

Payment Terms

Chapter 13 Bankruptcy:

A. We will file your chapter 13 with \$310.00 down. Our remaining fees and costs will be paid through your chapter 13 repayment plan.

If your case is not filed within 30 days of the initial retainer, we require an ongoing payment of \$100 a month which will be applied toward your attorney fees.

Chapter 7 Bankruptcy:

A. Payment in full:

Single or Joint filing: \$1,835.00 (Attorney's fees: \$1,500.00 plus court filing fee: \$335.00)

B. Partial payment with a co-signer:

Single or Joint Filing: \$2,035.00 (Attorney's fees: \$1,700.00 plus court filing fee: \$335.00).

\$500.00 down, plus co-signer form completed, signed and notarized.

Monthly payments of \$100.00 are required after your initial retainer fee is paid.

We will not file a chapter 7 bankruptcy case unless requirements of A or B are met.

*** Fees are subject to Contract for Bankruptcy Services.**

NOTES

- Upon filing bankruptcy, your bank may stop automatic payments from your checking or savings accounts. It is ***YOUR RESPONSIBILITY*** to follow-up with your bank to make arrangements for continued payments.
 - If you are planning on keeping your secured property (i.e. your car, your house) you must continue to make your payments each month and keep current on those payments. Your bank may stop sending you loan payment coupons or monthly billing statements, however, you must continue to make your payments regardless.
 - Bankruptcy will not discharge these debts, but they must be listed in this worksheet:
 - student loans
 - fraud and restitution
 - child support
 - some taxes
 - joint debts you are ordered to pay in a divorce decree
 - You are required to complete a credit counseling course before you can file bankruptcy. After filing bankruptcy, you are required to complete a post counseling financial management course in order for you to receive a discharge from the bankruptcy court. Included in this folder is a list of credit counseling agencies that you may contact to arrange for these courses.
-

A credit report will be obtained for purposes of reviewing and listing all of your liabilities. Please sign below authorizing Heller & Thyen, P.A. to obtain your credit file.

X _____

X _____

IMPORTANT NOTE: It is important to disclose all real estate that you own or are a joint owner of or have an ownership interest. If you do not have a full interest in the property, please provide the percentage of interest you own.

HOMESTEAD

Do you own a **home**? ____ Yes ____ No

Are you ____ Keeping ____ Surrendering?

Are you behind on the mortgage? ____ Yes ____ No If so: \$ _____

| Type of Debt | Name | Amount Owed | Law Firm Representing (if applicable) | Name and Address of co-signer/co-owner (if applicable) |
|----------------------------------|------|-------------|---------------------------------------|--------------------------------------------------------|
| 1 st Mortgage Company | | \$ _____ | | |
| 2 nd Mortgage Company | | \$ _____ | | |
| Home Equity Loan | | \$ _____ | | |

OTHER HOMES OR RENTAL PROPERTIES

Do you own any **other homes or rental properties**? (i.e. cabins) ____ Yes ____ No

Property Address: _____

Are you ____ Keeping ____ Surrendering?

Is there a lien against the property? ____ Yes ____ No

Are you behind on the lien? ____ Yes ____ No If so: \$ _____

| Type of Debt | Name | Amount Owed | Law Firm Representing (if applicable) | Name and Address of co-signer/co-owner (if applicable) |
|----------------------------------|------|-------------|---------------------------------------|--------------------------------------------------------|
| 1 st Mortgage Company | | \$ _____ | | |
| 2 nd Mortgage Company | | \$ _____ | | |

LAND OR VACANT LOT

Do you own **land**? ___ Yes ___ No

Property Address: _____

Do you have a loan against the land? ___ Yes ___ No

Are you ___ Keeping ___ Surrendering?

Are you behind on the mortgage ___ Yes ___ No If so: \$ _____

| Type of Debt | Name | Amount Owed | Law Firm Representing (if applicable) | Name and Address of co-signer/co-owner (if applicable) |
|----------------------------------|------|-------------|---------------------------------------|--------------------------------------------------------|
| 1 st Mortgage Company | | \$ _____ | | |
| 2 nd Mortgage Company | | \$ _____ | | |

LIFE ESTATE/REMAINDER INTEREST PROPERTIES

Do you have a **remainder interest** in any real estate? ___ Yes ___ No

(A remainder interest typically occurs when a parent lists their child on their property for estate planning. Therefore, a child will actually be on the deed of the property. When the parent passes away, the property will be turned over to the child.)

