

Please Fill in ALL Blanks or Write "NONE"

Date: ___/___/___ SU1 Atty: _____ Time in: ___:___ Time finished: ___:___ Record# _____

I am: Single filer Married Widowed (Own a house? Y N)
 Separated Divorced or divorce pending Living with someone

WIFE or non filing spouse column

___ I have a spouse who is not filing ___ My spouse ___ has ___ has not filed before
___ I will provide non filing spouse income and debt info (also applies to live-in)
Debts of non-filing spouse, community, individual debts of non-filer are not discharged

LAST NAME Jr. Sr. III FIRST NAME Full MIDDLE NAME

LAST NAME FIRST NAME Full MIDDLE NAME

List ALL other Names: and circle Former, Maiden, DBA, BUSINESS, AKA, Alias

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SOCIAL SECURITY # and/or PERSONALTAX I.D. # (if more than one, state all):

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If false or fraudulent, DO NOT PROCEED: Don't File Bankruptcy!!!

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STREET ADDRESS OF RESIDENCE APT #

STREET ADDRESS OF RESIDENCE OF WIFE APT #

CITY STATE ZIP CODE

CITY STATE ZIP CODE

COUNTY OF RESIDENCE state IL IN WI Yrs lived in state: _____ DATE OF BIRTH
Prior states: _____
When: _____

COUNTY OF RESIDENCE state IL IN WI Yrs lived in state: _____ DATE OF BIRTH
Prior states: _____
When: _____

EMAIL: _____ @ _____

EMAIL: _____ @ _____

Your Mailing Address of Debtor IF DIFFERENT from residence (Example: P.O. Box #)

Wife's Mailing Address even if not filing joint IF DIFFERENT from residence (ie. P.O. Box #)

City State Zip

City State Zip

Home # area code () Cell # are code () Work # area code ()

Home # () Cell # area code () Work # area code ()

PERSON WHO CAN ALWAYS REACH YOU (not living with you)

PERSON WHO CAN ALWAYS REACH YOU Phone Number ()

NAME

NAME

ADDRESS

ADDRESS

EMAIL Phone Number ()

EMAIL Phone Number ()

HAVE YOU or filing spouse EVER FILED A BANKRUPTCY BEFORE? No Yes HOW MANY? Husband or individual _____ Spouse if filing joint _____

****No discharge in 13 filed within 4 years of 7. ***No 7 for 8 years after filing prior 7** Prior bankruptcies may disqualify you from filing so be honest, we will check anyway.

Purpose of Appointment Hire us for Bankruptcy? Injury Only Seeking Advice Did you bring money to hire us No Yes How Much? \$ _____

Tell us the reason you want to file bankruptcy: _____

Do you face or plan to: change job, move, separate divorce, reduce income, retire? No Yes: *If yes give details below.*

Do you have, or in the past have you: (check any boxes that apply and explain below)

- 1. Lawsuits, sheriff sale, foreclosure?
- 2. Forbearance or repayment w/mortgage?
- 3. Interest in any Real Estate, Timeshare?
- 4. Wages or Account being garnished?
- 5. Traffic or parking fines, utilities past due?
- 6. Unfiled tax returns? (if so, no bankruptcy)
- 7. Tax REFUND ___ received ___ expected
09 US \$ _____ state _____
- 8. Past due support owed or due? NO YES
- 9. Driver's License Suspension?
- 10. Money, inheritance due you or claimed?
- 11. Injury, employment or other claims?
- 12. Divorce Obligations due or owing to you?
- 13. Stocks, Bonds, CD, cash value life insurance?
- 14. Co-Signers, or you cosigned for someone?
- 15. Loan or lien against Pension 401k or Life Ins.?
- 16. Credit union loan with collateral/security?
- 17. In credit counseling? \$ ___/ month
- 18. Transferred property in last 4 years?
- 19. NO Full Coverage Auto Insurance?
- 20. OWE Taxes ___ property ___ income
- 21. Any NSF checks, Overdraft, check loans, payday loans?
- 22. Variable rate or interest only mortgage
- 23. Expecting severance, bonus, income?

24. Have you filed last 4 years State and Federal Tax Returns? Circle Yes NO List ALL years not filed FED _____ State _____

25. Are you entitled to any tax refunds, inheritances, lawsuit or claim money, assets or anything that would help you pay your debt? circle No Yes explain

Explanation # _____
Explanation # _____
Explanation # _____
Explanation # _____

Do you want us to run a free credit report and give us permission to do so and use the information circle YES NO **Today's Consultation fee \$100**

The above information is true and complete: x _____ x _____ Date: ___/___/___

Date: ___/___/2010 SU Atty: _____ at BER

Record # _____ -- _____

STATEMENT OF FINANCIAL AFFAIRS Are you living with someone? **N Y** Share expenses? **N Y** Then list their income info also!

1(A)	Your Income From Employment (important, affects eligibility for 7/13) This year to date \$ _____ <input type="checkbox"/> from paystub <input type="checkbox"/> estimate Last Yr. \$ _____ 2 Yrs. Ago \$ _____	1B Spouse's or Live-with Income From All Sources of Employment: This year to date \$ _____ <input type="checkbox"/> from paystub <input type="checkbox"/> estimate Last Yr. \$ _____ 2 Yrs. Ago \$ _____
2(A)	Your Income from all other sources: Pension \$ _____ /mo last year total \$ _____ previous yr \$ _____ Total of this and employment Soc. Sec. / Disability \$ _____ /mo last year total \$ _____ previous yr \$ _____ Income MUST BE ACCURATE Unemployment \$ _____ /mo last year total \$ _____ previous yr \$ _____ AND AFFECTS WHETHER Child Support / Alimony \$ _____ /mo last year total \$ _____ previous yr \$ _____ YOU CAN FILE 7 OR 13 Withdrawal from Retirement Fund \$ _____ last year total \$ _____ previous yr \$ _____ DEPENDING ON THE IRS Gambling winnings this year \$ _____ last year total \$ _____ previous yr \$ _____ MEDIAN INCOME FIGURE Other (business, gifts, sales, etc.) \$ _____ /mo last year total \$ _____ previous yr \$ _____	
2(B)	Spouse or live with Pension..... \$ _____ /mo last year total \$ _____ previous yr \$ _____ Income from all Soc. Sec./Disability..... \$ _____ /mo last year total \$ _____ previous yr \$ _____ other sources Unemployment, worker comp..... \$ _____ /mo last year total \$ _____ previous yr \$ _____ Child Support / Alimony..... \$ _____ /mo last year total \$ _____ previous yr \$ _____ Withdrawal from Retirement Fund \$ _____ last year total \$ _____ previous yr \$ _____ Gambling winnings this year..... \$ _____ last year total \$ _____ previous yr \$ _____ Bonus, back pay etc: _____ \$ _____ /mo last year total \$ _____ previous yr \$ _____	

HAVE YOU or Spouse DONE ANY OF THE FOLLOWING: Circle answer. Answer ALL Questions! If answer is 'YES', give details below.

3(A). Made payments to any one creditor totaling more than \$600.00 within the last (90) days? N Y	3(B). Made any payments on a business debt of over \$5,000 in the last 90 days? N Y
3(C). Made any payments to relatives or cosigners in the last year? Or debts to them or on their behalf? N Y	4(A). Been involved in any lawsuits, divorces, complaints, administrative proceedings? N Y
4(B). Had any property attached, garnished or seized by creditors in the last year? N Y	5. Had any property repossessed, foreclosed on, or returned to creditors within the last 4 years? N Y
6(A). Assigned anyone any property for the benefit of your creditors in the last 120 days? N Y	6(B). Had any property in the hands of a custodian, receiver, or court-appointed official in the last year? N Y
7. Made any gifts over \$200 or charitable contributions over \$100 within the last year? N Y	8. Gambling, fire, theft, flood or other losses in last 2 years? N Y
9. Made any payments to anyone, including attorneys, for the purpose of debt consolidation or bankruptcy in the last year? N Y	10(A). Transferred, sold or given away anything, either absolutely or as security (collateral) such as a house or car within the last 4 years? N Y
10(B). Transferred any money or property in the last 10 years into a self-settled trust, or similar device of which you are a beneficiary to? N Y	11. Closed, sold, or transferred any financial accounts within the last year (include: IRA's, 401k's, pensions, other retirement plans, ins. policies, annuities, etc..)? N Y
12. Owned or had access to any safe deposit boxes within the last year: N Y	13. Has a creditor taken any money or property against any debt or deposit within the last 90 days? N Y
14a. Had any property that is owned by someone else? N Y	14b. Are you now, or have been on title to anyone's realty, property, account, car, etc..in the last 10 years? N Y
15. Lived at a different address in the last 3 years? N Y	16. Lived in another state within the last 8 years?: N Y Was it AZ, CA, WA, WI, TX, FL ID PR LA NV NM or ____ N Y Were you married during that time? N Y
15a Any kind of matter open with another attorney in the last 3 years? N Y	

17. Have you been engaged in any business in the last 6 calendar years before this one? No Yes Explain below:

18. Expect any increase or reduction in income in next year? No Yes What?

If you answered 'YES' to any of the above questions, write the number and give details in the space below.

