

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.

Spouse 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.

| |
|--|
| Name (Last, First M.I.) |
|--|

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: _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |