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**BANKRUPTCY INTAKE FORM**

|                              |       |  |       |
|------------------------------|-------|--|-------|
| Date of initial consultation | _____ | Fee for services rendered                | _____ |
| Subsequent consultations     | _____ | Court filing fee                         | _____ |
| Chapter (7, 11, 12, 13)      | _____ | Additional fees                          | _____ |
| Exemptions                   | _____ | Filing: Jointly _____ Individually _____ |       |

Name of Debtor \_\_\_\_\_ SS# \_\_\_\_\_  
(First, Middle Initial, Last)  
Other names used in the past 6 years? \_\_\_\_\_

Present address \_\_\_\_\_  
\_\_\_\_\_

Mailing address (if different) \_\_\_\_\_  
\_\_\_\_\_

Home telephone \_\_\_\_\_  
Business telephone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Cell (Joint Debtor) \_\_\_\_\_  
Email Address \_\_\_\_\_

Name of Spouse (Joint Debtor) \_\_\_\_\_ SS# \_\_\_\_\_

Other names used in the past 6 years? \_\_\_\_\_

Present address \_\_\_\_\_  
\_\_\_\_\_

Mailing address (if different) \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU FILED A PREVIOUS BANKRUPTCY? YES \_\_\_ NO \_\_\_  
Date filed \_\_\_\_\_ Case number \_\_\_\_\_  
Case still pending? \_\_\_\_\_ If no, disposition \_\_\_\_\_  
Location \_\_\_\_\_

HAS YOUR PRESENT OR FORMER SPOUSE EVER FILED A BANKRUPTCY? YES \_\_\_ NO \_\_\_  
Date filed \_\_\_\_\_ Case number \_\_\_\_\_  
Case still pending? \_\_\_\_\_ If no, disposition \_\_\_\_\_  
Location \_\_\_\_\_

**Do you own a Home? If yes, please complete the following:**

Description and location of property: \_\_\_\_\_  
Address: \_\_\_\_\_

Is this your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
How is property held? Husband \_\_\_\_\_ Wife \_\_\_\_\_ Jointly \_\_\_\_\_  
Other (Please Specify) \_\_\_\_\_

What is the current Market Value? \_\_\_\_\_

**First Mortgage**

Company \_\_\_\_\_  
Address \_\_\_\_\_

Account # \_\_\_\_\_  
Date Incurred (Month/Year) \_\_\_\_\_

What is the principal balance? \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Includes Property Taxes? (Y/N) \_\_\_\_\_ Includes Homeowner's Insurance? (Y/N) \_\_\_\_\_

Have you missed any mortgage payments? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Amount of Arrears/Outstanding Debt \_\_\_\_\_ Mortgagor(s) \_\_\_\_\_

Name, address and telephone number of attorney for Mortgage Company, if any \_\_\_\_\_

**Second Mortgage/Home Equity Loan/Home Equity Line of Credit**

Company \_\_\_\_\_  
Address \_\_\_\_\_

Account # \_\_\_\_\_  
Date Incurred (Month/Year) \_\_\_\_\_

What is the principal balance? \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Have you missed any mortgage payments? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Amount of Arrears/Outstanding Debt \_\_\_\_\_ Borrower(s) \_\_\_\_\_

Name, address and telephone number of attorney for Mortgage Company, if any \_\_\_\_\_

**Any Other Mortgages**

Company \_\_\_\_\_  
Address \_\_\_\_\_

Account # \_\_\_\_\_  
Date Incurred (Month/Year) \_\_\_\_\_

What is the principal balance? \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Have you missed any mortgage payments? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Amount of Arrears/Outstanding Debt \_\_\_\_\_ Obligor(s) \_\_\_\_\_

Name, address and telephone number of attorney for Mortgage Company, if any \_\_\_\_\_