Property Address: _____

Are you ___ Keeping ___ Surrendering?

Who do you own it with? _____

Grantor(s) Name: _____ Age: _____

What ownership interest do you have? _____

What is the value? \$ _____

Is there a lien on the property? ___ Yes ___ No If so \$ _____

TIMESHARE

Do you have a **timeshare**? ___ Yes ___ No

Are you ___ Keeping ___ Surrendering?

| Name of Timeshare | Address | Amount Owed | Co-signer |
|-------------------|---------|-------------|-----------|
| | | \$ _____ | |

PERSONAL PROPERTY

Do you have **cash on hand**? ___ Yes ___ No If yes, amount: \$ _____

Do you have a **bank account**? ___ Yes ___ No

| Type of Account | Name of Bank | Account No. | Owner: Husband, Wife, Joint |
|-----------------|--------------|-------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Do you have a **prepaid debit card**? ___ Yes ___ No

| Name of Bank | Balance | Owner: Husband, Wife, Joint |
|--------------|----------|-----------------------------|
| | \$ _____ | |
| | \$ _____ | |
| | \$ _____ | |

Do you have a **health savings account**? ___ Yes ___ No If yes, balance: \$ _____

Owner of health savings account (please circle): Husband Wife Joint

Do you have a pension, profit sharing, 401k, IRA, Roth IRA, PERA, 403b, or annuity? ___ Yes ___ No

| Type of Account | Market Value | Financial Institution | Owner: Husband, Wife, Joint |
|-----------------|--------------|-----------------------|-----------------------------|
| | \$ _____ | | |
| | \$ _____ | | |
| | \$ _____ | | |
| | \$ _____ | | |
| | \$ _____ | | |

PERSONAL PROPERTY *continued*

Do you have an interest in any **stock, bonds, or other investments**? ____ Yes ____ No If yes, please list: _____

Do you have a “**term**” **life insurance policy** (death benefit only)? ____ Yes ____ No

| Name of Financial Institution | Owner: Husband or Wife |
|-------------------------------|------------------------|
| | |
| | |

Do you have a “**whole life**” **insurance policy** (cash value)? ____ Yes ____ No

| Name of Financial Institution | Cash Value | Owner: Husband or Wife |
|-------------------------------|------------|------------------------|
| | \$ _____ | |
| | \$ _____ | |

Have you paid any **damage deposits**? (i.e. rental, utility companies) ____ Yes ____ No

| Type of Deposit | Amount of Deposit | Name & Address of Party Holding Deposit |
|-----------------|-------------------|-----------------------------------------|
| | \$ _____ | |
| | \$ _____ | |

Are you currently involved in any **work comp and/or personal injury claim** or have a right to bring a claim for injuries? ____ Yes ____ No If yes, please list the name and address of the attorney representing you: _____

Are you expecting to receive an **inheritance** within the next 12 months? ____ Yes ____ No

PERSONAL PROPERTY *continued*

Do you own any of the following:

| Type of Property | Description | Market Value | Owner: Husband, Wife, Joint |
|-------------------------------------------------------------------------------------|---------------|--------------|--------------------------------|
| Household goods and furnishings (this includes: furniture, appliances, etc.) | | | |
| Computers, printers, monitors, iPad, tablets | | | |
| Collectables (this includes: coins, stamps, art, etc.) | | | |
| Jewelry (this includes: wedding bands, rings, watches, etc.) | | | |
| Hobby Equipment (this includes: bikes, golf clubs, camping equipment, etc.) | | | |
| Farm Supplies (this includes: chemicals, feed, equipment, etc.) | | | |
| Livestock & Horses | | | |
| Tools (this includes: hand tools, power tools, garden & lawn tools, etc.) | | | |
| Guns* | Make & Model: | | |
| Any other personal property not listed above | | | |

*Use a separate page if needed.

