## THE LAW OFFICE OF TRACY A. BROWN, P.C.

## ATTORNEYS AND COUNSELORS AT LAW

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**Client Information Workbook** 

## Instructions YOU MUST COMPLETE THIS WORKBOOK BEFORE WE FILE YOUR CASE. You must list all income, expenses, debts, property, and other requested information. ANSWER ALL QUESTIONS. Do not leave any question blank even if answered previously. Give additional information if necessary. We return any incomplete workbooks. CLIENTS ARE SEEN BY APPOINTMENT ONLY Contact the office if you have any questions. If you need additional assistance, we can schedule an appointment to provide further help. Please, no walk-ins. OTHER DOCUMENTS ARE REQUIRED You must provide 6 months of income information, 2 years of tax returns, and complete the credit counseling course.

Part 1: Your Information 🖉				
PROVIDE YOUR CURI	RENT INFORMATION.			
Client Name:	Other Names Used in the Last 8 Years:			
Street Address:	City, State, Zip:			
Best Contact Number:	Email Address:			
PROVIDE YOUR SPOUSE'S INFO	ORMATION (if filing together).			
Joint Client (Spouse) Name:	Other Names Used in the Last 8 Years:			
Best Contact Number:	Email Address:			
General Filing	g Information			
Have you filed a bankruptcy case in the last 8 years?	Are you the sole proprietor of a business?			
No Yes. Case Number:	No Yes. Business Name:			
Was the case <u>dismissed</u> (you did not complete the	Business Address:			
bankruptcy)? 🔲 No 🔲 Yes	Business Description:			
Do you have an eviction pending against you?	Do you own any property that poses harm to others?			
☐ No ☐ Yes. Landlord Name:	No Yes. Describe:			

Part 2: Your Property 🏠 🚘 🖺 🖏						
Part A. Residence, Building, Land, Other Real Estate or I No Real Estate Owned (Use additional sheets as necessary.)						
	LIST ALL OF YOUR REAL ESTATE.					
Address of Pr	roperty	Туре	of Real Esta	te:	Owned by:	Estimated Value:
Address:		Single-family home Duplex/ multi-unit bu	uilding	Land Investment property	You Spouse Joint with:	\$
City, State, Zip:		Condominium Manufactured/mobil	e home	Timeshare Other:		If there is a loan on this property, complete p. 4
Address:		Single-family home Duplex / multi-unit be	uilding	Land Investment property	You Spouse Joint with:	\$
City, State, Zip:		Condominium Manufactured/ mobi	le home	Timeshare Other:		If there is a loan on this property, complete p. 4
🚗 Part B. Cars, V	ans, Trucks, T	ractors, Motorcycles, RV	s, Watercraft	, Aircraft, Motor Home	s, ATVs, Etc. or 🗖 No	Vehicles Owned
			ALL OF YOU			
	•	escribe <b>all vehicles</b> where	•		Owned by:	Estimated Value:
Vehicle #1	Year:			odel:	You Spouse	\$
	Mileage:	Condition:	Ir	m Package: (LT, LX, etc.):	☐ Joint with:	If there is a loan on this vehicle, complete p. 5
Vehicle #2	Year:		M	odel:	You Spouse	\$
	Mileage:	Condition:	Tri	m Package: (LT, LX, etc.):	Joint with:	If there is a loan on this vehicle, complete p. 5
Vehicle #3	Year:	Make:	M	odel:	You Spouse	\$
	Mileage:	Condition:	Tri	m Package: (LT, LX, etc.):	Joint with:	If there is a loan on this vehicle, complete p. 5
Watercraft/	Year:			odel:	You Spouse	\$
Motor Homes/ Mileage: Condition: ATVs/ Other		Condition:	Tri	m Package: (LT, LX, etc.):	Joint with:	If there is a loan on this vehicle, complete p. 5
Part C. Person	al and Housel	nold Items. Use resale va	lue.			
				ONAL PROPERTY.		
	Type of Prop	erty		Description		Estimated Value:
Furniture, a	appliances, ho	me goods, household ite	ems		List value →	\$
Electronics:	: DTV DPhone	e □Tablet □Computer □	Other:		List value →	\$
<b>⊠</b> Collectibles	: Antiques, ar	t, collections, etc.			☐ None	\$
	bby Equipmer				☐ None	\$
		ssories. Describe:			☐ None	
		esses, shoes, etc. (Used v	value )		List value →	
	-	ding Costume Jewelry.	raide.)		List value →	
		ding costaine Jeweny.			□ None	
8 Wedding Rings						
Pets: Cats, Dogs, Fish, etc.					□ None	۶
Part D. Financial Assets. List current value.						
LIST ALL OF YOUR FINANCIAL ACCOUNTS.  Turns of Proportion  Value						
ZD Cl- >	Type of Prop	erty	Lavorago am	Description ount of cash on hand) -	List value →	Value
© Cash → Checking account	or Bank Card	#1 →	Bank/Check		List value →	
Checking account		<b>#2 →</b> eets if necessary.	Bank/Check	Card name:	List value →	\$
Savings account #			Bank name:		List value →	\$
Savings account #2 →  List all accounts, use more sheets if necessary.			Bank name:		List value →	\$

