

BANKRUPTCY CHECKLIST

Please Return to Mr. Casey the below listed items

- ☐ Attorney – Client Agreement
- ☐ Completed Workbook
- ☐ Fees
 - ☐ Filing
 - ☐ Credit Report
 - ☐ Misc (If Applicable)
 - ☐ Attorney Fee (If Applicable)
- ☐ Pay Stubs (Advices) – 60 Day immediately preceding Filing
- ☐ Tax Returns –
 - ☐ Chapter 7 – The Last Year that you Filed a Return
 - ☐ Chapter 13 – The last 4 Years
- ☐ Any Documents regarding any Judgments against you
- ☐ Any Letters received regarding Debt Collectors

Please Print out this Workbook,
Fill in by hand and Please Print legibly.

CONFIDENTIAL

Bankruptcy Workbook

THIS IS A CONFIDENTIAL WORKBOOK WHICH CONTAINS VITAL PERSONAL INFORMATION ABOUT A SPECIFIC INDIVIDUAL(S). ONLY THOSE AUTHORIZED TO USE THE MATERIAL CONTAINED HEREIN IS PERMITTED. ANY UNAUTHORIZED USE OF ANY KIND WILL SUBJECT THE OFFENDER TO CRIMINAL AND CIVIL LIABILITIES UNDER FEDERAL AND STATE LAWS.

DO NOT PROCEED FURTHER UNLESS YOU HAVE SPECIFIC AUTHORITY.

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INTRODUCTION

Unforeseen circumstances in your life have left you with a substantial debt burden and you made the right decision to relive this burden while it is still controllable.

This Workbook will enable Mr. Casey to prepare your Petition and streamline this process. At first glance, this Workbook appears to very long and intimidating, but once started you will see how quickly you can move through it.

Please answer each question as thoroughly as you can. The more thorough your answer is now, the less problems you will endure later. If the question asks for a value, please list what you think the item could sell for “as is”. If the question does not pertain to you, please write “**NA**”. If you do not know the answer, please write “*Don't Know*”. If you need more space, please write on the back of that page.

Don't worry about making a mistake, they can be corrected, just let Mr. Casey know as soon as possible.

Glance through this Workbook first to familiarize yourself with it, this will make it less confusing and intimidating. You may find that you need to gather more information to properly answer the questions. Once this is done, then go back and answer all the questions.

BANKRUPTCY WORKBOOK CONTENTS

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I.
GENERAL QUESTIONS

A. NAME

Yourself	Spouse <input type="checkbox"/> Not Married/Separated Complete if Married.
<hr/> First Name	<hr/> First Name
<hr/> Middle Name (full)	<hr/> Middle Name (full)
<hr/> Last Name	<hr/> Last Name
<hr/> Social Security Number	<hr/> Social Security Number
<hr/> Date of Birth	<hr/> Date of Birth
<hr/> Prior Name(s)	<hr/> Prior Name(s)
<hr/> When Used	<hr/> When Used
	<input type="checkbox"/> Filing Together <input type="checkbox"/> Not Filing

B. TELEPHONE NUMBERS

<hr/> Home	<hr/> Home (If Different)
<hr/> Work	<hr/> Work
<hr/> Cell/Mobile	<hr/> Cell/Mobile
<hr/> Email	<hr/> Email

C. ADDRESS - CURRENT

Street Address	Unit #	Street Address (If Different)	Unit #
City		City	
State & Zip Code		State & Zip Code	

PRIOR (IF YOUR CURRENT ADDRESS IS LESS THAN 2 YEARS)

Street Address	Unit #	Street Address (If Different)	Unit #
City		City	
State & Zip Code		State & Zip Code	

How many People Live in Your Household (Including you)? _____

LENGTH OF RESIDENCE IN GEORGIA (IN YEARS)

	You	Spouse
How long have you Lived in Georgia?	_____	_____
If less than 2 years, what State did you move from?	_____	_____

