

## Chapter 7/13 Bankruptcy Worksheet

### NOTICE!! IMPORTANT!!

**This page must be read and signed before your case will be filed.**

If this set of worksheets is not filled out completely, we cannot properly prepare and file your petition. If you have any questions, please call the office. If the questions cannot be answered over the phone, we will schedule a follow-up consultation. Brief questions may be able to be handled via email.

KEEP US INFORMED! Call us immediately if you . . . .

- are involved in an accident
- receive any legal papers
- receive any large sums of money including tax refunds

ALSO, do not buy, sell or transfer anything without consulting us first.

#### Petition Preparation Checklist:

Did you . . . .

- List ALL creditors with complete address? (Annualcreditreport.com)
- List and value ALL assets wherever they may be?
- Read the information sheet?
- Read the Representation Agreement?

Items Required . . . .

- Last two year's tax returns for Ch 7. Three years for Ch 13.
- Last six months of pay stubs for you and your spouse.
- Last 3 months bank statements for all accounts.
- Credit Counseling Certificate of Completion

I understand that I must attend the Meeting of the Creditors and all fees must be paid in full prior to the case being filed (Ch 7).

I understand that the penalties for making a false statement of concealing property in a bankruptcy case is a fine of up to \$500,000.00 or imprisonment up to 5 years, or both. (18 USC Ss 152, 3571)

I understand that any debts I incur after the petition is filed are not dischargeable and may be considered fraud if not repaid.

I understand that I may lose my tax refund.

I have read and understand the above.

\_\_\_\_\_  
Name: \_\_\_\_\_ Date

\_\_\_\_\_  
Name: \_\_\_\_\_ Date

## Chapter 7/13 Bankruptcy Worksheet

### Debtor

### Joint Debtor

Full Name:

\_\_\_\_\_  
Any other name used in the last 6 years:

\_\_\_\_\_  
Complete Street Address:

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
County of Residence:

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Marital status:

married  single  divorced

married  single  divorced

Employment:

Position/How Long:

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Dependents:

Name:

Age:

Relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ASSETS

### Real Property:

yes \_\_\_ no \_\_\_ Do you own any real property including house, condo, time share, vacant lot. Complete all information below. Use a separate sheet if necessary to provide full information on each property or list additional properties.

Property No. 1:

Address: \_\_\_\_\_  
Street City/State

Type of property: \_\_\_\_\_ Primary residence: \_\_\_ yes \_\_\_ no

Titled in the name of: \_\_\_\_\_

Intent is to \_\_\_ keep / \_\_\_ surrender this property. Fair market value: \_\_\_\_\_

Mortgage holder: \_\_\_\_\_  
(Address) \_\_\_\_\_

Balance owed: \_\_\_\_\_ Loan is \_\_\_ VA \_\_\_ FHA \_\_\_ Conv. Payments current? \_\_\_

Mortgage holder: \_\_\_\_\_  
(Address) \_\_\_\_\_

Balance owed: \_\_\_\_\_ Loan is \_\_\_ VA \_\_\_ FHA \_\_\_ Conv. Payments current? \_\_\_

Are there any other liens against the property such as contractor's liens, tax liens or other?

Lien holder: \_\_\_\_\_ Amount: \_\_\_\_\_  
(Address) \_\_\_\_\_

Property No. 2:

Address: \_\_\_\_\_  
Street City/State

Type of property: \_\_\_\_\_ Primary residence: \_\_\_ yes \_\_\_ no

Titled in the name of: \_\_\_\_\_

Intent is to \_\_\_ keep / \_\_\_ surrender this property. Fair market value: \_\_\_\_\_

Mortgage holder: \_\_\_\_\_  
(Address) \_\_\_\_\_

Balance owed: \_\_\_\_\_ Loan is \_\_\_ VA \_\_\_ FHA \_\_\_ Conv. Payments current? \_\_\_

Mortgage holder: \_\_\_\_\_  
(Address) \_\_\_\_\_

Balance owed: \_\_\_\_\_ Loan is \_\_\_ VA \_\_\_ FHA \_\_\_ Conv. Payments current? \_\_\_

Are there any other liens against the property such as contractor's liens, tax liens or other?