Certificate of deposit (CD)	Bank name:	\$
Other financial account (money market, savings, etc.)	Bank name:	\$
Other financial account	Bank name:	\$
Bonds, mutual funds, and publicly traded stocks	List Interest & Describe: ☐ None	\$
Business you own or have interest in	Business Names:	\$
	% Ownership Interest:	
Government and corporate bonds and instruments	Describe: ☐ None	\$ \$
(incl. U.S. Savings Bonds)		
Retirement, pension, or profit-sharing plan #1 (IRA,	Type of Account:	\$
401(k), 403(b), or other pension or profit-sharing plan)	Financial Institution Name:	
Retirement, pension, or profit-sharing plan #2 (IRA,	Type of Account:	\$
401(k), 403(b), or other pension or profit-sharing plan)	Financial Institution Name:	
Security deposits (typically with landlord or utility)	Holder of Deposit: □ None	\$
Annuities	Annuity Company:	\$
Education IRA, Sec. 529 or Sec. 530 account, state	Type of Account: □ None	\$
tuition plan	Financial Institution Name:	
Trusts, life estates, future, and equitable interests in property or assets	Describe:	\$
Patents, copyrights, trademarks, trade secrets, and	Describe:	\$
intellectual property		
Licenses, franchises, and other general intangibles	Describe: ☐ None	\$
Tax refunds owed to you	Years Due to You: ☐ None ☐ No	\$
Alimony and child support	Who owes you: □ None	\$
Other amounts someone owes you (unpaid wages,	Who owes you:	\$
benefits, vacation pay, workers' comp., loans, etc.)	Describe:	
Cash value of Insurance Policies (whole/universal life,	Type of Policy:	\$
health, disability, HSA, etc.)	Insurance Company:	
	Beneficiary:	
Inheritances, estate distributions, and death benefits	Describe: ☐ None	\$
Personal injury claims or awards	Describe: ☐ None	\$
Lawsuits or claims against anyone for anything	Describe:	\$
All other claims or rights to sue someone	Describe: ☐ None	\$
Any other financial asset not listed	Describe:	\$
Part E. Business-Related Assets (List only if you own	or operate a business)	
Type of Property	Description	Value:
Accounts receivable or commissions earned		\$
Office equipment, furniture, and supplies		
Equipment, fixtures, supplies, and tools of your trade		
Business inventory		
Interests in partnerships or joint ventures		
Customer and mailing lists	(Provide detailed description & list of property)	
Part F. Farm and Commercial Fishing-Related Prope	rty (List only if you own or operate a farm) 🚜	
Type of Property	Description	Value:
Farm animals (livestock, poultry, fish, etc.)		\$
Crops (growing or harvested)		
Farm equipment, machinery, fixtures, and tools of trade		
Farm supplies, chemicals, and feed (list)		
Other Property or Notes:		