_____ Details: _____

_____ Details: _____

_____ Details: _____

_____ Details: _____

_____ Details: _____

_____ Details: _____

SIGN HERE x _____ x _____ **Date:** ___ / ___ / ___

D. Secured Personal Property debts (not mortgage or car loans): initial if none! X X

Furniture, jewelry or electronics Credit Unions or finance companies with list of goods as collateral (Best Buy, Am Genl, Wells Fargo, credit union

YOU MUST SUPPLY US WITH A COPY OF THE CONTRACT ON EVERY SECURED DEBT!

Creditor Name _____ Bal \$ _____ Date opened ___/___/___ Original \$ _____ Collateral : <input type="checkbox"/> furniture <input type="checkbox"/> jewelry <input type="checkbox"/> electronics <input type="checkbox"/> other	Value now:\$ _____ Your intent: <input type="checkbox"/> keep & pay for it <input type="checkbox"/> they can come and get it <input type="checkbox"/> stuff is lost, sold, destroyed, or worthless
Creditor Name _____ Bal \$ _____ Date opened ___/___/___ Original \$ _____ Collateral : <input type="checkbox"/> furniture <input type="checkbox"/> jewelry <input type="checkbox"/> electronics <input type="checkbox"/> other	Value now:\$ _____ Your intent: <input type="checkbox"/> keep & pay for it <input type="checkbox"/> they can come and get it <input type="checkbox"/> stuff is lost, sold, destroyed, or worthless
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Any other creditors with accounts or items secured by lien? NO YES Watch out for credit unions secured by pension, accounts, CU credit cards where you owe another loan!! Please List:

E. STATE or FEDERAL TAX DEBT? I owe \$ _____ as below Y N Initial here X X

YOU MUST SUPPLY US WITH TAX TRANSCRIPTS FOR THE LAST 4 YEARS THAT YOU WERE REQUIRED TO FILE!

Type of tax owed: (circle one)	Circle one	Tax Year	Amount Due	Date Filed	Audited?	Date Assessed	Tax lien Recorded	Real Estate Lien?
1040 940 941	IRS State:		\$	/ /	Y N		Y N	Y N
1040 940 941	IRS State:		\$	/ /	Y N		Y N	Y N
1040 940 941	IRS State:		\$	/ /	Y N		Y N	Y N
1040 940 941	IRS State:		\$	/ /	Y N		Y N	Y N

Any other tax debts? NO YES List: Did you file tax returns for last 4 years? Yes No Unfiled Yrs:

G. Leases & Land purchase contracts If you have none initial here X X

This includes leases where you rent, or your tenants if you own Note: Your landlord or tenants may get notice of bankruptcy!

Your landlord if renter	Landlord address city state zip	___ leaving before filing ___ keeping rent current
Vehicle lease name	Vehicle lease address city state zip	___ surrender vehicle ___ keep it current
Any other leases? NO YES		

SUPPORT OBLIGATIONS: No Yes If yes: To who: name _____ address _____
Current Yes \$ _____ per week/payday/month No \$ _____ past due City _____ state _____ zip _____

H. Co-debtors List debts you cosigned or have co-signers (co-debtors) None? Initial X X

Name and Address of person who you cosigned for or who has co-signed for you:	What is debt? Property? Who has it	Name creditor:
#1 Name	Type of debt and collateral	Address of creditor
Address	Who has it Who pays for it	Does co-signer have accounts at creditor? N Y (co-signer's accounts and credit are at risk)
#2 Name	What is debt? Property? Who has it	Name creditor:
Address	Type of debt and collateral	Address of creditor
	Who has it Who pays for it	Does co-signer have accounts at creditor? N Y (co-signer's accounts and credit are at risk)
Any other debts with a co-signer? NO YES Please List:		

B. Life Insurance Company	Address	Policy #	Term or whole life	Face amount	Cash value
1.				\$	\$
2.				\$	\$
3.				\$	\$
List Name and relation of beneficiaries each policy	1. _____ Dependent on you? Y N	2. _____ Dependent on you? Y N	3. _____ Dependent on you? Y N		

