

**ALEX WATHEN  
RANDALL SCOTT  
WATHEN & SCOTT  
ATTORNEYS AT LAW**  
4054 MCKINNEY AVENUE, SUITE 303  
DALLAS, TEXAS 75204  
PHONE (214) 252-0042  
[www.bankruptcy4dallas.com](http://www.bankruptcy4dallas.com)

## PROSPECTIVE CLIENT INTAKE FORM

Please fill out this form and bring it with you when to your scheduled appointment. We also recommend that you bring as many of the items on the list on the next page as possible. You may also fax this form instead of bringing it or if you have a telephone appointment. Please note that receipt of this form does not mean that we agree to represent you. We do not represent you until you have signed, delivered, and we have accepted a copy of our written fee agreement.

**Don't be intimidated if you do not understand a question or by the length of this questionnaire. If you have a question call us at (214) 252-0042 or email us and we will be happy to answer questions.**

**Please check if applicable:**

- I received a foreclosure notice/repossession notice or I might soon.
- I am behind on my house payments.
- I am behind on my car payments.
- I am behind on my child support, spousal, or other support payments.

**If you checked any of these boxes call us immediately! We must file bankruptcy before a foreclosure sale to save your house. It is also best to file before repossession of your car or other non-real estate property, but it is often possible to get the car back even after repossession.**

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone(s): Eve/Wknd: \_\_\_\_\_ Day: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone(s): Eve/Wknd: \_\_\_\_\_ Day: \_\_\_\_\_ Cell: \_\_\_\_\_

I have filed bankruptcy before. Year: \_\_\_\_\_ Chapter (7/11/12/13): \_\_\_\_\_ Where? \_\_\_\_\_



Medical Bills/Debt: \$ \_\_\_\_\_

Business Debt: \$ \_\_\_\_\_

Include car & computer loans if used primarily for business, and even credit cards if most of the items charged were used primarily for business purposes.

Other Debt (Specify): \$ \_\_\_\_\_

Other Information:

I have lived in the area since \_\_\_\_\_ (mo/year).

I have lived in the Texas since \_\_\_\_\_ (mo/year).

I have owned my house since \_\_\_\_\_ (mo/year).

**B. ACTUAL INCOME DURING THE LAST SIX MONTHS BEFORE THE CURRENT MONTH**

We need the actual amounts of your income from all sources for these months.

Please check if:

\_\_\_ My income will go down during the next six months.

List the income in the month you received it not i.e. the date of your paycheck. List each paycheck separately.

List all income from all sources for both you and your spouse. If your spouse does not file bankruptcy with you, her or his income might not be considered except to the extent they contribute to your expenses.

List as income any money paid, on a regular basis, by a someone other than your spouse toward your expenses. It will probably not count against you if it was a one time payment.

Be sure to specify in detail the source of all income as benefits under the Social Security Act, perhaps even unemployment do not count against you but they still have to be listed.

PLEASE USE GROSS AMOUNTS BEFORE ANY DEDUCTIONS, AND USE DATES RECEIVED RATHER THAN DATES EARNED.

	Last Month:	2 Months ago:	3 Months ago:	4 Months ago:	5 Months ago:	6 Months ago:
Name of Month:	_____	_____	_____	_____	_____	_____
Source (List all including spouse's):						
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Public assistance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Inheritances	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gambling winnings	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance money	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rents received	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Mineral interest royalties	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Regul. contributions by other people	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

If Self-Employed:

	Last Month:	2 Months ago:	3 Months ago:	4 Months ago:	5 Months ago:	6 Months ago:
Name of Month:	_____	_____	_____	_____	_____	_____
Gross Revenues	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Deduct:						
Payroll/Contractors	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Office rent	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Office utilities	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Office supplies	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Business insurance	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Cost of goods sold	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Office telecom.	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Advertising	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Licensing fees	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Membership fees	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Other_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Other_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Other_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Other_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Equals Net Income:						
	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____

## EMPLOYMENT

Please bring current pay stubs and tax returns with you when you come in.

**Employer & Address:** \_\_\_\_\_

\_\_\_\_\_ **How Long:** \_\_\_\_ years.

**2<sup>nd</sup> Employer & Address:**

\_\_\_\_\_ **How Long:** \_\_\_\_ years.

## INCOME

I get paid: \_\_ Weekly \_\_ Every two weeks \_\_ Twice a month \_\_ Monthly  
I am off/on vacation \_\_\_\_ weeks per year paid, and \_\_\_\_ weeks per year unpaid.

## ANTICIPATED CHANGES IN INCOME

**Describe any increase or decrease of more than 10% in any of these categories anticipated to occur within a year: Yes \_\_ No \_\_**

## C. PERSONAL EXPENSES

DO NOT RE-LIST EXPENSES YOU HAVE LISTED EARLIER AS BUSINESS EXPENSES

Rent (ONLY IF YOU DO NOT OWN IT) \$ \_\_\_\_\_

NOTE: If you rent remember to list your lease/rental contract under leases.

