

# Sterling Bankruptcy Center

Member of the  
Ziulkowski & Associates, PLC  
Law Group

## Confidential Debt Relief Evaluation Form

This Form Will Allow Our Attorneys To Thoroughly Review Your Financial Condition And Advise You About All Your Debt Relief Options.

**Please Answer All Questions On The Form**

When making your appointment, please note which office your meeting is located at: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Offices Located At:

### Wayne County

211 W. Fort Street, Suite 510  
Detroit, MI 48226

### Macomb County

**Main Office**  
Knollwood Professional Building  
17001 Nineteen Mile Rd, Suite 1-D  
Clinton Township, MI 48038

### Genesee County

Mott Foundation Building  
503 S. Saginaw Street, Suite 504A  
Flint, MI 48502

Tel. (586) 464-1640

Tel. (866) 301-2336

Fax. (586) 464-1641

Sterling Bankruptcy Center and Ziulkowski & Associates, PLC are a Debt Relief Agency. We assist persons and businesses seek debt relief, which includes but is not limited to debt settlement, mortgage modification, foreclosure defense, business workouts, and when necessary file for bankruptcy protection under the United States Bankruptcy Code.



**ESTIMATED INCOME**

**Office Use  
Only**

- |   |  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
|---|--|--|----------------------------|---------------------------------|-----------------------------|-------------------------|-----------------------------------|-------------------------------|---------------------------------|-----------------------|--|--------------------------------------|
| <p>1. Are you employed?<br/>                 a. Where: _____<br/>                 b. Job Title: _____<br/>                 c. How Long Have You Worked There: _____<br/>                 d. Rate of Pay: \$_____ per hour / annual      <b>Ave. Gross Pay</b><br/>                 e. How often do you get paid? (before taxes are taken out)<br/>                 Circle One <b>Weekly, Bi Weekly, 2 x month, 1 x month</b></p>  | <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>                 \$_____</p> | <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>                 \$_____</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>                 \$_____</p> <p>3. \$_____ (Total for Line 3)</p> <p>4. \$_____</p> <p>5. \$_____</p> <p>6. \$_____</p> <p>7. \$_____</p> <p>8. \$_____</p> <p>9. \$_____</p> <p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. \$_____</p> <p>12. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. \$_____</p> |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>2. Is your spouse employed?<br/>                 a. Where: _____<br/>                 b. Job Title: _____<br/>                 c. How Long Have You Worked There: _____<br/>                 d. Rate of Pay: \$_____ per hour / annual      <b>Ave. Gross Pay</b><br/>                 e. How often do you get paid? (before taxes are taken out)<br/>                 Circle One <b>Weekly, Bi Weekly, 2 x month, 1 x month</b></p>   | <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>                 \$_____</p> |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>3. Do you and/or your spouse receive any of these benefits, if yes, how much per month:</p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td>Unemployment \$_____/\$_____</td> <td>Disability \$_____/\$_____</td> </tr> <tr> <td>Social Security \$_____/\$_____</td> <td>VA Benefits \$_____/\$_____</td> </tr> <tr> <td>Pension \$_____/\$_____</td> <td>Family Assistance \$_____/\$_____</td> </tr> <tr> <td>Child Support \$_____/\$_____</td> <td>Spousal Support \$_____/\$_____</td> </tr> <tr> <td>Other \$_____/\$_____</td> <td></td> </tr> </table> | Unemployment \$_____/\$_____   |  | Disability \$_____/\$_____ | Social Security \$_____/\$_____ | VA Benefits \$_____/\$_____ | Pension \$_____/\$_____ | Family Assistance \$_____/\$_____ | Child Support \$_____/\$_____ | Spousal Support \$_____/\$_____ | Other \$_____/\$_____ |  | <p>3. \$_____ (Total for Line 3)</p> |
| Unemployment \$_____/\$_____  | Disability \$_____/\$_____   |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| Social Security \$_____/\$_____   | VA Benefits \$_____/\$_____  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| Pension \$_____/\$_____   | Family Assistance \$_____/\$_____  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| Child Support \$_____/\$_____   | Spousal Support \$_____/\$_____  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| Other \$_____/\$_____   |  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>4. Income or Rents received from a Room Mate or Rental Property.</p>   | <p>4. \$_____</p>  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>5. How much does your business earn each month before expenses:</p>  | <p>5. \$_____</p>  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>6. What is your annual household income from <b>ALL SOURCES</b> before taxes are taken out? (Add #s 1 – 5 here)</p>  | <p>6. \$_____</p>  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>7. Have you received any large sums of money in the last 6 months? When did you receive it? _____ From where: _____</p>  | <p>7. \$_____</p>  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>8. Do you expect your income to increase or decrease by more than 10% in the next 12 months for any reason? Yes No How Much?</p>   | <p>8. \$_____</p>  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>9. Do you expect to receive any settlement payments, employment buyouts, inheritance, or other sums of money in the next 12 months? How much do you expect to receive? Yes No</p>  | <p>9. \$_____</p>  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>10. Do you, your spouse, or your dependents receive any regular contributions to your household income from any source not listed above? How much? _____</p>   | <p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>11. Do you regularly contribute to a 401K or other retirement plan? \$_____ per pay</p>  | <p>11. \$_____</p>   |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>12. Are you repaying a 401K loan from your paycheck? How much per pay period: \$_____ \$_____ \$_____</p>  | <p>12. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>13. Are your wages being garnished? How Much? \$_____</p>  | <p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>14. Do you receive a car allowance through your paycheck? How Much \$_____</p>   | <p>14. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                  |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |
| <p>15. What was your household gross income reported on your tax returns last year?</p>   | <p>15. \$_____</p>   |  |                            |                                 |                             |                         |                                   |                               |                                 |                       |  |                                      |