D. EMPLOYER - PRIMARY

Name	Name
Street Address	Street Address
Unit #	Unit #
City	City
State & Zip Code	State & Zip Code
Position	Position

PRIMARY EMPLOYER'S PAYROLL ADDRESS

_____ Street Address	_____ Unit #	_____ Street Address (If Different)	_____ Unit #
_____ City		_____ City	
_____ State & Zip Code		_____ State & Zip Code	

SECOND EMPLOYER**[] NONE**

_____ Name	_____ Name
_____ Street Address	_____ Street Address (If Different)
_____ City	_____ City
_____ State & Zip Code	_____ State & Zip Code
_____ Position	_____ Position

E. DEPENDENTS**1. Do you have any dependents (children or stepchildren) living with you?**

If so, please list their names and their relationship to you.

First & Last Name	Age	Relationship
_____		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Yours <input type="checkbox"/> Spouses
_____		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Yours <input type="checkbox"/> Spouses
_____		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Yours <input type="checkbox"/> Spouses
_____		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Yours <input type="checkbox"/> Spouses

2. CHILD SUPPORTAre you or your spouse Paying Child Support? ☐ Yes ☐ NoDo you pay directly to the mother or to a "Child Support Receiver's Office"?
☐ Mom ☐ Receiver's Office

IF PAYING CHILD SUPPORT, PLEASE COMPLETE THE BELOW.

A. FIRST MOTHER – CHILD SUPPORT PAID TO

Name _____

Address: _____
(Street Number, Street name & Unit Number)

(City) (State) (Zip)

Child's Names _____

Amount Paid _____ per ☐ Week ☐ Month ☐ Other

RECEIVER'S OFFICE ☐ **NONE**

Name _____

Address: _____
(Street Number, Street name & Unit Number)

(City) (State) (Zip)

B. SECOND MOTHER - CHILD SUPPORT PAID TO

Name _____

Address: _____
(Street Number, Street name & Unit Number)

(City) (State) (Zip)

Child's Names _____

Amount Paid _____ per ☐ Week ☐ Month ☐ Other

RECEIVER'S OFFICE ☐ **NONE**

Name _____

Address: _____
(Street Number, Street name & Unit Number)

(City) (State) (Zip)

II. REAL PROPERTY

Do you own any Real Property (Houses, land, condo's, townhouses, so forth) (Mobile homes and timeshares are "Personal Property") (Paying the "Mortgage" is owning real property).

☐ Yes ☐ No

If No, please go to Page 7.

If Yes, please complete the below

A. PROPERTY 1 –

Is this property a

☐ House ☐ Vacant Land ☐ Condo ☐ Townhouse ☐ Other

Location Address:

Street Address

Unit #

City

State

Zip Code

Whose name is on the Title? ☐ Yours ☐ Spouse's ☐ Both
☐ Other _____

What do you think this Property Sell for Today? \$ _____

Who do you pay the 1st Mortgage Payment to? _____

How much is that Payment per month (normally)? \$ _____

Who do you pay the 2nd Mortgage Payment to? _____

How much is that Payment per month (normally)? \$ _____

Is this Property being Foreclosed upon? ☐ Yes ☐ No

If "Yes", please state when. _____

Please state the law firm's name
that is doing the Foreclosure. _____

B. PROPERTY 2 –

[] None

Is this property a

[] House [] Vacant Land [] Condo [] Townhouse [] Other

Location Address:

Street Address

Unit #

City

State

Zip Code

Whose name is on the Title?

[] Yours [] Spouse's [] Both

[] Other

What do you think this Property Sell for Today?

\$

Who do you pay the 1st Mortgage Payment to?

How much is that Payment per month (normally)?

\$

Who do you pay the 2nd Mortgage Payment to?

How much is that Payment per month (normally)?

\$

Is this Property being Foreclosed upon?

[] Yes [] No

If "Yes", please state when.

Please state the law firm's name
that is doing the Foreclosure.

C. ADDITIONAL PROPERTIES: Do you have more Real Property? [] Yes [] No

If Yes, please list them on the back of this Page.

D. EPA –Has the EPA or any other governmental unit Federal, State, County, City or
other) notified you of any environmental problems regarding any of the properties
you own?

[] Yes [] No

III.

PERSONAL PROPERTY

Please list all items of "Personal Property" (everything that is not real property) below.

A. BANK ACCOUNTS –

FIRST ACCOUNT: ☐ Yours ☐ Spouses ☐ Joint
Present Balance \$ _____ ☐ Checking ☐ Savings
Bank Name _____
City & State

SECOND ACCOUNT: ☐ Yours ☐ Spouses ☐ Joint
Present Balance \$ _____ ☐ Checking ☐ Savings
Bank Name _____
City & State

MORE ACCOUNTS: Do you have more accounts? ☐ Yes ☐ No
If Yes, please list them on the back of this Page.

B. SECURITY DEPOSITS –

FIRST DEPOSIT: ☐ Yours ☐ Spouses ☐ Joint
Deposit Amount \$ _____ ☐ Landlord ☐ Utility
Holder's Name _____

Street Address _____ Unit #

City State Zip Code

SECOND DEPOSIT: ☐ Yours ☐ Spouses ☐ Joint
Deposit Amount \$ _____ ☐ Landlord ☐ Utility
Holder's Name _____

Street Address _____ Unit #

City State Zip Code

MORE ACCOUNTS: Do you have more accounts? ☐ Yes ☐ No
If Yes, please list them on the back of this Page.

C. HOUSEHOLD GOODS AND FURNISHINGS – Which includes furniture, audio, video and computer equipment. The Value of the items are what a person would pay for then item, not the purchase price or replacement price, but if someone wanted to buy the item form you in its current used condition.

<u>Description of Property</u>	<u>Total Value</u>
1. Electronic Equipment	\$ _____
2. Bedroom Furniture	\$ _____
3. Living Room Furniture	\$ _____
4. Refrigerator/Washer Dryer	\$ _____
5. Other Furniture	\$ _____
6. Books, pictures, antiques, art objects and collectibles:	\$ _____
7. Wearing apparel (of all the person's filing the Petition):	\$ _____
8. Furs & Jewelry (of all the person's filing the Petition):	\$ _____
9. Firearms, sports, photography and other hobby equipment:	\$ _____
10. Interest on insurance policies:	\$ _____
11. Annuities:	\$ _____
12. Interest in IRA's, 401K, or other pension & profit sharing plans:	\$ _____
13. Shares of Stock:	\$ _____
14. Interest in partnerships or joint ventures (Please list on back):	\$ _____
15. Government and Corporate Bonds:	\$ _____
16. Accounts receivable:	\$ _____
17. Alimony, maintenance, support or property which you or your spouse, if filing jointly, may be entitled to:	\$ _____
18. Other liquid debts(i.e. tax refunds) owed to you or your spouse:	\$ _____
19. Equitable or future interest in property:	\$ _____
20. Equitable or future interest in property:	\$ _____
21. Interests in estate of decedent, contingent and non-contingent:	\$ _____
22. Claims against third parties (Auto Accidents, Injury Claims, lawsuits and so forth):	\$ _____
23. Patents, copyrights and other intellectual property rights:	\$ _____
24. Licenses, franchises and other general intangibles:	\$ _____

25. Automobiles, motorcycles, trucks & other vehicles:

AUTO 1 ☐ Purchasing ☐ Lease Style
Year Make Model (LE,SE, etc)

Mileage _____ Lien Holder _____ Pymt \$ _____

AUTO 2 ☐ Purchasing ☐ Lease Style
Year Make Model (LE,SE, etc)

Mileage _____ Lien Holder _____ Pymt \$ _____

MORE VEHICLES: Do you have more Vehicles? ☐ Yes ☐ No
If Yes, please list them on the pack of this Page.

26. Boats, motors and accessories:

<u>Year</u>	<u>Make</u>	<u>Model</u>	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

27. Aircraft: _____ \$ _____

28. Office Equipment: _____ \$ _____

29. Machinery, fixtures, equipment and supplies used in business: _____ \$ _____

30. Inventory: _____ \$ _____

31. Animals (Farm or livestock in nature): _____ \$ _____

32. Crops-growing or harvested: _____ \$ _____

33. Farming equipment and implements: _____ \$ _____

34. Farm supplies, chemicals and feed: _____ \$ _____

35. Other personal property of any kind not already listed:
_____ \$ _____
_____ \$ _____

IV. INCOME

A. PAYDAY

- | | Yourself | Spouse |
|---|----------|--------|
| 1. How often are you paid? | | |
| a. Weekly | [] | [] |
| b. Bi-Weekly (every two weeks) | [] | [] |
| c. Semi-Monthly (twice a month) | [] | [] |
| d. Monthly | [] | [] |
| e. Other: | [] | [] |
| 2. Does your income vary or does it
Remain the Same for each pay period? | | |
| Varies | [] | [] |
| Remains the Same | [] | [] |

If your income varies from pay period to pay period, please complete the Income Supplemental at the end of this Workbook. Please complete B next for the average current paycheck amounts.

B. CURRENT PAYCHECK AMOUNT

1. Please respond to the below for EACH PAY PERIOD

If you are paid on Commissions, or your income varies from pay period to pay period or other similar format, list the averages for the past year.

- | | Yourself | Spouse |
|--|----------|----------|
| a. The <u>GROSS</u> amount you are paid: | \$ _____ | \$ _____ |
| b. Estimated Bonuses & Overtime: | _____ | _____ |
| c. Taxes: | | |
| i. FICA | _____ | _____ |
| ii. Federal | _____ | _____ |
| iii. State Taxes | _____ | _____ |
| iv. Medicare | _____ | _____ |
| v. Other | _____ | _____ |
| d. Insurance: | | |
| i. Health | _____ | _____ |
| ii. Life | _____ | _____ |
| iii. Disability | _____ | _____ |
| iv. Other | _____ | _____ |

	Yourself	Spouse
e. Union dues:	_____	_____
f. 401(k) Deductions:	_____	_____
_____	_____	_____
_____	_____	_____
g. 401(k) Loans:	_____	_____
_____	_____	_____
_____	_____	_____
h. Other deductions:	_____	_____
_____	_____	_____
_____	_____	_____

C. OTHER INCOME

1. CHILD SUPPORT INCOME:
Amount actually received _____
Amount Ordered: _____
2. SOCIAL SECURITY INCOME: _____
3. PENSION OR RETIREMENT: _____
4. INTEREST AND DIVIDENDS INCOME: _____
5. ALIMONY OR SPOUSAL SUPPORT INCOME:
Amount actually received _____
Amount Ordered: _____
6. OTHER TYPES OF GOVERNMENT ASSISTANCE:
Specify: _____
7. INCOME FROM REAL PROPERTY:
(If you have Income from Real Property,
*please complete the Income Supplemental
for Real Property at the end of this Workbook*)

8. OTHER INCOME (UNEMPLOYMENT/TX RTNS/GIFTS/ETC):
Specify: _____

D. OTHER INFORMATION

1. Do you or your spouse expect a significant increase or decrease in income in the NEXT 7 months? [] Yes [] No
2. Did you or your spouse receive a significant increase or decrease in income in the LAST 7 months? [] Yes [] No
If Yes, *please complete the Income Supplemental at the end of this Workbook*

EXPENSES

1. Rent/Mortgage Payment:

a. First Mortgage Payment \$ _____

b. Second Mortgage Payment \$ _____

c. Rent \$ _____

d. Mobile Home: Lot \$ _____

Mobile Home \$ _____

Are real estate taxes included? [] Yes [] No [] NA

Is property insurance included? [] Yes [] No [] NA

2. Utilities:

a. Electricity and heating fuel: a _____

b. Water and sewer: b _____

c. Garbage: c _____

d. Security: d _____

e. Cable: e _____

f. Telecommunications

i. Telephone i _____

ii. Cell/Mobile Phone/Pagers ii _____

iii. Caller ID iii _____

iv. Internet iv _____

v. Special Long Distance v _____

g. Other _____ g _____

3. Home maintenance (repair and upkeep): _____

4. Food: _____

5. Clothing: _____

6. Laundry/Dry Cleaning _____

7. Medical/Dental Expenses (not covered by insurance): _____

8. Transportation (not including car payment(s)): _____
9. Recreation, clubs, entertainment, periodicals: _____
10. Charitable contributions: _____
11. Insurance(not deducted from wages or included in mortgage)
- a. Homeowner's or renters (not included in House Pymt): a _____
 - b. Life (not deducted from Paycheck): b _____
 - c. Health (not deducted from Paycheck): c _____
 - d. Auto: d _____
 - e. Health Savings Accounts e _____
 - f. Other _____ f _____
12. Taxes(not deducted from wages or included in mortgage)
- Specify: _____
13. Installment payments:
- a. Auto1: Which Auto _____ a _____
 - b. Auto2: Which Auto _____ b _____
 - c. Other: _____ c _____
 - d. Other: _____ d _____
14. Child support PAID to another: _____
15. Alimony, support or maintenance PAID to another: _____
16. Other expenses:
- Child Care: _____
- Other: _____
- Specify: _____
- Specify: _____
- Specify: _____
- Specify: _____

17. *Other Unique Expenses:*

- a. Do you or your spouse pay for Education needed for your Employment? [] Yes [] No
- b. Do you have a Special Needs Child(ren) AND pay for educational required for that child(ren) for whom no public education providing similar services is available? [] Yes [] No
- c. Do your Child Care Expenses vary from Month to Month? [] Yes [] No
- d. Do your Health Care Expenses vary from Month to Month? [] Yes [] No
- e. Do your Telecommunication Expenses vary from Month to Month? [] Yes [] No
- f. Do you care for an elderly, chronically ill, or disabled member of your household or member of your immediate family? [] Yes [] No
- g. Do you incur expenses to maintain the safety of your family against Family Violence? [] Yes [] No
- h. Do you incur expenses in providing elementary and secondary education for your dependent children less than 18 years of age? [] Yes [] No
- i. Have you been and will you continue to make contribute in the form of cash or financial instruments to a charitable organization during this bankruptcy? [] Yes [] No

If Yes to any of the above, *please complete the Income Supplemental at the end of this Workbook*

V.
GENERAL FINANCIAL QUESTIONS

Please Answer the following questions as best you can.

A. GROSS INCOME RECEIVED:

1. YOUR Income from your primary employment or operation of a business:

Total amount earned so far THIS YEAR: \$ _____

Total amount earned LAST YEAR: \$ _____

Total amount earned THE YEAR BEFORE: \$ _____

2. SPOUSE'S Income from employment or operation of business:

Total amount earned so far THIS YEAR: \$ _____

Total amount earned LAST YEAR: \$ _____

Total amount earned THE YEAR BEFORE: \$ _____

B. DID YOU OR YOUR SPOUSE HAVE INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS (second job, interest, investment, dividend, etc....):

[] None

1. **Your Income from other sources:**

Total amount earned so far this year: \$ _____

Source: _____

Total amount earned last year: \$ _____

Source: _____

Total amount earned the year before: \$ _____

Source: _____

2. **Spouse's Income from other sources:**

Total amount earned so far this year: \$ _____

Source: _____

Total amount earned last year: \$ _____

Source: _____

Total amount earned the year before: \$ _____

Source: _____

C. CREDITOR PAYMENTS: Answer a & b

1. Have you made payments to any one creditor aggregating (totaling) more than \$600.00 within the last 90 days?
[] Just Normal Monthly Payments [] No
2. Have you made payments to an insider (Family Member, business partner and so forth) aggregating (totaling) more than \$600.00 within one year?
[] Yes [] No

If Yes, please give any information on these matters you have to Mr. Casey.

D. LAWSUITS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS: Answer a & b

1. Have you been a party to a lawsuit in the last year? [] Yes [] No
2. Are there any Executions, Garnishments and/or Attachments against you? [] Yes [] No

If Yes, please give any information on these matters you have to Mr. Casey.

E. REPOSSESSION, FORECLOSURES AND RETURNS:

Has any of your property been repossessed, foreclosed or returned to the creditor? [] Yes [] No

If Yes, please give any information on these matters you have to Mr. Casey.

F. ASSIGNMENT AND RECEIVERSHIPS:

1. Has any property been "assigned" for the benefit of any creditors within the past 120 days (6 months)? [] Yes [] No
2. Has any of your property placed in the hands of a custodian, receiver or court appointed official within the last year? [] Yes [] No

If Yes, please give any information on these matters you have to Mr. Casey.

G. GIFTS:

Any gifts or charitable contributions made within the last year aggregating (totaling) more than \$200.00? [] Yes [] No

If Yes, please state:

(Name of Recipient)

(Street No.) (Street Name) (City) (State)
(Zip)

Amount Paid _____ Date of Payment _____

Are there additional Recipients [] Yes [] No

If there are additional Recipient's, please give any information on these matters you have to Mr. Casey.

H. Losses:

Have you had any losses from fire, theft, other casualty or gambling within the last year? ☐ Yes ☐ No

If yes, please give any information on these losses to Mr. Casey.

I. DEBT COUNSELING:

1. Have you spoken with ANY Debt Counseling Agencies or Debt Relief Agencies or similar group regarding Debt Relief in the past year? ☐ Yes ☐ No
2. Did you enter into ANY repayment Plan with any Debt Counseling Agencies or Debt Relief Agencies or Creditor or other similar group within the past year? ☐ Yes ☐ No
3. Have you made any payments or transferred any property to any persons or business for debt consolidation with the past year? ☐ Yes ☐ No

If Yes, please give any information on these matters you have to Mr. Casey.

J. OTHER TRANSFERS:

Have you transferred any other property (real or personal) within the past year? ☐ Yes ☐ No

If Yes, please give any information on these properties to Mr. Casey.

K. CLOSED FINANCIAL ACCOUNTS:

Have you closed or transferred any bank accounts, financial accounts, or instruments within the past year? ☐ Yes ☐ No

If Yes, please give any information on these accounts to Mr. Casey.

L. SAFE DEPOSIT BOXES:

Do you have, or had within the last year, a safe deposit box? ☐ Yes ☐ No

If Yes, please state the contents of the Box, where the Box is located and who has access to same on the back of this page.

M. SETOFFS:

Has any creditor given a "setoff" with the last 90 days? ☐ Yes ☐ No

If Yes, give any information on this matter you have to Mr. Casey.

N. PROPERTY HELD FOR ANOTHER PERSON:

Are you in possession of another's property? ☐ Yes ☐ No

If Yes, please give any information on these matters you have to Mr. Casey.

V. CREDITOR QUESTIONS

Mr. Casey will “pull” your Credit Report, this is a 3 in 1 Report with the 3 major reporting agencies on 1 report. This Report should show all your credit cards, mortgages, car loans, collection agencies and so forth. Generally, it will not show any doctor, hospital, apartment leases, personal loans or other “local” debts.

As such, please complete the attached 2 forms (“Consumer Written Instructions” and “Member Order Form”). Mr. Casey will also need a legible copy of your driver’s license and a bill with your name and address on it (utility or credit card), please forward those copies when you return these forms. Mr. Casey cannot pull your Credit Report without these completed documents and these documents allow Mr. Casey to pull your Credit Report.

With regards to your Local debts, you may list those doctors, hospitals, apartment leases, personal loans or other “local” debts below that may not be on your Credit Report. If you need more pages, just copy the page 18 as many times as needed.

ADDITIONAL CREDITORS THAT MAY NOT BE YOUR CREDIT REPORT

1. a. Creditor: Is a ☐ Business or ☐ Individual

(Name)

(Street No.) (Street Name) (Suite No.) (City) (State) (Zip)

b. Account Number: _____

c. What is this debt for: _____

d. Who incurred this debt: ☐ You only ☐ Spouse only ☐ Both

e. Amount Creditor claims You owe? \$ _____

f. When was debt incurred? _____

2. a. Creditor: Is a ☐ Business or ☐ Individual

(Name)

(Street No.) (Street Name) (Suite No.) (City) (State) (Zip)

b. Account Number: _____

c. What is this debt for: _____

d. Who incurred this debt: ☐ You only ☐ Spouse only ☐ Both

e. Amount Creditor claims You owe? \$ _____

f. When was debt incurred? _____

3. a. Creditor: Is a ☐ Business or ☐ Individual

(Name)

(Street No.) (Street Name) (Suite No.) (City) (State) (Zip)

b. Account Number: _____

c. What is this debt for: _____

d. Who incurred this debt: ☐ You only ☐ Spouse only ☐ Both

e. Amount Creditor claims You owe? \$ _____

f. When was debt incurred? _____

4. a. Creditor: Is a ☐ Business or ☐ Individual

(Name)

(Street No.) (Street Name) (Suite No.) (City) (State) (Zip)

b. Account Number: _____

c. What is this debt for: _____

d. Who incurred this debt: ☐ You only ☐ Spouse only ☐ Both

e. Amount Creditor claims You owe? \$ _____

f. When was debt incurred? _____

Income Supplemental

Y = You

S = Spouse

INCOME		This Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Gross Wages	Y S							
Bounses & Overtime	Y S							
Commission Income	Y S							
Social Security	Y S							
Pension/Ret Benefits	Y S							
Interest & Dividends	Y S							
Child Sup Received	Y S							
Alimony Received	Y S							
Unemplymnt Benefits	Y S							
Income Tax Returns	Y S							
Real Prop Income	Y S							
Real Prop Expenses	Y S							
1. Other Income	Y S							
2. Other Income	Y S							
3. Other Income	Y S							

* State Source of Other Income

1	
2	
3	

Income Supplemental

Y = You

S = Spouse

Withholding		This Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Taxes								
FICA	Y							
Taxes	S							
Federal	Y							
Taxes	S							
State	Y							
Taxes	S							
Medicare	Y							
Taxes	S							
Other	Y							
Taxes	S							
Insurance								
Health	Y							
Insurance	S							
Life	Y							
Insurance	S							
Disability	Y							
Insurance	S							
Other	Y							
Insurance	S							
Other	Y							
Insurance	S							
Retirement								
Voluntary	Y							
Contribs	S							
Mandatory	Y							
Contribs	S							
401(k)	Y							
Loan Pymts	S							
Other	Y							
Contribs	S							
Support Pymts								
Child	Y							
Support	S							
Alimony	Y							
Support	S							
Other	Y							
Support	S							
Other								
Other	Y							
Deductions	S							

Income Supplemental

Y = You

S = Spouse

EXPENSES		This Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Emp Educa	Y							
Expenses	S							
Special Nds	Y							
Expenses	S							
Child Care	Y							
Expenses	S							
HealthCare	Y							
Expenses	S							
TeleCom	Y							
Expenses	S							
Ill/Elderly	Y							
Expenses	S							
Fam Vio	Y							
Expenses	S							
Child Ed	Y							
Expenses	S							
Charitable	Y							
Contrib	S							