

BANKRUPTCY INTAKE FORM

Date: _____

I. BIOGRAPHIC INFORMATION

Will this be a joint bankruptcy petition? () YES () NO

If yes, include information for Husband and Wife; if no, include information only for yourself.

Husband's name: _____

Address: _____

Telephone number(s):

Home: () _____

Work: () _____

County of residence _____

Soc. Sec. No. _____

How long at this address? _____

Have you used any other name(s) in the last six years? If yes, please list here:

Wife's name: _____

Address: _____

Telephone number(s):

Home: () _____

Work: () _____

County of residence _____

Soc. Sec. No. _____

How long at this address? _____

Have you used any other name(s) in the last six years (including maiden name)? If yes, please list here: _____

Are you currently: Single? _____ Separated? _____ Married? _____ Divorced? _____

If married, how long? _____

If divorced, how long? _____

Note: If you are married, but separated from your spouse, please provide the spouse's name and address here

Please provide the names and ages of minor children living with you

Name _____ age _____

Name _____ age _____

Name _____ age _____

Please provide the names, ages, and amount of child support paid

Name _____ age _____ amount \$ _____

Name _____ age _____ amount \$ _____

Please list previous addresses for the last two years:

1. _____ how long? _____

2. _____ how long? _____

3. _____ how long? _____

II. DEBTS

Do you owe any money to the Internal Revenue Service? () No () Yes

If yes, for which tax year(s)? _____ Approximately how much? _____

Do you owe any money to state tax authorities? () No () Yes

If yes, for what year(s)? _____ Approximately how much? _____

III. EMPLOYMENT

Husband's employer: _____ How long
at this job? _____ Occupation? _____

How often you are paid: Weekly ___ 2x month ___ Every 2 weeks ___

Please provide your income per pay period: Gross: _____ Net: _____

Wife's employer: _____

How long at this job? _____

Occupation? _____

How often you are paid: Weekly ___ 2x month ___ Every 2 weeks ___

Please provide your income per pay period: Gross: _____ Net: _____

Have you received income from any other source than your job last year (for instance, social security, child support, workers' compensation, etc)? If yes, please provide the source and monthly amount here:

What amount of income have you made at your job as follows:

Husband: year-to-date: _____ Wife: year-to-date: _____

Husband Last Year: _____ Wife Last Year: _____

Husband Two Years Ago: _____ Wife Two Years Ago: _____

Note: If you have more than one job, please list year-to-date and income information for the last two years here: _____

IV. MONTHLY EXPENSES

Rent _____

Real estate taxes _____

Electric _____

Home maintenance _____

Gas _____

Life insurance _____

Water _____

Health insurance _____

Phone _____

Auto insurance _____

Cable _____

Homeowner/rent ins _____

Trash _____

House payment _____

Car expenses _____

Food _____

Medical _____

Entertainment _____

Education _____

Clothing _____

Laundry _____

Child care _____

Other _____

Do you pay anyone spousal support? (alimony) () Yes () No

If yes, to whom and how much? _____

How much is your car payment every month?

Car #1: _____

Car #2: _____

Car #3: _____

Do you anticipate a substantial change in your expenses in the immediate future? () No () Yes

If yes, please explain: _____

Have you been in a partnership with anyone during the last six years, or have you been an officer in a corporation within the last six years? If yes, give name of business and/or corporation, dates of operation, nature of business/corporation, and your approximate yearly income from the business.

Have you given away, sold or transferred any valuable item (over \$1,000) in the last year? If yes, please state the nature of the sale or transfer, what was transferred, for how much, and when the transfer occurred.

What amount of income have you received from other sources in the last two years?

Will you be eligible for a tax refund this year? () No () Yes If yes, how much?

V. ASSETS

Please list all banks with which you have an account, and indicate whether checking or savings, and the approximate balance.

_____ Amount: \$ _____ () Checking () Savings In your name alone? _____

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_____ Amount: \$ _____ () Checking () Savings In your name alone? _____

_____ Amount: \$ _____ () Checking () Savings In your name alone? _____

Have you had a safe deposit box in the last two years? Yes () No ()

If yes, please give location and the contents of the safe deposit box

Are you holding valuable property that belongs to another person? () No () Yes

If yes, please describe _____

VI. MISCELLANEOUS

Have you had a prior bankruptcy? () No () Yes

If yes, list the case # _____, date filed _____,
and the outcome () Dismissed () Discharged successfully

Is any of your property in the hands of a receiver, trustee, or other liquidating agent? () No () Yes

If yes, please describe _____

Are you suing anyone right now? () No () Yes

If yes, please describe _____

Have you been involved in a workers' compensation or personal injury lawsuit from which you expect to recover money? () No () Yes

If yes, please describe _____

Have you had any repossessions in your past history? () No () Yes

If yes, please describe _____

Have you suffered any losses by fire, theft, or gambling during the last year? () No () Yes

If yes, please describe _____

Please list the years in which your debt was incurred: _____