taxes                      | <input type="checkbox"/> A lawsuit against me/us        |
| <input type="checkbox"/> Domestic issues | <input type="checkbox"/> Mortgage or car arrearages | <input type="checkbox"/> Credit cards and medical bills |

Total Gross Income (*before* deductions) from all sources for:

	You	Spouse
2011 (so far)	_____	2011 (so far) _____
2010	_____	2010 _____
2009	_____	2009 _____

In the next year, I/We expect my/our income to [go up]    [go down]    [stay about the same] (circle one).

Are you or your spouse receiving any disability, workers comp or retirement income?      Yes  No

If yes, how much per month:      \$ \_\_\_\_\_

Have you given away, traded, transferred or sold, to ANYONE including, family members, **ANYTHING** worth more than \$500.00 in the past five years? Yes  No  If yes, list below:

Item	Value	Date transferred	To whom
	\$		
	\$		
	\$		
	\$		

How much cash-on-hand do you have right now? \$ \_\_\_\_\_

Have you co-signed on a loan for anyone else? Yes  No

Is anything that you own in the possession or name of someone else? Yes  No

Is your name on anyone else's bank account, real property or vehicle? Yes  No

**Are you suing any one or do you have the right to sue anyone whether for any injury or because someone owes you money ?** Yes  No

Excluding support, have you paid or given any money to any family member in the past year for any reason? Yes  No

Have you filed all income tax returns for the past four years? Yes  No

Have you made any major purchases (over \$200) on any credit card in the past three months? Yes  No

Except for regularly scheduled payments, have you paid any creditor more than \$600 in the past 90 days? Yes  No

Have you had any wages garnished or property attached during the past year? Yes  No

Have you had any asset repossessed or foreclosed on during the past year? Yes  No

Has property been assigned or returned to a creditor during the last 120 days? Yes  No

Have you made a gift or contribution of more than \$100.00 during the past year? Yes  No

Did you have any casualty losses from fire, theft, etc during the past year? Yes  No

Has a bank offset money in an account against a debt during the last 90 days? Yes  No

Have you taken any cash advances in the past three months? Yes  No

Have you made any balance transfers on any credit card in the past three months? Yes  No

Do you owe any money from a marital settlement or judgment of divorce? Yes  No

Have you been ordered to pay child or spousal support? Yes  No

Is any support past due? Yes  No

Have you paid anyone for debt counseling or bankruptcy during the past year? Yes  No

Has someone died recently and you may inherit something of value ? Yes  No

Have you ever received, or are you entitled to receive within the next two years, any inheritance, property settlement agreement, or proceeds from a life insurance policy? Yes  No

Do you have any executory contracts, such as leases (including vehicle leases),  
realtor listing agreements or timeshares, where payments are still due? Yes  No

Do you have any tax refund due you at this time? Yes  No

Have you changed any payroll deduction with in the past six months? Yes  No

Have you set up a trust in the past ten years? Yes  No

Do you receive any income from a trust or annuity? Yes  No

Do you have income from royalties, gas or mineral rights, copyrights, licenses  
agreements or patents now or in the future? Yes  No

Do you have a life estate or the right to use anyone else's property? Yes  No

Do own any stocks or bonds? Yes  No

Do you have a storage unit? Yes  No

If yes, list what is in it:

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Do you have a safety deposit box? Yes  No

If yes, list what is in it:

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Is there anything else of which you think the attorney should be made aware? Yes  No

If yes, please indicate: \_\_\_\_\_

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_