Do you own any other real property? \_\_\_\_\_

**PERSONAL PROPERTY INFORMATION**

| <b><u>TYPE OF PROPERTY</u></b>   |           | <b><u>DESCRIPTION</u></b>  | <b><u>MARKET VALUE</u></b> |             |
|--|-----------|----------------------------|----------------------------|-------------|
| 1. Cash on hand  |           |                            | _____                      |             |
| 2. Deposits:   |           |                            |                            |             |
| Account Type   | Bank Name | Last 4 of Acct No.         | Balance                    | Acct Holder |
| Savings account  | _____     | _____                      | _____                      | _____       |
| Checking account   | _____     | _____                      | _____                      | _____       |
| Other _____  | _____     | _____                      | _____                      | _____       |
| Other _____  | _____     | _____                      | _____                      | _____       |
| Other _____  | _____     | _____                      | _____                      | _____       |
| Other _____  | _____     | _____                      | _____                      | _____       |
| 3. Security deposits held by landlord,<br>public utilities, or others.                       |           | _____                      | _____                      |             |
| 4. Household Goods & Furnishings   |           | _____                      | _____                      |             |
| 5. Books, Pictures, Collectibles   |           | _____                      | _____                      |             |
| 6. Wearing Apparel   |           | _____                      | _____                      |             |
| 7. Furs & Jewelry  |           | _____                      | _____                      |             |
| 8. Firearms, sports, photographic,<br>or other hobby equipment.                              |           | _____                      | _____                      |             |
| 9. Life Insurance Policies:  |           |                            |                            |             |
| Name of Company _____  |           | Name of Company _____      |                            |             |
| Whole life OR Term _____   |           | Whole life OR Term _____   |                            |             |
| Cash surrender value _____   |           | Cash surrender value _____ |                            |             |
| Policy Holder _____  |           | Policy Holder _____        |                            |             |
| 10. Annuities  |           |                            |                            |             |
| Provider/Service   |           | Value                      | Holder                     |             |
| _____  |           | _____                      | _____                      |             |
| _____  |           | _____                      | _____                      |             |
| 11. Education Savings Accounts (Education IRA/Coverdell ESA/529 Plans)                       |           |                            |                            |             |
| Provider/Service   |           | Value                      | Holder                     |             |
| _____  |           | _____                      | _____                      |             |
| _____  |           | _____                      | _____                      |             |
| 12. IRA, 401(k), 403(b), ERISA, Keogh, or other Pension/Profit Sharing plan. Please specify: |           |                            |                            |             |
| Provider/Service - Type of Retirement Plan   |           | Value                      | Holder                     |             |
| _____  |           | _____                      | _____                      |             |
| _____  |           | _____                      | _____                      |             |
| _____  |           | _____                      | _____                      |             |

**TYPE OF PROPERTY**

**DESCRIPTION**

**MARKET VALUE**

13&14. Do you have any interests in incorporated, unincorporated, partnerships or any kind of business venture? If so, please specify and approximate the value of such interest.

Company Name \_\_\_\_\_

Percent Ownership \_\_\_\_\_ Owner(s) \_\_\_\_\_

Company Name \_\_\_\_\_

Percent Ownership \_\_\_\_\_ Owner(s) \_\_\_\_\_

Company Name \_\_\_\_\_

Percent Ownership \_\_\_\_\_ Owner(s) \_\_\_\_\_

13. Stocks – Provide names \_\_\_\_\_  
of stock(s) & number of \_\_\_\_\_  
shares or name of the \_\_\_\_\_  
brokerage account(s) \_\_\_\_\_

15. Government or Corporate Bonds \_\_\_\_\_

16. Accounts receivable \_\_\_\_\_  
\_\_\_\_\_

17. Alimony, maintenance or child support \_\_\_\_\_  
to which **you** are entitled arrears. \_\_\_\_\_

18. Are you anticipating an income tax refund? Y \_\_\_ N \_\_\_ IRS \_\_\_\_\_  
NYS \_\_\_\_\_

Do you receive money from any other source?  
\_\_\_\_\_

19. Equitable or future interests, life estates, and rights and powers exercisable for your benefit other than those listed on page 2 as real property.  
\_\_\_\_\_

20. Contingent and non-contingent interest in estate of a decedent, death benefit plan, life insurance policy or trust.  
\_\_\_\_\_

21. Other contingent and unliquidated claims of any nature, including tax refunds, counter-claims of the debtor, and rights to setoff claims.  
\_\_\_\_\_

22. Patents, copyrights, and other intellectual property.  
\_\_\_\_\_

23. Licenses, franchises, and other general intangibles.  
\_\_\_\_\_

24. Customer Lists  
\_\_\_\_\_

25. Autos, trucks, etc.

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

Is this car subject to a lien \_\_\_\_\_ lease agreement \_\_\_\_\_ Balance/Lease end date \_\_\_\_\_

Autos, trucks, etc.