List your current monthly expenses for secured debts (with liens):

Mortgage \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ No. of Payments Left \_\_\_\_\_

Mortgage \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ No. of Payments Left \_\_\_\_\_

Vehicle \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ No. of Payments Left \_\_\_\_\_

Vehicle \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ No. of Payments Left \_\_\_\_\_

Vehicle \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ No. of Payments Left \_\_\_\_\_

Vehicle \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ No. of Payments Left \_\_\_\_\_

Conn's \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ No. of Payments Left \_\_\_\_\_

Star Furniture \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ No. of Payments Left \_\_\_\_\_

Other \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_ No. of Payments Left \_\_\_\_\_

If not included in the above payments:

Property Taxes (take annual amount and divide by 12) \$ \_\_\_\_\_

HOA Homeowner's Association Dues (annual divide by 12) \$ \_\_\_\_\_

Auto insurance per month \$ \_\_\_\_\_

Buss Pass \$ \_\_\_\_\_

Health insurance \$ \_\_\_\_\_

Health savings account expenses \$ \_\_\_\_\_

Health care not covered by insurance, including copays at doctor or pharmacy, non-prescription meds, supplies, special transportation to doctor et cetera. List anything you have to pay.

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

List expenses to care for chronically ill, elderly, or disabled family members

Disability insurance \$ \_\_\_\_\_

Life insurance \$ \_\_\_\_\_

Telecommunications:

-Basic home phone and cellphone service \$ \_\_\_\_\_

-Add ons such as caller ID, call waiting, 3-way calling, call forwarding, voice mail, internet service, cable television, satellite service, necessary for you health or well being such as communicating with each other.

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

Expenses incurred for protection from domestic violence \$ \_\_\_\_\_

Care and support for disabled, elderly, or chronically ill, household or family members. \$ \_\_\_\_\_

School expenses for children, be specific: \$ \_\_\_\_\_

Monthly domestic support (child & spousal) payments \$ \_\_\_\_\_

Monthly income tax payments (if quarterly list monthly) \$ \_\_\_\_\_

Do you have unusually high food and/or clothing expenses? If so, please specify why in detail:

Charitable and religious contributions including tithing. (They're protected up to 15% of your income and they help you pass the means test).

Receiving Entities:                      Date: Amount: Date: Amount: Date: Amount:

_____	__ / __	\$ _____	__ / __	\$ _____	__ / __	\$ _____
	__ / __	\$ _____	__ / __	\$ _____	__ / __	\$ _____
	__ / __	\$ _____	__ / __	\$ _____	__ / __	\$ _____
	__ / __	\$ _____	__ / __	\$ _____	__ / __	\$ _____
	__ / __	\$ _____	__ / __	\$ _____	__ / __	\$ _____
	__ / __	\$ _____	__ / __	\$ _____	__ / __	\$ _____
	__ / __	\$ _____	__ / __	\$ _____	__ / __	\$ _____
	__ / __	\$ _____	__ / __	\$ _____	__ / __	\$ _____

Other Personal Expenses:

Utilities Electricity and heating fuel	\$ _____
Water and sewer	\$ _____
Trash	\$ _____
Other _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry and dry cleaning	\$ _____
Transportation (not including car payments)	\$ _____
Recreation, clubs and entertainment, movies	\$ _____
Newspapers, Books, Magazines	\$ _____
Personal Care Items	\$ _____
Other ___ Child Care Expenses _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____
Payments for support of dependents not living with you	\$ _____
Regular expenses from operation of business or farm	\$ _____
Other _____	\$ _____

**ANTICIPATED CHANGES IN EXPENSES**

Describe any increase or decrease of more than 10% in any of these categories anticipated to occur within a year: **Yes** \_\_ **No** \_\_

**LAND, BUILDINGS, HOUSES, CONDOS, TIMESHARES,  
ROYALTY INTERESTS IN MINERAL RIGHTS, AND OTHER REAL  
PROPERTY (If you have a deed then it's real property).**

Description (land/home): \_\_\_\_\_

Date acquired: \_\_\_\_\_ How acquired:    \_\_Purchase    \_\_Gift    \_\_Inheritance

Property Address - Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_ Source or Basis: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes \_\_ No \_\_ Are there liens on it? Yes \_\_ No \_\_

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Description (land/home): \_\_\_\_\_

Date acquired: \_\_\_\_\_ How acquired:    \_\_Purchase    \_\_Gift    \_\_Inheritance

Property Address - Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_ Source or Basis: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes \_\_ No \_\_ Are there liens on it? Yes \_\_ No \_\_

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Description (land/home): \_\_\_\_\_

Date acquired: \_\_\_\_\_ How acquired:    \_\_Purchase    \_\_Gift    \_\_Inheritance

Property Address - Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_ Source or Basis: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes \_\_ No \_\_ Are there liens on it? Yes \_\_ No \_\_

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**ATTACH ADDITIONAL SHEETS IF NECESSARY**

## PERSONAL PROPERTY AND OTHER ASSETS

List all your non-real estate property including not only tangible things, but also intangible stuff such as financial assets and if you are a songwriter you might own copyrights or if you have a business you may have a registered trademark. Web domain names are also assets, even if they are not worth much.

List all your assets even if you do not think they are important. We can almost always figure out a way for you to keep most assets as long as you list them. **If you fail to list any asset you will probably lose it as unlisted cannot be exempted in a bankruptcy proceeding.**

NOTE: If any of your possessions embarrass you then "miscellaneous" is a good word.