Initials of Dependents Relationship 1. age 2. age 3. age 4. age	Employer: (Single or Husband)	SPOUSE/ fiancé employer: 2 nd job if single
	Address	Address
	City state zip	City state zip
	Job title yrs employed	Job title yrs employed

INCOME Schedule I	I Get Paid >	<input type="checkbox"/> weekly <input type="checkbox"/> 2x month on ___ & ___ <input type="checkbox"/> every 2 wks <input type="checkbox"/> monthly	<input type="checkbox"/> weekly <input type="checkbox"/> 2x month on ___ & ___ <input type="checkbox"/> every 2 wks <input type="checkbox"/> monthly
Gross Pay Per Pay Period (regular check no Overtime)	\$	<input type="checkbox"/> OT \$	\$ <input type="checkbox"/> OT \$
Taxes: (Federal, State, Social Security, Medicare)	\$		\$
Insurance: Medical, Dental \$ Life \$	\$		\$
Pension / 401(k) Mandatory contribution:	\$		\$
Voluntary contribution:	\$		\$
401(k) Loan to you: bal \$ loan repayment per check	\$		\$
Support /maintenance you Pay: are you behind? N Y \$	\$		\$
Is support paid thru Court order N Y			
Credit Union: what is collateral? Car -house- credit card -account	Loan repay \$ Savings \$		Loan repay \$ Savings \$
Union Dues \$ Other: What:	\$		\$
NET PAY per pay period:	\$		\$
Wkly x 4.33 bwkly x 2.166 = monthly MONTHLY NET	\$		\$

<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support You Get:	\$		\$
<input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment:	\$		\$
Social Security For Relatives: ages	\$		\$
<input type="checkbox"/> Workers Comp. <input type="checkbox"/> Disability	\$		\$
Part-Time Employment/2 nd Job:	\$		\$
<input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Annuity Income: LESS TAX	\$		\$
Rental Income (from property): after expenses:	\$		\$
<input type="checkbox"/> After tax Income from Business <input type="checkbox"/> Commissions/bonuses:	\$		\$
Monthly total	\$	Plus →	\$
			TOTAL net household INCO = \$

MONTHLY EXPENSES Schedule J	Gasoline (\$_____ per week):	\$	Support (not deducted from check)	\$	
Rent Apartment or Trailer Lot	\$	Tolls/Parking: (\$_____ per week)	\$	Life Insurance: (NOT deducted from pay)	\$
1 st Mortgage Payment:	\$	Bus/Train Fees (Monthly):	\$	Drugstore	\$
Second Mortgage:	\$	License Plates (\$_____ x _____)	\$	Eye Care/Contact Lenses:	\$
Third Mortgage:	\$	City Stickers (\$_____ x _____)	\$	Laundry/Dry Cleaning (\$20-\$40)	\$
Realty tax not pd w/mortgage	\$	Entertainment (\$10-\$20/person):	\$	Babysitting/Childcare (monthly):	\$
RE insurance not in mortgage	\$	Newspapers/magazines/ prof dues	\$	Business Expenses: unreimbursed	\$
Condo Assessment:	\$	Health Insurance: (not deducted from pay)	\$	Pet Care:	\$
Electricity (Average) :	\$	Charitable / Church to:	\$	Tobacco (Monthly):	\$
Heating (Average):	\$	Vehicle Insurance Per Month:	\$	Reaffirmation	\$
Water/Sewer: Garbage:	\$	Vehicle Payment # 1	\$	Reaffirmation	\$
Phone (family use only, \$75)	\$	Vehicle Payment # 2	\$	Other:	\$
Cell Phones:	\$	Vehicle Payment # 3	\$	Other:	\$
Cable / Satellite	\$	Vehicle Repairs (# of cars x \$50):	\$	Other:	\$
Home Maintenance (\$50.00 a month)	\$	Haircuts (# of persons x \$10):	\$	TOTAL:	\$
Food (\$300 for 1 st person, \$50 each add'l in Chapter 13)	\$	Postage/Bank Charges:	\$	A) Income Total:	\$
Clothing (\$10-25) per person	\$	Student Loan/Tuition/School Supplies	\$	B) Expense Total:	\$
Medical/ Dental uninsured Prescriptions out of pocket	\$	Support (NOT deducted from pay)	\$	C) Difference: (subtract B from A)	\$

1. Do you have over \$500 in cash anywhere (besides bank accounts) **NO YES** If **YES**, where? _____ \$

2. a. Do you have any checking or savings accounts or safe deposit box? **NO YES** If **'YES'** list in table below!

b. Do you have ANY interest (in your name or joint on someone else's account) in any accounts at any financial institution: Credit Union (often cross-collateralized on all loans at Credit Union), CD, Money Market, Mutual Funds, IRA, or ANY OTHER FINANCIAL ACCOUNTS **NO YES**

type of account.	Name of Institution	Account #	List all persons on account	AVG. BALANCE or value
a.				
b.				
c.				