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

Is this car subject to a lien \_\_\_\_\_ lease agreement \_\_\_\_\_ Balance/Lease end date \_\_\_\_\_

Autos, trucks, etc.

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

Is this car subject to a lien \_\_\_\_\_ lease agreement \_\_\_\_\_ Balance/Lease end date \_\_\_\_\_

26. Boats, motors, etc.

Make: \_\_\_\_\_ NADA Value \_\_\_\_\_

Year \_\_\_\_\_ Model: \_\_\_\_\_

Subject to a lien? \_\_\_\_\_ lease agreement? \_\_\_\_\_ Balance/Lease End Date \_\_\_\_\_

27. Aircraft and accessories

\_\_\_\_\_

28. Office equipment, furnishings, and supplies

\_\_\_\_\_

29. Machinery, fixtures, equipment and supplies

\_\_\_\_\_

30. Inventory

\_\_\_\_\_

31. Animals

\_\_\_\_\_

32. Crops, growing or harvested

\_\_\_\_\_

33. Farming equipment and implements

\_\_\_\_\_

34. Farm supplies, chemicals, and feed

\_\_\_\_\_

35. Other personal property of any kind not already listed such as timeshare, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU OWN A CAR? IF YES, COMPLETE THE FOLLOWING**

Year, make, model, and style of car \_\_\_\_\_  
Kelley Blue Book Used Car Private Party Market Value \_\_\_\_\_  
Is this car owned by husband, wife, jointly or other party, please specify. \_\_\_\_\_

Is this vehicle subject to a lien \_\_\_\_\_ or lease \_\_\_\_\_

Name of lender \_\_\_\_\_

Address \_\_\_\_\_

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

If lien, principal balance due \_\_\_\_\_

If lease, when did lease begin? \_\_\_\_\_ When does it end (mm/yyyy)? \_\_\_\_\_

What are the monthly payments? \_\_\_\_\_ Past Due Amount \_\_\_\_\_

Have you missed any payments? \_\_\_\_\_ If yes how many? \_\_\_\_\_

Are there any other persons who are co-obligors on the above? If so please state.

Name and address \_\_\_\_\_

**DO YOU OWN A SECOND CAR? IF YES, COMPLETE BELOW:**

Year, make, model, and style of car \_\_\_\_\_  
Kelley Blue Book Used Car Private Party Market Value \_\_\_\_\_  
Is this car owned by husband, wife, jointly or other party, please specify. \_\_\_\_\_

Is this vehicle subject to a lien \_\_\_\_\_ or lease \_\_\_\_\_

Name of lender \_\_\_\_\_

Address \_\_\_\_\_

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

If lien, principal balance due \_\_\_\_\_

If lease, when did lease begin? \_\_\_\_\_ When does it end (mm/yyyy)? \_\_\_\_\_

What are the monthly payments? \_\_\_\_\_ Past Due Amount \_\_\_\_\_

Have you missed any payments? \_\_\_\_\_ If yes how many? \_\_\_\_\_

Are there any other persons who are co-obligors on the above? If so please state.

Name and address \_\_\_\_\_

**DO YOU OWN A THIRD CAR OR BOAT? IF YES, COMPLETE BELOW:**

Year, make and model of car \_\_\_\_\_  
Kelley Blue Book Used Car Private Party/NADA Guide Market Value \_\_\_\_\_  
Is this car owned by husband, wife, jointly or other party, please specify. \_\_\_\_\_

Is this vehicle subject to a lien \_\_\_\_\_ or lease \_\_\_\_\_

Name of lender \_\_\_\_\_

Address \_\_\_\_\_

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

If lien, principal balance due \_\_\_\_\_

If lease, when did lease begin? \_\_\_\_\_ When does it end (mm/yyyy)? \_\_\_\_\_

What are the monthly payments? \_\_\_\_\_ Past Due Amount \_\_\_\_\_

**DO YOU OWE TAXES OR PENALTIES TO GOVERNMENTAL UNITS**

Government Agency Owed (ex. IRS, NYS) \_\_\_\_\_  
Address (If local government) \_\_\_\_\_  
\_\_\_\_\_  
Type of Claim (ex. Income Tax, Property Tax) \_\_\_\_\_  
Year(s) Debt Incurred \_\_\_\_\_  
Responsible Party (ex. Husband, Wife, Joint) \_\_\_\_\_  
Amount Owed \_\_\_\_\_

Government Agency Owed (ex. IRS, NYS) \_\_\_\_\_  
Address (If local government) \_\_\_\_\_  
\_\_\_\_\_  
Type of Claim (ex. Income Tax, Property Tax) \_\_\_\_\_  
Year(s) Debt Incurred \_\_\_\_\_  
Responsible Party (ex. Husband, Wife, Joint) \_\_\_\_\_  
Amount Owed \_\_\_\_\_

**DO YOU HAVE DOMESTIC SUPPORT OBLIGATIONS (ALIMONY, MAINTENANCE OR CHILD SUPPORT)**

Party Owed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Type of Claim (ex. Child Support, Maintenance) \_\_\_\_\_  
Year(s) Debt Incurred \_\_\_\_\_  
Monthly Amount Owed \_\_\_\_\_  
Past Due Amount Owed \_\_\_\_\_

**Are You A Party To Any Lease Agreements For Apartments, Storage, Equipment Or Other**

Other Party \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Description of Property (Storage, Timeshare, Apartment) \_\_\_\_\_  
Amount of Monthly Payment \_\_\_\_\_  
Date of Contract/Lease (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_  
Intent: Assume \_\_\_\_\_ OR Reject \_\_\_\_\_  
Account Number \_\_\_\_\_  
Additional Notes on Terms of Contract/Lease: \_\_\_\_\_  
\_\_\_\_\_

Other Party \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Description of Property (Storage, Timeshare, Apartment) \_\_\_\_\_  
Amount of Monthly Payment \_\_\_\_\_  
Date of Contract/Lease (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_  
Intent: Assume \_\_\_\_\_ OR Reject \_\_\_\_\_  
Account Number \_\_\_\_\_  
Additional Notes on Terms of Contract/Lease: \_\_\_\_\_  
\_\_\_\_\_

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Zip \_\_\_\_\_  
Account# \_\_\_\_\_  
Balance Due \_\_\_\_\_  
Account Holder \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Collection Agency or Attorney: \_\_\_\_\_  
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\_\_\_\_\_

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Zip \_\_\_\_\_  
Account# \_\_\_\_\_  
Balance Due \_\_\_\_\_  
Account Holder \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Collection Agency or Attorney: \_\_\_\_\_  
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Name of Creditor \_\_\_\_\_  
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Collection Agency or Attorney: \_\_\_\_\_  
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Co-Debtor \_\_\_\_\_  
Collection Agency or Attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If extra room is needed to list creditors, please attach separate sheet.

**PERSONAL INCOME & EXPENSE INFORMATION**

Are you Married? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_ Single? \_\_\_\_\_ Widowed? \_\_\_\_\_

Your age \_\_\_\_\_ Age of Co-debtor \_\_\_\_\_

List all dependents:

| <u>Name</u> | <u>Age</u> | <u>Live Together?(Y/N)</u> | <u>Relationship</u> |
|-------------|------------|----------------------------|---------------------|
| _____       | _____      | _____                      | _____               |
| _____       | _____      | _____                      | _____               |
| _____       | _____      | _____                      | _____               |
| _____       | _____      | _____                      | _____               |
| _____       | _____      | _____                      | _____               |

**HUSBAND:**

What is your occupation or job title? \_\_\_\_\_

Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long with employer? \_\_\_\_\_

**WIFE:**

What is your occupation or job title? \_\_\_\_\_

Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long with employer? \_\_\_\_\_

**2<sup>ND</sup> EMPLOYER:**

Husband \_\_\_\_\_ Wife \_\_\_\_\_

What is your occupation or job title? \_\_\_\_\_

Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long with employer? \_\_\_\_\_

*Do you have any other sources of income in the past year? (If so, please explain in detail)*

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

**INCOME** *Include each spouse's regardless of whether filing or not*

**HUSBAND**

**WIFE**

How often are you paid?  
(Weekly, Bi-weekly, Semi-Monthly, Monthly, Sporadically)