**Please list the garage sale value of the goods, not what you may have paid for them back when you bought them. Think of what you could sell them for if you had to sell them today rather than what you might get if you had a few months.**

### **STUFF USED IN OCCUPATIONS – TOOLS OF TRADE (INCLUDING STUDENTS):**

If you use it in an occupation it should be listed here rather than in another section:

Family Member Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation/Area of Study: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation/Area of Study: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation/Area of Study: \_\_\_\_\_

Vehicles, Boats, motorcycles actually used in occupation - not just for commuting:

Year: Make: Model: Milage: Describe use in occupation:

\_\_\_\_\_

\_\_\_\_\_

Books: \$\_\_\_\_\_ Trade Magazines/Journals \$\_\_\_\_\_ Software incl. licenses \$\_\_\_\_\_

Clothes used primarily in occupation including suits, ties, dresses: \$\_\_\_\_\_

Computers: Laptops \$\_\_\_\_\_ Desktops \$\_\_\_\_\_ Printers \$\_\_\_\_\_ Scanners \$\_\_\_\_\_ Copiers \$\_\_\_\_\_

Other accessories \$\_\_\_\_\_ Cameras \$\_\_\_\_\_ Other photographic equipment \$\_\_\_\_\_

Tools (break down to \$400 or less per line if at all possible):

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Furniture used in a trade:

Desk _____	\$ _____	_____	\$ _____
Chairs _____	\$ _____	_____	\$ _____
Filing cabinets _____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Other:

Inventory \$ \_\_\_\_\_ Spare parts \$ \_\_\_\_\_

Accounts Receivable – face value \$ \_\_\_\_\_ Actual collectible amount \$ \_\_\_\_\_

**FARMERS AND FISHERMEN ONLY**

If you make most of your money from farming I will let you know about the special bankruptcy benefits applicable to you.

Crops – growing or harvested. \_\_\_\_\_ \$ \_\_\_\_\_  
 Give particulars.

NOTE: If you are growing something illegal you should probably not be filing for bankruptcy, rather you will need criminal defense services.

Farming equipment and \_\_\_\_\_ \$ \_\_\_\_\_  
 implements.

Farm supplies, chemicals, and \_\_\_\_\_ \$ \_\_\_\_\_  
 feed.

Farm Animals (Itemize) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**MONEY WE HAVE**

Cash with husband (incl. in wallet, center console, under caoch cusions, beer fund) \$ \_\_\_\_\_

Cash with wife (incl. in purse, jewelry box, under mattress, hidden from husband) \$ \_\_\_\_\_

My secret stash under the garage \$ \_\_\_\_\_

Checking: \_\_\_\_\_ Bank/CU \_\_\_\_\_ \$ \_\_\_\_\_

Checking: \_\_\_\_\_ Bank/CU \_\_\_\_\_ \$ \_\_\_\_\_

Checking: \_\_\_\_\_ Bank/CU \_\_\_\_\_ \$ \_\_\_\_\_

Savings: \_\_\_\_\_ Bank/CU \_\_\_\_\_ \$ \_\_\_\_\_

Other/CD: \_\_\_\_\_ Bank/CU \_\_\_\_\_ \$ \_\_\_\_\_

Swiss Bank Account \_\_\_\_\_ Husband \$2,000,000?

Forgotten Bank Account \_\_\_\_\_ Bank, \_\_\_\_\_ \$5.00? \_\_\_\_\_  
(You thought it was closed!)

NOTE: The way those banks charge you fees you probably will not have much money left!

Brokerage accounts \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Educational Accounts:

Education IRA \_\_\_\_\_ \$ \_\_\_\_\_ Texas Tomorrow Fund \$ \_\_\_\_\_

Other Section 529 Prepaid Tuition Plans \_\_\_\_\_ \$ \_\_\_\_\_

**RETIREMENT PLANS**

Don't worry, these are usually safe but we need to know so that I can advise you:

Defined benefit plans – these are the safest and have no cash balance, instead you will get an amount based on salary and numbers of years of service, and most important you cannot cash it out. Include ones that you have a right to receive as part of a divorce or other QDRO Qualified Domestic Relations Order even if you did not originally have that right:

\_\_\_\_\_ Corp. Retirement Plan \_\_\_\_\_ Corp. Retirement Plan

\_\_\_\_\_ County Retirement Plan State of \_\_\_\_\_ Retirement Plan

Federal Employee Retirement Plan \_\_\_\_\_ Military Branch: \_\_\_\_\_

Police/Fire Pension City of \_\_\_\_\_ Other Law Enforcement: \_\_\_\_\_

Local No. \_\_\_\_\_ United \_\_\_\_\_ Workers of America Pension Plan

Other \_\_\_\_\_

Defined contribution – these have cash balances:

TRS Texas Teacher's Retirement Plan \$ \_\_\_\_\_ Enron Retirement Plan \$0

401(k)'s \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

403(b)'s \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ IRA \_\_\_\_\_ \$ \_\_\_\_\_ Annuity \_\_\_\_\_ \$ \_\_\_\_\_ Whole Life \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ IRA \_\_\_\_\_ \$ \_\_\_\_\_ Annuity \_\_\_\_\_ \$ \_\_\_\_\_ Universal Life \$ \_\_\_\_\_

\_\_\_\_\_ IRA \_\_\_\_\_ \$ \_\_\_\_\_ Annuity \_\_\_\_\_ \$ \_\_\_\_\_ Var. Univ. Life \$ \_\_\_\_\_

CIA and KGB Retirement Plans \$20,000,0000 plus – you might not want to file for bankruptcy!

**MONEY WE'LL GET**

Tax Refunds owed to us from past years:

Tax Year: \_\_\_\_\_ Amount \$ \_\_\_\_\_ When we think we will get it: \_\_\_\_\_

Tax Year: \_\_\_\_\_ Amount \$ \_\_\_\_\_ When we think we will get it: \_\_\_\_\_

Refund we will get in April next year: Year: \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_ Someone has already died from whom I might inherit money, even if it was years ago and we have not yet done the legalities of transferring the property.

