

# **WWW.BANKRUPTCYFACTS.INFO**

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*Member:*  
San Diego County Bar Assn.  
SDCBA Bankruptcy Law Section  
ECF Certified, So. Dist. of California

## **BANKRUPTCY QUESTIONNAIRE**

Please fill-out this form as thoroughly as possible! (SEE CHECKLIST—LAST PAGE!!!!)

This form will allow me to analyze your current financial condition and determine if a bankruptcy proceeding is necessary and/or likely to be successful. It is important to answer the questions as best you can. Remember, under Federal law, you must list ALL of your assets and debts when filing for bankruptcy protection. Of course, I encourage you to call me with any questions or concerns you may have while filling out this form. It is my strong desire to serve your needs to the best of my ability. I thank you for the opportunity to work with you, and I will be there for you during every step of this process.

-- Dave Pomeranz, Esq.

1. Your full name and contact information:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security no.: \_\_\_\_\_

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

E-MAIL ADDRESS: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_

Telephone: Work: (\_\_\_\_) \_\_\_\_\_

Telephone: Cell: (\_\_\_\_) \_\_\_\_\_

2.A. Marital Status (circle one): Married Single Divorced Widowed Separated.

2.B. Are you filing this matter by yourself, or jointly with your spouse?  singly  jointly

3. Your Spouse's full name and contact information (if married or separated; if divorced, see below)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security no.: \_\_\_\_\_

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

E-MAIL ADDRESS: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_

Telephone: Work: (\_\_\_\_)\_\_\_\_\_

Telephone: Cell: (\_\_\_\_)\_\_\_\_\_

4. If you were DIVORCED *within the last 6 years*, (or a divorce is pending) please list the following:

1. Your (ex)spouse's name and address: \_\_\_\_\_  
\_\_\_\_\_

2. Approx. date of separation or when you filed for divorce: \_\_\_\_\_

3. are there any property issues remaining between you and your ex-spouse?: If so, please state:  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you been known by any other names in the past 6 years?  
(e.g., Trade or business names, married names & maiden names)

Debtor: \_\_\_\_ No \_\_\_\_ Yes:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Joint Debtor: \_\_\_\_ No \_\_\_\_ Yes:

1. \_\_\_\_\_ 2. \_\_\_\_\_

6. Have you ever filed for Bankruptcy Protection before? If so, please state:

Date Filed: \_\_\_\_\_ Case No: \_\_\_\_\_ Chapter: \_\_\_\_ Where filed: \_\_\_\_\_

**7. IMPORTANT QUESTION:**

What amount of GROSS (before taxes or expenses) income have you received from employment ONLY during:

DEBTOR / CO-DEBTOR

Year to date \$ \_\_\_\_\_ \$ \_\_\_\_\_

Last Year \$ \_\_\_\_\_ \$ \_\_\_\_\_

2 Years Ago \$ \_\_\_\_\_ \$ \_\_\_\_\_

**\*NOTE: Federal law requires that you provide SIX MONTHS of pay stubs for each debtor, if applicable, and copies of the past two years' 1040 income tax forms, if you have them.**

8. List amount of income received from other sources (SSI, gifts, support, 401ks, etc.) during:

DEBTOR / CO-DEBTOR

SOURCES:

Year to date \$ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

Last Year \$ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

2 Years Ago \$ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

**\*NOTE: PLEASE ATTACH** documentation for other sources of income, if applicable (e.g., SSI stub, EDD stub, Pension payment slip, if you get a disbursement from a trust, attach a copy of the trust, etc.)

8.A. Did you give any one creditor more than \$600 within the past 90 days? If so:

Creditor / Date paid / Amount of Payment / Amount Paid / Still Owed

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Creditor / Date paid / Amount of Payment / Amount Paid / Still Owed

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8.B. Have you made any cash advances or transfers of balances between credit cards within the past year? If so, please state approximate dates and amounts:

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8.C. Have you used a credit card or personal loan within the past 90 days? If so, please state (1) credit card used; (2) type of activity (purchases, cash advances, etc.); (3) approximate date(s); and (4) approximate amount(s):

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9. In the past year, have you made any payments to creditors who are family members or business partners? If yes, please list the name and address of the creditor, their relationship to you, the dates and amounts of payments, and how much is still owed.

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10. Do you have reason to sue anyone or does someone have a reason to sue you? If so, please give a brief description: \_\_\_\_\_

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11. Are you a party (either as plaintiff or defendant) to any lawsuit now pending or terminated within the past year? \_\_\_ No \_\_\_ Yes. If so, please state:

Status / Case Number / Type of Suit / Location / Disposition

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12. Has any of your property (such as wages, bank accounts or personal property) been attached, garnished, or seized within the past year? \_\_\_ No \_\_\_ Yes.

If so, please state:

Date / Description / Creditor's name and address / Amount or Value

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13. List all property that has been repossessed by a creditor, foreclosed, or returned to the seller within the past year. \_\_\_ None If so, please state:

Name & Address of creditor / Date of Repossession / Description / Value

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14. Do you have any property that has been in the hands of a court appointed receiver in the past year? If so, please explain:

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15. Have you given any family members any gifts worth more than \$200 or any charities any gifts worth more than \$100 in the past year? Please list:

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16. List all losses from fire, theft, gambling or other loss within the past year. \_\_\_ None If any, please state:

Description & Value / How Lost / Insurance coverage / Date of Loss

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17. List all payments made to any persons within the past year for bankruptcy or debt counseling, consolidation, or consultation: \_\_\_ None. If any, list:

Amount of Payment / Name & Address / Date of Payment

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18. List all financial accounts that were closed, sold or transferred within the past year (including closed checking/savings accounts). \_\_\_ None

Bank Name & Address / Date of Closing / Type / **Account Number** / *Final Balance*

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19. List all safety deposit boxes or depositories. \_\_\_ None  
Name / Address of Bank or Depository / Contents

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20. List all property owned by another person that you hold or control. \_\_\_ None  
Name / Address / Description / Value / Location of Owner of Property

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21. Have you lived anywhere else in the past **2 years**? \_\_\_ No  
FROM/ /TO/ Address (including city & state)/ Last Name Used

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22. Question 22 a-g is **ONLY** for persons who have been involved in a business during the past six years. If applicable, *please list your answers on the back of this page.*

a. 1.) List Name of business, Address, Type of Business, and Dates of Operation:

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a. 2.) Is this a sole-proprietorship, partnership, corporation, etc.? \_\_\_\_\_

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b. List all bookkeepers and accountants who kept or supervised the keeping of books of account and records for your business(es) for the previous 6 years. \_\_\_ None. List Name and Address/ Dates /Services Rendered:

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c. List all firms or individuals who audited your business or prepared a financial statement for your business(es) for the past two years. \_\_\_ None

List Name and Addresses Dates Services Rendered:

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d. List all firms or individuals who at this time are in possession of books of account and records for your business(es). \_\_\_ None. List Name/Address.

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e. List all financial institutions, creditors and other parties that you gave a business financial statement to within the past two years. \_\_\_ None. List Name/Address/Date.

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f. Information of the last two business(es) inventories of property. \_\_\_ None.

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g. **Business related expenses.** Please make a list of your monthly estimated business expenses on a separate sheet of paper. Please be thorough.

**23. REAL ESTATE:** List all real estate that you own (including manufactured and Mobile homes):

\_\_\_None

(Please list the full addresses of ALL real estate that you own or are buying):

**FOR ALL REAL ESTATE YOU OWN OR ARE BUYING: Please include a copy of any Trust Deeds as well as insurance info. This documentation is mandatory for filing.**

A. Address: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Price at time of purchase: \_\_\_\_\_

Present Value: \$ \_\_\_\_\_

How did you arrive at the present value: \_\_\_\_\_

Ownership: \_\_\_Debtor's \_\_\_Joint \_\_\_Husband \_\_\_Wife

Amount owed to all lenders secured by this property: \$ \_\_\_\_\_

Is there a Homestead filed on this property?: \_\_\_ Yes \_\_\_ No \_\_\_ Don't Know

**First** Trust Deed Holder's Name and Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Total amount owed on this loan: \_\_\_\_\_

Date of loan: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

ARE YOU BEHIND in your payment? \_\_\_\_\_ If so, How much? \_\_\_\_\_

**Second** Trust Deed Holder's Name and Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Total amount owed on this loan: \_\_\_\_\_

Date of loan: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

ARE YOU BEHIND in your payment? \_\_\_\_\_ If so, How much? \_\_\_\_\_

**Third** Trust Deed Holder's Name and Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Total amount owed on this loan: \_\_\_\_\_

Date of loan: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

ARE YOU BEHIND in your payment? \_\_\_\_\_ If so, How much? \_\_\_\_\_

**24. PERSONAL PROPERTY:**

a. How much cash on hand do you have (approximate)? \_\_\_\_\_

b. Please list your bank account information: \_\_\_ None

Checking:

Name and address of bank: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Ownership: \_\_\_ Debtor's \_\_\_ Joint \_\_\_ Husband \_\_\_ Wife

Savings:

Name and address of bank: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Ownership: \_\_\_ Debtor's \_\_\_ Joint \_\_\_ Husband \_\_\_ Wife

Other bank account (type \_\_\_\_\_):

Name and address of bank: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Ownership: \_\_\_ Debtor's \_\_\_ Joint \_\_\_ Husband \_\_\_ Wife

c. Security deposits with public utilities, landlords and others: \_\_\_ None

1. To whom: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

2. To whom: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

3. To whom: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

d. **AUTOMOBILES:** Please list your automobile/vehicle information: \_\_\_ None

**\* NOTE: PLEASE ATTACH A COPY OF YOUR VEHICLE REGISTRATION(S) & INSURANCE DECLARATIONS PAGE!!!**

1. Make, Model, Year: \_\_\_\_\_

Nature of interest: \_\_\_ I own the vehicle outright \_\_\_ Leasing \_\_\_ Purchasing

Name and address of bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Blue Book Value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Ownership: \_\_\_ Debtor's \_\_\_ Joint \_\_\_ Husband \_\_\_ Wife

DO YOU WISH TO KEEP THIS VEHICLE (and continue making payments, if any)? \_\_\_\_\_

(If you don't know the blue book value, I can look it up with the following information:

Mileage, options (AM/FM, Air, Auto or 5 speed, etc., general condition):

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

If this is a leased vehicle, please state:

(a) down payment amount \_\_\_\_\_



(b) residual (amount owed at end of lease): \_\_\_\_\_

(c) Date lease will end: \_\_\_\_\_

2. Make, Model, Year: \_\_\_\_\_

Nature of interest:  I own the vehicle outright  Leasing  Purchasing

Name and address of bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Blue Book Value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Ownership:  Debtor's  Joint  Husband  Wife

DO YOU WISH TO KEEP THIS VEHICLE (and continue making payments, if any)? \_\_\_\_\_

(If you don't know the blue book value, I can look it up with the following information:

Mileage, options (AM/FM, Air, Auto or 5 speed, etc., general condition):

\_\_\_\_\_

\_\_\_\_\_

If this is a leased vehicle, please state:

(d) down payment amount \_\_\_\_\_

(e) residual (amount owed at end of lease): \_\_\_\_\_

(f) Date lease will end: \_\_\_\_\_

e. Are you purchasing or leasing any other type of SECURED property:  None  
(e.g., timeshares, business contracts, jewelry, furniture, boats, etc.)

1. Description: \_\_\_\_\_

Name and address of bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Ownership:  Debtor's  Joint  Husband  Wife

DO YOU WISH TO KEEP THIS ITEM (and continue making payments, if any)? \_\_\_\_\_

2. Description: \_\_\_\_\_

Name and address of bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Ownership:  Debtor's  Joint  Husband  Wife

DO YOU WISH TO KEEP THIS ITEM (and continue making payments, if any)? \_\_\_\_\_



25. Creditors holding unsecured priority claims (creditors who get paid *first*):

a. Governmental units which you owe taxes, student loans or other debts.

**IF TAXES:** Which years are owed: \_\_\_\_\_

How much is owed for each year: \_\_\_\_\_

Federal or State? (Specify State): \_\_\_\_\_

**IF Student Loan:** How much is owed: \_\_\_\_\_

Creditor Name/Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

b. Individuals who have given you money for the purchase, lease, or rental of property or services for personal, family, or household use that were not delivered or provided.

c. Employee benefit plans that you owe money to within the past 180 days.

d. Employees that you owe money to for wages, salaries, etc., within the past 90 days

e. Back Alimony, Maintenance, or support:

26. List all creditors that are using your real or personal property as collateral (security interest) for a debt that was not incurred to purchase the property being used as collateral. Include court judgments that have been recorded on your real property as a lien. If any, please state:

Creditor / Type of Interest

\_\_\_\_Judicial Lien \_\_\_\_Security Interest

27. **Dependents:** Please list all dependents ages and relationship to you:

28. Are you currently employed? \_\_\_ Yes \_\_\_ No If employed, please complete:

**PLEASE ENCLOSE RECENT PAYCHECKS (for the last 6 months):**

a.) Occupation: \_\_\_\_\_

b.) Employer: \_\_\_\_\_

c.) Employer's Address: \_\_\_\_\_

d.) Salary: \_\_\_\_\_ \_\_\_Bi-weekly \_\_\_Semi-Monthly

- e.) How long have you been there: \_\_\_\_\_
- f.) Average hours worked per week: \_\_\_\_\_
- g.) INCOME WORKSHEET: Please answer as thoroughly as you can ESTIMATE:

Gross Monthly Income: \_\_\_\_\_

Monthly Overtime: \_\_\_\_\_

Less Taxes/Social Security: \_\_\_\_\_

Less Insurance: \_\_\_\_\_

Less Other: \_\_\_\_\_

*Do you have any of the following:*

Income from a business: \_\_\_\_\_

Income from Real Property: \_\_\_\_\_

Alimony or child support: \_\_\_\_\_

Social Security/Gov. Assist: \_\_\_\_\_

Retirement or pension: \_\_\_\_\_

Other monthly income: \_\_\_\_\_

29. IF YOU ARE MARRIED *OR SEPARATED*, your spouse's income must be included here (If you have filed for or been granted a divorce, skip this question).

**PLEASE ENCLOSE RECENT PAYCHECKS (for the last 6 months):**

a.) Occupation: \_\_\_\_\_

b.) Employer: \_\_\_\_\_

c.) Employer's Address: \_\_\_\_\_

d.) Salary: \_\_\_\_\_  Bi-weekly  Semi-Monthly

e.) How long have you been there: \_\_\_\_\_

f.) Average hours worked per week: \_\_\_\_\_

g.) INCOME WORKSHEET: Please answer as thoroughly as you can (ESTIMATE):

Gross Monthly Income: \_\_\_\_\_ Monthly Overtime: \_\_\_\_\_

Less Taxes/Social Security: \_\_\_\_\_ Less Insurance: \_\_\_\_\_

Less Other: \_\_\_\_\_

*Do you have any of the following:*

Income from a business: \_\_\_\_\_ Income from Real Property \_\_\_\_\_

Alimony/child support: \_\_\_\_\_ Social Security/Gov. Assistance \_\_\_\_\_

Retirement or pension: \_\_\_\_\_ Other monthly income: \_\_\_\_\_

28. EXPENSES AND **CREDITOR INFORMATION:**

- A.) The following page is an expense worksheet, please fill it out using your best estimates.
- B.) The subsequent pages contain boxes for listing your creditors. Under Federal law, **you must list ALL creditors and accounts that have a balance *greater than \$0.00***. If you do not owe on a credit card or other open account, do not list it.
- C.) If we have a copy of your credit report, you do not need to complete the creditor section, except as to items NOT on your credit report. To obtain your credit report, consult with Attorney or go to [www.annualcreditreport.com](http://www.annualcreditreport.com).

In re \_\_\_\_\_,  
Debtor

Case No. \_\_\_\_\_  
(if known)

### CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ \_\_\_\_\_

a. Are real estate taxes included? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Is property insurance included? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Utilities: a. Electricity and heating fuel \$ \_\_\_\_\_

b. Water and sewer \$ \_\_\_\_\_

c. Telephone \$ \_\_\_\_\_

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

3. Home maintenance (repairs and upkeep) \$ \_\_\_\_\_

4. Food \$ \_\_\_\_\_

5. Clothing \$ \_\_\_\_\_

6. Laundry and dry cleaning \$ \_\_\_\_\_

7. Medical and dental expenses \$ \_\_\_\_\_

8. Transportation (not including car payments) \$ \_\_\_\_\_

9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ \_\_\_\_\_

10. Charitable contributions \$ \_\_\_\_\_

11. Insurance (not deducted from wages or included in home mortgage payments)

a. Homeowner's or renter's \$ \_\_\_\_\_

b. Life \$ \_\_\_\_\_

c. Health \$ \_\_\_\_\_

d. Auto \$ \_\_\_\_\_

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

12. Taxes (not deducted from wages or included in home mortgage payments)  
(Specify) \_\_\_\_\_ \$ \_\_\_\_\_

13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)

a. Auto \$ \_\_\_\_\_

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

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

14. Alimony, maintenance, and support paid to others \$ \_\_\_\_\_

15. Payments for support of additional dependents not living at your home \$ \_\_\_\_\_

16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ \_\_\_\_\_

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

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ \_\_\_\_\_

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

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

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I \$ \_\_\_\_\_

b. Average monthly expenses from Line 18 above \$ \_\_\_\_\_

c. Monthly net income (a. minus b.) \$ \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*<sup>1</sup>: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_

<sup>1</sup> For the question "what did you purchase?" Please state whether it is medical bills, auto supplies, furniture, car, house, lawsuit judgment, taxes, student loan, etc. General credit cards and store charge cards can be listed as "credit card purchases" unless you bought something specific (large or expensive).

Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_  
Account Number: \_\_\_\_\_



Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name and Address: \_\_\_\_\_  
Date or date span you used the card/services (i.e., 1988-1999): \_\_\_\_\_  
What did you purchase\*: \_\_\_\_\_  
Amount owed (approximate): \_\_\_\_\_  
Is this debt \_\_\_ My own \_\_\_ Joint \_\_\_ Husband's \_\_\_ Wife's  
Is this debt disputed or contingent on something before it's owed?: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name and Address: \_\_\_\_\_  
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## BANKRUPTCY CHECKLIST

(2012 Update, Rev. 1)

- Completed Bankruptcy Questionnaire ([www.bankruptcyfacts.info/bk.quest.pdf](http://www.bankruptcyfacts.info/bk.quest.pdf))
- Proof of insurance policy on all vehicles and real property owned (copy of insurance policy or declarations page – something with policy limits).
- Copy of Vehicle Registration(s) for all vehicles owned.
- Copy of your most recently filed 1040 tax document, including all schedules and attachments.
- Six month pay history worksheet for each filer. ([www.bankruptcyfacts.info/6 month pay history worksheet.pdf](http://www.bankruptcyfacts.info/6%20month%20pay%20history%20worksheet.pdf))
- Recent Paycheck Stubs (for each spouse—even if filing singly—unless client is divorced or unmarried) going back for a total of six months. Also, we must know if you are paid monthly, bi-monthly, weekly, or bi-weekly.
- If client (or client’s current spouse) is self-employed, we need a Profit & Loss statement for last year AND for the previous three months (two P&L’s total). The format for these is attached and is available from me.
- Documentation for Other Sources of Income (SSI stub, child support, etc.) for the past six months.
- Evidence of valuation on all real property. (Letter from agent or broker or comps from the area, etc.)
- Recent Mortgage statement on all real property loans.
- If a vehicle was purchased *within 120 days*, we must have a copy of the purchase contract.
- If client has any interest in a trust (trustee, beneficiary, trustor) we must provide a copy of the trust.
- Past two month’s bank account statements, checking and savings, for all accounts.

- If client is operating a business (even a self-employed sole-proprietorship like a contractor or landscaper or any other business) we need copies of all business insurance: (1) liability, (2) casualty, (3) worker's compensation, (4) errors and omissions/malpractice. *Note: If client is going to continue to operate the business, the Trustee will need to be named as payee on this insurance after date of filing.*
- Evidence of pay off amount on any vehicles and home being purchased (recent statement, etc.). Or call and have the lender fax a payoff amount to (619) 741-3776 **or** call and get a verbal payoff amount *and* provide ALL FIVE of the following: (1) Lender's name, (2) name of person who provided the payoff, (3) payoff amount, (4) phone number called, and (5) date called/payoff date.
- For ALL debts listed, we will need complete addresses, including zip code. We will also need account numbers, approximate amount owed, and approximate date range the debt was incurred. ALL debts must be listed.
- Evidence of all retirement balances, IRA's, 401ks, etc.
- You must contact a certified credit-counseling agency such as Springboard and obtain a credit counseling certificate "CCC". This is a "debtor education course" that takes about 40 minutes, and can be done by phone at 888-425-3453 or online at [www.bkhhelp.org](http://www.bkhhelp.org). They offer a fee waiver for low income clients; otherwise, the cost is \$45. It is a mandatory requirement PRIOR to our filing. You can pay with plastic, provided you use an ATM card (they tend to reject "credit cards" without even processing them, but ATM cards are okay). An alternative to Springboard is DebtorWise, at [www.debtorwise.org](http://www.debtorwise.org), 1-800-849-3036. Their fee is \$25; however, they do not maintain a database of filing attorneys and you must verify that our office receives the certificate (they will email them to us at [bklawyer@cox.net](mailto:bklawyer@cox.net)).
- FOR CHAPTER 13's ONLY: Copy of Trust Deeds on any Real Property and most recent mortgage statements (including any HELOC's, etc.)

**Note: Please do not use staples to hold documents together – we scan all documents.**

**--- Thank You!**