Lien holder: \_\_\_\_\_ Amount: \_\_\_\_\_  
(Address) \_\_\_\_\_

**Debts:**

\_\_\_ yes \_\_\_ no Do you owe money to past/present employees? How much \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Do you money to any employee benefit plan? How much \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Do you owe money to farmers/fishermen? How much \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Are you holding deposit money for a purchase, lease, rental property, or  
services that have not been delivered or provided? How much \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Do you owe any taxes? To \_\_\_\_\_ How much \_\_\_\_\_

**NOTE:** If you owe any back taxes you must provide to the attorney prior to filing your case the following:

- 1.) Tax year owing 2.) The date a return for that year was filed 3.) The date of any amendments to that return 4.) The date of any assessments filed for that year.

Tax year 20 \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Was a return filed? When: \_\_\_\_\_ Tax owed/refund: \$ \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Amendment filed? When: \_\_\_\_\_

Tax year 20 \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Was a return filed? When: \_\_\_\_\_ Tax owed/refund: \$ \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Amendment filed? When: \_\_\_\_\_

Tax year 20 \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Was a return filed? When: \_\_\_\_\_ Tax owed/refund: \$ \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Amendment filed? When: \_\_\_\_\_

Tax year 20 \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Was a return filed? When: \_\_\_\_\_ Tax owed/refund: \$ \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Amendment filed? When: \_\_\_\_\_

**Personal Property:**

Answer all of the foollowing questions with a numerical value. If the answer is zero, then place a zero on the appropriate line. Identify the name of your bank or other financial institution and where the assets are held if not in your personal possession.

1. Cash:  
Checking: ..... \$ \_\_\_\_\_  
Savings: ..... \$ \_\_\_\_\_  
Certificate of Deposit: ..... \$ \_\_\_\_\_  
Bonds/Other: ..... \$ \_\_\_\_\_

2. Security Deposits:  
Utilities: ..... \$ \_\_\_\_\_  
Telephone Company: ..... \$ \_\_\_\_\_  
Landlord: ..... \$ \_\_\_\_\_

3. Household goods [furniture, computer etc (use worksheet)] \$ \_\_\_\_\_
4. Collections: (coins, stamps, art etc) \$ \_\_\_\_\_
5. Wearing apparel, clothing \$ \_\_\_\_\_
6. Furs and jewelry \$ \_\_\_\_\_
7. Firearms, cameras, sports-hobby equipment \$ \_\_\_\_\_
8. Interest in insurance policies, annuities \$ \_\_\_\_\_
9. Stock or interest in any businesses \$ \_\_\_\_\_
10. Interest in IRA, pension or profit sharing plan \$ \_\_\_\_\_
11. Interest in partnership or joint venture \$ \_\_\_\_\_  
Identify: .....
12. Account receivable. Does anyone owe you money? \$ \_\_\_\_\_  
Who: .....
13. Alimony, maintenance, support, property settlement (any money owed you) \$ \_\_\_\_\_
14. Other debts owed to debtor such as tax refund, monies under law suit \$ \_\_\_\_\_
15. Future interest in property \$ \_\_\_\_\_
16. Interest in estate of deceased person \$ \_\_\_\_\_
17. Present or future interest in a trust \$ \_\_\_\_\_
18. Patents, copyrights or other intellectual property \$ \_\_\_\_\_
19. Licenses, franchises, web domain \$ \_\_\_\_\_
20. Any item of any nature you think may have value \$ \_\_\_\_\_
21. Autos, trucks, trailers or other vehicles and accessories: \$ \_\_\_\_\_
  - A. \_\_\_\_\_ \$ \_\_\_\_\_
 

Make	Model	Year	Mileage
Lienholder			Amount
Lienholder's address			
___ Keep ___ Surrender			
  - B. \_\_\_\_\_ \$ \_\_\_\_\_
 

Make	Model	Year	Mileage
Lienholder			Amount
Lienholder's address			
___ Keep ___ Surrender			

22. Boats, motor, accessories \$ \_\_\_\_\_  
 Description: \_\_\_\_\_  
 \_\_\_\_\_  
 Keep  Surrender
23. Aircraft and accessories \$ \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Keep  Surrender
24. Office equipment, furnishings, supplies \$ \_\_\_\_\_
25. Tools, machinery \$ \_\_\_\_\_
26. Farm equipment, supplies, crops \$ \_\_\_\_\_
27. Other assets not already listed \$ \_\_\_\_\_

**PERSONAL PROPERTY CHECKLIST**

List everything you own. Indicate items that you still owe money on and who the money is owed to. Please place a value on each line. If you do not own the item identified, place a zero on the value line.

<u>Item</u>	<u>Value</u>	<u>Financed with</u>
Living/Family Room:		
<input type="checkbox"/> sofa	\$ _____	_____
<input type="checkbox"/> love seat	\$ _____	_____
<input type="checkbox"/> chair	\$ _____	_____
<input type="checkbox"/> recliner	\$ _____	_____
<input type="checkbox"/> coffee/end tables	\$ _____	_____
<input type="checkbox"/> television	\$ _____	_____
<input type="checkbox"/> stereo	\$ _____	_____
<input type="checkbox"/> entertainment center	\$ _____	_____
<input type="checkbox"/> lamps	\$ _____	_____
<input type="checkbox"/> wall decorations	\$ _____	_____
<input type="checkbox"/> .....	\$ _____	_____
<input type="checkbox"/> .....	\$ _____	_____
Dining Room:		
<input type="checkbox"/> table/chairs	\$ _____	_____
<input type="checkbox"/> cabinet/hutch	\$ _____	_____
<input type="checkbox"/> china	\$ _____	_____
<input type="checkbox"/> crystal	\$ _____	_____
<input type="checkbox"/> wall décor	\$ _____	_____
<input type="checkbox"/> .....	\$ _____	_____
<input type="checkbox"/> .....	\$ _____	_____

Kitchen:

___ refrigerator	\$	_____	_____
___ microwave	\$	_____	_____
___ stove	\$	_____	_____
___ dishwasher	\$	_____	_____
___ table/chairs	\$	_____	_____
___ cook ware	\$	_____	_____
___ dishes	\$	_____	_____
___ utensils	\$	_____	_____
___ small appliances	\$	_____	_____
___ .....	\$	_____	_____
___ .....	\$	_____	_____

Garage/Utility:

___ washer/dryer	\$	_____	_____
___ tools	\$	_____	_____
___ lawnmower	\$	_____	_____
___ garden tools	\$	_____	_____
___ grill	\$	_____	_____
___ .....	\$	_____	_____
___ .....	\$	_____	_____

Master Bedroom:

___ bed	\$	_____	_____
___ dresser	\$	_____	_____
___ nightstands	\$	_____	_____
___ mattress/spring	\$	_____	_____
___ linens	\$	_____	_____
___ television	\$	_____	_____
___ lamps	\$	_____	_____
___ .....	\$	_____	_____

Bedroom Two:

___ bed	\$	_____	_____
___ dresser	\$	_____	_____
___ nightstands	\$	_____	_____
___ mattress/spring	\$	_____	_____
___ linens	\$	_____	_____
___ television	\$	_____	_____
___ desk	\$	_____	_____
___ lamps	\$	_____	_____
___ \$		_____	_____ .....

Bedroom Three:

___ bed	\$	_____	_____
___ dresser	\$	_____	_____
___ nightstands	\$	_____	_____
___ mattress/spring	\$	_____	_____
___ linens	\$	_____	_____
___ television	\$	_____	_____
___ desk	\$	_____	_____
___ lamps	\$	_____	_____
___ .....	\$	_____	_____

Bedroom Four:

___ bed	\$ _____	_____
___ dresser	\$ _____	_____
___ nightstands	\$ _____	_____
___ mattress/spring	\$ _____	_____
___ linens	\$ _____	_____
___ television	\$ _____	_____
___ desk	\$ _____	_____
___ lamps	\$ _____	_____
___ .....	\$ _____	_____

Misc (any item not covered above):

___ .....	\$ _____	_____
___ .....	\$ _____	_____
___ .....	\$ _____	_____
___ .....	\$ _____	_____

**CREDITORS**

The court wants to know who you owe money to. It is critical that you list every bank, finance company, individual (including family and friends), organization or any other type of entity to whom you owe money. Every creditor includes those creditors you intend to keep paying and those you want to eliminate through your filing. The failure to list any creditor means that creditors claim remains valid and can bring action to force you to pay. Failure to list all creditors can also be considered fraud and cause your case to be dismissed without achieving the desired result.

In addition to the names of your creditors, their complete and correct address is required. Billing addresses usually work well. If you only have an address for the collection agent, identify the creditor the agent is representing. A copy of the latest statement should be attached to this work sheet when it is turned in for filing.

Secured or Unsecured. Any debt that is given to purchase a specific asset that is lost if the bill is not paid is considered to be a secured debt. Examples of a secured debt are the mortgage on your home, the note on your automobile. Fail to pay either and the creditor can take the collateral (home or car). Simply stated, if you don't pay, they take the goods.

With a secured debt, you have four choices: (1) *Reaffirm*, (2) *Redeem*, (3) *Return* or (4) *Avoid*. Reaffirm means to continue paying, keep the goods and the debt. Redeem means to pay the creditor the actual value of the goods rather than the whole balance. Return means to surrender the goods to the creditor and pay no more. Avoid means to erase the lien on certain types of collateral, such as furniture.

Any debt that is not secured is unsecured. Common unsecured debts are credit cards, family, friends, medical and hospital bills.





5. \_\_\_\_\_  
Name of creditor

\_\_\_\_\_

Complete address

\_\_\_\_\_

Account number	Year opened	Balance
Monthly payment	Next due	Arrearage
___ Keep ___ Surrender	Security: _____	

6. \_\_\_\_\_  
Name of creditor

\_\_\_\_\_

Complete address

\_\_\_\_\_

Account number	Year opened	Balance
Monthly payment	Next due	Arrearage
___ Keep ___ Surrender	Security: _____	

7. \_\_\_\_\_  
Name of creditor

\_\_\_\_\_

Complete address

\_\_\_\_\_

Account number	Year opened	Balance
Monthly payment	Next due	Arrearage
___ Keep ___ Surrender	Security: _____	

8. \_\_\_\_\_  
Name of creditor

\_\_\_\_\_

Complete address

\_\_\_\_\_

Account number	Year opened	Balance
Monthly payment	Next due	Arrearage
___ Keep ___ Surrender	Security: _____	

## INCOME/EXPENSES

### INCOME:

Monthly  
 Bi-weekly (every other week)

Semi-monthly (twice per month)  
 Weekly

#### Payroll:

Gross income \_\_\_\_\_

Est. overtime \_\_\_\_\_

#### Deductions:

Fed income tax \_\_\_\_\_

FICA/Medicare \_\_\_\_\_

Insurance \_\_\_\_\_

Union dues \_\_\_\_\_

Other ..... \_\_\_\_\_

Other ..... \_\_\_\_\_

#### Other Income:

From business \_\_\_\_\_

From real property \_\_\_\_\_

Interest, dividends \_\_\_\_\_

Alimony \_\_\_\_\_

Child support \_\_\_\_\_

Pension,retirement \_\_\_\_\_

Social security \_\_\_\_\_

Gov't assistance \_\_\_\_\_

Other ..... \_\_\_\_\_

### SPOUSE'S INCOME:

Monthly  
 Bi-weekly (every other week)

Semi-monthly (twice per month)  
 Weekly

#### Payroll:

Gross income \_\_\_\_\_

Est. overtime \_\_\_\_\_

#### Deductions:

Fed income tax \_\_\_\_\_

FICA/Medicare \_\_\_\_\_

Insurance \_\_\_\_\_

Union dues \_\_\_\_\_

Other ..... \_\_\_\_\_

Other ..... \_\_\_\_\_

#### Other Income:

From business \_\_\_\_\_

From real property \_\_\_\_\_

Interest, dividends \_\_\_\_\_

Alimony \_\_\_\_\_

Child support \_\_\_\_\_

Pension,retirement \_\_\_\_\_

Social security \_\_\_\_\_

Gov't assistance \_\_\_\_\_

Other ..... \_\_\_\_\_

### PERSONAL MONTHLY EXPENSES:

Rent or mortgage payment \$ \_\_\_\_\_

yes  no Homeowner's insurance included?

yes  no Taxes included?