3. Does utility company or landlord have a security deposit from you? **NO YES** Who? _____ \$

4. HOUSEHOLD GOODS: Please check off everything that you own in your home. Ask for "personal property sheet" if you have a lot! We will need cost, date of purchase, and value now for each item to determine your exemptions from sale

Electronics TV Big/Flat Screen TV Stereo DVD Player VCR/ Camcorder Camera/videogames Computer

Furniture: Sofa Loveseat Recliner Entertainment Ctr. Coffee and End Tables Dining Set

Kitchen: Table & Chairs Small Appliances Large Appliances Washer/Dryer Microwave

Bedrooms: #__ bed & dresser #__ tv

Miscellaneous: Tools Work Tools \$____ Exercise Equip. Lawn Mower BBQ Grill Musical Instruments

Other: Do you own any other items of value? Any antiques or art objects? **No Yes** if **yes** list value: \$_____ and what below:

Are all your goods together worth over \$4000 in a house sale? ___ **NO** ___ **Yes** How much if you sold all? \$_____

DO YOU HAVE ANY OF THE FOLLOWING:

5. CDs, DVDs, records or tapes? How many ___ x \$2. Collections or collectibles?	N / Y	6. What could you sell your used clothing for? (usually \$50 per person filing) \$_____	N / Y
7. Fur coat or ANY jewelry?	N / Y	8. Firearms, sporting or photo equipment?	N / Y
9a. Life insurance policies through work?	N / Y	9b. Life insurance policies that are not through work	N / Y
9c. Life insurance policies you can borrow \$ against?	N / Y	9d. Who are the beneficiaries of life insurance/ <input type="checkbox"/> Children <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	N / Y
10. Annuities? (i.e. \$ received or due from a settlement?)	N / Y	11. Interest in education IRA or prepaid tuition plan?	N / Y
12. Retirement plans (i.e. pension, 401k, 403b, IRA, etc)	N / Y	13. Stocks or own part of a business?	N / Y
14. Interests in partnerships or joint ventures?	N / Y	15. Government, savings or corporate bonds or negotiable instruments?	N / Y
16. Account receivables, or does anyone owe you money?	N / Y	17. Alimony, maintenance, support or property settlements you are entitled to?	N / Y
18. Other liquidated debts owed to you?	N / Y	19. Future interests or life estates in any real or personal property?	N / Y
20. Are you a beneficiary of a will, trust or insurance policy? Are you expecting to receive an inheritance?	N / Y	21a. Contingent or unliquidated claims for or against you (Wrongful death, injuries, work claims, etc.)	N / Y
21b. Tax refund you normally receive? How much \$	N / Y	22. Patents copyrights or intellectual property?	N / Y
23. Business or franchise licenses?	N / Y	24. Customer lists and information	N / Y
26. Boats, motors, trailer, campers, etc.?	N / Y	27. Aircraft and accessories?	N / Y
28. Office equipment, furnishings and supplies?	N / Y	30. Inventory or a product you sell?	N / Y
29. Machinery, fixtures, equipment, and supplies used in business? (Like Mechanic's tools)	N / Y	31. Animals or family pets?	N / Y
32. Crops - growing or harvested?	N / Y	33. Farm Equipment? Farm supplies, chemicals or feed?	N / Y
34. Have you paid anyone like a creditor or family or friend or transferred any property in last 4 yr?	N / Y	35. Any interest in Property not already listed?	N / Y

If you answered 'YES' to any of the above questions, write the number and give details and the value in the space below.