## AVERAGE MONTHLY HOUSEHOLD EXPENSES

What are your estimated average household MONTHLY expenses? For example, if you pay \$600 for 6 months of car insurance, you would list \$100 per month average payment. Try to be as accurate as possible. We need this information to properly evaluate your situation. But please, don't agonize over the figures here. This just gives us a rough idea of where you are financially. You will have a chance to make corrections later.

### HOUSING EXPENSES:

Rent Payment \_\_\_\_\_  
 1<sup>st</sup> Mortgage payment or mobile  
 home payment \_\_\_\_\_  
 2<sup>nd</sup> Mortgage/ Equity Loan \_\_\_\_\_  
 3<sup>rd</sup> Mortgage/ Equity Loan \_\_\_\_\_  
 Association Fees \_\_\_\_\_  
 Lot Rent Payment \_\_\_\_\_  
 Are real estate taxes Included in your mortgage

Yes      No

Is your homeowners insurance Included in your mortgage  
 Yes      No

### UTILITIES

Electricity \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Water \_\_\_\_\_  
 Telephone (land line) \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
     Verizon    AT&T    Sprint    MetroPC    Nextel  
 Cable/ Internet \_\_\_\_\_  
     Wow    Comcast    Direct TV    Ameritech    Dish  
 Trash Pick Up \_\_\_\_\_  
 Security / Alarm Service \_\_\_\_\_

### BASIC NEEDS

Home maintenance \_\_\_\_\_  
 Food \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Laundry (dry cleaning, soap) \_\_\_\_\_  
 Medical expenses NOT paid  
 By insurance (Co Pays, glasses) \_\_\_\_\_  
 Dental expenses / braces \_\_\_\_\_

### TRANSPORTATION

Public Transportation \_\_\_\_\_  
 Gasoline for All Vehicles \_\_\_\_\_  
 Auto Registration (per month) \_\_\_\_\_

### INSTALLMENT PAYMENTS

Vehicle 1 Buy / Lease \_\_\_\_\_  
 Vehicle 2 Buy / Lease \_\_\_\_\_  
 Vehicle 3 Buy / Lease \_\_\_\_\_  
 Vehicle 4 Buy / Lease \_\_\_\_\_

### INSURANCE (NOT deducted from pay)

Mortgage Insurance (not paid with mortgage) \_\_\_\_\_  
 Renter's Insurance \_\_\_\_\_  
 Life Insurance \_\_\_\_\_  
 Health Insurance \_\_\_\_\_  
 Disability Insurance \_\_\_\_\_  
 Automobile Insurance \_\_\_\_\_  
 Other Insurance \_\_\_\_\_

### TAXES

IRS/State of MI payments \_\_\_\_\_  
 Property Taxes \_\_\_\_\_

### OTHER EXPENSES

Alimony or Child Support \_\_\_\_\_  
 Support someone Outside your home \_\_\_\_\_  
 College tuition / Books \_\_\_\_\_  
 Private school tuition for minors \_\_\_\_\_  
 School expenses (books / supplies) \_\_\_\_\_  
 Children's activities \_\_\_\_\_  
 School lunches \_\_\_\_\_  
 Diapers / formula \_\_\_\_\_  
 Physical therapy / Therapist \_\_\_\_\_  
 Prescriptions (out of pocket) \_\_\_\_\_  
 Personal care Items \_\_\_\_\_  
 Pet supplies/food/vet \_\_\_\_\_  
 Newspapers, magazines, books \_\_\_\_\_  
 Storage fees \_\_\_\_\_  
 Lawn care / snow removal \_\_\_\_\_  
 Rent to own furniture \_\_\_\_\_  
 Student loans \_\_\_\_\_  
 Probation fees / restitution \_\_\_\_\_  
 Recreation \_\_\_\_\_  
 Union dues \_\_\_\_\_  
 Licensing fees \_\_\_\_\_  
 Tools of the trade \_\_\_\_\_  
 Business development \_\_\_\_\_  
 Rental property mortgage / expenses \_\_\_\_\_  
 Expenses for Operation of Business \_\_\_\_\_  
 Other \_\_\_\_\_

Please list the approximate **TOTAL** amount that you owe for each category of debt? Estimates are fine, once you retain us we will obtain your credit report and you will have an opportunity to add specific creditors before your case is filed. This is an important section, we don't need exact figures, but we need it completed.

Credit Cards & Store Charges:	\$ _____	Child Support Arrearages:	\$ _____
Personal Loans:	\$ _____	Alimony Spousal Arrearages:	\$ _____
Medical Bills:	\$ _____	IRS Tax Obligations:	\$ _____
Debts to Family:	\$ _____	Student Loans:	\$ _____
Judgments:	\$ _____	Court Ordered Fines / Restitution:	\$ _____
Utilities:	\$ _____	Bad Checks:	\$ _____
Repossessed Vehicles:	\$ _____		
401K Loans:	\$ _____		
Business Debt:	\$ _____		
Other:	\$ _____		

**Part A. REAL PROPERTY (LAND)** Do you own, are you buying or part owner in an Real Property (home, cottage, vacant land)? **Do not include property here that is deeded to a corporation you own.**  Yes  No

<b>Residence / Home</b>	<b>Other Real Property: Cottage / Other Real Property</b>
\$ _____ Original Purchase Price Date of Purchase: _____	\$ _____ Original Purchase Price Date of Purchase: _____
\$ _____ Fair Market Value of Home	\$ _____ Fair Market Value of Home
\$ _____ 1 <sup>st</sup> Mortgage Balance (Amt. Owing)	\$ _____ 1 <sup>st</sup> Mortgage Balance (Amt. Owing)
Name of Mortgage Company: _____	Name of Mortgage Company: _____
\$ _____ 2 <sup>nd</sup> Mortgage/Equity Line Balance Name of Mortgage Company: _____	\$ _____ 2 <sup>nd</sup> Mortgage/Equity Line Balance Name of Mortgage Company: _____
\$ _____ 3 <sup>rd</sup> Mortgage/Equity Line Balance Name of Mortgage Company: _____	\$ _____ 3 <sup>rd</sup> Mortgage/Equity Line Balance Name of Mortgage Company: _____
Available Equity \$ _____	Available Equity \$ _____
Are you current on the mortgages? Yes No	Are you current on the mortgages? Yes No
Is there a foreclosure sale pending? Yes No	Is there a foreclosure sale pending? Yes No
<b>Identify all co-owners or persons listed on the deed:</b> _____ _____	<b>Identify all co-owners or persons listed on the deed:</b> _____ _____
<b>Date Last Refinanced:</b> _____	<b>Date Last Refinanced:</b> _____

Are you on the deed to anyone else's property, i.e. your parents' home or cottage?  Yes  No

**OFFICE USE ONLY**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. For property acquired for personal or family use. Use garage sale values, not what you paid for it.

Type of Property	Do you own this type of property?	Value How Much is it Worth
1. Cash on hand	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	1. \$ _____
2. Do you have accounts such as checking, savings, CDs money market accounts at any bank or credit union?	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. \$ _____
Account 1. Name of Financial Institution: _____ Type of Account: _____ Names on account: _____ Approximate Balance \$ _____		
Account 2. Name of Financial Institution: _____ Type of Account: _____ Names on account: _____ Approximate Balance \$ _____		
3. Are you named on ANYONE else's' checking, savings, CDs, money market or other financial account? Who: _____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. \$ _____
4. Security deposits held by utility companies, landlord Name of party holding security deposit: _____ Name of party holding security deposit: _____	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. \$ _____
5. Household goods (value of your furniture, appliances etc if you sold it all at a garage sale):	5. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. \$ _____
6. Do you own any original art work, first edition books or records:	6. <input type="checkbox"/> Yes <input type="checkbox"/> No	6. \$ _____
7. Do you own any furs and/or jewelry, watches, rings:	7. <input type="checkbox"/> Yes <input type="checkbox"/> No	7. \$ _____
8. Do you own sports, photographic, hobby equipment, or firearms:	8. <input type="checkbox"/> Yes <input type="checkbox"/> No	8. \$ _____
9. Do you have any interest in insurance policies? Circle those that apply Term Whole Life Variable	9. <input type="checkbox"/> Yes <input type="checkbox"/> No	9. \$ _____
10. Do you own any Annuities: Husband \$ _____ Wife \$ _____	10. <input type="checkbox"/> Yes <input type="checkbox"/> No	10. \$ _____
11. Do you own or have an interest in an education IRA, (529 plan) as defined in 26 USC § 530(b)(1)?	11. <input type="checkbox"/> Yes <input type="checkbox"/> No	11. \$ _____
12. Do you own or entitled to a pension or profit sharing? Husband \$ _____ Wife \$ _____	12. <input type="checkbox"/> Yes <input type="checkbox"/> No	12. \$ _____
13. Do you own an IRA? Husband \$ _____ Wife \$ _____	13. <input type="checkbox"/> Yes <input type="checkbox"/> No	13. \$ _____
14. Do you own any stocks, bonds or mutual funds? Husband \$ _____ Wife \$ _____	14. <input type="checkbox"/> Yes <input type="checkbox"/> No	14. \$ _____
15. Do you have any ownership interest in a corporation or limited liability company? If yes, if you sold it, what could you sell your interest for? Name of the corporation or LLC: _____ Description of your interest: _____ Does the corporation or LLC own any equipment, inventory, or real property? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Did you personally guarantee any loans for the corporation or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____	15. <input type="checkbox"/> Yes <input type="checkbox"/> No	15. \$ _____
16. Do you have any ownership interest in a partnership or joint ventures? If yes, if you sold it, what could you sell your interest for? Name of the partnership or joint venture: _____ Description of your interest: _____ Does the partnership or joint venture own any equipment, inventory, or real property? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Did you personally guarantee any loans for the partnership or joint venture? <input type="checkbox"/> Yes <input type="checkbox"/> No How Much? \$ _____	16. <input type="checkbox"/> Yes <input type="checkbox"/> No	16. \$ _____
17. Do you own any bonds, i.e. savings bonds, treasury bonds, etc.?	17. <input type="checkbox"/> Yes <input type="checkbox"/> No	17. \$ _____
18. Does anyone owe you any money? Who: _____	18. <input type="checkbox"/> Yes <input type="checkbox"/> No	18. \$ _____
19. Does anyone owe you alimony or child support? Husband _____ Wife _____	19. <input type="checkbox"/> Yes <input type="checkbox"/> No	19. \$ _____
20. Did you receive a tax refund in the last 12 months and/or did anyone repay any money owed to you? Type of payment: _____ When received: _____	20. <input type="checkbox"/> Yes <input type="checkbox"/> No	20. \$ _____
21. Can you claim any ownership rights to any property that you are not on the title?	21. <input type="checkbox"/> Yes <input type="checkbox"/> No	21. \$ _____
22. Do you have an equitable, future interest, or interest in a life estate?	22. <input type="checkbox"/> Yes <input type="checkbox"/> No	22. \$ _____
23. Are you going to receive a tax refund next year (Q20)?	23. <input type="checkbox"/> Yes <input type="checkbox"/> No	23. \$ _____
24. Can you sue anyone for anything now or in the future (Q20)?	24. <input type="checkbox"/> Yes <input type="checkbox"/> No	24. \$ _____
25. Do you have a claim against your employer or for workers compensation (Q20)?	25. <input type="checkbox"/> Yes <input type="checkbox"/> No	25. \$ _____
26. Do you own or have an interest in any patents, copyrights, trademarks or other intellectual property? _____	26. <input type="checkbox"/> Yes <input type="checkbox"/> No	26. \$ _____
27. Do you own or have an interest in any franchises or licenses? _____	27. <input type="checkbox"/> Yes <input type="checkbox"/> No	27. \$ _____