AUTOMOBILES

Do you own any **automobiles**? ____ Yes ____ No (if yes, please list below)

| 1. Year | Make | Model | Mileage | Loan | Keeping or Surrendering |
|---------|------|-------|---------|-----------|-------------------------|
| | | | _____ | Yes or No | |
| 2. Year | Make | Model | Mileage | Loan | Keeping or Surrendering |
| | | | _____ | Yes or No | |
| 3. Year | Make | Model | Mileage | Loan | Keeping or Surrendering |
| | | | _____ | Yes or No | |
| 4. Year | Make | Model | Mileage | Loan | Keeping or Surrendering |
| | | | _____ | Yes or No | |
| 5. Year | Make | Model | Mileage | Loan | Keeping or Surrendering |
| | | | _____ | Yes or No | |
| 6. Year | Make | Model | Mileage | Loan | Keeping or Surrendering |
| | | | _____ | Yes or No | |

RECREATIONAL VEHICLES

Do you own a ___ **Motorcycle** ___ **3-wheeler** ___ **4-wheeler**?

| 1. Year | Make | Model | Value | Loan | Keeping or Surrendering |
|---------|------|-------|----------|-----------|-------------------------|
| | | | \$ _____ | Yes or No | |
| 2. Year | Make | Model | Value | Loan | Keeping or Surrendering |
| | | | \$ _____ | Yes or No | |
| 3. Year | Make | Model | Value | Loan | Keeping or Surrendering |
| | | | \$ _____ | Yes or No | |

Do you own a **snowmobile**? ___ Yes ___ No

| 1. Year | Make | Model | Value | Loan | Keeping or Surrendering |
|---------|------|-------|----------|-----------|-------------------------|
| | | | \$ _____ | Yes or No | |
| 2. Year | Make | Model | Value | Loan | Keeping or Surrendering |
| | | | \$ _____ | Yes or No | |

Do you own a ___ **Boat** ___ **Motor** ___ **Trailer** ___ **Jetski**?

| 1. Year | Make | Model | Value | Keeping or Surrendering |
|---------|------|-------|----------|-------------------------|
| | | | \$ _____ | |
| 2. Year | Make | Model | Value | Keeping or Surrendering |
| | | | \$ _____ | |

RECREATIONAL VEHICLES *continued*

Do you own a **camper**? ____ Yes ____ No

| Year | Make | Model | Value | Keeping or Surrendering |
|------|------|-------|----------|-------------------------|
| | | | \$ _____ | |

Do you own a **riding lawn mower**? ____ Yes ____ No

| Year | Make | Model | Value |
|------|------|-------|----------|
| | | | \$ _____ |

Do you have any **trailers**? ____ Yes ____ No

| Year | Type | Value |
|------|------|-------|
| | | |

Do you own any other recreational vehicle not listed above? ____ Yes ____ No

If yes, please provide a description and value: _____

MOBILE HOME

Do you own a **manufactured home**? ____ Yes ____ No

If yes, is it your residence? ____ Yes ____ No

Who is listed on the loan? _____

| Year | Make | Model | Value | Keeping or Surrendering |
|------|------|-------|----------|-------------------------|
| | | | \$ _____ | |

PRIORITY DEBTS

Please note that most priority debts can not be discharged in a bankruptcy. If you are unsure if a debt is dischargeable please discuss with your attorney. It is very important that each creditor have an address. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

| Type of Debt | Creditor Name & Address | Amount Owed | Collection Agency &/or Law Firm Name & Address(company collecting for original creditor) |
|---------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Unpaid Federal Taxes | | Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ | |
| Unpaid State Taxes | | Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ | |
| Unpaid Property Taxes | | Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ | |
| Court Fines | | \$ _____ | |
| Court Ordered Restitution | | \$ _____ | |

Do you owe child support, maintenance or alimony: ____ Yes ____ No

| Name, Address & Number of parent receiving support: | Monthly Payment | Amount Behind (Back Pay) | Name and Address of child support agency: |
|-----------------------------------------------------------|-----------------|-----------------------------|----------------------------------------------|
| | \$ _____ | \$ _____ | |
| | \$ _____ | \$ _____ | |

