

Bankruptcy Preparation Services

Information to bring upon first appointment

Depending on when you are planning to file, we will need certain pay stubs.

Below are months on when you plan on filing your petition.

Find the month then look to see the months that we will need pay stubs for.

These stubs will be from the last one that you received that month.

Planned Filing Month Paystub Needed Paystub Needed Paystub Needed

January	June (Previous Year)	December (Previous Year)	
February	July (Previous Year)	December (Previous Year)	January (Current Year)
March	August (Previous Year)	December (Previous Year)	February (Current Year)
April	September (Previous Year)	December (Previous Year)	March (Current Year)
May	October (Previous Year)	December (Previous Year)	April (Current Year)
June	November (Previous Year)	December (Previous Year)	May (Current Year)
July	June (Current Year)		
August	January (Current Year)	July (Current Year)	
September	February (Current Year)	August (Current Year)	
October	March (Current Year)	September (Current Year)	
November	April (Current Year)	October (Current Year)	
December	May (Current Year)	November (Current Year)	

- Average pay stub received from current employers
- Tax Return paperwork from the previous two years. If filing a joint petition, please bring W-2's. If you are unable to locate these items, please call the Indiana Department of Revenue at 317-685-7500.
- Social Security Award Letter for Debtor and any other dependents
- Printout of Unemployment for last 6 (six) months
- Printout of Child Support for last 6 (six) months
- Copy of any letter with income verification for pension or retirement

Client Questionnaire

Please spell out all names.

Name (Last, First Middle Sr. Jr.)

Street Address

City, State, Zip Code

Home Phone Number with Area Code

Cell Phone with Area Code

County in which you reside

E-Mail Address

Social Security Number

Tax Identification Number

Have you moved within the past 3 years?

- Yes No

If yes, enter addresses, occupancy dates and names used.

Are mailing address and residence the same? No Yes

Street Address

City, State, Zip Code

Gender Male Female

Marital Status:

- Never Married Widowed
- Divorced
- Married and living together
- Married and living apart

Other names used in the last six years:

Please list **ages and relationship** of dependents living with you:

Employment Information

Employers Name

Street Address

City, State, Zip Code

Work Phone Number with Area Code

Position

Start Date

If more than one employer, provide same information

Gross Income received from **employment**:

2014 Year to Date: _____

2013 Gross: _____

2012 Gross: _____

Any other source of income in the past three years (such as Social Security, Child Support, Unemployment Comp. ect...)

2014: _____

Source: _____

2013: _____

Source: _____

2012: _____

Source: _____

Past Employers (Names only):

2014: _____

2013: _____

2012: _____

Are you purchasing any items now which you want to keep and not include in the bankruptcy? (ie. mortgage, automobile, furniture) If so please provide the names of creditors and description:

Have you filed for bankruptcy in the past 8 (eight) years. If so please list date filed, where filed, Case number & disposition.

**Client Questionnaire for Married but filing Individual
Spouse's Employment Info**

Employment Information

Employers Name

Street Address

City, State, Zip Code

Work Phone Number with Area Code

Position

Start Date

Any other source of income in the past three years
(such as Social Security, Child Support, unemployment compensation ect...)

2014 Year-To-Date: _____

Source: _____

2013: _____

Source: _____

2012: _____

Source: _____

Name (Last, First M.I.)
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EXPENDITURES

All expenditures should be average monthly expenditures.
(Please do not include anything deducted from your pay stubs)

Rent / home mortgage payment (Include lot rented for mobile home).....	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utilities:	
Electric and Gas.....	\$ _____
Water and Sewer.....	\$ _____
Telephone.....	\$ _____
Cell Phone.....	\$ _____
Cable / Satalite.....	\$ _____
Internet	\$ _____
Security System.....	\$ _____
Home Maintenance (repairs and upkeep)	\$ _____
Food (incudes hygiene & detergent)	\$ _____
Clothing	\$ _____
Laundry and dry cleaning	\$ _____
Medical & Dental Expenses (include over the counter)	\$ _____
Transportation (Fuel and Vehicle Maintenance) (not including car payments)	\$ _____
Recreation, clubs, and entertainment, newspapers, magazines, etc	\$ _____
Charitable contributions	\$ _____
Insurance (not deducted from wages or included in home mortgage)	
Homeowner's or renter's	\$ _____
Life	\$ _____
Health	\$ _____
Auto	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____
Taxes (not deducted from wages or included in home mortgage payments)	
_____	\$ _____
_____	\$ _____
Installment payments (if a Chapter 13, do not list payments that will be included in the plan)	
Auto	\$ _____
Student	\$ _____
Personal	\$ _____
Personal	\$ _____
Alimony, maintenance, and support paid to others	\$ _____
Payments for support of additional dependents not living at home	\$ _____
Regular expenses from operation of business, profession, or farm	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____