\_\_\_\_ I might inherit \$ \_\_\_\_\_ if someone dies within 180 days of when I file bankruptcy.

\_\_\_\_ I might receive \$ \_\_\_\_\_ from a divorce or family court case within 180 days of when I file bankruptcy.

\_\_\_\_ I have an annuity or other fund that will pay/pays \$ \_\_\_\_\_ per month or year or on specific dates \_\_\_\_\_.

\_\_\_\_ I get disability payments of \$ \_\_\_\_\_/month from \_\_\_\_\_ because of \_\_\_\_\_.

\_\_\_\_ I get money from or have a trust fund every \_\_\_\_\_ \$ \_\_\_\_\_ until \_\_\_\_\_.

**MONEY WE'RE OWED (AND MAY NEVER GET!)**

Person or Corporation Owing Money:    Amount:    Reason Owed – Details:    Date:

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

Deadbeat parent \_\_\_\_\_ Child Support \_\_\_\_\_

Your so called friend who will never pay \_\_\_\_\_

**CLAIMS WE HAVE AGAINST OTHERS**

List these regardless of how long ago the alleged incident or conduct may have taken place as different states have different statutes of limitation.

If you think someone owes you compensation or someone has injured you, you have a claim, or a lawsuit you have filed then those are also assets. List anyone you think that you could sue if you wanted to, even if you decided not to sue. **If you fail to list a claim or lawsuit in your bankruptcy, you may lose the right to sue under the judicial estoppel doctrine.**

Claimant Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Date of Alleged Claim: \_\_\_\_\_ Location City, State of Incident: \_\_\_\_\_

Check if applicable about the allegations:

\_\_\_\_ Car accident    \_\_\_\_ Allegation of intoxication    \_\_\_\_ Allegation of intentional act    \_\_\_\_ Negligence

\_\_\_\_ Breach of fiduciary duty allegation    \_\_\_\_ Fraud allegation    \_\_\_\_ Professional Malpractice allegation

Discrimination/Civil Rights Other type. Please describe: \_\_\_\_\_

Related to a criminal case. What Court: \_\_\_\_\_ Status: \_\_\_\_\_

Case No. \_\_\_\_\_ Style: \_\_\_\_\_

Related to a civil case. What Court: \_\_\_\_\_ Status: \_\_\_\_\_

Case No. \_\_\_\_\_ Style: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Date of Alleged Claim: \_\_\_\_\_ Location City, State of Incident: \_\_\_\_\_

Check if applicable about the allegations:

Car accident  Allegation of intoxication  Allegation of intentional act  Negligence

Breach of fiduciary duty allegation  Fraud allegation  Professional Mapractice allegation

Discrimination/Civil Rights Other type. Please describe: \_\_\_\_\_

Related to a criminal case. What Court: \_\_\_\_\_ Status: \_\_\_\_\_

Case No. \_\_\_\_\_ Style: \_\_\_\_\_

Related to a civil case. What Court: \_\_\_\_\_ Status: \_\_\_\_\_

Case No. \_\_\_\_\_ Style: \_\_\_\_\_

**SECURITY DEPOSITS YOU HAVE MADE**

Security deposits with Public utilities, telephone companies or landlords, and others.	Electric (Reliant Energy is usually \$150)	\$ _____
	Water (City of Houston is usually \$75)	\$ _____
	Gas (Centerpoint is often \$35)	\$ _____
	Slumlord _____	\$ _____
	Real estate tycoon _____	\$ _____
	Equipment/car you are renting _____	\$ _____
	Beach house deposit for Memorial Day _____	\$ _____
	Cayman Islands cruise deposit _____	\$ _____
	_____	\$ _____

**HOUSEHOLD GOODS AND FURNISHINGS, INCLUDING AUDIO,**

ITEMIZE OR BREAK DOWN FURTHER IF ANYTHING IS WORTH \$400 OR MORE.

General:

Food and beverages: \$ \_\_\_\_\_

Towels, washcloths, sheets, blankets, covers, duvets, pillow cases, curtains, cloths, \$ \_\_\_\_\_

Rugs \$ \_\_\_\_\_ Cleaning supplies, tools, and liquids \$ \_\_\_\_\_

Personal care items \$ \_\_\_\_\_ Medicine and medical devices \$ \_\_\_\_\_

Junk not otherwise listed \$ \_\_\_\_\_

Plants and Flowers with vases and equipment \$ \_\_\_\_\_

Household pets and equipment \$ \_\_\_\_\_ (Dogs, cats, horses, snakes etc... Roaches do not count and don't even think about listing your kids. There is a separate section for them even if they eat or act like animals).

Telephones and answering machines \$ \_\_\_\_\_

Radios \$ \_\_\_\_\_ Cable/Satellite Boxes \$ \_\_\_\_\_ Remote Control Units \$ \_\_\_\_\_

Movable electronics and Baggage.

Laptop (only for personal use) \$ \_\_\_\_\_ iPods \$ \_\_\_\_\_ iPhones/Blackberrys/PDA's \$ \_\_\_\_\_

Other cell phones \$ \_\_\_\_\_ Briefcases \$ \_\_\_\_\_ Luggage \$ \_\_\_\_\_ Bags \$ \_\_\_\_\_ Wallets \$ \_\_\_\_\_

Purses \$ \_\_\_\_\_

Firearms: \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

Sporting and exercise equipment:

Baseball, football, basketball equipment \$ \_\_\_\_\_ Equipment for other sports \$ \_\_\_\_\_

Golf Clubs, balls and bags \$ \_\_\_\_\_ Golf Cart \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Bicycles \$ \_\_\_\_\_ Skis, Skates, Rollerblades \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Bunjee jumping equipment \$ \_\_\_\_\_ Parachute \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Master Bedroom:

Bed frame \$ \_\_\_\_\_ Mattress \$ \_\_\_\_\_ Box Spring \$ \_\_\_\_\_ Other parts \$ \_\_\_\_\_

Side Tables \$ \_\_\_\_\_ Lamps \$ \_\_\_\_\_ Dresser \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ TV \$ \_\_\_\_\_

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

Bedroom 2:

Bed frame \$ \_\_\_\_\_ Mattress \$ \_\_\_\_\_ Box Spring \$ \_\_\_\_\_ Other parts \$ \_\_\_\_\_

Side Tables \$ \_\_\_\_\_ Lamps \$ \_\_\_\_\_ Dresser \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ TV \$ \_\_\_\_\_

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

Bedroom 3:

Bed frame \$ \_\_\_\_\_ Mattress \$ \_\_\_\_\_ Box Spring \$ \_\_\_\_\_ Other parts \$ \_\_\_\_\_

Side Tables \$ \_\_\_\_\_ Lamps \$ \_\_\_\_\_ Dresser \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ TV \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

Bedroom 4:

Bed frame \$ \_\_\_\_\_ Mattress \$ \_\_\_\_\_ Box Spring \$ \_\_\_\_\_ Other parts \$ \_\_\_\_\_

Side Tables \$ \_\_\_\_\_ Lamps \$ \_\_\_\_\_ Dresser \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ TV \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

Kitchen:

Refridgerator \$ \_\_\_\_\_ Freezer \$ \_\_\_\_\_ Range/Oven \$ \_\_\_\_\_ Cutlery \$ \_\_\_\_\_

Crockery \$ \_\_\_\_\_ Wine Cooler \$ \_\_\_\_\_ Oth. Machines \$ \_\_\_\_\_ TV \$ \_\_\_\_\_

Pots/Pans \$ \_\_\_\_\_ Kicthen chairs \$ \_\_\_\_\_ Misc. cooking equipment \$ \_\_\_\_\_

Dining Room:

Dining Table \$ \_\_\_\_\_ Chairs \$ \_\_\_\_\_ China cabinet \$ \_\_\_\_\_ Shelves \$ \_\_\_\_\_

Serving Table \$ \_\_\_\_\_ Lamps \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

TV \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

Breakfast Room:

Dining Table \$ \_\_\_\_\_ Chairs \$ \_\_\_\_\_ China cabinet \$ \_\_\_\_\_ Shelves \$ \_\_\_\_\_

Serving Table \$ \_\_\_\_\_ Lamps \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

TV \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

Living Room:

Couch \$ \_\_\_\_\_ Couch \$ \_\_\_\_\_ Love Seat \$ \_\_\_\_\_ Recliners \$ \_\_\_\_\_ TV \$ \_\_\_\_\_

Side Tables \$ \_\_\_\_\_ Lamps \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

Den:

Couch \$ \_\_\_\_\_ Couch \$ \_\_\_\_\_ Love Seat \$ \_\_\_\_\_ Recliners \$ \_\_\_\_\_

Stereo \$ \_\_\_\_\_ TV \$ \_\_\_\_\_ Kareoke \$ \_\_\_\_\_ Entertainment center \$ \_\_\_\_\_

DVD Player \$ \_\_\_\_\_ Video Game Player \$ \_\_\_\_\_ Other game consule \$ \_\_\_\_\_

Side Tables \$ \_\_\_\_\_ Lamps \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

Game Room

Couch \$ \_\_\_\_\_ Couch \$ \_\_\_\_\_ Love Seat \$ \_\_\_\_\_ Recliners \$ \_\_\_\_\_

Stereo \$ \_\_\_\_\_ TV \$ \_\_\_\_\_ Kareoke \$ \_\_\_\_\_ Entertainment center \$ \_\_\_\_\_



Off Site Storage Space: -- IF YOU HAVE A CONTRACT ON THIS LIST IT IN LEASES SECTION.

Bed frame \$\_\_\_\_\_ Mattress \$\_\_\_\_\_ Box Spring \$\_\_\_\_\_ Other parts \$\_\_\_\_\_

Side Tables \$\_\_\_\_\_ Lamps \$\_\_\_\_\_ Dresser \$\_\_\_\_\_ Other \$\_\_\_\_\_

Junk \_\_\_\_\_ \$\_\_\_\_\_ \_\_\_\_\_ \$\_\_\_\_\_ \_\_\_\_\_ \$\_\_\_\_\_ \_\_\_\_\_ \$\_\_\_\_\_

BOOKS, PICTURES, AND OTHER ART OBJECTS, ANTIQUES, STAMP, COIN, RECORD, TAPE, COMPACT DISCS, AND COLLECTIONS, OR COLLECTIBLES.

Paintings, pictures, framed art \$\_\_\_\_\_ Collection - \_\_\_\_\_ \$\_\_\_\_\_  
and posters hanging on the walls

Other Art \$\_\_\_\_\_ Collection - \_\_\_\_\_ \$\_\_\_\_\_

Virgin Mary Statue \$\_\_\_\_\_ Crucifix \$\_\_\_\_\_

Books & Magazines\*\* \$\_\_\_\_\_ Any religious books\* \$\_\_\_\_\_

Tapes, CD's, DVD's et cetera \$\_\_\_\_\_ Barbie Doll Collection \$\_\_\_\_\_

\*Religious books receive special protection from creditors and should therefore be listed separately.

