



## **BANKRUPTCY INTAKE PACKET**

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## **DOCUMENT LIST**

### **PLEASE BRING THE FOLLOWING TO YOUR APPOINTMENT:**

- O TAX RETURNS FOR 2013 AND 2014
- O PAY STUBS FOR THE LAST 6 MONTHS
  - ✧ IF YOU ARE MARRIED OR LIVING WITH A PARTNER - YOUR SPOUSE'S OR PARTNER'S VPAYSTUBS TOO
- O IF SELF-EMPLOYED
  - ✧ PROFIT AND LOSS FOR LAST 6 MONTHS
- O BANK STATEMENTS FOR THE LAST 3 MONTHS
- O IF YOU OWN REAL ESTATE
  - ✧ DEED
  - ✧ DEED OF TRUST
- O IF YOU OWN A VEHICLE
  - ✧ PAY OFF AMOUNT IF THERE IS A LOAN ON IT
  - ✧ PROOF OF MONTHLY PAYMENT
  - ✧ DMV TRANSCRIPT OR TITLE OF VEHICLE

**GENERAL INFORMATION ABOUT YOU**

\_\_\_\_\_  
First name                      Middle name                      Last name                      Sr./Jr.

All other names used by you in the past 8 years (if any): \_\_\_\_\_

Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
First name                      Middle name                      Last name                      Sr./Jr.

All other names used by you in the past 8 years (if any): \_\_\_\_\_

Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital status: \_\_\_ Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

Home address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/City \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Have you lived in Virginia for the past two years continuously? \_\_\_ Yes \_\_\_ No

How did you hear about us? \_\_\_\_\_

Have you or your spouse filed Bankruptcy before? \_\_\_ Yes \_\_\_ No If, yes, where was the case filed? \_\_\_\_\_

| Child name | Age | Does child live with you at least 50% of the time? |
|------------|-----|--|
|            |     | Yes _____ No _____                                 |
|            |     | Yes _____ No _____                                 |
|            |     | Yes _____ No _____                                 |
|            |     | Yes _____ No _____                                 |

**CHILD SUPPORT**

If you pay child support, how much do you pay per month? \_\_\_\_\_

Name and address of person you pay support to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ALIMONY**

If you pay alimony, how much do you pay per month? \$ \_\_\_\_\_

Name and address of person receiving alimony: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MISCELLANEOUS QUESTIONS**

- Has anyone garnished your wages or bank accounts in the last 60 days? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has anyone sued you for money in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you charged a credit card \$650 or more in the last 90 days? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you obtained a personal loan of \$925 or more in the last 70 days? Yes \_\_\_\_\_ No \_\_\_\_\_

**YOUR ASSETS (ALL OF THE STUFF YOU OWN)**

**REAL ESTATE: HOMES, LAND, OR TIMESHARES?**

| PROPERTY ADDRESS            | VALUE  | OWNER  |
|-----------------------------|--|--|
|                             | What do you think you could sell it for in today's market?<br>\$ _____ | <input type="checkbox"/> Husband and Wife jointly<br><input type="checkbox"/> Husband only<br><input type="checkbox"/> Wife only<br><input type="checkbox"/> Other _____ |
| <b>MORTGAGE INFORMATION</b> |  |  |
| Creditor name and address   | Date opened: _____   | Pay off amount: _____<br><br>Monthly payment: _____  |
| Creditor name and address:  | Date opened: _____   | Pay off amount: _____<br><br>Monthly payment: _____  |

Do you have a burial plot? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes:

Burial plot location: \_\_\_\_\_

Burial plot fair market value: \_\_\_\_\_

## YOUR PERSONAL PROPERTY

LIST **ALL** MOTOR VEHICLE IN YOUR NAME

| VEHICLE INFO   | OWNER(S) | VALUE | CREDITOR NAME AND ADDRESS | CREDITOR INFO                      |
|--|----------|-------|---------------------------|------------------------------------|
| Year: _____<br>Make: _____<br>Model: _____<br>Mileage: _____ |          | \$    |                           | Loan Payoff amount<br><br>\$ _____ |
| Year: _____<br>Make: _____<br>Model: _____<br>Mileage: _____ |          | \$    |                           | Loan Payoff amount<br><br>\$ _____ |
| Year: _____<br>Make: _____<br>Model: _____<br>Mileage: _____ |          | \$    |                           | Loan Payoff amount<br><br>\$ _____ |

LIST ALL OF YOUR BANK ACCOUNTS? IF ANY

| BANK NAME | TYPE OF ACCOUNT & BALANCE   | NAME OF OWNER(S) |
|-----------|---|------------------|
|           | ___ Checking ___ Savings _____ Other<br>Current balance: \$ _____ |                  |
|           | ___ Checking ___ Savings _____ Other<br>Current balance: \$ _____ |                  |
|           | ___ Checking ___ Savings _____ Other<br>Current balance: \$ _____ |                  |
|           | ___ Checking ___ Savings _____ Other<br>Current balance: \$ _____ |                  |