#__ Details: _____	Value: \$ _____
#__ Details: _____	Value: \$ _____
#__ Details: _____	Value: \$ _____
#__ Details: _____	Value: \$ _____
#__ Details: _____	Value: \$ _____

Vehicles Schedule D I/We have title or interest in ___ financed vehicles x _____ x _____

(if vehicle is leased,, you have to make future payments direct or lose vehicle neither 13 or 7 affects keeping leases

Liens	<input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> Title Loan <input type="checkbox"/> Paid Off	<input type="checkbox"/> Loan <input type="checkbox"/> Lease <input type="checkbox"/> Title Loan <input type="checkbox"/> Paid Off
Year, Make, Model	Yr ___ Make _____ Model _____ Type _____ <input type="checkbox"/> keep pay direct in 7 or in 13 pymt <input type="checkbox"/> surrender	Yr ___ Make _____ Model _____ Type _____ <input type="checkbox"/> keep pay direct in 7 or in 13 pymt <input type="checkbox"/> surrender
Options: Check off what you have	<input type="checkbox"/> V4 <input type="checkbox"/> V6 <input type="checkbox"/> V8 <input type="checkbox"/> Other engine _____ <input type="checkbox"/> Manual Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> 2DR <input type="checkbox"/> 4DR <input type="checkbox"/> Hatchback <input type="checkbox"/> Air <input type="checkbox"/> Rear Air <input type="checkbox"/> CD <input type="checkbox"/> single <input type="checkbox"/> Multi Power: <input type="checkbox"/> Windows <input type="checkbox"/> Seats <input type="checkbox"/> Locks <input type="checkbox"/> Leather Seats <input type="checkbox"/> Captain Chairs <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Power Sunroof <input type="checkbox"/> Tilt Sunroof <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Running Boards <input type="checkbox"/> Cruise Control <input type="checkbox"/> Anti-Theft <input type="checkbox"/> Navigation <input type="checkbox"/> Alloy Wheels <input type="checkbox"/> Custom Wheels <input type="checkbox"/> Extended Warranty <input type="checkbox"/> 4X4 <input type="checkbox"/> Conversion Van <input type="checkbox"/> Tow / Plow Package <input type="checkbox"/> Other _____	<input type="checkbox"/> V4 <input type="checkbox"/> V6 <input type="checkbox"/> V8 <input type="checkbox"/> Other engine _____ <input type="checkbox"/> Manual Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> 2DR <input type="checkbox"/> 4DR <input type="checkbox"/> Hatchback <input type="checkbox"/> Air <input type="checkbox"/> Rear Air <input type="checkbox"/> CD <input type="checkbox"/> single <input type="checkbox"/> Multi Power: <input type="checkbox"/> Windows <input type="checkbox"/> Seats <input type="checkbox"/> Locks <input type="checkbox"/> Leather Seats <input type="checkbox"/> Captain Chairs <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Power Sunroof <input type="checkbox"/> Tilt Sunroof <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Running Boards <input type="checkbox"/> Cruise Control <input type="checkbox"/> Anti-Theft <input type="checkbox"/> Navigation <input type="checkbox"/> Alloy Wheels <input type="checkbox"/> Custom Wheels <input type="checkbox"/> Extended Warranty <input type="checkbox"/> 4X4 <input type="checkbox"/> Conversion Van <input type="checkbox"/> Tow / Plow Package <input type="checkbox"/> Other _____
Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Mileage: _____	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Mileage: _____
NADA Retail Kelly trade in	Retail NADA \$ _____ Kelly trade in \$ _____	Retail NADA \$ _____ Kelly trade in \$ _____
Subtract damage, repairs needed	Damage Cost \$ _____	Damage Cost \$ _____
Vehicle Value	\$ _____	\$ _____
Purchase Info.	Date Purchase: ___/___/___ Price: \$ _____	Date Purchased: ___/___/___ Price: \$ _____
Payments and balance <i>(If car is paid off, leave blank)</i>	Payment \$ _____ / month # behind: _____ Payments left ___ x pymt = \$ _____ Interest: ___% Balance for payoff \$ _____ Balloon? Y N	Payment \$ _____ / month # behind: _____ Payments left ___ x pymt = \$ _____ Interest: ___% Balance for payoff \$ _____ Balloon? Y N
EQUITY?	Equity (value less liens) \$ _____ Exempt \$ _____ Exposed \$ _____	Equity (value less liens) \$ _____ Exempt \$ _____ Exposed \$ _____
Creditor or Finance Company <i>(If car is paid off, write 'None')</i>	Name: _____ Address: _____ Account # _____	Name: _____ Address: _____ Account # _____
Collection agent Creditor attorney		
Names on title		
Insurance Info: <i>If financed, must have full coverage Creditor as payee</i>	<input type="checkbox"/> Full coverage <input type="checkbox"/> Liability only <input type="checkbox"/> Other: _____ Company: _____ Policy # _____	<input type="checkbox"/> Full coverage <input type="checkbox"/> Liability only <input type="checkbox"/> Other: _____ Company: _____ Policy # _____
Cosigners (make sure this info is on H sched)	Name: _____ Address: _____ <input type="checkbox"/> I pay <input type="checkbox"/> co-signer will pay <input type="checkbox"/> good luck to co-signer <input type="checkbox"/> co-signer will or has done bankruptcy <input type="checkbox"/> I am co-signer on someone's vehicle <input type="checkbox"/> I drive someone else's vehicle & make payments	Name: _____ Address: _____ <input type="checkbox"/> I pay <input type="checkbox"/> co-signer will pay <input type="checkbox"/> good luck to co-signer <input type="checkbox"/> co-signer will or has done bankruptcy <input type="checkbox"/> I am co-signer on someone's vehicle <input type="checkbox"/> I drive someone else's vehicle & make payments
Vehicle Location	Is it in a shop or wrecked? No Yes	Is it in a shop or wrecked? No Yes
Any other Vehicles you are on title or interest in? No Yes	Vehicle # 3: _____ ask for new sheet	Vehicle # 4: _____

