

## **BANKRUPTCY CLIENT CHECKLIST**

Due to changes in the bankruptcy law, clients must provide the following documents (where applicable) to their bankruptcy attorney prior to the preparation of their bankruptcy petition:

1. Six month's pay check stubs
2. Copies of any and all lease agreements, including motor vehicle leases, rent-to-own property, contracts, etc.
3. Copy of your tax card showing the tax assessed value of any real property you own or which you have an interest
4. Copies of any lawsuits, foreclosures, judgments, liens, or garnishments filed within the past two (2) years
5. Income tax returns for the past two (2) years
6. All documents relating to retirement accounts
7. Separation agreements, decrees of dissolution, divorce decrees or support obligations filed within the past one (1) year
8. Security agreements, financing statements, and any or all personal property leases
9. Copies of credit reports from all three (3) credit reporting agencies (Equifax, Experian, and TransUnion) Under law, you are entitled to one free credit report per year which you can obtain at: <https://www.annualcreditreport.com/> If you prefer, we can obtain the credit reports for you during your appointment.
10. Copies of the most recent statements from any student loans
11. List of all prior addresses at which you have lived for the past three (3) years
12. Driver's license or state identification card and your social security card

We appreciate your efforts to obtain this information.

## INFORMATION SHEET

TODAY'S DATE \_\_\_\_\_

Please fill out this questionnaire as **completely** as possible. Thank you.

Name, First	Middle (spell out)	Last
Social Security Number:		Date of Birth:
Street Address		
City:	State:	Zip:
County of Residence:		Length of Time at This Address:
If less than 2 years, list prior address:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Mailing address if different:		

## INFORMATION ABOUT YOUR SPOUSE

Spouse, First	Middle (spell out)	Last
Social Security Number:		Date of Birth:
Address (if living separately):		
City:	State:	Zip:
County of Residence:		Length of Time at This Address:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Mailing address if different:		

Marital Status:    Married    Single    Separated    Divorced

How did you find out about our firm? \_\_\_\_\_

Do you know any individual(s) that our firm is representing or has represented?    No    Yes   If yes, who? \_\_\_\_\_

Have you ever filed a Chapter 7 bankruptcy or Chapter 13 debt consolidation?    Yes   or    No

If yes what year? Chapter 7 \_\_\_\_\_ Chapter 13 \_\_\_\_\_

## DEPENDENTS

NAME	AGE	RELATIONSHIP TO YOU	IS HIS PERSON /CHILD LIVING WITH YOU

Do you owe anyone alimony or child support?  Yes or  No

Are you behind in child support or spousal support?  Yes or  No How much \$ \_\_\_\_\_

List the name & address of the person who you pay or owe support:

Do you claim anyone owes you child support or alimony?  Yes or  No

Do you:  Own or  Rent Are you behind in house or rent payments? • Yes or  No How many? \_\_\_\_\_

List the name & address of your landlord:

### **Real Property**

**HOME LOANS:** Property Address: \_\_\_\_\_

Name on deed \_\_\_\_\_

Describe property (Bedrooms/baths, sq. ft., etc) \_\_\_\_\_

Name of 1<sup>st</sup> mortgage company \_\_\_\_\_ Value of property \$ \_\_\_\_\_

1<sup>st</sup> mortgage payment \$ \_\_\_\_\_ Payoff Amount \$ \_\_\_\_\_ Behind  Yes or  No If yes, how many?

Whose name is on the Note? \_\_\_\_\_

Name of 2<sup>nd</sup> mortgage company \_\_\_\_\_

2<sup>nd</sup> mortgage payment \$ \_\_\_\_\_ Payoff Amount \$ \_\_\_\_\_ Behind  Yes or  No If yes, how many?

Whose name is on the Note? \_\_\_\_\_

Are you buying a **Mobile Home**?  Yes or  No If yes, Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Name of 1<sup>st</sup> mortgage company \_\_\_\_\_ Value of mobile home \$ \_\_\_\_\_

1<sup>st</sup> mortgage payment \$ \_\_\_\_\_ Payoff Amount \$ \_\_\_\_\_ Behind  Yes or  No If yes, how many?