LIST ALL RETIREMENT OR FINANCIAL ACCOUNTS, IF ANY

| NAME OF ONWER(S) | TYPE OF ACCOUNT   | CURRENT VALUE |
|------------------|---|---------------|
|                  | __ 401k __ IRA __ VRS __ 403B<br>__ Stock __ Bonds __ CD __ Other | \$ _____      |
|                  | __ 401k __ IRA __ VRS __ 403B<br>__ Stock __ Bonds __ CD __ Other | \$ _____      |
|                  | __ 401k __ IRA __ VRS __ 403B<br>__ Stock __ Bonds __ CD __ Other | \$ _____      |
|                  | __ 401k __ IRA __ VRS __ 403B<br>__ Stock __ Bonds __ CD __ Other | \$ _____      |
|                  | __ 401k __ IRA __ VRS __ 403B<br>__ Stock __ Bonds __ CD __ Other | \$ _____      |

MISCELLANEOUS HOUSEHOLD FURNITURE

| Quantity | Description     | Yard Sale Value |
|----------|-----------------|-----------------|
|          | Dining Tables   |                 |
|          | Dining Chairs   |                 |
|          | Kitchen Tables  |                 |
|          | Kitchen Chairs  |                 |
|          | Stove           |                 |
|          | Refrigerator    |                 |
|          | Dishwater       |                 |
|          | Microwave       |                 |
|          | Dryer           |                 |
|          | TV              |                 |
|          | DVD's           |                 |
|          | Stereos         |                 |
|          | Computer        |                 |
|          | Lamp            |                 |
|          | China set       |                 |
|          | Silverware sets |                 |
|          | Bed             |                 |

|  |                         |  |
|--|-------------------------|--|
|  | Bedroom set             |  |
|  | Dresser                 |  |
|  | Sport equipment         |  |
|  | Wight lifting equipment |  |
|  | Tools                   |  |
|  | Camera                  |  |
|  | Coffee table            |  |
|  | Antiques                |  |
|  | Guns                    |  |
|  | Wedding rings           |  |
|  | Engagement rings        |  |
|  | Other rings             |  |
|  | Necklaces               |  |
|  | Earrings                |  |
|  | Bracelets               |  |
|  | Watches                 |  |
|  | Boat                    |  |
|  | Trailer                 |  |
|  | ATV or 4 wheelers       |  |
|  | Family bible            |  |



## **YOUR MONTHLY INCOME**

### **HUSBAND'S INCOME**

|  |          |
|--|----------|
| Monthly income from wages before taxes | \$ _____ |
| Monthly income from pension(s)         | \$ _____ |
| Monthly income from disability         | \$ _____ |
| Monthly income from rental property    | \$ _____ |
| Monthly income from alimony            | \$ _____ |
| Monthly income from child support      | \$ _____ |

### **WIFE'S INCOME**

|  |          |
|--|----------|
| Monthly income from wages before taxes | \$ _____ |
| Monthly income from pension(s)         | \$ _____ |
| Monthly income from disability         | \$ _____ |
| Monthly income from rental property    | \$ _____ |
| Monthly from alimony                   | \$ _____ |
| Monthly income from child support      | \$ _____ |

### **INCOME FROM ANY OTHER MEMBER OF YOUR HOME THAT CONTRIBUTES TO THE HOUSEHOLD INCOME**

|  |          |
|--|----------|
| Monthly income from wages before taxes | \$ _____ |
| Monthly income from pension(s)         | \$ _____ |
| Monthly income from disability         | \$ _____ |
| Monthly income from rental property    | \$ _____ |
| Monthly from alimony                   | \$ _____ |
| Monthly income from child support      | \$ _____ |

## **YOUR MONTHLY EXPENSES**

|  |    |
|--|----|
| Rent/Mortgage Payment  | \$ |
| Average electricity and heating fuel                         | \$ |
| Water & Sewer  | \$ |
| Telephone (include cell phone)                               | \$ |
| Cable and internet   | \$ |
| Home maintenance (only if you own a home)                    | \$ |
| Groceries (food, toilet paper, detergent, cleaning supplies) | \$ |
| Clothing   | \$ |
| Laundry and dry cleaning                                     | \$ |
| Out of pocket medical expenses                               | \$ |
| Out of pocket dental expenses                                | \$ |
| Out of pocket vision expenses                                | \$ |
| Transportation (gas, oil changes, maintenance)               | \$ |
| Recreation, clubs, entertainment, newspaper, etc)            | \$ |
| Charitable contributions                                     | \$ |
| Homeowner's or renter's insurance                            | \$ |
| Life insurance (not deducted from your check)                | \$ |
| Health insurance (not deducted from your check)              | \$ |
| Car insurance  | \$ |
| Personal property taxes                                      | \$ |
| Car 1 payment  | \$ |
| Car 2 payment  | \$ |
| Jewelry payment  | \$ |
| Furniture payment  | \$ |
| Electronic payment   | \$ |
| Alimony payment  | \$ |
| Child support payment  | \$ |
| Day care expenses  | \$ |
| Gym membership   | \$ |
| Other expenses: _____  | \$ |

## **DEBTS AND LIABILITIES**

COMPLETE THE FOLLOWING IF YOU OWE TAXES

| Taxing creditor | Year | Type of Tax | Was that year's Tax Return filed on time? | Amount Due |
|-----------------|------|-------------|---|------------|
| Example: IRS    | 2010 | Income tax  | Yes ____ No ____                          | \$1,000.00 |
|                 |      |             | Yes ____ No ____                          |            |
|                 |      |             | Yes ____ No ____                          |            |
|                 |      |             | Yes ____ No ____                          |            |

DO YOU HAVE ANY STUDENT LOANS? \_\_\_\_ YES \_\_\_\_ NO If yes, please complete.

| <b>NAME OF CREDITOR</b> | <b>BALANCE DUE</b> | <b>CREDITOR'S ADDRESS</b> |
|-------------------------|--------------------|---------------------------|
|                         |                    |                           |
|                         |                    |                           |
|                         |                    |                           |

DO YOU HAVE ANY CO-SIGNED DEBTS/LOANS? \_\_\_\_ YES \_\_\_\_ NO If Yes, please complete.

| <b>NAME OF CREDITOR</b> | <b>COSIGNER'S NAME</b> | <b>COSIGNER'S ADDRESS</b> |
|-------------------------|------------------------|---------------------------|
|                         |                        |                           |
|                         |                        |                           |
|                         |                        |                           |

**SECURED DEBTS (car loans, mortgages, jewelry loans, furniture loans)**

|                            |  |  |
|----------------------------|--|--|
| Name & Address of creditor | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cосigned w/ _____ | Pay off amount:<br>_____<br>What did you buy?<br>_____ |
| Name & Address of creditor | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cосigned w/ _____ | Pay off amount<br>_____<br>What did you buy?<br>_____  |
| Name & Address of creditor | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cосigned w/ _____ | Pay off amount:<br>_____<br>What did you buy?<br>_____ |
| Name & Address of creditor | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cосigned w/ _____ | Pay off amount:<br>_____<br>What did you buy?<br>_____ |
| Name & Address of creditor | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cосigned w/ _____ | Pay off amount:<br>_____<br>What did you buy?<br>_____ |
| Name & Address of creditor | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cосigned w/ _____ | Pay off amount:<br>_____<br>What did you buy?<br>_____ |
| Name & Address of creditor | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cосigned w/ _____ | Pay off amount:<br>_____<br>What did you buy?<br>_____ |
| Name & Address of creditor | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cосigned w/ _____ | Pay off amount:<br>_____<br>What did you buy?<br>_____ |

**UNSECURED DEBT (credit cards, medical bills, personal loans, etc)**

|                             |  |   |
|-----------------------------|--|---|
| Name & Address of creditor: | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cosigned w/ _____ | Date Opened: _____<br><br>Current Balance: \$ _____ |
| Name & Address of creditor: | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cosigned w/ _____ | Date Opened: _____<br><br>Current Balance: \$ _____ |
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| Name & Address of creditor: | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cosigned w/ _____ | Date Opened: _____<br><br>Current Balance: \$ _____ |
| Name & Address of creditor: | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cosigned w/ _____ | Date Opened: _____<br><br>Current Balance: \$ _____ |
| Name & Address of creditor: | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cosigned w/ _____ | Date Opened: _____<br><br>Current Balance: \$ _____ |

**UNSECURED DEBTS (credit cards, medical bills, personal loans, etc)**

|                             |  |   |
|-----------------------------|--|---|
| Name & Address of creditor: | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cosigned w/ _____ | Date Opened: _____<br><br>Current Balance: \$ _____ |
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**UNSECURED DEBTS (credit cards, medical bills, personal loans, etc)**

|                             |  |   |
|-----------------------------|--|---|
| Name & Address of creditor: | Whose debt - check one:<br><input type="checkbox"/> Husband & Wife (joint)<br><input type="checkbox"/> Husband <input type="checkbox"/> Wife<br><input type="checkbox"/> Cosigned w/ _____ | Date Opened: _____<br><br>Current Balance: \$ _____ |
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**UNSECURED DEBTS (credit cards, medical bills, personal loans, etc)**

|                             |  |   |
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**EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

DO YOU RENT A HOUSE OR AN APARTMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of landlord and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU RENT A STORAGE UNIT? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of storage and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU LEASE A VEHICLE? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of dealership and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU RENT FURNITURE? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of store and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU RENT ELECTRONICS? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of store and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_