UNSECURED DEBTS

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

| Type of Debt | Creditor Name & Address Account Number | Amount Owed | Collection Agency &/or Law Firm Name & Address (company collecting for original creditor) | Co-Debtor Name and Address |
|------------------------------------------------------------|-------------------------------------------|-------------|----------------------------------------------------------------------------------------------|----------------------------|
| Student Loan (not dischargeable, but must be listed) | | \$ _____ | | |
| Student Loan (not dischargeable, but must be listed) | | \$ _____ | | |
| Personal Loan (i.e. to family or friends) | | \$ _____ | | |
| Personal Loan Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |

UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

| Type of Debt | Creditor Name & Address Account Number | Amount Owed | Collection Agency &/or Law Firm Name & Address(company collecting for original creditor) | Co-Debtor Name and Address |
|----------------------------|----------------------------------------------|----------------|---------------------------------------------------------------------------------------------------|-------------------------------|
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |
| Credit Card Acct #: | | \$ _____ | | |

UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

| Type of Debt | Creditor Name & Address Account Number | Amount Owed | Collection Agency &/or Law Firm Name & Address(company collecting for original creditor) | Co-Debtor Name and Address |
|-----------------------------|----------------------------------------------|----------------|---------------------------------------------------------------------------------------------------|-------------------------------|
| Medical Bill Acct #: | | \$ _____ | | |
| Medical Bill Acct #: | | \$ _____ | | |
| Medical Bill Acct #: | | \$ _____ | | |
| Medical Bill Acct #: | | \$ _____ | | |
| Medical Bill Acct #: | | \$ _____ | | |
| Medical Bill Acct #: | | \$ _____ | | |
| Medical Bill Acct #: | | \$ _____ | | |
| Medical Bill Acct #: | | \$ _____ | | |

UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. **REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.**

| Type of Debt | Creditor Name & Address Account Number | Amount Owed | Collection Agency &/or Law Firm Name & Address (company collecting for original creditor) | Co-Debtor Name and Address |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------|
| Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #: | | \$ _____ | | |
| Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #: | | \$ _____ | | |
| Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #: | | \$ _____ | | |
| Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #: | | \$ _____ | | |
| Unpaid Rent or past due rent | | \$ _____ | | |
| Repo'd car & other secured property (i.e. foreclosed home) | | \$ _____ | | |
| Repo'd car & other secured property (i.e. foreclosed home) | | \$ _____ | | |

UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

| Type of Debt | Creditor Name & Address Account Number | Amount Owed | Collection Agency &/or Law Firm Name & Address (company collecting for original creditor) | Co-Debtor Name and Address |
|-------------------------------------------------------------------------|-------------------------------------------|-------------|-------------------------------------------------------------------------------------------|----------------------------|
| Bank Loans Acct #: | | \$ _____ | | |
| Bank Loans Acct #: | | \$ _____ | | |
| Ready Reserves at Bank Acct #: | | \$ _____ | | |
| Unpaid Service Fees (i.e. plumbers, attorneys, mechanic) Acct #: | | \$ _____ | | |
| PayDay Loans Acct #: | | \$ _____ | | |
| Other Debt (magazine subscriptions, mail order, etc.) Acct #: | | \$ _____ | | |
| Other Debt (magazine subscriptions, mail order, etc.) Acct #: | | \$ _____ | | |

UNEXPIRED LEASES AND CONTRACTS

List below any leases or contracts that are still current that you are a party to. Include residential leases, car leases, business and service leases or contracts, gym contracts, satellite, TV contracts, supplier contracts, insurance contracts, partnership agreements, franchise agreement, repurchase options, software licenses, settlement agreements, employment contractors, escrow for the sale of land and collective bargaining agreements. A debtor can keep such contracts or leases if they choose.

| Type of Lease | Address of Party Holding Lease/Contract | Lease/Contract Length | Keeping or Surrendering |
|--------------------------------------------------------------------------------|-----------------------------------------|-----------------------|-------------------------|
| Apartment lease or other residential lease (provide even if month to month) | | | |
| Contract for Deed | | | |
| Vehicle Lease | | | |
| Cell Phone Contract | | | |
| Gym Contract | | | |
| Storage Unit | | | |

CURRENT INCOME

Debtor's Income

List all persons residing in your residence, dependents who are full time students, and dependents that you are paying child support for.

| Age: | Relationship: | Do they live with you? Yes or No |
|------|---------------|-------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

1. What is your occupation? _____
2. Name of your employer: _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. How long have you been employed there? _____ Years _____ Months
5. Are you paid ____ weekly ____ bi-weekly ____ semi-monthly
6. Do you get yearly, monthly, quarterly bonuses? Yes ____ No ____

YOU ARE REQUIRED TO PROVIDE 6 MONTHS OF PAYSTUBS. If you have not provided us with six months of paystubs, please state why. (example: I was unemployed from _____ to _____. Or I am as seasonal employee and worked only from _____ to _____.) If you received unemployment compensation, you must provide us copies of this compensation.

SECOND JOB (if applicable)

- 1. What is your occupation? _____
- 2. Name of your employer: _____
- 3. Address: _____ City: _____ State: _____ Zip: _____
- 4. How long have you been employed there? _____ Years _____ Months
- 5. Are you paid ____ weekly ____ bi-weekly ____ semi-monthly

OTHER INCOME

- 1. Social Security: Amount per month \$ _____
- 2. Disability: Amount per month \$ _____
- 3. Social Security Disability: Amount per month \$ _____
- 4. Retirement or Pension money: Amount per month \$ _____
- 5. Income from Rental Property: Amount per month \$ _____
- 6. Income from Interest or Dividends: Amount per month \$ _____
- 7. Unemployment Benefits: Amount per month \$ _____
- 8. Child Support: Amount per month \$ _____
- 9. Any other sources of income not listed above: Amount per month \$ _____

Explain Source: _____

- 10. Has there been an increase or decrease in your income in the past year: ____ No ____ Yes

If yes, explain: _____

SPOUSE'S OR SIGNIFICANT OTHER'S INCOME

1. What is your occupation? _____
2. Name of your employer: _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. How long have you been employed there? _____ Years _____ Months
- 5. Are you paid _____ weekly _____ bi-weekly _____ semi-monthly**
6. Do you get yearly, monthly, quarterly bonuses? Yes _____ No _____

YOU ARE REQUIRED TO PROVIDE 6 MONTHS OF PAYSTUBS. If you have not provided us with six months of paystubs, please state why. (example: I was unemployed from _____ to _____. Or I am a seasonal employee and worked only from _____ to _____). If you received unemployment compensation, you must provide us copies of this compensation.

SECOND JOB (if applicable)

1. What is your occupation? _____
2. Name of your employer: _____
3. Address of your employer: _____
City: _____ State: _____ Zip: _____
4. How long have you been employed there? _____ Years _____ Months
- 5. Are you paid _____ weekly _____ bi-weekly _____ semi-monthly**

OTHER INCOME

- | | |
|--------------------------------------------------|---------------------------|
| 1. Social Security: | Amount per month \$ _____ |
| 2. Disability: | Amount per month \$ _____ |
| 3. Social Security Disability: | Amount per month \$ _____ |
| 4. Retirement or Pension money: | Amount per month \$ _____ |
| 5. Income from Rental Property: | Amount per month \$ _____ |
| 6. Income from Interest or Dividends: | Amount per month \$ _____ |
| 7. Unemployment Benefits: | Amount per month \$ _____ |
| 8. Child Support: | Amount per month \$ _____ |
| 9. Any other sources of income not listed above: | Amount per month \$ _____ |

Explain Source: _____

10. Has there been an increase or decrease in your income in the past year: _____ No _____ Yes
If yes, explain: _____

CURRENT EXPENSES

Do you and your spouse maintain separate households? ___ Yes ___ No If yes, provide amounts for your household and an amount for your spouse's household.

The following questions ask for your average expenses per month. If the expense is not paid monthly, please explain.

