

Email to: ATTORNEY@SDBANKRUPT.COM

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?			if different:		
EMAIL ADDRESS		PHONE	EMAIL ADDRESS		PHONE
Best time to reach:			ADDITIONAL DEPENDENTS:		
AGE	MARITAL STATUS	DEPENDENTS Relationship & Age: Relationship & Age: Relationship & Age:	AGE	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	PRESENT VALUE	YEAR PURCHASED	PURCHASE PRICE	LAST REFI DATE:	1) NOTICE OF DEFAULT? 2) TRUSTEE SALE DATE: _____
NAME OF LIENHOLDER #1	BALANCE OWED \$	MONTHLY PAYMENTS: \$	INTEREST RATE: TYPE:	MONTHS LATE	PAST DUE AMOUNT Balloon Payment?
NAME OF LIENHOLDER #2	\$	\$	INTEREST ONLY: TYPE:	MONTHS LATE	PAST DUE AMOUNT Balloon Payment?
HOME ASSOCIATION FEES PAST DUE	\$	PROPERTY TAXES PAST DUE AMOUNT:		Additional Properties or Lienholders List on SEPARATE page	

C. VEHICLES: (CARS, TRUCKS, QUADS, RVs, TRAILERS) INCLUDE ALL, REGARDLESS IF PAID OFF, WHOSE POSSESSION IT IS IN, IF TITLED TO EVEN IF IN NON OPERATING CONDITION NON FILING 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
Attach valuation report from either www.nadaguides.com or www.kbb.com										

D. DEBT SUMMARY:

	How many accts?	Estimated combined balance:	Estimate Total Charges in Last 3 Months	Estimate Total Paid Amt in Last 3 Months	Estimate # OF MONTHS LATE
CREDIT CARDS					
MEDICAL BILLS					
PERSONAL LOANS					
REPOSSESSIONS					
STUDENT LOANS			Types of Student Loans:	Status of Student Loans:	
SUPPORT OBLIGATIONS		Amount Past Due:			
TAXES	Total Amount Owed	List All Years that are Owed	Click to get CA Tax info	Click & get IRS Account Transcript	
TRAFFIC FINES or RESTITUTION					
OTHER Type:					

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

FINANCIAL ACCOUNTS (online too) Total # OF ACCOUNTS Total 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		ARE YOU A BENEFICIARY OF A WILL/TRUST?	

F. INCOME: (Include spouse if married) GROSS means BEFORE withholdings like taxes etc

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	
YOU:							
SPOUSE:							
OTHER INCOME:		Amount of Other Income:			Monthly Earnings of Dependents:		

***** 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 <u>Out of Pocket</u> (un-reimbursed by insurance)		
Transportation (gas, maintenance, registration, all but loan payments)		
Entertainment, clubs, recreation		
Charitable Contributions (\$ only)		
Life Insurance NOT deducted from wages		
Health Insurance NOT deducted from wages		
Vehicle Insurance		
Other insurance: specify		
Taxes NOT deducted from wages		
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 <u>Other Real Property</u> (copy page 1 & fill out Section B)		
OTHER EXPENSES: (specify)		

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

Describe:

ARE YOU EXPECTING A TAX REFUND?

How Much?:

DO YOU HAVE A CO-SIGNOR ON ANY DEBT?

DID YOU PAY BACK A RELATIVE, FRIEND, PARTNER?

DO YOU HAVE A POSSIBLE CLAIM AGAINST ANOTHER?

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

DOES ANYONE OWE YOU MONEY? HOW MUCH?

HAVE ANY OF THESE OCCURRED IN THE LAST 90 DAYS?

- 1) \$600+ Garnished from Wages
- 2) \$600+ Taken involuntarily from Financial Accounts?
- 3) Judgment lien recorded against you or your home?

Who/How Much/When?

Are you banking with institutions to whom you owe money?

Are you being sued or are suing someone?

HOW DID YOU FIND US:

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		