Type of Property	Do you own this type of property?	Value How Much is it Worth
<p>28. Do you own or have any interest in automobiles, trucks, trailers, or other vehicles &amp; accessories?</p> <p>Vehicle 1. Make: _____ Model: _____ Year: _____ Value: _____ Bal. Owed: _____ Lender/Leasing Co. _____ Owner: _____</p> <p>Vehicle 2. Make: _____ Model: _____ Year: _____ Value: _____ Bal. Owed: _____ Lender/Leasing Co. _____ Owner: _____</p> <p>Vehicle 3. Make: _____ Model: _____ Year: _____ Value: _____ Bal. Owed: _____ Lender/Leasing Co. _____ Owner: _____</p> <p>Vehicle 4. Make: _____ Model: _____ Year: _____ Value: _____ Bal. Owed: _____ Lender/Leasing Co. _____ Owner: _____</p>	<p>28. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>28. \$ _____</p>
<p>29. Do you own boats, motors or accessories?</p> <p>Boat 1. Make: _____ Model: _____ Year: _____ Value: _____ Mo. Payment: _____ Lender/Leasing Co. _____ Owner: _____</p> <p>Boat 2. Make: _____ Model: _____ Year: _____ Value: _____ Mo. Payment: _____ Lender/Leasing Co. _____ Owner: _____</p>	<p>29 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>29 \$ _____</p>
<p>30. Do you own any four wheelers, snow mobiles, jet ski or other recreational vehicle?</p> <p>Type 1. Make: _____ Model: _____ Year: _____ Value: _____ Mo. Payment: _____ Lender/Leasing Co. _____ Owner: _____</p> <p>Type 2. Make: _____ Model: _____ Year: _____ Value: _____ Mo. Payment: _____ Lender/Leasing Co. _____ Owner: _____</p>	<p>30. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30 \$ _____</p>
<p>31. Do you own any aircraft or accessories?</p>	<p>31 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>31 \$ _____</p>
<p>32. Do you own any office equipment, supplies, used in a business? (Do not include equipment owned by your company) _____</p>	<p>32 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32 \$ _____</p>
<p>33. Do you own any machinery, fixtures, tools used in your trade? (Do not include items owned by your company) _____</p>	<p>33 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>33 \$ _____</p>
<p>34. Do you own any inventory? (Do not include items owned by your company)</p>	<p>34 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>34 \$ _____</p>
<p>35. Do you own any pets? _____</p>	<p>35 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35 \$ _____</p>
<p>36. Do you own any crops, growing or harvested?</p>	<p>36 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>36 \$ _____</p>
<p>37. Do you own any farming equipment and/or implements?</p>	<p>37 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>37 \$ _____</p>
<p>38. Do you own any farm supplies, chemicals, feed?</p>	<p>38 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>38 \$ _____</p>
<p>39. Do you own or have an interest in any personal property of any kind what so ever?</p>	<p>39 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>39 \$ _____</p>
<p>40. Can you sue anyone for any reason whatsoever? _____</p>	<p>40 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>40 \$ _____</p>

**QUESTIONS REGARDING YOUR FINANCIAL AFFAIRS**

- |   |   |
|---|---|
| 1. Were more than half your debts incurred for business purposes?   | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you taken any cash advances from any credit card or other financial institution within the last 6 months? When? _____ How Much \$ _____ From where? _____ | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you used your credit cards in the last 6 months? _____  | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you purchased any luxury goods in the last 90 days? _____   | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. In the last 3 years, have you paid any IRS taxes by a credit card or other type of loan? _____   | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Office Use Only**

6. Have any on of your debts been incurred by fraud, i.e. have you lied about your financial status or made other misrepresentations to obtain credit? 6.  Yes  No
7. Do you owe or can you be sued for intentional injuries you caused to others or property? These debts may not be dischargeable. 7.  Yes  No
8. Are you listed on anyone else's bank account or financial accounts? 8.  Yes  No

Account 1. Name of Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
 Names on account: \_\_\_\_\_ Approximate Balance \$ \_\_\_\_\_

Account 2. Name of Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
 Names on account: \_\_\_\_\_ Approximate Balance \$ \_\_\_\_\_

Account 3. Name of Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
 Names on account: \_\_\_\_\_ Approximate Balance \$ \_\_\_\_\_

Account 4. Name of Financial Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_

9. Do you expect to receive an inheritance or life insurance proceeds in the next year? 9.  Yes  No
10. Have you sued anyone in the last 5 years or are you currently involved in a law suit? If yes, why: \_\_\_\_\_ 10.  Yes  No
11. Do you have ANY claim against any person, business or entity for which you do or may have a right to sue or receive any monetary payment?  
 Who & why: \_\_\_\_\_ 11.  Yes  No
12. Have you been injured at work, in a car accident, or a slip and fall incident in the last 6 years? 12.  Yes  No
13. Are you currently receiving medical care for an injury? 13.  Yes  No
14. Are you expecting to receive a monetary settlement for a judgment of divorce or other court proceeding? 14.  Yes  No
15. Is anyone holding property that belongs to you?  
 EXAMPLE: your parents have a vehicle in their name because you did not have good credit but it's your car and you make the payments.  
 What are the items? \_\_\_\_\_  
 Name of person holding it? \_\_\_\_\_ 15.  Yes  No
16. Have you returned any property to creditors or was any property repossessed?  
 If yes, date of sale/seizure: \_\_\_\_\_ items sold/seized: \_\_\_\_\_ 16.  Yes  No
17. Have you transferred any money or property to family members and/or friends in the last 6 years? If yes, then what & when: \_\_\_\_\_  
 \_\_\_\_\_ 17.  Yes  No
18. Do you own any bonds, i.e. savings bonds, treasury bonds, etc.? 18.  Yes  No
19. Does anyone owe you any money? Who: \_\_\_\_\_ 19.  Yes  No
20. Does anyone owe you alimony or child support?  
 Who: \_\_\_\_\_, How Much? \_\_\_\_\_ 20.  Yes  No
21. Did you receive a tax refund in the last 12 months? How much? \_\_\_\_\_ 21.  Yes  No
22. Do you expect to receive a tax refund next year? How much? \_\_\_\_\_ 22.  Yes  No
23. Did you use credit cards to pay income tax debts within the last 3 years? 23.  Yes  No
24. Does anyone owe you any money? Who & How much: \_\_\_\_\_ 24.  Yes  No
25. Can you claim any ownership rights to any property that you are not on the title? 25.  Yes  No
26. Do you have an equitable, future interest or interest in a life estate? 26.  Yes  No



## DOCUMENTS FOR YOUR APPOINTMENT

Please try and bring as many of the requested documents to your appointment as possible. These documents allow the attorney to thoroughly evaluate your situation and many of these documents are required to prepare your case and required by the court. Bringing them with you to your consultation will help us thoroughly evaluate your financial condition and advise you of your options. However, if you do not have them available at the time of your meeting, you can always provide them to us at a later date. **Please try and bring your pay stubs to the meeting** if you cannot find anything else.