REAL ESTATE Do you own your home or have an ownership interest in any real estate? **NO YES** If Yes:

Examples: (time share, vacant lot, income property, on title to someone else's property)

What type(s)? Single Family Home Multi-Unit Bldg. Rental Property Condo Mobile Home Time Share
 Co-Op Vacant Lot Interest in an Inheritance Other: _____

You must supply a recent market evaluation on each property, with copy of title and recorded liens

NOTE: Chapter 7 has no effect on mortgage debt or liens: pay all mortgages and liens or sell it or face foreclosure
Chapter 13 only works on past due mortgages: You have to make future payments or lose the property

1 _____
Address _____ City _____ State _____ Zip code _____
 My Residence Spouse Residence Rental Property Other: _____ Was deceased spouse on title? **NO YES**
Names of all persons on title to this property:
1. _____ 2. _____ 3. _____ 4. _____
On all mortgages? Y N On all mortgages? Y N On all mortgages? Y N On all mortgages? Y N
Year Purch: _____ Purch Price: \$ _____ \$ Put Down: \$ _____ Approx Value Now \$ _____ Last Appraised: ____ / ____ Est. Equity: \$ _____
month year
Total # of Rooms: _____ # of bedrooms: _____ # of bathrooms: _____ Total Appx Square Feet: _____

List Mortgage Holders & Balance Owed

1st Mortgage _____ Payment \$ _____ Total Balance payoff: \$ _____
Address: _____ City State Zip _____ Acct #: _____ # of years left: _____
Last paid current ____ / ____ Total behind \$ _____ Are Paid on-time ____ / ____ Months behind _____ In Arrears: \$ _____
Balloon? **NO YES** Due: ____ / ____ Variable int. rate or ARM? **NO YES** Tax & Ins Included? **YES/NO** Date _____
refinanced ____ / ____ / ____ Who signed Mortgage? **H W Both** (circle choice) Taxes: \$ _____ / mo Insurance: \$ _____ / mo
Are your real estate taxes current? **YES NO** IF 'NO' YOU MUST REDEEM DIRECTLY OR LOSE THE PROPERTY!
Have they been sold? **YES NO** What Year(s) _____ Deadline to redeem: _____ Past due Realty Tax _____

2nd Mortgage Co. _____ Payment \$ _____ Total Balance payoff \$ _____
Address: _____ Acct #: _____ # of years left: _____
Variable int. rate or ARM? **NO YES** Balloon? Due: ____ / ____ **NO YES** Behind _____
2nd mtg Date refinanced ____ / ____ / ____ Who signed Mortgage? **H W Both** (circle choice)

3rd Mortgage or lienholder _____ Acct #: _____
Address: _____ # of years left: _____ Balance payoff _____
Total of all Mortgages: _____
Fair Market Value of Property _____
No. of people on title who live on property ____ less homestead Any Repairs Needed? No Yes Cost \$ _____
Gross Equity _____
Condo or Association dues? No Yes \$ _____ per mo. Past Due? No Yes Amount _____

Have you Any liens or judgments? **NO YES** Who: _____ Total amount tax or judgment liens _____

Any condo association or assessment arrears? **NO YES** How Much?: \$ _____ Are you in a forbearance plan with a mortgage? **NO YES**

Has anyone filed a lawsuit against you or gotten a judgment against you? **NO YES** Who? _____

Have you signed a quit-claim deed or transferred part of your interest in this property in the last 10 years? **NO YES**

Are there any properties only in your spouse's name? **NO YES** If yes, have you ever been on title? **NO YES**
When? _____

Are you on title to any real estate, but NOT on the mortgage? **NO YES** Details: _____
Do you own or have any ownership interest in any other real estate? **NO YES**

Atty. Notes

ASSET AND HONESTY DISCLOSURE

Circle your answer to each of the questions below. YOU MUST ANSWER ALL QUESTIONS!! Give details to any yes answer			
1. Have you refinanced real estate in the last 2 years?	N / Y	2. Any property in storage or vehicle held by shop?	No Yes
3. DEBTS you didn't tell us about you want to keep?	N / Y	4. Any injury or death caused by intoxicated driving?	No Yes
5. Any student loans?	N / Y	6. Obtained property or credit by lying or fraud?	No Yes
7. Any willful injury or damage to a person or property?	N / Y	8. Are you buying or selling real estate?	No Yes
9. Assets you could sell to pay your debts?	N / Y	10. Fraud, embezzlement or misappropriation?	No Yes
11. Overpayment of benefits Unemployment, Social Sec	N / Y	12. Any PROPERTY you did not tell us about?	No Yes
13. Any new loans, balance transfers, or cash advances in the last 4 mos?	N / Y	14. Charged over \$1,000 on any 1 creditor in the last 4 mos?	No Yes
15. Have a vehicle that is paid in full, titled in your name or someone else's name?	N / Y	16. Do you have or expect to receive ANY money that could help you pay your bills?	No Yes
17. Do you have any interest in any real estate, of any kind, time share, condo, vacant lot, buying or selling on contract,			No Yes
17a Do you expect inheritance from someone who died Y N		17b Are you on title to anyone's real estate	
18. I have received, and I expect , any severance, injury or claims settlement, gambling winnings, money from pension/401K loan or closing of a retirement account, sale or refinancing of property or any other property or funds			No Yes
18a If you got money from pension/401K loan or closing of a retirement account: date: \$ what did you do with it?			
19. I have injury claims, or I have a right to receive any money for any claims, and I have cases planned or pending. THIS INCLUDES PHYSICAL, MENTAL OR ECONOMIC INJURIES, AND PROBATE CLAIMS.			No Yes
20. I have paid back any loans or given any money or property to family members or friends in the last 10 years.			No Yes
21. I have property joint with another, have transferred something w/in last 10 yrs, or have something in someone else's Name If yes give details below			No Yes
22. The Law Offices [redacted] has told me to tell the truth and nothing but the truth, that it is illegal to hide assets or fail to disclose information, that Bankruptcy is only for honest people			No Yes
23. I am entitled to receive an inheritance, probate OR wrongful death share.			No Yes
23a Injury or wrongful death claims (A family member has died or been injured and I have a claim).			No Yes
24. I have paid off recent debts or hidden property to protect myself, friends or family, I am hiding something or have failed to write down ALL of my debts, property and financial information on these forms			No Yes
25. I have listed each item of property, real or personal with the correct market value to the best of my knowledge			No Yes
26. I have fully disclosed all my assets or rights to assets and every single debt that I owe to the best of my knowledge			No Yes
27. I (H or W) am court ordered to pay child support. Provide us with the recipient's name, address and phone # below			No Yes
If you answered 'YES' to any of the above questions, write the number and give details in the space below.			
# Details: _____			
# Details: _____			
# Details: _____			
# Details: _____			
# Details: _____			
# Details: _____			

The major areas of lying are: Not disclosing injury, back pay, EEOC, discrimination, other claims or future source of money
 Paying off debts before filing to protect family and friends. Gamblers or others may be stashing money away. Unlisted debts.
 Failing to list all personal property, cash on hand, accounts Failure to give proper market values. Undisclosed tax refunds.

Lying on these forms or on a federal bankruptcy petition will result in our firm withdrawing from representing you, disclosing your lie to the U.S. Trustee, and possible criminal charges punishable by a jail term up to 5 years! Until a bankruptcy is filed, everything you tell us is confidential. (Only after filing, is this info disclosed.)

PLEASE READ & SIGN BELOW!!

I read the above, and have made full disclosure on all of the forms I have or will fill out, listed all of my debts and all of my possible assets in this case. It is a FEDERAL CRIME to lie!!! All of the above statements were answered truthfully and to the best of my ability and I sign this under penalty of perjury.

X _____ Date: ___ / ___ / ___ X _____ Date: ___ / ___ / ___