**Don't tell me you don't have any books, magazines, CD's or DVD's or nothing at all hanging on your walls?**

Clothes – Not used primarily for an occupation Miscellaneous \$\_\_\_\_\_

Furs and Jewelry \_\_\_\_\_ \$\_\_\_\_\_

**Itemize with great detail.** College ring \$\_\_\_\_\_

Wedding ring \$\_\_\_\_\_

Watches \$\_\_\_\_\_

OTHER WEIRD STUFF

INTELLECTUAL PROPERTY

Patents, copyrights, trademarks, service marks, dba's domain names

[www.getrichquick.com](http://www.getrichquick.com) \$2,000

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

d/b/a \_\_\_\_\_ \$\_\_\_\_\_

Stock and interests in incorporated or unincorporated businesses.  
Itemize. \_\_\_\_\_ \$\_\_\_\_\_

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

Interests in partnerships & joint Ventures. Itemize. \_\_\_\_\_ \$\_\_\_\_\_

Government or corporate bonds and other negotiable and non- \_\_\_\_\_ \$\_\_\_\_\_

negotiable instruments. \_\_\_\_\_ \$ \_\_\_\_\_

Equitable or future interests, life \_\_\_\_\_ \$ \_\_\_\_\_  
estates, and rights or powers exercis-  
able for your benefit.

NOTE: Any special rights to use, purchase, or receive mostly real estate in the future. It is usually in the deed to X for life with the remainder to Y (You). Few people have these. You would probably know if you did.

Licenses, franchises, and other \_\_\_\_\_ \$ \_\_\_\_\_  
general intangibles. Give particulars.

## SPECIAL DEBTS/CLAIMS

Check these boxes if you owe or anyone else might claim that you owe any of these types of debts and identify the name of the creditor from the Debt Section.

**Child Support, Alimony or Spousal Support, or other Domestic Support Obligations.**

If a court or other government agency has ordered you to pay child/spouse/other support the provide the name of the mother or other person receiving or who should be receiving this support:

Type:  Child  Alimony/Spousal  Other Amount currently due per month: \$ \_\_\_\_\_

Amount in arrears if any: \$ \_\_\_\_\_ Date of last payment \_\_\_\_\_

Name of Person owed to/paid to: \_\_\_\_\_

Address (Street, City, ZIP): \_\_\_\_\_

Type:  Child  Alimony/Spousal  Other Amount currently due per month: \$ \_\_\_\_\_

Amount in arrears if any: \$ \_\_\_\_\_ Date of last payment \_\_\_\_\_

Name of Person owed to/paid to: \_\_\_\_\_

Address (Street, City, ZIP): \_\_\_\_\_

---

Check if you owe any of these types of debts below and provide more information on a separate sheet:

**Extensions of credit in an involuntary case (Involuntary bankruptcies only!)\***

**Wages, salaries, and commissions (If you owe any employee any of these)**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives.

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of your bankruptcy, or the cessation of business, whichever occurred first.

**Claims against you by farmers and fishermen**

**Deposits by individuals**

Claims of individuals up to for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided.

**Commitments to Maintain the Capital of an Insured Depository Institution**

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**Taxes and Certain Other Debts Owed to Governmental Units (IRS and other states too)**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units.

Tax Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Tax Authority: \_\_\_\_\_

Tax Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Tax Authority: \_\_\_\_\_

Tax Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Tax Authority: \_\_\_\_\_

Tax Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Tax Authority: \_\_\_\_\_

Tax Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Tax Authority: \_\_\_\_\_

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## OTHER DEBTS, LIABILITIES, AND CLAIMS AGAINST YOU

List all your debts even if you think they are too old to collect. If you forget to put a debt in your bankruptcy papers that debt will not be discharged and you are stuck paying it. If you intentionally do not list a debt in your bankruptcy papers you are committing a federal crime.

List everybody you owe money to including family, friends, and drinking/gambling buddies. Remember to list every doctor you have seen and every hospital you have visited as a potential debt. You'll be surprised how many of these providers claim that you owe money they haven't billed you for yet.

Another thing people forget is those who have a claim against you. Anybody who thinks you owe them money or want to sue you or could sue you, you just do not know it yet. It's time to get these peoples' potential claims discharged. Mark these "CLAIM", "DISPUTED CLAIM," OR "POTENTIAL CLAIM" and briefly describe the incident giving rise to it. Include everybody you have been in a car accident with including passengers involved in all vehicles. Get a copy of the accident report. These are all potential claimants. If you have ever had any employees that you have terminated or you think might claim harassment include them too.

Secured Debts: These are debts such as home mortgages, car loans, furniture loans et cetera where the creditor has a lien or security interest on the property you are financing with this debt.

Unsecured Debts: These debts the creditor has no lien or security interest in any property. These include most credit cards or personal loans although these can sometimes be secured.

Debts you Cosigned: Make sure to lists these as well, including if you signed someone else's papers to get into a hospital. Mark these "CO-SIGNER."

