

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

This information is necessary for me to troubleshoot what problems you would have if you decide to file a Chapter 7 or Chapter 13. It must be filled out before we can sit down and get answers to all of your questions. This form also serves as the foundation for us to create your bankruptcy paperwork.

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

Marital Status:  Married  Single  Divorced  Widowed

**Debtor # 1 Name**

*First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

Social Security Number \_\_\_\_\_

Your Home Address:

\_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address if different:

\_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone number : \_\_\_\_\_

Your email address : \_\_\_\_\_

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

Any other names you have used in the last 8 years? \_\_\_\_\_

**Debtor # 2 Name**

*First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

Social Security Number \_\_\_\_\_

Your Home Address:

\_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address if different:

\_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Your email address : \_\_\_\_\_

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

Any other names you have used in the last 8 years \_\_\_\_\_

1. Other addresses where you have lived in the last 3 years. Include street number, city, state, zip and dates of occupancy:

\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

2.

**Debtor No. 1 EMPLOYMENT:**

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

**Debtor No. 2 EMPLOYMENT**

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

Have you owned a business or been in a partnership in the last 6 years: \_\_\_\_\_ If so, name and type of business, address, date commenced, date terminated:

\_\_\_\_\_

\_\_\_\_\_

**INCOME SOURCE**

State the gross income for you as "client 1" and your spouse if married as "client 2". Your last 2 years tax returns with W-2's will provide good information. You will also need to list the income for any other person living in your household. If your income is from your business, please provide a profit and loss statement for each of the last 6 calendar months. Even tax exempt income must be provided for determining budget.

**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, rental income, lawsuit settlement, gambling 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:

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Savings  Checking   
Closed  Active

Savings  Checking   
Closed  Active

Persons on Account :

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Persons on Account:

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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. There may be issues with cross collateralization of any vehicle loans with the credit union. Discuss this with the attorney.

7. Have you paid a family member, member of a corporation you have an interest in, or business partner any money in the last year? \_\_\_\_\_

8. Have you paid off any loans in the last year in which a family member or business partner were also liable or co-signed? \_\_\_\_\_

9. Do you hold property for another? This would include, vehicles in your name but in another's possession, titles of sold vehicles not transferred, children's vehicles, names on land titles, trusts or joint accounts, real estate etc. If so, explain

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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 dates of each payment:**

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11. Have you transferred or gifted any property in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
This includes sales of real estate, foreclosures, vehicles, money (over \$600) or other valuable items.

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12. Have any titled vehicles been transferred in or out of your name in the last 2 years? \_\_\_\_\_  
If so, provide details \_\_\_\_\_

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13. Are you currently being sued? List all law suits or administrative proceedings to which you were either a plaintiff or defendant to in the last year. Include dissolution, support or custody actions. List other parties by name and the case number.

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14. Do you have the right to sue anyone for a claim of any type, including car accidents, class actions, assault, refund of fees, malpractice, slip and fall, unlawful termination of employment, support, or any damages at all. These things must be listed on your bankruptcy even if you think that you may not file a lawsuit or you will never be able to bring the action and you will not have disclosed all of your assets. Insurance companies always check Bankruptcy records to see if you have filed and disclosed the right to sue before they settle a case. \_\_\_\_\_

15. 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, list the case number and creditor, and provide a payroll fax number for notices:

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

Creditor Name and Address \_\_\_\_\_

Item Repossessed \_\_\_\_\_

Value: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Date Taken: \_\_\_\_\_

17. Have you consulted an attorney in the last year? If so state his/her name and the nature of the consult.

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18. Do you have a storage unit or safe deposit box? If so where and what is in it?

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19. List all real estate foreclosed upon in the last year or foreclosures commenced.

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20. Real estate owned (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:\_\_\_\_\_

Other Real Estate located anywhere that you or your spouse have an interest in:

\_\_\_\_\_

**Note:** 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.

21.  Cash on hand  Money in Bank  Rent Deposit  Utilities Deposit  
\$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

22. Retirement Account: Bank \_\_\_\_\_ Value\$\_\_\_\_\_

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. I WILL ADVISE YOU OF THE ITEMS THAT WE CAN OR CANNOT PROTECT.

