



Please provide all applicable information and complete all worksheets.

1. Complete copies of federal and state tax returns for 2024 and 2025.
2. Paystubs or pay history from all sources for the last SIX months, and the current month. This information must also be provided for your spouse, even if your spouse is not filing with you.
3. Proof of social security benefits, VA disability, retirement, pension, child support or alimony income, or any other income not from wages. This information must also be provided for your spouse, even if your spouse is not filing with you. For social security income, please provide an award letter. For all other sources of income, please provide a bank statement showing the deposit.
4. Copy of any pending lawsuits.
5. Copy of divorce decree if divorced within the last four years.
6. Credit counseling certificate for each person filing.
7. Most recent mortgage statement (only for Chapter 7 cases).
8. Most recent 401k statement (only for Chapter 7 cases).
9. Complete all attached worksheets. ***If worksheets are not completed in full, they will be returned to you, which will delay the processing of your case.***
10. Sign and date the fee agreement.

Important information:

We do not start your case until all applicable fees and costs have been paid. If you were advised to change banks, please do so prior to your case being filed. Prior to filing, do not incur any new debt and do not repay any loans to family members. We do not contact your creditors prior to your case being filed with the Bankruptcy Court. At the time of filing, your creditors will receive a Notice of Filing Chapter 7 or Chapter 13 from the Bankruptcy Court.

BANKRUPTCY WORKSHEETS

All pages of worksheets must be completed. Failure to fully complete all pages will delay the filing of your case. This information is not optional.

1. PERSONAL INFORMATION

Full name (including complete middle or maiden name): _____

ANY other name, including any business name, in the last eight (8) years? _____

Social Security Number: _____ Cell Phone Number: _____

Home Telephone Number: _____ Work Telephone Number: _____

Complete Street Address: _____

Complete Mailing Address: _____

Spouse's full name (if filing a joint bankruptcy case): _____

ANY other name, including any business name, in the last eight (8) years? _____

Social Security Number: _____ Cell Phone Number: _____

Home Telephone Number: _____ Work Telephone Number: _____

Complete Street Address: _____

Complete Mailing Address: _____



2. Marital Status Married Common Law Single Separated Widowed Divorced



3. Have you and/or your spouse, or your business **EVER** filed for bankruptcy? _____ If so, year filed? _____



4. MONTHLY EXPENSES (INCLUDE TOTAL HOUSEHOLD EXPENSES FOR YOU, YOUR SPOUSE AND YOUR FAMILY EVEN IF HE OR SHE IS NOT FILING WITH YOU. PLEASE LIST THE **MONTHLY** AMOUNT OF ALL EXPENSES)

RENT/HOME MORTGAGE PAYMENT (first mortgage)	\$ _____
If not included above:	
Real estate taxes	\$ _____
Property, homeowner's or renter's insurance	\$ _____
Home maintenance (repairs and upkeep expenses)	\$ _____
Homeowner's association or condominium dues	\$ _____
Additional mortgage payments for your residence (such as home equity loans or second mortgages)	\$ _____
Utilities:	
Electricity and/or Gas	\$ _____
Water, sewer and garbage collection	\$ _____
Telephone, cell phone, internet, cable service and satellite	\$ _____
Security alarm Monitoring	\$ _____
Food and Housekeeping supplies	\$ _____
Childcare/Children's education costs	\$ _____ / _____
Clothing, laundry, and dry cleaning	\$ _____
Personal care products and services	\$ _____
Average Monthly Medical and Dental Expenses and Medicines (over the counter medicines, prescriptions, eyeglasses, contacts, co-pays, etc)	\$ _____
Transportation (gas, car repairs, NOT car payments)	\$ _____
Recreation, clubs, entertainment, newspapers, magazines, etc	\$ _____
Charitable Contributions	\$ _____
Insurance (if not deducted from wages or included in home Mortgage payments)	
Life	\$ _____
Health	\$ _____
Auto	\$ _____
Other _____	\$ _____
Property Taxes – vehicles, mobile home, land, house – if NOT included in mortgage	\$ _____
Installment payments: Vehicle	\$ _____
Vehicle	\$ _____
Other _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____
Payments for support of additional dependents not living in your home	\$ _____
Pet supplies (What kind of pets? How many?)	\$ _____

5. Please complete the following:

Select H for husband or single male. Select W for wife or single female. Select J for joint.