## Part 3: Your Debts Part A. Debts Secured by Property. List all debts that are secured by property. (Mortgages, Car Loans, Title Loans, etc.) LIST ALL OF YOUR MORTGAGE & REAL ESTATE LOAN INFORMATION. Type of Debt **Creditor Information Property Information: Persons Responsible** Who owes the debt? Home Loan. Lender Name: Property Address: Mortgage, or ☐ You ☐ Spouse Address & Zip: 2<sup>nd</sup> Mortgage Account #: Joint with codebtor/cosigner: Amount Owed: Codebtor Name: Does the payment Interest Rate: include insurance and Monthly Payment real estate tax? Address: Delinquent Amount: □No □Yes Date Taken Out: Do you want to keep Collection Agency (if any) this property? Collector Address: Keep Surrender Lender Name: Property Address: Who owes the debt? Home Loan, Mortgage, or ☐ You ☐ Spouse Address & Zip: 2<sup>nd</sup> Mortgage Account #: Joint with codebtor/cosigner: Amount Owed: Codebtor Name: Interest Rate: Does the payment include insurance and **Monthly Payment** real estate tax? Address: Delinguent Amount: □No □Yes / / Date Taken Out: Do you want to keep Collection Agency (if any) this property? Collector Address: Keep Surrender Property Address: Who owes the debt? Home Loan, Lender Name: Mortgage, or Address & Zip: You Spouse 2<sup>nd</sup> Mortgage Joint with Account #: codebtor/cosigner: Amount Owed: Codebtor Name: Interest Rate: Does the payment include insurance and Monthly Payment real estate tax? Address: Delinguent Amount: □No □Yes \_\_\_\_/\_\_\_\_ Date Taken Out: Do you want to keep Collection Agency (if any) this property? Collector Address: Keep Surrender Home Loan, Lender Name: Vehicle: Who owes the debt? Mortgage, or Year, Make, Model: You Spouse Address & Zip: 2<sup>nd</sup> Mortgage Account #: Joint with codebtor/cosigner: Amount Owed: Codebtor Name: Interest Rate:

**Monthly Payment** 

Date Taken Out:
Collection Agency (if any)
Collector Address:

Delinquent Amount:

/ /

Do you want to keep

☐ Keep ☐ Surrender

Address:

this vehicle?

LIST ALL OF YOUR VEHICLE & TITLE LOAN INFORMATION.					
Type of Debt	Cro	editor Information	Vehicle Information:	Persons Responsible	
Vehicle & Auto Loans: (Include Title Loans)	Lender Name: Address & Zip: Account #: Amount Owed: Interest Rate: Monthly Payment Delinquent Amount: Date Taken Out: Collection Agency (if any) Collector Address:	\$% \$	Vehicle: Year, Make, Model:  Do you want to keep this vehicle?  Keep Surrender	Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name:  Address:	
Vehicle & Auto Loans: (Include Title Loans)	Lender Name: Address & Zip: Account #: Amount Owed: Interest Rate: Monthly Payment Delinquent Amount: Date Taken Out: Collection Agency (if any) Collector Address:	\$% \$	Vehicle: Year, Make, Model:  Do you want to keep this vehicle?  Keep Surrender	Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name:  Address:	
Vehicle & Auto Loans: (Include Title Loans)	Lender Name: Address & Zip: Account #: Amount Owed: Interest Rate: Monthly Payment Delinquent Amount: Date Taken Out: Collection Agency (if any) Collector Address:	\$% \$% \$	Do you want to keep this vehicle?	Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name:  Address:	
Other Property Loans: (Loans secured by real or personal property)	Lender Name: Address & Zip: Account #: Amount Owed: Interest Rate: Monthly Payment Delinquent Amount: Date Taken Out: Collection Agency (if any) Collector Address:	\$% \$		Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name:  Address:	

Part B. Credit Card Debts & Personal Loans.						
LIST ALL OF YOUR CREDIT CARDS.						
Type of Debt		Creditor Information:	Person(s) Responsible/Codebtor			
Credit card debt. (Bank cards or Visa, American Express, Master Card, Discover)	Creditor Name: Address & Zip: Account #: Amount Owed: Date Incurred: Collection Agency (if any) Collector Address:		Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:			
Credit card debt. (Bank cards or Visa, American Express, Master Card, Discover)	Creditor Name: Address & Zip: Account #: Amount Owed: Date Incurred: Collection Agency (if any) Collector Address:		Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:			
Credit card debt. (Bank cards or Visa, American Express, Master Card, Discover)	Creditor Name: Address & Zip: Account #: Amount Owed: Date Incurred: Collection Agency (if any) Collector Address:		Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:			
Credit card debt. (Bank cards or Visa, American Express, Master Card, Discover)	Creditor Name: Address & Zip: Account #: Amount Owed: Date Incurred: Collection Agency (if any) Collector Address:		Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:			
Department Store Credit Cards	Creditor Name: Address & Zip: Account #: Amount Owed: Date Incurred: Collection Agency (if any) Collector Address:		Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:			
Department Store Credit Cards	Creditor Name: Address & Zip: Account #: Amount Owed: Date Incurred: Collection Agency (if any) Collector Address:		Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:			