Whose name is on the Note? \_\_\_\_\_

Name on title \_\_\_\_\_

Do you own or rent the land?  Own or  Rent Payment \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Do you own or have any ownership interest in any other real estate?  Yes or  No If so, value \$ \_\_\_\_\_

Have you received a letter from an attorney advising of a foreclosure sale date?  Yes or  No Date: \_\_\_\_\_

### **NOTES**

## VEHICLES

1<sup>st</sup> Auto: Year, Make Model \_\_\_\_\_ Mileage \_\_\_\_\_  Paid for  Buying or  Leasing

Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_ To whom do you make payments? \_\_\_\_\_

Name on title \_\_\_\_\_

Are you behind on any car payments?  Yes or  No How many? \_\_\_\_\_ Date of purchase: \_\_\_\_\_

2<sup>nd</sup> Auto: Year, Make Model \_\_\_\_\_ Mileage \_\_\_\_\_  Paid for  Buying or  Leasing

Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_ To whom do you make payments? \_\_\_\_\_

Name on title \_\_\_\_\_

Are you behind on any car payments?  Yes or  No How many? \_\_\_\_\_ Date of purchase: \_\_\_\_\_

3<sup>rd</sup> Auto: Year, Make Model \_\_\_\_\_ Mileage \_\_\_\_\_  Paid for  Buying or  Leasing

Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_ To whom do you make payments? \_\_\_\_\_

Name on title \_\_\_\_\_

Are you behind on any car payments?  Yes or  No How many? \_\_\_\_\_ Date of purchase: \_\_\_\_\_

Do you own any other cars, motorcycles, boats, jet skis, or 4-wheelers not listed above?  Yes or  NO

Are you in possession of someone else's vehicle?  Yes or  NO

Is any of your personal property listed as collateral for a loan?  Yes or  NO

## NOTES

## YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Then, provide the **YARD SALE VALUE** of each item **NOT** the replacement cost.

<input type="checkbox"/> Stove/Cooking Unit	\$
<input type="checkbox"/> Refrigerator	\$
<input type="checkbox"/> Washer/Dryer	\$
<input type="checkbox"/> Microwave	\$
<input type="checkbox"/> Cooking Utensils	\$
<input type="checkbox"/> Silverware/Flatware	\$
<input type="checkbox"/> Cookware (Pots/Pans)	\$
<input type="checkbox"/> Living Room Furniture	\$
<input type="checkbox"/> Dining Room Furniture	\$
<input type="checkbox"/> Tables and Chairs	\$
<input type="checkbox"/> Televisions(s)	\$
<input type="checkbox"/> VCR(s)	\$
<input type="checkbox"/> DVD(s)	\$
<input type="checkbox"/> Compact Disks(s)	\$
<input type="checkbox"/> All Other Stereo Equipment Describe item(s):	\$
<input type="checkbox"/> Bedroom Furniture	\$
<input type="checkbox"/> Dressers/Nightstands	\$
<input type="checkbox"/> Lamps and Accessories	\$
<input type="checkbox"/> Wedding Rings	\$
<input type="checkbox"/> Other Jewelry/Watches Describe item(s):	\$
<input type="checkbox"/> Furs	\$
<input type="checkbox"/> Computer(s)	\$
<input type="checkbox"/> Computer Printers	\$
<input type="checkbox"/> Desks/Office Furniture	\$
<input type="checkbox"/> Other Computer Equipment Describe item(s):	\$
<input type="checkbox"/> Photography Equipment	\$

<input type="checkbox"/> All Clothing (Including shoes, coats, hats, etc.)	\$
<input type="checkbox"/> Collectibles, Describe item(s):	\$
<input type="checkbox"/> Paintings/Art, Describe item(s):	\$
<input type="checkbox"/> Carpenters Tools	\$
<input type="checkbox"/> Mechanics Tools	\$
<input type="checkbox"/> Guns & Firearms, Describe item(s):	\$
<input type="checkbox"/> Lawnmower & weed eater	\$
<input type="checkbox"/> Yard Tools/Equipment	\$
<input type="checkbox"/> Trailers	\$
<input type="checkbox"/> Campers	\$
<input type="checkbox"/> Boats	\$
<input type="checkbox"/> Swimming Pools	\$
<input type="checkbox"/> Cell Phones	\$
<b>Other Assets</b>	
<input type="checkbox"/> Rent Deposit with Landlord	\$
<input type="checkbox"/> Government Bonds	\$
<input type="checkbox"/> Certificate of Deposits	\$
<input type="checkbox"/> Copyrights/Patents	\$
<input type="checkbox"/> Aircraft	\$
<input type="checkbox"/> Interest in Education IRA	\$
<input type="checkbox"/> Customer List	\$
<input type="checkbox"/> 401 K	\$
<input type="checkbox"/> Pension	\$
<input type="checkbox"/> Stock or Bonds	\$

**IT IS VERY IMPORTANT TO LIST ALL OF YOUR CREDITORS**

(Medical bills, auto/lease deficiencies, signature loans, credit cards, student loans, timeshares, gym memberships, rent-to-own agreements, utility deficiencies, overdrawn bank accounts, etc.)

	CREDITOR NAME	TOTAL BALANCE OWED If unknown, please estimate	CHECK <input checked="" type="checkbox"/> if there is a co- signer	YEAR account was opened	CHECK if you have had a cash advance in the last 6 months
1.					
2.					
3.					
4.					
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32.					
33.					
34.					
35.					

(If you have additional creditors, please list them on a separate piece of paper and attach them to this questionnaire.)

Have you listed all of your creditors?     Yes    or     No

**INCOME**

Name of your employer \_\_\_\_\_ How long \_\_\_\_\_

Address of employer \_\_\_\_\_

Your occupation \_\_\_\_\_

I get paid:  Weekly  Bi-weekly  Semi-monthly  Monthly TAKE HOME pay per pay period is \$ \_\_\_\_\_

My last pay date was: \_\_\_\_\_ My next pay date is: \_\_\_\_\_

Name of spouse's employer \_\_\_\_\_ How long \_\_\_\_\_

Address of employer \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

My spouse gets paid:  Weekly  Bi-weekly  Semi-monthly  Monthly TAKE HOME pay per pay period is \$ \_\_\_\_\_

My spouse's last pay date was: \_\_\_\_\_ My spouse's next pay date is: \_\_\_\_\_

**APPROXIMATE INCOME**

<b>Income:</b> Your total NET monthly income (after taxes) from employment	\$ _____
Spouse's NET monthly income (after taxes) from employment	\$ _____
Monthly income from child support/alimony	\$ _____
Monthly income from Social Security	\$ _____
Monthly income from Retirement	\$ _____
Monthly contributions from family/friends	\$ _____
Monthly Food Stamps	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____