- | | |
|------------------------------------------------------------------------------------------------------|--------------|
| 1. Rent or Mortgage payment..... | 1. \$ _____ |
| If not included in line 1: | |
| a. Real estate taxes..... | a. \$ _____ |
| b. Property, homeowner's or renter's insurance..... | b. \$ _____ |
| c. Home maintenance, repair, and upkeep expenses..... | c. \$ _____ |
| d. Homeowner's association or condominium dues..... | d. \$ _____ |
| 2. Additional mortgage payments for your residence (2 nd mortgage, home equity loan)..... | 2. \$ _____ |
| 3. Utilities: | |
| a. Electricity, heat, natural gas..... | a. \$ _____ |
| b. Water, sewer..... | b. \$ _____ |
| c. Home telephone..... | c. \$ _____ |
| d. Cell phone..... | d. \$ _____ |
| e. Cable Bundle (cable, internet, phone)..... | e. \$ _____ |
| f. Cable (not bundled)..... | f. \$ _____ |
| g. Internet (not bundled)..... | g. \$ _____ |
| h. Garbage..... | h. \$ _____ |
| 4. Food..... | 4. \$ _____ |
| 5. Childcare and Children's education (daycare, tuition)..... | 5. \$ _____ |
| 6. Clothing, laundry and dry cleaning..... | 6. \$ _____ |
| 7. Personal care products/services (toiletries)..... | 7. \$ _____ |
| 8. Medical and dental expense (co-pays, medication, etc)..... | 8. \$ _____ |
| 9. Transportation (fuel, maintenance-but not car payment)..... | 9. \$ _____ |
| 10. Entertainment, recreation, newspapers, magazines..... | 10. \$ _____ |
| 11. Charitable contributions..... | 11. \$ _____ |
| 12. Insurance (not deducted from paychecks) | |
| a. Life insurance..... | a. \$ _____ |
| b. Health insurance..... | b. \$ _____ |
| c. Auto insurance..... | c. \$ _____ |
| d. Other insurance (specify)..... | d. \$ _____ |
| 13. Taxes not deducted from paycheck (if you pay in for income taxes)..... | 13. \$ _____ |
| 14. Vehicle tabs..... | 14. \$ _____ |
| 15. Tax preparation fees..... | 15. \$ _____ |
| 16. License fees..... | 16. \$ _____ |
| 17. Car payment #1..... | 17. \$ _____ |
| 18. Car payment #2..... | 18. \$ _____ |
| 19. Student loan payments..... | 19. \$ _____ |
| 20. Alimony, maintenance support (not deducted from paychecks)..... | 20. \$ _____ |
| 21. Payments for support of dependents not living at home..... | 21. \$ _____ |
| 22. Diapers/formula/baby supplies..... | 22. \$ _____ |
| 23. School lunches or activities for dependents..... | 23. \$ _____ |
| 24. Pet food/vet..... | 24. \$ _____ |
| 25. Alarm system..... | 25. \$ _____ |

STATEMENT OF FINANCIAL AFFAIRS

If you are filing jointly with your spouse, include information for both you and your spouse. If you are filing under Chapter 13, and you are married and not separated, you **must** provide information about your spouse.

If you have no information to report for a question, state “**NONE.**”

1. Gross income (before taxes are taken) from employment or operation of business: Refer to your W-2 forms.

2019 (Year to date): You \$ _____ Spouse \$ _____
 2018: You \$ _____ Spouse \$ _____
 2017: You \$ _____ Spouse \$ _____

2. Income other than from employment or operation of business (including income from Social Security, Pension, Child Support, Disability, Cashing out 401k or other pension, and/or Unemployment) If an amount is listed below, please specify source of income:

2019 (Year to date): You \$ _____ Spouse \$ _____
 2018: You \$ _____ Spouse \$ _____
 2017: You \$ _____ Spouse \$ _____

3. Payments to creditors:

a. List all payments more than \$600 made to any “one” unsecured creditor within the last 90 days, including credit card payments. (For example, a payment of \$601 or three payments of \$200, \$200, and \$201).

_____NO

| Who you paid: Name & Address | Dates of Payments | Amount Paid | Amount Still Owed |
|------------------------------|-------------------|-------------|-------------------|
| | | \$ _____ | \$ _____ |
| | | \$ _____ | \$ _____ |
| | | \$ _____ | \$ _____ |

b. Have you repaid any family members or friends within the last year? If so, please list below:

_____NO

| Who you paid: Name & Address | Dates of Payments | Amount Paid | Amount Still Owed |
|------------------------------|-------------------|-------------|-------------------|
| | | \$ _____ | \$ _____ |
| | | \$ _____ | \$ _____ |
| | | \$ _____ | \$ _____ |

4. Lawsuits, executions, garnishments, and attachments:

a. List all suits in which you are or were a party to within last year.