Homeowner's insurance \$ \_\_\_\_\_

Ad valorem taxes \$ \_\_\_\_\_

#### Utilities:

Electricity/heat \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Water/sewer \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_

Home maintenance \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Alimony payments \$ \_\_\_\_\_

Child support \$ \_\_\_\_\_

Day care \$ \_\_\_\_\_  
Medical/dental \$ \_\_\_\_\_  
Auto payment \$ \_\_\_\_\_

Transportation:

Gas \$ \_\_\_\_\_  
Tolls \$ \_\_\_\_\_  
Maintenance \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Recreation/publications \$ \_\_\_\_\_  
Charitable donations \$ \_\_\_\_\_  
Other ..... \$ \_\_\_\_\_  
Other ..... \$ \_\_\_\_\_

Note: If expenses are weekly, multiply by 4.3 to equal a monthly cost.

**LEASES AND EXECUTORY CONTRACTS**

Provide the names and complete mailing address of any person(s) or companies with which you have a lease or rental contract.

**CODEBTORS**

List the name and address of anyone whose name is on any debt with you.

**STATEMENT OF FINANCIAL AFFAIRS OF DEBTOR**

If your answer is 'yes' to any of these questions, please provide the information regarding the question in the space below.

1. Income from employment or operation of business.

2009 \_\_\_\_\_ 2010 \_\_\_\_\_ Year to date \_\_\_\_\_

2. Income other than from employment or operation of business.

2009 \_\_\_\_\_ 2010 \_\_\_\_\_ Year to date \_\_\_\_\_

3. Payments to creditors:

\_\_\_yes \_\_\_ no Have you paid any creditor \$600 or more than normal monthly payments in the 90 days immediately preceding the commencement of this case? How much: \_\_\_\_\_

Who:

yes  no Have you paid back any friends, family or business associates over \$600 in the last year? How much: \_\_\_\_\_  
Who:

4. Suits, executions, garnishments and attachments:

yes  no Have you been part of any law suits in the last year? List them and bring copies of any court papers on the case.

yes  no Has any property been attached, garnished, or seized under any legal or equitable proceedings within the past year?

5. Repossessions, foreclosures and returns.

yes  no Have you had any repossessions, foreclosures, or have you returned any property to a creditor in the last year? Identify creditor and property:

6. Assignments and receiverships.

yes  no Have you made any transfer or assignment of property to a creditor or for the benefit of creditors within the last 120 days? Identify:

List all property which has been in the hands of a receiver or court appointed official within one year immediately preceding the commencement of this case.  none

7. Gifts

yes  no Have you made gifts or charitable contributions in the last year except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient? Identify:

8. Losses

yes  no Have you suffered any losses from fire, theft or gambling during the last year? Identify:

9. Payments related to debt counseling or bankruptcy.

yes  no Have you paid any other attorney or service a fee? Identify:

10. Other transfers

yes  no Did you transfer title to any property to another in the last year?

Identify:

11. Closed financial accounts

yes  no Have you closed any bank accounts, CD's or other financial accounts in the last year? Identify:

12. Safe deposit boxes

yes  no Have you had any safe deposit box(es) or other depository (ies) in which you had securities, cash or other valuables in the past year? Identify:

13. Setoffs

yes  no Have there been setoffs (deductions) made by any creditor, including any bank, against a deposit of yours within the last 90 days? Identify:

14. Property held for another

yes  no Are you holding, or do you control, any property for the benefit of another or that is owned by another? Identify:

15. Prior address of debtor

List your previous home address(es) with dates for the past two years.

16. Business

yes  no Do you own or operate a business, corporation or partnership within the past six years? Identify: