

Bankruptcy Worksheet

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For Office Use Only:

Debtor(s) Name: _____ File No: _____

Date Received: _____ Amount Paid: \$ _____ Co-Signor yes No

Signing Date: _____

- | | | |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chapter 7 | <input type="checkbox"/> Chapter 13 | <input type="checkbox"/> Prep Signing |
| <input type="checkbox"/> Long Form Fee App | <input type="checkbox"/> Lien Strip | * Income Review |
| | | * Asset Review |

- | | |
|---|---|
| <input type="checkbox"/> State Exemptions | <input type="checkbox"/> Federal Exemptions |
|---|---|

Attorney: RST SLH

Paralegal: ELK VAB

Payment Terms

Chapter 13 Bankruptcy:

- A. We will file your chapter 13 with \$0.00 down. Our fees, costs and filing fee 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 (consumer debt – no business):

A. Payment in full:

Single or Joint filing: \$1,925.00 (Attorney's fees: \$1,587.00 plus court filing fee: \$338.00)

B. Partial payment with a co-signer:

Single or Joint Filing: \$2,100.00 (Attorney's fees: \$1,762.00 plus court filing fee: \$338.00).

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

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

Chapter 7 Bankruptcy (Business/Self Employment/Asset Case/Complex):

A. Payment in full:

Single or Joint filing: \$2,838.00 - \$7,838.00 (Attorney's fees: \$2,500.00 - \$7,500.00 plus court filing fee: \$338.00).

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.**

****Payments can also be made online through our website at www.hellerthyen.com.**

NOTICE – IMPORTANT:

- 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 _____

BASIC INFORMATION

Bankruptcy Filer No. 1:

Name: _____
First Middle Last

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

E-mail address: _____ May we contact you at work: ___ No ___ Yes

Social Security Number: _____ - _____ - _____ Date of Birth _____

Marital Status (circle one): Married Single Divorced Widowed Married but Separated

Are you not married but living as a family with another person? ___ Yes ___ No

Have you used any other names in the past 8 years? ___ No ___ Yes (re: maiden names, businesses, corporations)
If yes, please list: _____

Bankruptcy Filer No. 2:

Name: _____
First Middle Last

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

E-mail address: _____ May we contact you at work: ___ No ___ Yes

Social Security Number: _____ - _____ - _____ Date of Birth _____

Have you used any other names in the past 8 years? ___ No ___ Yes (re: maiden names, businesses, corporations)
If yes, please list: _____

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

Name of Bank	Type of Account	Last 4 of Account Number	Owner: Husband, Wife, Joint

Do you have a **bank account** ___ **Paypal** ___ **Venmo** ___ **none** ___?

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

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:

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
	\$ _____	
	\$ _____	

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
	\$ _____	
	\$ _____	

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, address and phone number 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.)			
TVs, Computers, printers, monitors, iPad, tablets, cell phones			
Collectables (this includes: coins, stamps, art, etc.)			
Hobby Equipment (this includes: bikes, golf clubs, camping equipment, etc.)			
Firearms (use separate page if needed)	Make & Model:		
Clothing			
Jewelry (this includes: wedding bands, rings, watches, etc.)			
Farm Supplies (this includes: chemicals, feed, equipment, etc.)			
Pets, Livestock & Horses			
Tools (this includes: hand tools, power tools, garden & lawn tools, etc.)			

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	

Vehicle loan Fill out if you have a loan for the vehicle(s) listed above:

Vehicle	Creditor Name	Amount Owed	Current Interest Rate	Co-Signer Name & Address (if applicable)
		\$ _____		
		\$ _____		

RECREATIONAL VEHICLES

Do you own a motorcycle 3-wheeler 4-wheeler none?

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 none?

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

RECREATIONAL VEHICLES *continued*

Do you own a ___ **push mower** ___ **riding lawn mower** ___ **snow blower** ___ **none**?

Year	Make	Model	Value
			\$ _____
			\$ _____
			\$ _____

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

Year	Make	Model	Value	Keeping or Surrendering
			\$ _____	

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
			\$ _____	

FOR BUSINESS OWNERS ONLY

Name of Business: _____

Business Address: _____

Tax ID: _____

Ownership Percentage: _____

Spouse Ownership Percentage (if applicable): _____

Is the majority of your debt business related? ___ Yes ___ No

Type of Property	Property List/Description	Market Value
1. Business Equipment & Supplies Yes or No		\$ _____
2. Inventory Yes or No		\$ _____
3. Accounts Receivable Yes or No	N/A	\$ _____
4. Leases or Contracts Yes or No	Name and Address of Lessor: Type: Expiration/Terms:	\$ _____
5. Real Property Owned Yes or No	Property Address (provide deed):	\$ _____

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 (2nd 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. Streaming Services (Netflix, Hulu, etc.)..... h. \$ _____
 - i. Garbage..... i. \$ _____
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.

2021 (Year to date): You \$ _____ Spouse \$ _____
 2020: You \$ _____ Spouse \$ _____
 2019: 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:

2021 (Year to date): You \$ _____ Spouse \$ _____
 2020: You \$ _____ Spouse \$ _____
 2019: 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 four 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: _____

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.