\_\_\_\_\_

**PER PAY PERIOD**

**Gross Wages**

*Deductions:*

- Payroll Taxes
- Retirement/Pension
- Retirement Loans
- Medical/Dental/Vision
- Domestic Support Obligations
- Union Dues
- Life Insurance
- Other (specify) \_\_\_\_\_

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Net Take Home Pay**

**PER MONTH**

- Income from operation of business
- Business Expenses*
- Rental Income
- Rental Expenses*
- Interest and dividends received
- Alimony/Maintenance/Child Support payments received
- Unemployment Compensation
- Social Security or other government assistance
- Pension or retirement income
- Other monthly income (specify) \_\_\_\_\_

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**2<sup>ND</sup> Employer**

How often are you paid?

\_\_\_\_\_

**Gross Wages**

*Deductions:*

- Payroll Taxes
- Retirement/Pension
- Retirement Loans
- Medical/Dental/Vision
- Domestic Support Obligations
- Union Dues
- Life Insurance
- Other (specify) \_\_\_\_\_

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Net Take Home Pay**

Is your employment subject to seasonal changes? If yes, give details below.

\_\_\_\_\_

Describe any increase or decrease of more 10% in any of the above categories anticipated, to occur within the year following the filing of your bankruptcy petition.

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

**MONTHLY EXPENDITURES**

*If this is a joint petition and the debtors maintain separate households, please indicate the separate expenses for each debtor. Include **both** Husband & Wife's expenses regardless of whether filing or not.*

**PER MONTH**

|   |                      |           |       |
|---|----------------------|-----------|-------|
| Rent ___ or Mortgage ___ Payment  |                      |           | _____ |
| Real Estate Taxes   | Included? Yes: _____ | No: _____ | _____ |
| Homeowner's or Renter's Insurance   | Included? Yes: _____ | No: _____ | _____ |
| Home Maintenance (lawn care, pool, snow removal, repairs, etc.)                         |                      |           | _____ |
| Homeowner's Association or Condominium Dues   |                      |           | _____ |
| Second Mortgage Payment   |                      |           | _____ |
| Other Mortgage Payments   |                      |           | _____ |
| Utilities:  |                      |           |       |
| Electricity & Heat  |                      |           | _____ |
| Water, Sewer, Garbage   |                      |           | _____ |
| Telephone, Internet, Cable/Satellite  |                      |           | _____ |
| Cell Phone  |                      |           | _____ |
| Alarm   |                      |           | _____ |
| Other - Specify: _____  |                      |           | _____ |
| Food and Housekeeping Supplies  |                      |           | _____ |
| Childcare   |                      |           | _____ |
| Children's Education Costs  |                      |           | _____ |
| Clothing, Laundry and Dry Cleaning  |                      |           | _____ |
| Personal Care Products, Haircuts & Grooming   |                      |           | _____ |
| Medical & Dental Expenses (co-pays, prescriptions, glasses, etc.)                       |                      |           | _____ |
| Transportation (gas, maintenance, bus/train, parking) <i>Not Car Payments</i>           |                      |           | _____ |
| Recreation & Entertainment  |                      |           | _____ |
| Charitable contributions  |                      |           | _____ |
| Life Insurance ( <i>not deducted from wages</i> )                                       |                      |           | _____ |
| Health Insurance ( <i>not deducted from wages</i> )                                     |                      |           | _____ |
| Auto Insurance ( <i>not deducted from wages</i> )                                       |                      |           | _____ |
| Other Insurance -Specify: _____   |                      |           | _____ |
| Taxes: ( <i>not deducted from wages or included in monthly home mortgage payments</i> ) |                      |           |       |
| Specify: _____  |                      |           | _____ |
| Monthly car payment vehicle 1   |                      |           | _____ |
| Monthly car payment vehicle 2   |                      |           | _____ |
| Other installment payments _____  |                      |           | _____ |
| Alimony/maintenance/support paid to others ( <i>not deducted from pay</i> )             |                      |           | _____ |
| Payments for support of dependents not living with you                                  |                      |           | _____ |
| Mortgages on Other Property   |                      |           |       |
| Real Estate Taxes   | Included? Yes: _____ | No: _____ | _____ |
| Homeowner's or Renter's Insurance   | Included? Yes: _____ | No: _____ | _____ |
| Home Maintenance (lawn care, pool, snow removal, repairs, etc.)                         |                      |           | _____ |
| Homeowner's Association or Condominium Dues   |                      |           | _____ |
| Other miscellaneous expenses:   |                      |           |       |
| Pet & Vet Expenses  |                      |           | _____ |
| Cigarettes  |                      |           | _____ |
| Student Loans   |                      |           | _____ |
| Timeshare Maintenance   |                      |           | _____ |
| Total Minimum Payments on Non-Filing Spouse's Credit Cards                              |                      |           | _____ |
| Other _____   |                      |           | _____ |