	LIST ALL OF YOUR LOANS.	
Personal Loans / Cash Advances / Payday Loans  Cash Advances / Payday Loans  S	Creditor Name:  Address & Zip:  Account #:  Amount Owed:  Date Incurred:  Collection Agency (if any)  Collector Address:  Creditor Name:  Address & Zip:  Account #:  Amount Owed:	Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:  Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name:
	Date Incurred:  Collection Agency (if any)  Collector Address:	Address:
Cash Advances / Payday Loans	Creditor Name:  Address & Zip:  Account #:  Amount Owed:  Date Incurred:  Collection Agency (if any)  Collector Address:	Who owes the debt?  You Spouse  Joint with codebtor/cosigner:  Codebtor Name:  Address:
Personal Loans or Lines of Credit	Creditor Name:  Address & Zip:  Account #:  Amount Owed:  Date Incurred:  Collection Agency (if any)  Collector Address:	Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:
Personal Loans or Lines of Credit	Creditor Name:  Address & Zip:  Account #:  Amount Owed:  Date Incurred:  Collection Agency (if any)  Collector Address::	Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:
Personal Loans or Lines of Credit	Creditor Name: Address & Zip: Account #: Amount Owed: Date Incurred: Collection Agency (if any) Collector Address:	Who owes the debt?  You Spouse Joint with codebtor/cosigner: Codebtor Name: Address:

Part C. Medical Debts.				
	LIST ALL OF YOUR MEDICAL BILLS.			
Unpaid <b>Medical Bills</b>	Creditor Name:	Who owes the debt?		
<b>+</b> \$	Address & Zip:	You Spouse		
	Account #:	☐ Joint with codebtor/cosigner:		
	Amount Owed:	Codebtor Name:		
	Date Incurred:	Address:		
	Collection Agency (if any)	_		
	Collector Address:	_		
Unpaid <b>Medical Bills</b>	Creditor Name:	Who owes the debt?		
<b>+</b> \$	Address & Zip:	You Spouse		
	Account #:	☐ Joint with codebtor/cosigner:		
	Amount Owed:	Codebtor Name:		
	Date Incurred:	Address:		
	Collection Agency (if any)	_		
	Collector Address:			
Unpaid Medical Bills	Creditor Name:	Who owes the debt?		
<b>+</b> \$	Address & Zip:	You Spouse		
	Account #:	Joint with codebtor/cosigner:		
	Amount Owed:	Codebtor Name:		
	Date Incurred:	Address:		
	Collection Agency (if any)			
	Collector Address:			
Unpaid Medical Bills	Creditor Name:	Who owes the debt?		
<b>+</b> \$	Address & Zip:	You Spouse		
	Account #:	Joint with codebtor/cosigner:		
	Amount Owed:	Name:		
	Date Incurred:	Address:		
	Collection Agency (if any)			
	Collector Address:			
Unpaid Medical Bills	Creditor Name:	Who owes the debt?		
<b>+</b> \$	Address & Zip:	You Spouse		
	Account #:	Joint with codebtor/cosigner:		
	Amount Owed:	Codebtor Name:		
	Date Incurred:	Address:		
	Collection Agency (if any)	- 1		
	Collector Address:	-		
Unpaid Medical Bills	Creditor Name:	Who owes the debt?		
<b>(+)</b> \$	Addross 9. 7in:	You Spouse		
	Account #:	Joint with codebtor/cosigner:		
	Amount Owed:	Codebtor Name:		
	Date Incurred:	Address:		
	Callestian Assess (if and)			
	Collection Agency (if any)  Collector Address:	-		
		-		