### DEBTS THAT I KNOW ARE ON MY CREDIT REPORT:

Name of Creditor:    Check if Business Debt:    Amount:

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

**DEBTS NOT ON MY CREDIT REPORT:**

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Business Debt  Disputed Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Business Debt  Disputed Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Business Debt  Disputed Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Business Debt  Disputed Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Business Debt  Disputed Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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### OTHER CLAIMS OR POTENTIAL LIABILITIES AGAINST YOU

List these regardless of how long ago the alleged incident or conduct may have taken place as different states have different statutes of limitation.

Claimant Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Date of Alleged Claim: \_\_\_\_\_ Location City, State of Incident: \_\_\_\_\_

Check if applicable about the allegations:

Car accident  Allegation of intoxication  Allegation of intentional act  Negligence

Breach of fiduciary duty allegation  Fraud allegation  Professional Malpractice allegation

Discrimination/Civil Rights Other type. Please describe: \_\_\_\_\_

Related to a criminal case. What Court: \_\_\_\_\_ Status: \_\_\_\_\_

Case No. \_\_\_\_\_ Style: \_\_\_\_\_

Related to a civil case. What Court: \_\_\_\_\_ Status: \_\_\_\_\_

Case No. \_\_\_\_\_ Style: \_\_\_\_\_

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Claimant Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Date of Alleged Claim: \_\_\_\_\_ Location City, State of Incident: \_\_\_\_\_

Check if applicable about the allegations:

Car accident  Allegation of intoxication  Allegation of intentional act  Negligence

Breach of fiduciary duty allegation  Fraud allegation  Professional Malpractice allegation

Discrimination/Civil Rights Other type. Please describe: \_\_\_\_\_

Related to a criminal case. What Court: \_\_\_\_\_ Status: \_\_\_\_\_

Case No. \_\_\_\_\_ Style: \_\_\_\_\_

Related to a civil case. What Court: \_\_\_\_\_ Status: \_\_\_\_\_

Case No. \_\_\_\_\_ Style: \_\_\_\_\_

# CONTRACTS, RENTAL AGREEMENTS AND LEASES

Any leases or rental agreements you have of any kind that are still going on, including timeshares. Include everything from cell phone contracts, rent-to-own contracts, apartment or house leases, equipment rentals, car/truck leases et cetera.

Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

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

In Default: Yes \_\_\_ No \_\_\_ Real Property: Yes \_\_\_ No \_\_\_ Residential: Yes \_\_\_ No \_\_\_

Disputed: Yes \_\_\_ No \_\_\_ Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

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

In Default: Yes \_\_\_ No \_\_\_ Real Property: Yes \_\_\_ No \_\_\_ Residential: Yes \_\_\_ No \_\_\_

Disputed: Yes \_\_\_ No \_\_\_ Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

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

In Default: Yes \_\_\_ No \_\_\_ Real Property: Yes \_\_\_ No \_\_\_ Residential: Yes \_\_\_ No \_\_\_

Disputed: Yes \_\_\_ No \_\_\_ Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

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

In Default: Yes \_\_\_ No \_\_\_ Real Property: Yes \_\_\_ No \_\_\_ Residential: Yes \_\_\_ No \_\_\_

Disputed: Yes \_\_\_ No \_\_\_ Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

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

In Default: Yes \_\_\_ No \_\_\_ Real Property: Yes \_\_\_ No \_\_\_ Residential: Yes \_\_\_ No \_\_\_

Disputed: Yes \_\_\_ No \_\_\_ Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

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

In Default: Yes \_\_\_ No \_\_\_ Real Property: Yes \_\_\_ No \_\_\_ Residential: Yes \_\_\_ No \_\_\_

Disputed: Yes \_\_\_ No \_\_\_ Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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**ATTACH ADDITIONAL SHEETS IF NECESSARY**

# CODEBTORS

List any person, corporation, or entity that has co-signed for you on a loan.

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Name of Co-Signer: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes \_\_\_ No \_\_\_ Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Name of Co-Signer: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes \_\_\_ No \_\_\_ Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Name of Co-Signer: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes \_\_\_ No \_\_\_ Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

## FINANCIAL AFFAIRS QUESTIONS

If you are married please answer these questions for your spouse too and list "SPOUSE" next to any information that pertains to your spouse even if they do not file. If you are both completing this form please designate each entry with "H" for husband and "W" for wife.

### 1. Income from employment or operation of business (EVERYBODY MISSES THIS QUESTION)

None

Gross income from all sources for these years:

GROSS AMOUNT	SOURCE (if more than one)
\$	(This year, year to date) _____
\$	(Last year total) _____
\$	(Year before last year total) _____

### 2. Income other than from employment or operation of business (EVERYBODY SEEMS TO MISS THIS ONE TOO!)

None

Same as the last question except it deals with other non-employment and non-business income such as alimony, child support, student aid, public assistance, pensions, social security et cetera.

GROSS AMOUNT	SOURCE (if more than one)
\$	(This year, year to date) _____
\$	(Last year total) _____
\$	(Year before last year total) _____

### 3. Payments to creditors (YES, THIS ONE TOO EVERYBODY MISSES!)

\_\_ None

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately before the date you will file bankruptcy. **NOTE: Add up all payments to each creditor for this 90 day period and if the total is more than \$600 you have to list each payment by date and amount.**

CREDITOR	AMOUNT(S) & DATE(S)	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_ None

b. Same question except now it is **one year** and the payments have to be “**to or for the benefit of creditors who are or were insiders**” which usually means to or on behalf of people who are or were your family members or business partners or associates. Ask us if you think this might apply.