## STATEMENT OF FINANCIAL AFFAIRS

Please complete the following information as accurately as possible. Where necessary, please include dates and the names and addresses of individuals or firms.

1. What was your gross income from employment or operation of business for the current year-to-date and two (2) years prior? Include co-debtor income if joint petition.

Debtor: Current Yr: \_\_\_\_\_ Last Year \_\_\_\_\_ 2 Years Ago \_\_\_\_\_  
 Co-Debtor: Current Yr: \_\_\_\_\_ Last Year \_\_\_\_\_ 2 Years Ago \_\_\_\_\_

2. Income other than from employment or operation of business.

Specify: \_\_\_\_\_  
 Debtor: Current Yr: \_\_\_\_\_ Last Year \_\_\_\_\_ 2 Years Ago \_\_\_\_\_

Specify: \_\_\_\_\_  
 Co-Debtor: Current Yr: \_\_\_\_\_ Last Year \_\_\_\_\_ 2 Years Ago \_\_\_\_\_

- 3a. List payments to creditors made within the past ninety (90) days, exceeding \$600.00.  
 (Do not include payments for mortgages, car loans or lease agreements)

|          |       |      |       |        |       |
|----------|-------|------|-------|--------|-------|
| Creditor | _____ | Date | _____ | Amount | _____ |
| Creditor | _____ | Date | _____ | Amount | _____ |
| Creditor | _____ | Date | _____ | Amount | _____ |
| Creditor | _____ | Date | _____ | Amount | _____ |
| Creditor | _____ | Date | _____ | Amount | _____ |

- 3c. List all payments made within one year immediately preceding the commencement of this case to, or for the benefit of creditors who were insiders or family members.

|          |       |      |       |        |       |
|----------|-------|------|-------|--------|-------|
| Creditor | _____ | Date | _____ | Amount | _____ |
| Creditor | _____ | Date | _____ | Amount | _____ |

- 4a. List all suits to which the debtor is or was a party to within one year immediately preceding the filing of this petition.

|          |       |        |       |       |       |
|----------|-------|--------|-------|-------|-------|
| Creditor | _____ | Case # | _____ | Court | _____ |
| Creditor | _____ | Case # | _____ | Court | _____ |
| Creditor | _____ | Case # | _____ | Court | _____ |
| Creditor | _____ | Case # | _____ | Court | _____ |
| Creditor | _____ | Case # | _____ | Court | _____ |
| Creditor | _____ | Case # | _____ | Court | _____ |

- 4b. Describe all property which has been attached, garnished, or seized in the past year.

|          |       |      |       |                   |       |
|----------|-------|------|-------|-------------------|-------|
| Creditor | _____ | Date | _____ | Description/Value | _____ |
| Creditor | _____ | Date | _____ | Description/Value | _____ |
| Creditor | _____ | Date | _____ | Description/Value | _____ |

5. List all property that has been repossessed by a creditor, sold at foreclosure sale, or transferred to the seller in the past year.

Creditor \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_  
Creditor \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_  
Creditor \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_

6a. Describe any assignment of property for the benefit of creditors made within 120 days prior to the filing of this petition.

Assignee \_\_\_\_\_ Date \_\_\_\_\_ Terms \_\_\_\_\_  
Assignee \_\_\_\_\_ Date \_\_\_\_\_ Terms \_\_\_\_\_

6b. List all property which has been in the hands of a custodian, receiver, or court-appointed official, within one year prior to the filing of this petition.

