

DATE: _____ CONSULTED FOR BANKRUPTCY BEFORE? No/Yes FILED BANKRUPTCY BEFORE? No/Yes

| A. PERSONAL INFORMATION | | | A. SPOUSE INFORMATION (EVEN IF NOT FILING) | | |
|----------------------------------|--|---|--|--|---------------|
| FIRST NAME | MIDDLE | LAST | FIRST NAME | MIDDLE | LAST |
| RESIDENCE ADDRESS: | | | RESIDENCE ADDRESS | | |
| HOW LONG LIVING AT THIS ADDRESS? | | | HOW LONG LIVING AT THIS ADDRESS? | | |
| EMAIL ADDRESS | DAY PHONE | EVENING PHONE | EMAIL ADDRESS | DAY PHONE | EVENING PHONE |
| CIRCLE PREFERENCE OF CONTACT: | | | CIRCLE PREFERENCE OF CONTACT: | | |
| AGE | MARITAL STATUS (CIRCLE) Sin Mar Div Sep Wid | DEPENDENTS: Relation: _____ Age: _____ Relation: _____ Age: _____ Relation: _____ Age: _____ | AGE | ADDITIONAL DEPENDENTS: Relation: _____ Age: _____ Relation: _____ Age: _____ Relation: _____ Age: _____ | |

B. REAL ESTATE IN YOU OR YOUR SPOUSE'S NAME (copy page if more than one real estate property)

| DESCRIPTION (CIRCLE) CONDO/HOUSE | PRESENT VALUE www.zillow.com (ATTACH REPORT) | YEAR PURCHASED | PURCHASE PRICE | LAST REFI DATE: | 1) NOTICE OF DEFAULT? YES/NO 2) TRUSTEE SALE DATE: _____ |
|-------------------------------------|--|-------------------------|----------------------------------|-----------------|---|
| NAME OF LIENHOLDER #1 | BALANCE OWED \$ | MONTHLY PAYMENTS: \$ | INTEREST RATE: VARIABLE/FIXED | MONTHS LATE | PAST DUE AMOUNT |
| NAME OF LIENHOLDER #2 | \$ | INTEREST ONLY: Y/N | VARIABLE/FIXED: | | |
| NAME OF LIENHOLDER #3 | \$ | INTEREST ONLY: Y/N | VARIABLE/FIXED: | | |

C. VEHICLES: (CARS, TRUCKS, QUADS, RVs, TRAILERS) (REGARDLESS IF PAID OFF, IN POSSESSION, OR TITLED TO SPOUSE)

| YR | MAKE | MODEL | MILEAGE | YR BOUGHT | VALUE: www.NADAGUIDES.COM (ATTACH REPORT) | LIENHOLDER NAME | BALANCE OWED | MO PAYMENT | # OF PAYMENTS LEFT | # OF MOS. LATE |
|----|------|-------|---------|-----------|---|-----------------|--------------|------------|--------------------|----------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

D. DEBT SUMMARY:

| | Number of accounts | Total Combined Balance | Total Charges in Last 3 Months | Total Payments in Last 3 Months | # OF MONTHS LATE |
|--|-------------------------|-------------------------------------|---|--|------------------|
| CREDIT CARDS | | | | | |
| MEDICAL BILLS | | | | | |
| PERSONAL LOANS | | | | | |
| REPOSSESSIONS | | | | | |
| STUDENT LOANS | | | | | |
| SUPPORT OBLIGATIONS | | | | | |
| TAXES - specify (attach extra sheet if needed) | Year: Year: Year: | Tax Owed: Tax Owed: Tax Owed: | Penalties Owed: Penalties Owed: Penalties Owed: | Interest Owed: Interest Owed: Interest Owed: | |
| TRAFFIC FINES or RESTITUTION | | | | | |
| OTHER DEBTS (DESCRIBE) | | | | | |

E. ASSETS: BANK ACCOUNTS, RETIREMENT, INVESTMENT, OTHER

| | | | |
|--|---|--|--|
| CHECKING/SAVINGS/MONEY MARKET # OF ACCOUNTS AVG. MO. BALANCE | RETIREMENT PLANS (401K, IRA, etc) # OF ACCOUNTS VALUE | INVESTMENT ACCOUNTS # OF ACCOUNTS AVG. MO. BALANCE | CASH VALUE OF "WHOLE" LIFE INSURANCE POLICY \$ _____ CASH VALUE OF ANNUITY \$ _____ |
| MONTHLY RETIREMENT CONTRIBUTIONS \$ | LOANS TAKEN AGAINST RETIREMENT \$ | DO YOU OWN ANYTHING WORTH MORE THAN \$1,000 OTHER THAN WHAT IS LISTED HERE? YES/NO | ARE YOU A BENEFICIARY OF A WILL/TRUST? YES/NO |