**NOTES**

**EXPENSES:** Give estimated average current **monthly** expenses for you and your spouse.

Rent	\$	Taxes NOT deducted from wages or included in home loan payment. Specify:	\$																																				
1 <sup>st</sup> Mortgage payment or mobile home monthly payment	\$	Alimony or Child Support	\$																																				
2 <sup>nd</sup> Mortgage payment (if applicable)	\$	Payments for someone outside of home	\$																																				
Does this include real estate taxes? Yes No (Circle one)	\$	Union Dues (not payroll deducted)	\$																																				
Does this include property insurance? Yes No (Circle one)	\$	Professional Dues (not payroll deducted)	\$																																				
Lot Rent for your Mobile Home	\$	Child Care Expenses	\$																																				
Electricity and Gas	\$	College Tuition (Not Loans)	\$																																				
Water and Sewer	\$	Student Loan Repayment	\$																																				
Telephone	\$	Newspaper, Books, Magazines	\$																																				
Cell Phone	\$	Personal Care Items	\$																																				
Internet	\$	Car Tags (total amount divided by 12)																																					
Cable	\$	Pet Expenses (food & vet bills)	\$																																				
Trash pick-up	\$	OTHER:	\$																																				
Security (alarm)	\$		\$																																				
Home Maintenance	\$		\$																																				
Food	\$		\$																																				
Clothing	\$		\$																																				
Laundry and Dry Cleaning	\$		\$																																				
Doctors Co-pays	\$		\$																																				
Prescription Co-pays	\$																																						
Dental expenses	\$	<p>If you file chapter 13 (debtors court), you will be required to list all of your current utility companies. Please look at bills and provide the account numbers below. If you are behind on any utility bills, cable, phone, cell phone, fire dues, homeowner's association dues, etc., please let us know. List all of your current utilities below. If your current utility is not listed below, then just add to the list.</p> <table border="0"> <thead> <tr> <th>Creditor</th> <th>Account Number</th> <th>Balance Due</th> </tr> </thead> <tbody> <tr><td>Alabama Power</td><td></td><td></td></tr> <tr><td>Alagasco</td><td></td><td></td></tr> <tr><td>Jefferson Co Sewer</td><td></td><td></td></tr> <tr><td>BHM Water Works</td><td></td><td></td></tr> <tr><td>Bessemer Utilities</td><td></td><td></td></tr> <tr><td>AT&amp;T</td><td></td><td></td></tr> <tr><td>Sprint</td><td></td><td></td></tr> <tr><td>Verizon</td><td></td><td></td></tr> <tr><td>Directv</td><td></td><td></td></tr> <tr><td>Bright House Networks</td><td></td><td></td></tr> <tr><td>Charter Communications</td><td></td><td></td></tr> </tbody> </table>	Creditor	Account Number	Balance Due	Alabama Power			Alagasco			Jefferson Co Sewer			BHM Water Works			Bessemer Utilities			AT&T			Sprint			Verizon			Directv			Bright House Networks			Charter Communications			
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Charter Communications																																							
	\$																																						
Transportation (Gas, oil, maintenance, taxi and bus fare, etc... Do not include car payments)	\$																																						
Recreation, entertainment, etc...	\$																																						
Charitable contributions (Not deducted from your paycheck)	\$																																						
Homeowner's/Renter's insurance (Not deducted from your paycheck)	\$																																						
Life insurance (Not deducted from your paycheck)	\$																																						
Health insurance (Not deducted from your paycheck)	\$																																						
Auto insurance (Not deducted from your paycheck)	\$																																						
Disability insurance (Not deducted from your paycheck)	\$	<b>Total Expenses: \$</b>																																					



**PERSONAL INFORMATION**

Do you owe IRS or State taxes?  Yes or  No How much? IRS \$ \_\_\_\_\_ State \$ \_\_\_\_\_

Do you owe student loans?  Yes or  No If yes, how many student loans? \_\_\_\_\_ How much \$ \_\_\_\_\_

Have you had any credit card cash advances in the last 6 months?  Yes or  No

Do you have any NSF/Bounced checks outstanding?  Yes or  No (If yes, these must be handled by you on your own.)

If yes, have they been turned over to the District Attorney?  Yes or  No

If yes, have they been turned over to a collection agency?  Yes or  No

Have you been threatened with criminal prosecution for any debt?  Yes or  No

Are your wages now being garnished or about to be garnished?  Yes or  No

Do you have any pending lawsuits against you?  Yes or  No

Do you have any outstanding judgments against you?  Yes or  No

Are you suing anyone? (car accident, social security disability claim, workers compensation, class action lawsuit, etc.)  Yes or  No

Have you cosigned a loan for anybody?  Yes or  No

Name and address of cosigner: \_\_\_\_\_

Do you have any rent-to-own contracts, pawns, or check advance loans?  Yes or  No

Do you have any 401(k), IRA, thrift-savings or retirement plan loans?  Yes or  No

Have you sold or transferred any property within the last 2 years?  Yes or  No

Have you closed any bank accounts in the past 2 years?  Yes or  NO If so state name of bank \_\_\_\_\_

Did you owe a balance? \_\_\_\_\_ When was the account closed? \_\_\_\_\_ Type of account \_\_\_\_\_

**NOTES**