CREDITOR	AMOUNT(S) & DATE(S)	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 4. Suits and administrative proceedings, executions, garnishments and attachments

\_\_ None

a. List all suits and administrative proceedings you are or were a party within **one year** before you will file bankruptcy. **NOTE:** include tickets, license suspension hearings, property tax protest hearings, handgun license denial hearings et cetera.

TITLE OF SUIT AND CASE NUMBER	TYPE OF CASE	COURT OR AGENCY AND LOCATION	STATUS/ DISPOSED?
_____	_____	_____	_____


b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** before when you will file bankruptcy.

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE PROPERTY

**5. Repossessions, foreclosures and returns**

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** before when you will file bankruptcy.

NAME AND ADDRESS OF CREDITOR OR SELLER OF CREDITOR OR SELLER	DATE OF REPOSSESSION, DESCRIPTION FORECLOSURE SALE, AND VALUE OF TRANSFER OR RETURN OF PROPERTY

**6. Assignments and receiverships**

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** before when you will file bankruptcy.

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None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case.

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## 7. Gifts

None

List all gifts or charitable contributions made within **one year** before when you will file for bankruptcy, except ordinary and usual gifts to family members totalling less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. **You have the right to tithe to your house of worship and most gifts to religious organizations are not a problem as long as the size is reasonable, but you must disclose that here.**

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT OF GIFT	DESCRIPTION AND VALUE
--	--------------------------------------	-------------------------	--------------------------

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## 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** before you want to file bankruptcy. **If you suffer any new ones after you file for bankruptcy let us know. Include car accidents.**

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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## 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by you or on your behalf of to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** before you will file for bankruptcy.

NAME AND ADDRESS  
VALUE OF PAYEE

DATE OF PAYMENT  
NAME OF PAYOR IF  
OTHER THAN YOU

AMOUNT OF MONEY OR  
DESCRIPTION AND  
OF PROPERTY

**10. Other transfers**

None

List all other property, other than property transferred in the ordinary course of the business or financial affairs, transferred either absolutely or as security within **one year** before you will file bankruptcy.

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

**11. Closed bank accounts and other financial accounts**

None

List any accounts closed within **one year** before you will file bankruptcy. Include all types everything from savings, checking to brokerage.

NAME AND ADDRESS OF INSTITUTION	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**12. Safe deposit boxes**

None

List each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within **one year** before you will file bankruptcy.

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
_____	_____	_____	_____

### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit within **90 days** before you will file bankruptcy.

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
_____	_____	_____

### 14. Property held for another person

None

List all property owned by another person that you hold or control.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

### 15. Prior addresses

None

If you have moved within the **two years** before you will file bankruptcy, list all places at which you have lived during that period and vacated prior to the commencement of this case.

ADDRESS	NAME USED	DATES OF OCCUPANCY
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 16. Spouses and Former Spouses

None

If you reside or resided in a community property state, commonwealth, or territory, including **Texas**, as well as **Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Washington, or Wisconsin**, within the **eight year period** before you will file bankruptcy, list the name of the your spouse and of any former spouse who resides or resided with you in these states or territories.

NAME(S)

\_\_\_\_\_

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**17. Environmental Information.**

None

a. Have you received any notices by the government that you are liable for an environmental site?

None

b. Or received notice of a release of hazardous materials by a government agency?

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law.

**18 . Nature, location and name of business (IF YOU ARE A CONTRACT EMPLOYEE OR SELF-EMPLOYED YOU SHOULD LIST THAT HERE)**

None

a. **Individuals** list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which you were an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or were a self-employed professional within the **six years** before you will file for bankruptcy, or in which the you owned 5 percent or more of the voting or equity securities within the **six years** before you will file for bankruptcy.

**If you are filing for your partnership or corporation call us.**

NAME	TAXPAYER I.D. NUMBER	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

None

b. Are any of these businesses an apartment building?

**IF YOU ANSWERED NO OR LEFT THE LAST QUESTION BLANK THEN SKIP THE REST OF THE QUESTIONS.**

**19. Books, records and financial statements – BUSINESSES ONLY.**

None

a. List all bookkeepers and accountants who within the **two years** before when you will file bankruptcy

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

b. List all firms or individuals who within the **two years** before when you will file bankruptcy have audited the books of account and records, or prepared a financial statement.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

c. List all firms or individuals who at the time when you will file bankruptcy will have books of account and records. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** before when you will file bankruptcy.

NAME AND ADDRESS	DATE ISSUED
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**20. Inventories – BUSINESSES ONLY.**

None

a. List the dates of the last two inventories taken of your property, the name of

the person who supervised then taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21 . Current Partners, Officers, Directors and Shareholders – BUSINESSES ONLY.**

None

a. If you are a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None

b. If you are a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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**22 . Former partners, officers, directors and shareholders – BUSINESSES ONLY.**

None

a. If you are a partnership, list each member who withdrew from the partnership within **one year** before when you will file bankruptcy.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None

b. If you are a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** before when you will file bankruptcy.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23 . Withdrawals from a partnership or distributions by a corporation – BUSINESSES ONLY.**

None

If you are a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** before when you will file bankruptcy

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group. – BUSINESSES ONLY.**

None

If you are a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which you have been a member at any time within the **six-year period** before when you will file bankruptcy

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER
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**25. Pension Funds. – BUSINESSES ONLY.**

None

If the you are not an individual i.e. corporation, partnership or other organization, list the name and federal taxpayer identification number of any pension fund to which you, as an employer, have been responsible for contributing at any time within the **six-year period** before when you will file bankruptcy

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER
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**THE END**