ASSETS	DESCRIPTION		
Cash on hand			
Checking Account(s)	Name of bank(s) and/or Federal Credit Union account(s). Please list <u>all open accounts regardless of balance/Last 4 digits of Acct#</u> 1. 2. 3. 4.		
Saving Account(s)	Name of bank(s) and/or Federal Credit Union account(s). Please list <u>all open accounts regardless of balance/Last 4 digits of Acct.#</u> 1. 2. 3. 4.		
Venmo, CashApp, etc.	Balance: Balance:		
Safe Deposit Box – Name of Bank:	What do you have in your safe deposit box?		
Security deposits held by utility companies or landlords, etc.	Name and Address:	Amount:	
Retirement, IRA, Pension or Profit Sharing Plans and Name of Company	Type of plan: If “Other” specify what type of account. 1. 2. 3. 4.	Balance: 1. 2. 3. 4.	Loan amount, if any 1. 2. 3. 4.

<p>All Vehicle(s) in your name or owned jointly with other individuals -Year, Make and Model and Vehicle Identification Number (VIN #):</p> <p>1. VIN # _____</p> <p>2. VIN # _____</p> <p>3. VIN # _____</p> <p>4. VIN # _____</p>	<p>Mileage:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>Value:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>Boat(s) in your name or owned jointly with other individuals (Year, Make and Model):</p>	<p>Description (including length of boat, type of motor and horsepower and type of trailer):</p>	<p>Value:</p>
<p>Motorcycle/4 wheeler (Year, Make and Model</p>	<p>Mileage</p>	<p>Value:</p>
<p>Money owed to you / accounts receivable</p>	<p>Name and address of who owes you money:</p>	<p>Amount:</p>
<p>Tools of Trade (Items used to earn your living)</p>	<p>Description:</p>	<p>Value:</p>
<p>Open or enclosed trailer(s)</p>	<p>Description:</p>	<p>Value:</p>

6. List any assets you and/or your spouse have sold or transferred in the last SIX YEARS.

Description of Property Sold and Date sold or transferred	Buyer's Name and relationship to debtor, if any. If buyer's name is not known, please put Individual and how you found this Individual	How much asset sold for / Approximate payoff of item if any

7. Including yourself, how many people live in your household full time? _____

How many of those people are children? _____

Age of each child: _____ Boy or girl? _____
 _____ Boy or girl? _____
 _____ Boy or girl? _____

8. List all Bank Accounts/Financial Accounts Closed in the last 12 months.

Name of Institution and Type of Account (i.e. Checking, Savings, Retirement etc.)	Date Closed and Balance in Account on Date Account Closed.

Personal Property Inventory

Please fill out as completely as possible. Estimated value should be replacement value, what it would cost to replace the item with an item of similar age and condition. **THIS MEANS GARAGE SALE OR THRIFT STORE VALUES!**

Property Item	Description (if multiple items, describe each) <small>add additional sheets if necessary</small>	Quantity	Estimated Value
<u>Furniture</u>			
Sofas			
Chairs			
Side/Coffee/Sofa Tables			
Entertainment Center			
Bookcases			
Dining Sets			
Sideboards/China Cabinet			
Beds			
Mattresses			
Dressers/Armoires			
Nightstands			
Lamps			
Office Furnishings (Desks, Chairs, Printer Stands)			
<u>Electronics</u>			
Televisions			
DVD Players			
VCR Players			
Stereo Equipment			
Speakers			
Telephone Systems			
Mobile Telephones			
Computers			

Property Item	Description (if multiple items, describe each) add additional sheets if necessary	Quantity	Estimated Value
Printers			
Appliances			
Washing Machine			
Dryer			
Refrigerator			
Freezer			
Microwave			
<u>Miscellaneous Items</u>			
Dishes/China			
Cooking Equipment			
Silverware			
Linens Sheets/Towels/Blankets			
<u>Sporting Goods</u>			
Bicycles			
Camping Gear			
Fishing Gear			
Golf Clubs			
Miscellaneous sporting equipment			
<u>Collectibles</u>			
Stamps/Coins			
Figurines			
Sports Memorabilia			
Comic Books			
<u>Miscellaneous Items</u>			
Music Equipment			
CD's/DVD's/Music Collections			

Property Item	Description (if multiple items, describe each) <small>add additional sheets if necessary</small>	Quantity	Estimated Value
Clothing (give total value)			
Jewelry			
Other			

10. Are you obligated to any contracts to rent or lease anything? Yes OR No (this includes cell phones)
 If yes, provide name and address of who you rent from _____
 How long is your lease? _____ How many months remaining? _____
 Please include any contract you have with cell phone companies.

11. Are you court ordered to pay child support or alimony? Yes OR No
 If yes, provide the name and address of the person you pay support to (even if the support is collected through the court system). _____

By signing below, you acknowledge that all information provided is true and correct, to the best of your knowledge. You also acknowledge the following:

In addition to paying all applicable fees and costs prior to us starting your case, you understand that all paperwork must be filled out completely, and all required documentation must be provided BEFORE we start your case.

Signed: _____

Dated: _____

Signed: _____

Dated: _____