**We ask that you list all of your assets below so that we can protect them from your creditors in a bankruptcy. If an asset is not listed and declared exempt on your bankruptcy, you may lose it.**

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

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:

Couch	\$ _____	Microwave	\$ _____	Television	\$ _____
Chair(s)	\$ _____	Stove	\$ _____	Stereo	\$ _____
End Tables	\$ _____	Refrigerator	\$ _____	DVD Player	\$ _____
Lamps	\$ _____	Freezer	\$ _____	Game System	\$ _____
Home Decor	\$ _____	Washer/Dryer	\$ _____	Computer	\$ _____
Dinette	\$ _____	Lawn Mower	\$ _____	Tablet	\$ _____
Beds	\$ _____	Snow Blower	\$ _____	Smartphone	\$ _____
Dressers	\$ _____	Dishes	\$ _____	Barbecue	\$ _____
Other	\$ _____	Cookware	\$ _____	Patio Furniture	\$ _____

Tools of trade \$ \_\_\_\_\_

Desc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Any collection of art, books, coins, of value? Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_ Jewelry \$ \_\_\_\_\_ Firearms \$ \_\_\_\_\_ Sports Equipment \$ \_\_\_\_\_

25. VEHICLE No. 1: Year \_\_\_\_\_ Make/Model \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Bank/Financing Institution & Address: \_\_\_\_\_  
\_\_\_\_\_

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

Account number \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Interest Rate \_\_\_\_\_

VEHICLE No. 2: Year \_\_\_\_\_ Make/Model \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Bank/Financing Institution & Address: \_\_\_\_\_  
\_\_\_\_\_

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

Account number \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Interest Rate \_\_\_\_\_

RV / Motorcycle / Boat: Year \_\_\_\_\_ Make/Model \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Bank/Financing Institution & Address: \_\_\_\_\_  
\_\_\_\_\_

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

Account number \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Interest Rate \_\_\_\_\_

26. LIST ANY AND ALL OTHER ASSETS OF VALUE, i.e., tools of the trade, personal injury claims, workman's compensation,

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**Note: If an item is not listed in your bankruptcy, you could lose it.**

27. Dependent's name	Age	Relationship

28. INCOME AND EXPENSES

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

Please list **ALL** sources of income below:

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

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

29. ESTIMATED MONTHLY EXPENSES:

Rent/Mortgage\$ _____	Electricity \$ _____
Phone \$ _____	Transportation \$ _____
Food \$ _____	Home Maintenance\$ _____
Cable \$ _____	Medical/Dental \$ _____
Internet \$ _____	HOA Dues \$ _____
Water/Sewer \$ _____	Clothing \$ _____
Garbage \$ _____	Laundry/Dry Clean\$ _____
Childcare \$ _____	Personal care \$ _____
Children's education costs \$ _____	

Taxes not automatically paid elsewhere: \$ \_\_\_\_\_

Recreation/Newspaper/Magazines \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

30. Auto Insurance \$ \_\_\_\_\_ Life Insurance \$ \_\_\_\_\_  
Health Insurance \$ \_\_\_\_\_ (not payroll deducted)  
Homeowner's or Renters Insurance \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

31. Installment Payments: Auto #1 \$ \_\_\_\_\_ Auto #2 \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

32. Alimony and Child Support payments \$ \_\_\_\_\_  
For Whom \_\_\_\_\_

33. Mailing address and name of any person you pay support to. The trustee will ask for this information if not listed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Losses from fire, theft or gambling in the last year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. List all gifts or charitable contributions made in the last year over \$600.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Have you sold or transferred any real estate in the last 4 years? Is your name on any real estate even though you have no right to sell it.? \_\_\_\_\_

37. 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 in the past 10 years? \_\_\_\_\_ If so, explain.  
\_\_\_\_\_

38. Has any creditor taken a list of your property as security for a debt in last 2 years? If so, please provide a copy of the Security Agreement. \_\_\_\_\_

39. If you have operated any business in the last 4 years, provide the name, address, business identification number and the date of opening and closing for each business entity that you had any interest in as well as who else owned the business with you. List the names of all partners or officers and their interest.

40. If you have been in business, provide me with the names of your bookkeeper or accountant and who has possession of those books.
41. Provide me with the names of the banks where your accounts were kept for the business.
42. Were any financial statements issued for that business?
43. Were any inventories taken for the business?
44. Please provide us with every debt (except utilities) whether or not you intend to continue paying these after the filing.
45. List any bank accounts that you have closed in the last year. Include any pensions, IRAs or market funds, stocks etc.
46. Your creditors' meeting occurs approximately one month after filing. The attorney will give you the date and time of the meeting at the time your case is filed.
47. 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**

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I have provided complete information to the answers above and understand that any legal advice that I receive will be based upon the information provided.

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

signatures      *X* \_\_\_\_\_

*X* \_\_\_\_\_