Name \_\_\_\_\_ Court \_\_\_\_\_ Case Title & Number \_\_\_\_\_  
Date of Order \_\_\_\_\_ Description/Value \_\_\_\_\_  
Name \_\_\_\_\_ Court \_\_\_\_\_ Case Title & Number \_\_\_\_\_  
Date of Order \_\_\_\_\_ Description/Value \_\_\_\_\_

7. List all gifts or charitable contributions made within one year prior except ordinary and usual gifts to family members aggregating less than 200.00.

Organization \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_  
Organization \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_

8. List all losses from fire, theft, other casualty, or gambling within one year prior to the filing of this petition.

Description/Value \_\_\_\_\_ Date \_\_\_\_\_ Covered by Insurance? Y\_\_\_ N\_\_\_  
Description of Circumstances \_\_\_\_\_  
Description/Value \_\_\_\_\_ Date \_\_\_\_\_ Covered by Insurance? Y\_\_\_ N\_\_\_  
Description of Circumstances \_\_\_\_\_

9. List all payments or property transferred by or on behalf of the debtor to any persons, including this firm or other attorneys for consultation concerning debt consolidation or relief under the bankruptcy law.

Payee \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
Payee \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

10. List all property transferred by debtor within the prior year.

Name of Transferee \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_\_  
Property Transferred \_\_\_\_\_ Value Received \_\_\_\_\_  
Name of Transferee \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_\_  
Property Transferred \_\_\_\_\_ Value Received \_\_\_\_\_  
Name of Transferee \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_\_  
Property Transferred \_\_\_\_\_ Value Received \_\_\_\_\_

11. List all bank accounts which have been closed within the past year (name of bank, type of account, account number, month closed, and closing balance).

Bank \_\_\_\_\_ Account Type \_\_\_\_\_ Account # \_\_\_\_\_ When \_\_\_\_\_ Balance \_\_\_\_\_  
Bank \_\_\_\_\_ Account Type \_\_\_\_\_ Account # \_\_\_\_\_ When \_\_\_\_\_ Balance \_\_\_\_\_  
Bank \_\_\_\_\_ Account Type \_\_\_\_\_ Account # \_\_\_\_\_ When \_\_\_\_\_ Balance \_\_\_\_\_

12. List any safe deposit box, its location and description of contents which you have or had within the past year.

Bank \_\_\_\_\_ Location \_\_\_\_\_ Contents \_\_\_\_\_

13. Has any creditor or bank withdrew money from your bank within the past 90 days without your permission.

Creditor \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

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

Owner \_\_\_\_\_ Location \_\_\_\_\_ Description/Value \_\_\_\_\_

Owner \_\_\_\_\_ Location \_\_\_\_\_ Description/Value \_\_\_\_\_

15. If you have moved within the past two (2) years, list the address, duration of residence there and the name used.

Address \_\_\_\_\_ From (Month/Year) \_\_\_\_\_  
To (Month/Year) \_\_\_\_\_

Address \_\_\_\_\_ From (Month/Year) \_\_\_\_\_  
To (Month/Year) \_\_\_\_\_

16. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the **eight (8) year period** immediately preceding the commencement of this case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

Name of Spouse \_\_\_\_\_

**IF THE DEBTOR IS OR WAS ENGAGED IN A BUSINESS WITHIN 6 YEARS PRIOR TO THIS DATE OR HAS BEEN ENGAGED IN BUSINESS AS AN OFFICER, DIRECTOR, MANAGING EXECUTIVE OR PERSON IN CONTROL OF A CORPORATION, A PARTNER (OTHER THAN A LIMITED PARTNER), OF A PARTNERSHIP, OR SOLE PROPRIETOR OR SELF-EMPLOYED, CONTINUE AND ANSWER QUESTION 18**

18. Nature, location, and name of business.

- If the debtor is an individual, list the names and addresses of all businesses in which the debtor was involved as a principal.

- If the debtor is a partnership, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

- If the debtor is a corporation, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

Name \_\_\_\_\_ EIN \_\_\_\_\_

Address \_\_\_\_\_

Nature of Business \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending \_\_\_\_\_

Name \_\_\_\_\_ EIN \_\_\_\_\_

Address \_\_\_\_\_

Nature of Business \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending \_\_\_\_\_