Part D. Tax Debts.				
		LIST ALL OF THE TAXES YOU OWE.		
Taxes Owed 📠	Creditor Name:		Who owes the debt?	
☐Income Tax	Creditor Address:		☐ You ☐ Spouse	
Personal Property	Account #:		☐ Joint with codebtor/cosigner:	
☐Other:	Amount Owed:		Codebtor Name:	
	Date Incurred:		Address:	
Taxes Owed 📠	Creditor Name:		Who owes the debt?	
☐Income Tax	Creditor Address:		You Spouse	
Personal Property	Account #:		☐ Joint with codebtor/cosigner:	
☐Other:	Amount Owed:		Codebtor Name:	
	Date Incurred:		Address:	
Taxes Owed 📠	Creditor Name:		Who owes the debt?	
☐Income Tax	Creditor Address:		You Spouse	
Personal Property	Account #:		Joint with codebtor/cosigner:	
☐Other:	Amount Owed:		Codebtor Name:	
	Date Incurred:		Address	
Part E. Student Loan De	ebts			
Student Loans	Student Loan Servicer:		Who owes the debt?	
<b>6</b>	Address & Zip:		You Spouse	
	Account #:		Joint with codebtor/cosigner:	
	Amount Owed:		Codebtor Name:	
	Date Incurred:		Address:	
Student Loans	Student Loan Servicer:		Who owes the debt?	
<b>=</b>	Address & Zip:		You Spouse	
	Account #:		Joint with codebtor/cosigner:	
	Amount Owed:		Codebtor Name:	
	Date Incurred:		Address:	
Part F. Other Debts. Lis	t all other debts you owe.	. (e.g. unpaid rent, utilities, family support, servic	ce fees, other personal loans.)	
		LIST ALL OTHER DEBTS & BILLS.		
Utilities, Phone Bills,	Creditor Name:		Who owes the debt?	
Cable Bills, Loans &	Address & Zip:		You Spouse	
Other Debts	Account #:		☐ Joint with codebtor/cosigner:	
<b>\$ B \$</b>	Amount Owed:		Codebtor Name:	
	Date Incurred:		Address:	
	Collection Agency (if any)			
	Collector Address:			
Utilities, Phone Bills,	Creditor Name:		Who owes the debt?	
Cable Bills, Loans &	Address & Zip:		You Spouse	
Other Debts	Account #:		Joint with codebtor/cosigner:	
<b>♦</b> 🛮 🖇	Amount Owed:		Codebtor Name:	
	Date Incurred:		Address:	
	Collection Agency (if any)			
	Collector Address:			

Utilities, Phone Bills,	Creditor Name:			Who owes the debt?
Cable Bills, Loans &	Address & Zip:			You Spouse
Other Debts				
<b>\$ ■ \$</b>	Account #:			Joint with codebtor/cosigner:
<b>⊿</b>	Amount Owed:			Codebtor Name:
	Date Incurred:			Address:
	Collection Agency (if any)			
	Collector Address:			
Utilities, Phone Bills,	Creditor Name:			Who owes the debt?
Cable Bills, Loans &				<u> </u>
Other Debts	Address & Zip:			☐ You ☐ Spouse
<b>\$ ■ \$</b>	Account #:			Joint with codebtor/cosigner:
<b>⊿</b>	Amount Owed:			Codebtor Name:
	Date Incurred:			Address:
	Collection Agency (if any)			
	Collector Address:			
Utilities, Phone Bills,	Creditor Name:	,		Who owes the debt?
Cable Bills, Loans &	Address & Zip:			You Spouse
Other Debts	· —			I <b>=</b> - '
<b>♦</b> ■ <b>\$</b>	Account #:			Joint with codebtor/cosigner:
7 ⊕ ◊	Amount Owed:			Codebtor Name:
	Date Incurred:			Address:
	Collection Agency (if any)			
	Collector Address:			
Utilities, Phone Bills,	Creditor Name:			Who owes the debt?
Cable Bills, Loans &	Address & Zip:			You Spouse
Other Debts	Account #:			Joint with codebtor/cosigner:
<b>% B S</b>				
	Amount Owed:			Codebtor Name:
	Date Incurred:			Address:
	Collection Agency (if any)			
	Collector Address:			
	Pa	rt 4: Leas	es and Contracts	
			TAL AGREEMENTS.	
			<b>A</b>	
D			EASES & RENTALS 🙆	
	/e a <b>residential lease</b> (i.e.	•	·	
Landlord Name:		Landiord Add	dress, City, State:	
Lease Start Date:	//_ End Date:/		Monthly Payment: \$	
Do you want to stay o	r move? □Stay. □Move.			
	VEHI	CLE & AUT	OMOBILE LEASES 🚓	
Do you currently have				el:
Do you currently have a <b>vehicle lease</b> ? □Yes. □No. If yes, Vehicle Year, Make, & Model:  Lessor Name: Lessor Address, City, State:				
Lease Start Date:	// End Date:/		Monthly Payment: \$	
Do you want to keep t	t <b>his vehicle</b> ? □Keep. □Surr	ender.		
	OTHER L	EASES & RE	NT-to-OWN Contracts 🕫	
Do you currently have			al furniture, storage, etc.)□Y	es □No. If yes:
Name of Lessor:	,	Lessor Addre		,
Lease Start Date:	/ / End Date:	/ /	Monthly Payment: \$	
	$\frac{1}{1}$ seep or move/surrender?	_ <del></del> , JStay/Keep. [		

Part 5: Your Income & Expenses									
① DEPENDENTS & S	① <b>DEPENDENTS &amp; SUPPORT</b> ② List all of your dependents and any income you receive for their care. □ No Dependents.								
DEPENDENTS:	Relationship	Age	Lives with y		? Monthly Support Spouse's dependen			Spouse's dependent?	
			□Yes. □ N	No.	\$_	D	Received. 🗆 Paid.		
			□Yes. □ N		\$_		Received. 🗆 Paid.		
			□Yes. □ N		\$ <u>_</u>		Received.   Paid.		
			□Yes. □ N	No.	\$_	DF	Received. 🗆 Paid.		
② INCOME 🗎 List t			d amo	unt	of all of you	income.			
<b>Employment Information</b>	(use separate sheet for 2 <sup>nd</sup> job)	Debtor	Û				Spouse <b></b> The spouse ■		
	Occupation →								
	Employer Name →								
	ployer Street Address >	7:	Dhair				7: Dh		
•	ode & Phone Number → How long employed? →	Zip: Years:	Phor	nths:			Zip: Ph Years:	one: Months:	
	ay Period (Circle One) →				1ont	hly  Monthly		/  Semi-Monthly  Monthly	
	or Salaried Employee →	Hourly:		Salar		/yr		Salary: \$/yr	
Income from Other Source		Debtor				,	Spouse ↓	1 / /	
Business (Complete Pro	ofit & Loss Statement)	\$					\$		
Investments, Interest,	·	\$					\$		
Family support income		\$					\$		
Unemployment compe	· · · · · ·	\$					\$		
Social Security income		\$					\$		
Government Assistance	e (Food stamps, etc.)	\$					\$		
Pension or Retirement	Income	\$					\$		
Other Income: (explain)		\$				\$			
↑ You must p	rovide income stater	nents &	pav stubs	for th	e f	ull 6 months	prior to the date	we file vou. $\wedge$	
	your average monthl						_	7.7.	
EXPENSES (		Debtor						separate expenses)	
Rent, Mortgage, Lot Re		\$	•				\$	repairate expenses,	
Real Estate Taxes (if no		Monthly	y: (Annual/12)	) = \$			Monthly: (Annual/	12) = \$	
Property/Rental Insura		\$	· · · · · ·	<u> </u>			\$		
Home <b>Maintenance</b> (re		\$				\$			
Homeowner Association		\$				\$			
Second mortgage / equ	uity loan payments	\$					\$		
Electricity, heat, & gas		\$					\$		
Water, sewer, garbage		\$				\$			
Telephone, cell phone,		\$				\$			
Alarm System	•	\$				\$			
Food & housekeeping	supplies (for family)	\$					\$		
Childcare & Child educ	· · · · · · · · · · · · · · · · · · ·	\$				\$			
Clothing, Laundry, & D	ry Cleaning	\$					\$		
Personal Care. (Hair, su	upplies, barber etc.)	\$					\$		
Medical & Dental Expe	enses	\$					\$		
Transportation (gas, bu	us, train, taxi, etc)	\$					\$		
Entertainment, clubs, i	recreation, books, etc.	\$					\$		
Charitable / Religious	donations	\$					\$		
Life Insurance (if not lis	sted above)	\$					\$		
Health Insurance (if no	t listed above)	\$					\$		
Vehicle Insurance		\$					\$		
<b>Personal Property Tax</b>		Monthly	y: (Annual/12)	) = \$			Monthly: (Annual/	12) = \$	
Auto Payments		\$					\$		
Family Support Paymer	nts ( <b>Alimony</b> )	\$					\$		
Family Support Paymer	nts (Child Support)	\$					\$		
Payments supporting o	thers	\$					\$		
Other Expenses:		\$					\$		

	Part 6: Your Financial Affairs					
	ANSWER ALL THE	QUESTIO	NS.			
	Pay close attention to time frames. Att	ach addit	ional	sheets if neces	ssary.	
1	What is your current marital status?	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
2	Have you moved in the last 3 years?		□Yes □No Address:			
3	Have you <b>lived with a spouse</b> in AZ, CA, ID, LA, NV, NM,	□Yes		es, which state?		
J	PR, TX, WA or WI in the last <b>3 years</b> ?	□No	′	•		
	•		Year	ly Income ${\mathbb Q}$	Spousal Year	rly Income &
4	What is your <u>total yearly income</u> from a <u>job or</u> <u>business</u> from this year & the prior two years?  • Use total <b>year-to-date gross pay</b> from all check stubs or	This yea Year to d income. Last Yea	r: late	\$	This year: Year to date income. Last Year:	\$
	business income and/or the <b>gross income</b> from tax returns.	Year bef	ore	\$	Year before	\$
		last:	24	\$	last:	\$
	What is your <b>total yearly income</b> received from <b>all</b>	Year to o		ly Income ↓	Spousal Year	rly Income ∜
	other sources this year & the prior two years?		date	\$	Year to date income:	\$
5	<ul> <li>Specify the source(s) of income and list the total yearly gross amount.</li> <li>Include all types of government assistance, SSI, disability, pension, retirement, unemployment, AFDC, child support,</li> </ul>	Source:  Last Year Income:		\$	Source:  Last Year Income: Source:	\$
	<ul> <li>alimony, interest, winnings, etc.</li> <li>Do not list amounts from a job or business listed in #4.</li> <li>Your Tax Returns may not list all of these amounts.</li> </ul>	Year bef last inco		\$	Year before last income: Source:	\$
6	In the last <b>90 days</b> , have you paid any creditor a total of \$600 or more? (or \$6,225 if business related)	□Yes □No	Cred Add	es, how much p ditor: ress:/_ Date:/		
7	In the <b>last year</b> , did you <b>repay</b> any friends, family, or business partners?	□Yes □No	□Yes Name:		paid: \$	
8	In the <b>last year</b> , did you <b>pay any bills</b> for friends, family, or business partners? (including any debts cosigned by family or friends)	□Yes □No	If yes, how much Name: □No Address:		how much paid: \$	
9	In the <b>last year</b> , were you a party in any <b>lawsuit</b> or court action? i.e. Have you been sued? (Provide all court paperwork)	□Yes □No	☐Yes ☐No ☐If yes, Case #			Parties: v.
10	In the last year, have you been garnished or had property repossessed, foreclosed upon, levied, or seized?  (Provide additional details as necessary)	□Yes □No	If ye □Re Date Cree	es, □Bank accou eal Estate Foreck e taken/_ ditor name: ditor address:	nt levied. □Pay osed. □Vehicle /Value:	Garnished. Repossessed. \$

	In the last <b>90 days</b> , has any creditor setoff or <b>taken</b>	□Yes	If yes, Creditor name:
11	money from your accounts to pay a debt you owed	□No	Creditor address:
	them?		Date offset//Value:\$
12	In the last year, has any property been assigned to your	□Yes	If yes, who assigned:
12	creditors, the court, or custodian?	□No	Date assigned//Value:\$
			If yes, what was given?
	In the last <b>2 years</b> , have you made a <b>gift or contribution</b>	□Yes	Given to:
13	valued more than \$600 to any <b>individual</b> ?	□No	Address:
	,		Date given: //Value:\$
			If yes, what was given?
	In the last <b>2 years</b> , have you made a <b>gift or contribution</b>	□Yes	Given to:
14	valued more than \$600 to any <b>charity</b> ?	□No	Address:
	valued more than 3000 to any <b>chartey</b> :		Date given://Value:\$
			If yes: What was lost:
	In the last year, did you lose anything because of theft,	□Yes	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
15	fire, other disaster, or gambling?	□No	Date lost:/Value: \$
	ine, other disaster, or gambling:		Insured? 🗆 Yes. 🗆 No. for how much \$
	In the last year did you have anyone (besides our firms)	□Vaa	
16	In the <b>last year</b> , did you pay anyone (besides our firm)	□Yes □No	If yes, Who: Amount:\$
	to assist with <b>bankruptcy services</b> ?		bate paid//Amount.\$
17	In the <b>last year</b> , did you pay anyone to help you deal	□Yes	If yes, Who:
	with or make payments to creditors? (i.e. consolidation)	□No	Date paid //_ Amount:\$
			If yes, what was transferred?
18	In the last <b>2 years</b> , did you sell, trade, or transfer <b>any property</b> to anyone?	□Yes □No	Sold to:
			Address:
			Date sold:/Value:\$
	In the last <b>10 years</b> , did you transfer any property into a trust?	□Yes	If yes, what was transferred?
19		□No	Trust Name & Location:
			Date :/ Value:\$
	In the <b>last year</b> , did you <b>close</b> , move, or transfer any	□Yes	If yes, Bank Name?
20	bank accounts or other financial accounts?	□No	Account type: □Checking □Savings
	ballic decounts of other marietal decounts.		Date closed://Value:\$
	In the last year, did you have a safe deposit box?	□Yes	If yes, Bank Name?
21	in the last year, did you have a sale deposit box?	□No	Address:
			Contents:
	In the <b>last year</b> , have you stored property in a <b>storage</b>	□Yes	If yes, Storage Company?
22	unit?	□No	Address:
	unit?		Contents:
			If yes, what property?
23	Are you holding, borrowing, or controlling any property	□Yes	Owner:
23	owned by someone else?	□No	Address:
			Relationship:Value:\$
24	Are you liable or potentially liable under or in violation	□Yes	If yes, please describe property, related hazard,
26	of an environmental law?	□No	and potential violations on a separate sheet.
			Business Name:
	In the last <b>4 years</b> , have you <b>owned a business</b> or been		Nature of Business:
27	a partner, officer, or >5% shareholder in any business?	□Yes	EIN:Address:
	(use additional sheets if necessary)	□No	Your relationship to business:
	(ase additional sheets if fleeessary)		Dates operated: to
	In the last <b>2 years</b> , have you given a financial statement	□Yes	Who?Date://
28	to anyone regarding your business (if you have one)?	□No	Address:

Part 7: Your Tax Refunds 👊	
Answer the following questions regarding the receipt and spending of your income tax refund.	
1. Did you receive a refund on the <b>last taxes</b> you filed?	
2. What tax year did you receive this refund?	
3. <b>Federal Refund</b> Amount: \$ Married & filed <i>separately</i> ? Refund for: Husband \$+ Wife \$	
4. State Refund Amount: \$ Married & filed separately? Refund for: Husband \$+ Wife \$	
5. <b>How did you spend your tax refund?</b> Answering "bills" is not enough. The Bankruptcy Trustee will ask for details.	
<b>Description</b> of Expenditure	Amount
	\$
	\$
6. Using your refund, did you repay family or friends? (If yes, complete details below.)   Yes.  No.	
Name Relationship:	•
Name Relationship:	Amount: \$
	·
The Bankruptcy Process ✓	
1. Initial Consultation to Review Your Options	
2. Provide Required Information	
Pay stubs & Income Statements from prior 6 mon	ths until filed.
Income Tax Returns both Federal & State from prior 2 years,	
Information Workbook & Client Review Forms completed and signed,	
Credit Counseling Course must be completed,	
Remaining Attorney's Fees & Filing Fees if not already paid.	
3. Signing Appointment with Attorney	
4. Bankruptcy Case Filed with Court	
a. Creditors Notified of Bankruptcy	
b. Take Required Debtor's Education Course	
5. Meeting of Creditors	
a. You must appear to confirm that your paperwork is accurate, to determine if you have any	
non-exempt property, and give the Trustee and creditors the opportunity to question you.	
6. Confirmation Hearing & Repayment Plan (Chapter 13 Only)	
<ul> <li>a. You do not need to appear at these hearings unless otherwise specified.</li> </ul>	
b. Your first plan payment in a Chapter 13 Bankruptcy is due 30 days from the date of filing.	
7. Bankruptcy is discharged ©	
Congrats! You successfully navigated the bankruptcy process and are ready to get a fresh start.	
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NOTES:	
Please use this section to ask any questions or to include additional information you feel we should know	
Please use this section to ask any questions of to include additional information you reel we should know	

Forms & additional information available online: bktab.com/current-clients