- Driver's license or state issued I.D.
- Social Security card (or other document with your Social Security number on it)
- Your tax returns for the past 2 years.
- Recent pay stub for a typical pay period (we will eventually need the last 6 mos. pay stubs)
- Titles for all vehicles that you own, including boats, mobile homes, and motorcycles.
- If you are leasing a car, you do not have an ownership interest and therefore do not have title.
- If you cannot find your title, you must go to the Secretary of State and get a duplicate title in time for your court hearing. If you cannot get one in time, you will most definitely have to come back for another hearing.
- If you own or are buying a house or rental property, you must bring the following list of items.
- Recorded Deed (warranty or quit claim) or land contract
- Recorded mortgage(s) for all real property you own or are buying
- Mortgage balance statement (the amount of money you owe)
- Property tax bill (SEV) that shows assessed value
- Divorce judgments and property settlements
- Pension plan documents if you have a pension or 401K
- Stock and bond certificates (if you own these items)
- Past 6 months Bank account Statements for all accounts
- Copies of complaints, judgments, and/or garnishments
- Letters from attorneys or collection agencies

### **If You Own A Business, Please Also Bring:**

- 6 months of all business bank statements
- Commercial lease
- Business loan documents including personal guarantees
- Shareholder / Operating Agreement
- Titles to all vehicles owned by the business
- Recent Profit and Loss Statement
- Recent Balance Sheet
- Deeds to all properties owned by the business (Recorded if you have it)
- Itemized list of all inventory and/or assets owned by the business

# **BANKRUPTCY INFORMATION SHEET**

## **STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. § 341**

### **INTRODUCTION**

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of...

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute for legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

### **WHAT IS A DISCHARGE?**

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts, which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

### **WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE"**

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed for bankruptcy.

### **WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?**

After you filed your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting with the creditors.

Reaffirmation agreements are strictly voluntary – they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues your discharge order or within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

### **OTHER BANKRUPTCY OPTIONS**

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor

normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtor's farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$250,000 in unsecured debts and \$750,000 in secured debts).

## **INSTRUCTIONS FOR FILLING OUT SCHEDULES**

The first step leading to the filing a bankruptcy case on your behalf is the filling out of schedules and answering the questions in the Statement of Affairs. I have given you (copies of the pertinent parts) (our firm questionnaire) to assist you in completion of these documents.

Before beginning, please read this letter carefully. It may answer some of the questions you will have. The Section 707 attachment will give you guidance from the statute. Call at any time if you have questions or concerns.

As you do this, there are several things to keep in mind:

All of the information you provide must be complete, accurate, and truthful.

You should make every effort to list every creditor, their most current address, and balance due. When the schedules say list "all information, all assets and all liabilities, they mean ALL, not just the assets and liabilities you want to disclose, you must disclose ALL. You should also provide me with copies of all these bills or invoices (for more than one month, if available).

While every page of the schedules is important, some pages will be examined more carefully than others. These are the lists of assets, current income, and current expenses.

**Assets:** Everything that you own should be listed. This includes income tax refunds, personal injury or damage claims, claims that you might think you have against anyone for anything, or persons who owe you money. Not listing an asset can cost you your discharge. It may also stop you from ever recovering on a claim. It needs to be listed even if it is of no value or if it is a liability—for example, that burnt-out 1994 non-running Pacer automobile that does not have an engine. Valuation will be scrutinized.

If the property is real estate, check sales in the neighborhood when determining value. If possible, have a real estate agent give you a Comparative Market Analysis of your property. Ask for a quick-sale value. Get a copy of your local tax statement with the State Equalized Value.

For a car, check the sales price of comparable models in car lists and newspapers, and go to [www.kbb.com](http://www.kbb.com) to get the value of comparable models. Bring this information with you when we meet so that I can review it and place it on the schedules.

For household goods, determine the value that you would pay for the items at someone else's yard sale or at a thrift store or a used furniture or clothing store.

**Income:** Income you list should include EVERY source of income you receive. The income schedule should be supported by pay stubs and income tax returns for the last two years. If your employer does not provide pay stubs, please bring a copy of your paycheck and ask your employer for its worksheet specifying what is deducted from your gross salary.