____NO

| Caption of Suit (i.e. Visa V. Jane Doe) | Court Case Number (Some don't have this) | Court County | Status (i.e. Judgment, pending) |
|--------------------------------------------|---------------------------------------------|--------------|------------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

b. Have you had any garnishments or levies from your wages or bank account within the past year? If so, please list below:

____NO

| Creditor/Attorney Name & Address | Date of Seizure/Garnishment | Amount Taken |
|----------------------------------|-----------------------------|--------------|
| 1. | | \$ _____ |
| 2. | | \$ _____ |

5. Repossessions, Foreclosures, and Returns:

Have you had any items foreclosed, returned, repossessed, or transferred through a deed in lieu of foreclosure within last year? If so, please list below:

____NO

| Creditor Name & Address | Date of Repossession, Foreclosure, Transfer, or Return | Description and Value of Property |
|-------------------------|-----------------------------------------------------------|-----------------------------------|
| | | |

6. Losses:

List all losses from fire, theft, gambling or other casualty (insurance claims) typically from a car accident, storm damage or theft within last year.

____NO

| Describe Property | Value of Loss | Circumstances & Amount Covered by Insurance | Date(s) of Loss |
|-------------------|---------------|---------------------------------------------|-----------------|
| | \$ _____ | | _____ |
| | \$ _____ | | _____ |

7. Other transfers, including sale of any property:

a. List all property sold, transferred or given away anything within the past **2 years** to non-family members (i.e. Sold a car, home, boat, snowmobile, camper, traded in a car, land)

____NO

| Who did you sell it to? | Relationship to you | Date of Sale | Description and Value of Property |
|-------------------------|---------------------|--------------|-----------------------------------|
| | | | |

b. List all property sold, transferred or given away within the past **6 years** to family members or close friends.

____NO

| Who did you sell it to? | Relationship to you | Date of Sale | Description and Value of Property |
|-------------------------|---------------------|--------------|-----------------------------------|
| | | | |

7. Closed financial accounts:

List all financial accounts, including checking, savings, safe deposit boxes, IRA's and/or 401k accounts, held in your name or for your benefit that were closed, sold, or otherwise transferred within last year.

____NO

| Bank Name & Address | Account Type and Number | Closing Balance | Date of Closing |
|---------------------|-------------------------|-----------------|-----------------|
| | | | |

8. Safe Deposit Boxes:

List each safe deposit or other box or depository in which you have securities, cash, legal documents or other valuables within last year.

____NO

| Bank/Depository Name & Address | Name & Address of those with Access | Description of Contents |
|--------------------------------|-------------------------------------|-------------------------|
| | | |

9. Property held for another person:

List all property that you are holding or control that is owned by another person. (ie Cars, boats, trailer)

____NONE

| Owner's Name & Address | Relationship to you | Property Description & Value | Property Location |
|------------------------|---------------------|------------------------------|-------------------|
| | | | |

10. Prior addresses:

List all address during the last **three years**. Do not include your current address.

_____NONE

| Address | Name(s) Used | Dates of Residency | |
|---------|--------------|--------------------|----------|
| | | From _____ | To _____ |
| | | From _____ | To _____ |
| | | From _____ | To _____ |
| | | From _____ | To _____ |
| | | From _____ | To _____ |

11. Business:

Do you own a business? ____ Yes ____ No

If you are or were self-employed within the last six years list the name, location, and nature of your business.

| Business Name & Address | Tax ID Number or SS# | Nature of Business | Dates of Operation | |
|-------------------------|----------------------|--------------------|--------------------|-----------|
| | | | From: _____ | To: _____ |
| | | | From: _____ | To: _____ |
| | | | From: _____ | To: _____ |

AFTER YOU HAVE COMPLETED THE WORKSHEET, PLEASE RETURN IT TO OUR OFFICE ALONG WITH THE REQUIRED DOCUMENTS AND DEPOSIT. YOU DO NOT NEED TO MAKE AN APPOINTMENT TO DROP OFF THE WORKSHEET.