

# MACCO LAW P.C.

2950 Express Drive South - Suite 109

Islandia, NY 11749

Tel: (631) 549-7900

info@maccolaw.com

[www.maccolaw.com](http://www.maccolaw.com)

## BANKRUPTCY INTAKE FORM

Date of initial consultation	_____	Legal Fee	_____
Subsequent consultations	_____	Filing Fee	_____
Chapter (7, 11, 12, 13)	_____	Additional Fees	_____
Exemptions	_____	Filing: Jointly _____ Individually _____	

Debtor Name \_\_\_\_\_  
SSN \_\_\_\_\_  
Other Names Used \_\_\_\_\_

Co-Debtor/Spouse Name \_\_\_\_\_  
SSN \_\_\_\_\_  
Other Names Used \_\_\_\_\_

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

Mailing address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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 \_\_\_\_\_

**REAL PROPERTY**

**Parcel 1**

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

Is this your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

How is property held? Debtor \_\_\_\_\_ Co-Debtor/Spouse \_\_\_\_\_ Jointly \_\_\_\_\_ Other \_\_\_\_\_

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

---

**First Mortgage – BRING MOST RECENT STATEMENT**

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 \_\_\_\_\_ Attorney \_\_\_\_\_

---

**Second Mortgage/Home Equity Loan – BRING MOST RECENT STATEMENT**

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 \_\_\_\_\_ Attorney \_\_\_\_\_

---

**Parcel 2**

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

Is this your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

How is property held? Debtor \_\_\_\_\_ Co-Debtor/Spouse \_\_\_\_\_ Jointly \_\_\_\_\_ Other \_\_\_\_\_

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

---

**First Mortgage – BRING MOST RECENT STATEMENT**

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 \_\_\_\_\_ Attorney \_\_\_\_\_

**Automobiles**

**Vehicle 1**

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_  
Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

**Subject to Financing – BRING MOST RECENT STATEMENT**

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 \_\_\_\_\_

---

**Vehicle 2**

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_  
Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

**Subject to Financing – BRING MOST RECENT STATEMENT**

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 \_\_\_\_\_

---

**Vehicle 3**

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_  
Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

**Subject to Financing – BRING MOST RECENT STATEMENT**

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 \_\_\_\_\_

**Boats, Trailers, RVs, Motorcycles , Aircraft & Other Titled Vehicles**

**Vehicle 4**

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_  
Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

**Subject to Financing – BRING MOST RECENT STATEMENT**

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 \_\_\_\_\_

---

**Vehicle 5**

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_  
Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

**Subject to Financing – BRING MOST RECENT STATEMENT**

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 \_\_\_\_\_

---

**Vehicle 6**

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_  
Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_  
Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

**Subject to Financing – BRING MOST RECENT STATEMENT**

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 \_\_\_\_\_

**Personal Property Information**

**TYPE OF PROPERTY**

**DESCRIPTION**

**MARKET VALUE**

1. Cash on hand \_\_\_\_\_

2. Deposits & Digital Wallets:

Account Type	Bank Name	Last 4 of Acct No.	Balance	Holder
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Cryptocurrency

Shares	Currency	Value	Holder
_____	_____	_____	_____
_____	_____	_____	_____

4. Security Deposits \_\_\_\_\_

5. Household Goods & Furnishings \_\_\_\_\_

6. Books, Pictures, Collectibles \_\_\_\_\_

7. Wearing Apparel \_\_\_\_\_

8. Furs & Jewelry \_\_\_\_\_

9. Firearms, Sports & Hobby Equipment \_\_\_\_\_

10. Life Insurance Policies:

Name of Company \_\_\_\_\_ Cash Surrender Value \_\_\_\_\_  
 Whole \_\_\_ Term \_\_\_ Policy Holder \_\_\_\_\_ Beneficiary \_\_\_\_\_

Name of Company \_\_\_\_\_ Cash Surrender Value \_\_\_\_\_  
 Whole \_\_\_ Term \_\_\_ Policy Holder \_\_\_\_\_ Beneficiary \_\_\_\_\_

11. Annuities

Financial Institution	Value	Holder
_____	_____	_____
_____	_____	_____

12. Education Savings Accounts (Education IRA/Coverdell ESA/529 Plans)

Type	Value	Holder
_____	_____	_____
_____	_____	_____



22. Contingent & Unliquidated Claims.

---

---

23. Patents, copyrights, and other intellectual property.

---

---

24. Licenses, franchises, and other general intangibles.

---

---

24. Customer Lists

---

---

25. Office equipment, furnishings, and supplies

---

---

26. Machinery, fixtures, equipment and supplies

---

---

27. Inventory

---

---

28. Animals

---

---

29. Crops, growing or harvested

---

---

30. Farming equipment and implements

---

---

31. Farm supplies, chemicals, and feed

---

---

32. All Other Personal Property Not Previously Listed (Including Time Shares)

---

---

---

---

**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. Debtor, Co-Debtor/Spouse, 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. Debtor, Co-Debtor/Spouse, 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, 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: \_\_\_\_\_

**CREDITORS**

*Bring Most Recent Statement or Fill Out Below*

Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creditor  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Attorney \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INCOME & EXPENSE INFORMATION**

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

**Debtor:**

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

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

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

**Co-Debtor or Spouse**

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

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

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

**2<sup>ND</sup> EMPLOYER:** Debtor \_\_\_\_\_ Co-Debtor/Spouse \_\_\_\_\_

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)*

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

**Dependents**

<u>Relationship</u>	<u>Age</u>	<u>Live Together</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME**

*DEBTOR*

*CODEBTOR*

Annual Salary  
How often are you paid?

_____	_____
_____	_____

**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**

Gross 1099 or Business Income

_____	_____
-------	-------

Business Expenses

_____	_____
-------	-------

Net Business Income

_____	_____
-------	-------

Rental Income

_____	_____
-------	-------

Rental Expenses

_____	_____
-------	-------

Net Rental Income

_____	_____
-------	-------

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**

**PER PAY PERIOD**

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

_____	_____
-------	-------

Increase or Decrease of More than 10% in Next Year \_\_\_\_\_.

Retirement Loans & Other Expected Change In Circumstances \_\_\_\_\_

_____	_____
_____	_____

**EXPENSES**

**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	_____
Oil	_____
Natural Gas	_____
Water, Sewer, Garbage	_____
Telephone, Internet, Cable & Streaming	_____
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 ( <i>not deducted from wages</i> ) Specify: _____	_____
Other Taxes ( <i>not deducted from wages</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 \_\_\_\_\_

3. 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	_____

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	_____

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

Creditor \_\_\_\_\_ Attorney \_\_\_\_\_  
Case # \_\_\_\_\_ Court \_\_\_\_\_ Status \_\_\_\_\_

Creditor \_\_\_\_\_ Attorney \_\_\_\_\_  
Case # \_\_\_\_\_ Court \_\_\_\_\_ Status \_\_\_\_\_

Creditor \_\_\_\_\_ Attorney \_\_\_\_\_  
Case # \_\_\_\_\_ Court \_\_\_\_\_ Status \_\_\_\_\_

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

Creditor	_____	Date	_____	Description	_____
Garnishment Number	_____	Attorney	_____		
Creditor	_____	Date	_____	Description	_____
Garnishment Number	_____	Attorney	_____		

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 \_\_\_\_\_  
Creditor \_\_\_\_\_ Date \_\_\_\_\_ Description \_\_\_\_\_  
Creditor \_\_\_\_\_ Date \_\_\_\_\_ Description \_\_\_\_\_

6. 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 \_\_\_\_\_

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 \_\_\_\_\_

17. 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 \_\_\_\_\_