F. INCOME: (Include spouse if married) Gross means before taxes

| JOB TITLE/ OCCUPATION | NAME OF CURRENT EMPLOYER | HOW LONG EMPLOYED/ UNEMPLOYED? | If Salaried: ANNUAL GROSS | If Hourly: HOURLY RATE | If Hourly: AVG HRS. PER WK | FREQUENCY OF PAY CHECK (CIRCLE ONE) |
|--------------------------|-----------------------------|--------------------------------------|------------------------------|---------------------------|-------------------------------|--|
| YOU: | | | | | | EVERY 2 WEEKS/2 TIMES A MONTH/ONCE A MO. |
| SPOUSE: | | | | | | EVERY 2 WEEKS/2 TIMES A MONTH/ONCE A MO. |
| DEPENDENTS: | | | | | | EVERY 2 WEEKS/2 TIMES A MONTH/ONCE A MO. |

***** ATTACH INCOME DOCUMENTATION: see CHART @ www.sdbankrupt.com/paystubs.html for which pay checks to include**

G. MONTHLY EXPENSES: (Convert Annual/Semi Annual/Quarterly Expenses into Monthly Average)

| CATEGORIES | MONTHLY AVERAGE | Leave Blank |
|--|-----------------|-------------|
| Rental or Mortgage | | |
| Real Estate Taxes | | |
| Property, Renters insurance | | |
| Home Maintenance/Repair/Upkeep | | |
| HOA/Condo Dues | | |
| Electricity, heat, natural gas | | |
| Water, Sewer, Trash | | |
| Combined: Telephone, Cell, Internet, Cable/Satellite | | |
| Food and Housekeeping Supplies | | |
| Childcare and children's education | | |
| Clothing, laundry, dry cleaning | | |
| Personal Care products & services | | |
| Health/Dental/Vision Out of Pocket (un-reimbursed by insurance) | | |
| Transportation (gas, maintenance, registration, all but loan payments) | | |
| Entertainment, clubs, recreation | | |
| Charitable Contributions (\$ only) | | |
| Life Insurance (not deducted from pay check) | | |
| Health Insurance (not deducted from pay check) | | |
| Vehicle Insurance | | |
| Other insurance: specify | | |
| Taxes (not deducted from pay check) | | |
| Installment or lease payments Vehicle 1: | | |
| Installment or lease payments Vehicle 2: | | |
| Other installment payments (describe): | | |
| Other installment payments (describe): | | |
| Alimony, Maintenance or Support of others who do not live with you | | |
| Mortgages on Other Real Property (copy page 1 & fill out Section B) | | |
| OTHER EXPENSES: (specify) | | |

HAVE YOU TRANSFERRED/SOLD ANY PROPERTY IN LAST 2 YEARS WORTH MORE THAN \$1,000?

No Yes Explain:

ARE YOU EXPECTING A TAX REFUND?

No Yes How much?

DO YOU HAVE A CO-SIGNOR ON ANY DEBT?

No Yes Explain:

DO YOU HAVE A POSSIBLE CLAIM AGAINST ANOTHER?

for example: personal injury, workmen's comp, harassment, wrongful foreclosure, etc

No Yes explain:

DOES ANYONE OWE YOU MONEY? No Yes How much?

HAVE ANY OF THESE OCCURRED IN THE LAST 90 DAYS?

- 1) \$600+ Garnished from Wages YES/NO
 - 2) \$600+ Taken involuntarily from Financial Accounts? YES/NO
 - 3) Judgment lien recorded against you or your home? YES/NO
- Who/How Much/When?

HOW DID YOU FIND US:

BBB Avvo.com Google Other _____

REFERRAL:

CHAPTER 7 BANKRUPTCY TIME LINE

| | | | | |
|------------------------|--------------------------|---------------|------------|-------------|
| Retain | File | 341 | Objections | Discharge |
| | Pd in Full | 30 days | 60 days | 90-120 days |
| OFFICIAL USE ONLY | | | | |
| LIEN SALE? | NON-DISCHARGEABLE DEBTS? | | | |
| MOTION TO AVOID LIENS? | PREFERENCES | BUDGET ISSUES | | |