The monthly expense schedule should reflect the cost of running your household. Many expenses will have been paid in cash, so you must use a best estimate. Remember to include such items as car maintenance (not just gas), yearly car licenses and taxes, co-pays on medical and prescription drug items, and over-the-counter medications. You have probably not been purchasing new clothing. Reasonable expenses for replacing clothing need to be included. If you do not have health insurance, you need to determine exactly what it will cost.

You will probably discover that your expenses are greater than your income. Because this is a post-bankruptcy expense schedule, you cannot list payments on debts, such as credit cards, that you will discharge. You do need to include expenses that you will have to pay.

**Acceptable monthly expenses are defined by statute, which is attached. Also attached are copies of the National and Local Standards established by the Internal Revenue Service.**

Please remember that you are completing these documents for public filing, under penalty of perjury. They can be examined by all sorts of unfriendly people, such as ex-spouses and angry creditors. Concealment of assets and making false statements are federal crimes.

Also remember that the only dumb questions are the ones you do not ask. What you don't know can get you into a great deal of trouble. It is better to ask the question now than to try to fix it later.

Please fill the documents out as completely as possible and return them to my office within 7 days. Call me or Karen if you have any questions.

### **Section 707 Attachment**

(ii)(I) The debtor's monthly expenses shall be the debtor's applicable monthly expense amounts specified under the National Standards and Local Standards, and the debtor's actual monthly expenses for the categories specified as Other Necessary Expenses issued by the Internal Revenue Service for the area in which the debtor resides, as in effect on the date of the order for relief, for the debtor, the dependents of the debtor, and the spouse of the debtor in a joint case, if the spouse is not otherwise a dependent. Such expenses shall include reasonably necessary health insurance, disability insurance, and health savings account expenses for the debtor, the spouse of the debtor, or the dependents of the debtor. Notwithstanding any other provision of this clause, the monthly expenses of the debtor shall not include any payments for debts. In addition, the debtor's monthly expenses shall include the debtor's reasonably necessary expenses incurred to maintain the safety of the debtor and the family of the debtor from family violence as identified under section 309 of the Family Violence Prevention and Services Act, or other applicable Federal law. The expenses included in the debtor's monthly expenses described in the preceding sentence shall be kept confidential by the court. In addition, if it is demonstrated that it is reasonable and necessary, the debtor's monthly expenses may also include an additional allowance for food and clothing of up to 5 percent of the food and clothing categories as specified by the National Standards issued by the Internal Revenue Service.

(II) In addition, the debtor's monthly expenses may include, if applicable, the continuation of actual expenses paid by the debtor that are reasonable and necessary for care and support of an elderly, chronically ill, or disabled household member or member of the debtor's immediate family (including parents, grandparents, siblings, children, and grandchildren of the debtor, the dependents of the debtor, and the spouse of the debtor in a joint case who is not a dependent) and who is unable to pay for such reasonable and necessary expenses.

(III) In addition, for a debtor eligible for chapter 13, the debtor's monthly expenses may include the actual administrative expenses of administering a chapter 13 plan for the district in which the debtor

resides, up to an amount of 10 percent of the projected plan payments, as determined under schedules issued by the Executive Office for United States Trustees.

(IV) In addition, the debtor's monthly expenses may include the actual expenses for each dependent child less than 18 years of age, not to exceed \$1,500 per year per child, to attend a private or public elementary or secondary school if the debtor provides documentation of such expenses and a detailed explanation of why such expenses are reasonable and necessary, and why such expenses are not already accounted for in the National Standards, Local Standards, or Other Necessary Expenses referred to in subclause (I).

(V) In addition, the debtor's monthly expenses may include an allowance for housing and utilities, in excess of the allowance specified by the Local Standards for housing and utilities issued by the Internal Revenue Service, based on the actual expenses for home energy costs if the debtor provides documentation of such actual expenses and demonstrates that such actual expenses are reasonable and necessary.

We are a Debt Relief Agency helping people file for bankruptcy relief under the Bankruptcy Code. Let us help you decide if bankruptcy is right for you.