

Bankruptcy Consultation Form

Please fill this out and bring it, and all the supporting documents, in with you to your consultation so that we can help you determine if filing Bankruptcy is the right option for you.

Name: _____

Spouse Name: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Occupation: _____

Spouse's Occupation: _____

Yearly Gross Income: \$ _____

Spouse's Yearly Gross Income: \$ _____

Dependents: Name: _____

Age: _____

Have you ever filed Bankruptcy before? Yes or No

If yes, where and when and what type: _____

Have you filed your tax returns for the last two (2) years? Yes or No

Do you have pay stubs for the last six (6) months and/or can you get them? Yes or No

Do you own your home? Yes or No How long? _____

Do you have any vehicles? Yes or No How many? _____

Are you currently involved in any lawsuits? Yes or No

If yes, please provide the County & State _____

Case #: _____

Have you heard of Chapter 7 Bankruptcy? Yes or No

Have you heard of Chapter 13 Bankruptcy? Yes or No

Why do you think you may need to file Bankruptcy? _____

| Assets (What you Own) | Dollar Value |
|--|--------------|
| Cash | |
| Checking Accounts | |
| Savings Accounts | |
| Money Market Accounts | |
| Certificates of Deposits (CD's) | |
| Cash Value of Life Insurance Policies | |
| Retirement Plans | |
| IRAs | |
| 401(k) Plans / Thrift Savings Plans (TSP) | |
| SEP – IRA / SIMPLE IRA | |
| Keogh Plans | |
| Money Owed to You | |
| Stocks / Bonds | |
| Mutual Funds | |
| Real Estate Investments | |
| Other Investments | |
| 1. | |
| 2. | |
| 3. | |
| Your Home: Your home value must be entered if a home mortgage amount is entered below under "Liabilities". | |
| Rental or Vacation Property | |
| Vehicles: Values must be entered | |
| Furniture / Appliances | |
| Jewelry / Furs | |

| | |
|------------------------|--|
| Collectibles / Artwork | |
| Miscellaneous Property | |
| Other: | |
| Other: | |
| Other: | |

| Liabilities (What you Owe) | Total Debt | Monthly Amount |
|---|------------|----------------|
| Mortgages | | |
| Vacation Home Mortgages | | |
| Personal Loans | | |
| Vehicles Loans: (enter Lender Names) | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| Credit Card Balances | | |
| Education / Student Loans | | |
| Investment Loans | | |
| Life Insurance | | |
| Other: | | |

| Annual Income for Wage Earners | Dollar Amount | |
|--------------------------------|---------------|------------|
| Wages | Debtor: \$ | Spouse: \$ |
| Interest and Dividends | Debtor: \$ | Spouse: \$ |
| Investment Income | Debtor: \$ | Spouse: \$ |

| | | |
|---------------------------|------------|------------|
| Social Security | Debtor: \$ | Spouse: \$ |
| Retirement Plans | Debtor: \$ | Spouse: \$ |
| Unemployment Compensation | Debtor: \$ | Spouse: \$ |
| Other Income: | | |
| 1. | Debtor: \$ | Spouse: \$ |
| 2. | Debtor: \$ | Spouse: \$ |
| 3. | Debtor: \$ | Spouse: \$ |

MONTHLY EXPENSES

| <u>Annual Expenses for Wage Earners</u> | <u>\$ Amount</u> | <u>Annual Expenses for Wage Earners</u> | <u>\$ Amount</u> |
|---|------------------|---|------------------|
| Savings | | Physical Fitness | |
| Charitable Donations | | Cable TV | |
| Gifts | | Internet Access | |
| Federal Taxes | | Professional Services(financial) | |
| State Taxes | | Banking / Credit Card Fees | |
| Local Taxes | | Life Insurance (whole life) | |
| Social Security / Medicare | | Life Insurance (term) | |
| Mortgage / Rent | | Health Insurance | |
| Property Tax | | Disability Insurance | |
| Electricity | | Homeowners / Renters Insurance | |
| Natural Gas/Propane/Heating Fuel | | Other Insurance | |
| Telephone and Cell Phone | | Child Care | |
| Water | | Tuition | |
| Trash Collection | | Allowances | |
| Furnishings | | Health Savings | |
| Home Security | | Mandatory Payroll Deductions | |

| | | | |
|--|--|--------------------------------|--|
| Vehicle Payments | | Credit Card Payments (monthly) | |
| Public Transportation | | 1. | |
| Tolls | | 2. | |
| Groceries | | 3. | |
| Meals Outside Home | | 4. | |
| Clothing | | 5. | |
| Hair Care | | 6. | |
| Toiletries | | 7. | |
| Hobbies | | 8. | |
| Vacation | | 9. | |
| Entertainment | | 10. | |
| Newspaper/Magazines/Books | | 11. | |
| Medical and Dental Care (not covered by insurance) | | Investments: | |
| Other: | | | |
| | | | |
| | | | |