



BRACE W. LUQUIRE
ATTORNEY AT LAW

(Office Use Only) Chapter _____
Individual () Joint ()
FF & DD \$ _____
Attorney Fees \$ _____

FORECLOSURE ()
GARNISHMENT ()
REPOSSESSION ()

Special Instructions: _____

File No. _____

BANKRUPTCY INFORMATION WORKSHEET

Instructions: Please write legibly and complete all sections. Mr. Luquire will review all information with you during your consultation.

DATE: _____

PERSONAL INFORMATION

Your Marital Status: Single () Married () Separated ()

You

Your Spouse

Full Name:

First Middle Last

First Middle Last

Social Security No:

____ - ____ - ____

____ - ____ - ____

Date of Birth:

Month Day Year

Month Day Year

Other Names Used:
(Past 8 Years)

Street Address:

House No. Street Name Apt. No.

House No. Street Name Apt. No.

City State Zip Code

City State Zip Code

County:

Mailing Address:
(If Different)

House No., Street Name & Apt. No. OR Post Office Box No.

House No., Street Name & Apt. No. OR Post Office Box No.

City State Zip Code

City State Zip Code

Home Phone: (____) _____

(____) _____

Work Phone: (____) _____

(____) _____

Cell Phone: (____) _____

(____) _____

Email Address: _____

Have you owned a business within the past eight (8) years? Yes () No ()

If yes, please provide the following:

Name of Business: _____ EIN: _____

Have you filed bankruptcy within the past eight (8) years? Yes () No ()

If yes, please provide the following:

Where: _____ Case No. _____ Date: _____ Type: 7 or 13

Where: _____ Case No. _____ Date: _____ Type: 7 or 13

REAL ESTATE INFORMATION

1. IS THERE A FORECLOSURE NOTICE FOR ANY PROPERTY? Yes () No ()

2. Do you own or are you buying a home, mobile home, land, investment property or timeshare?
Yes () No () - If yes, please provide the following information:

Property No. 1:

Property Address: _____
House No. Street Name City State Zip Code

Whose name is on the deed? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ Value: \$ _____ Exemption: \$ _____

1st Mortgage Holder: _____
Amount Owing: \$ _____ Monthly Payment \$ _____ Includes: Taxes () Ins ()

2nd Mortgage Holder: _____
Amount Owing: \$ _____ Monthly Payment \$ _____ Includes: Taxes () Ins ()

Property No. 2:

Property Address: _____
House No. Street Name City State Zip Code

Whose name is on the deed? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ Value: \$ _____ Exemption: \$ _____

1st Mortgage Holder: _____
Amount Owing: \$ _____ Monthly Payment \$ _____ Includes: Taxes () Ins ()

2nd Mortgage Holder: _____
Amount Owing: \$ _____ Monthly Payment \$ _____ Includes: Taxes () Ins ()

Mobile Home:

Year: _____ Make: _____ Model: _____

Whose name is on the title? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ 910 () Value: \$ _____ Exemption: \$ _____
Creditor: _____ Amount Owing: \$ _____ Monthly Payment \$ _____

Time Share:

Timeshare Address: _____
House No. Street Name City State Zip Code

Whose name is on the deed? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ 910 () Value: \$ _____ Exemption: \$ _____
Creditor: _____ Amount Owing: \$ _____ Monthly Payment \$ _____

PERSONAL PROPERTY INFORMATION

If you have any of the following items of property, please complete. Put a check mark (✓) next to any of the items of property which you do not have:

() **Cars/Vans/Trucks/Tractors/SUVs/Motorcycles:**

Vehicle No. 1:

Year: _____ Make: _____ Model: _____

Whose name is on the title? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ 910 () Value: \$ _____ Exemption: \$ _____
Creditor: _____ Amount Owing: \$ _____ Monthly Payment \$ _____

Vehicle No. 2:

Year: _____ Make: _____ Model: _____

Whose name is on the title? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ 910 () Value: \$ _____ Exemption: \$ _____
Creditor: _____ Amount Owing: \$ _____ Monthly Payment \$ _____

Vehicle No. 3:

Year: _____ Make: _____ Model: _____

Whose name is on the title? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ 910 () Value: \$ _____ Exemption: \$ _____
Creditor: _____ Amount Owing: \$ _____ Monthly Payment \$ _____

Vehicle No. 4:

Year: _____ Make: _____ Model: _____

Whose name is on the title? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ 910 () Value: \$ _____ Exemption: \$ _____
Creditor: _____ Amount Owing: \$ _____ Monthly Payment \$ _____

() **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles:**

Recreational Vehicle No. 1:

Year: _____ Make: _____ Model: _____

Whose name is on title? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ 910 () Value: \$ _____ Exemption: \$ _____
Creditor: _____ Amount Owing: \$ _____ Monthly Payment \$ _____

Recreational Vehicle No. 2:

Year: _____ Make: _____ Model: _____

Whose name is on title? () You Only () Your Spouse Only
() You & Your Spouse () You and/or Your Spouse and Another Person

Purchase Date: _____ 910 () Value: \$ _____ Exemption: \$ _____
Creditor: _____ Amount Owing: \$ _____ Monthly Payment \$ _____

	<u>Yardsale Value</u>	<u>Exemption</u>
() Furniture and Appliances - Paid For	\$ _____	\$ _____
() Furniture and Appliances - NOT Paid For:		
Item: _____	\$ _____	\$ _____
Creditor: _____	Amount Owing: \$ _____	
Item: _____	\$ _____	\$ _____
Creditor: _____	Amount Owing: \$ _____	
() Electronics (Computers, Phones, etc.):		
Item: _____	\$ _____	\$ _____
Item: _____	\$ _____	\$ _____
() Collectibles of Value (Books, Coins, Cards, Stamps, etc.):		
Item: _____	\$ _____	\$ _____
Item: _____	\$ _____	\$ _____
() Equipment for Sports and Hobbies:		
Item: _____	\$ _____	\$ _____
Item: _____	\$ _____	\$ _____
() Firearms: Item: _____	\$ _____	\$ _____

- () **Clothes** \$ _____ \$ _____
- () **Jewelry** \$ _____ \$ _____
- () **Non-farm Animals:** _____ \$ _____ \$ _____
- () **Other personal property not already listed:**
- Item: _____ \$ _____ \$ _____
- Item: _____ \$ _____ \$ _____

Financial Assets:

- () **Cash - Gold or Silver** \$ _____ \$ _____
- () **Bank Accounts:**
- Checking: Bank: _____ \$ _____ \$ _____
- Checking: Bank: _____ \$ _____ \$ _____
- Savings: Bank: _____ \$ _____ \$ _____
- Savings: Bank: _____ \$ _____ \$ _____
- Cert. Of Deposit: Bank: _____ \$ _____ \$ _____
- _____ : Bank: _____ \$ _____ \$ _____
- () **Bonds, Mutual Funds, Publicly Traded Stocks:**
- Institution or Issuer: _____ \$ _____ \$ _____
- () **Non-publicly Traded Stocks, Interest in Businesses:**
- Entity: _____ % of Ownership: _____ \$ _____ \$ _____
- () **Government and Corporate Bonds:**
- Issuer: _____ \$ _____ \$ _____
- () **Retirement, Pension Accounts:**
- Type: _____ Institution: _____ \$ _____ \$ _____
- Type: _____ Institution: _____ \$ _____ \$ _____
- () **Security Deposits, Pre-payments:**
- Institution: _____ \$ _____ \$ _____

() **Annuities:**
Issuer: _____ Description: _____ \$ _____ \$ _____

() **Education IRA, ABLE Program, State Tuition Program:**
Institution: _____ Description: _____ \$ _____ \$ _____

() **Trusts, Equitable/Future Interests in Property:**
Description: _____ \$ _____ \$ _____

() **Patents, Copyrights, Trademarks, Trade Secrets:**
Description: _____ \$ _____ \$ _____

() **Licenses, Franchises:**
Description: _____ \$ _____ \$ _____

Money or Property Owed to You:

() **Tax Refunds** \$ _____ \$ _____

() **Family Support** \$ _____ \$ _____

() **Other Amounts Someone Owes You** \$ _____ \$ _____

() **Insurance Policies - Cash Value:**
Insurer: _____ Description: _____ \$ _____ \$ _____

() **Interest in Property Due You from Someone Who Has Died:**
Description: _____ \$ _____ \$ _____

() **Claims Against Third Parties - Lawsuits you have or could file:**
Description: _____ \$ _____ \$ _____

() **Other Contingent/Unliquidated Claims:**
Description: _____ \$ _____ \$ _____

() **Other Financial Assets Not Already Listed:**
Description: _____ \$ _____ \$ _____

Business-Related Property:

() **Accounts Receivable** \$ _____ \$ _____

() **Office Equipment, Furnishings, Supplies:**

Description: _____ \$ _____ \$ _____

Description: _____ \$ _____ \$ _____

() **Machinery, Fixtures, Equipment, Supplies, Tools of Trade:**

Description: _____ \$ _____ \$ _____

Description: _____ \$ _____ \$ _____

() **Inventory** \$ _____ \$ _____

() **Interest in Partnerships, Joint Ventures:**

Entity: _____ % of Ownership: _____ \$ _____ \$ _____

() **Customer Lists, Mailing Lists** \$ _____ \$ _____

() **Any Business-Related Property Not Already Listed:**

Description: _____ \$ _____ \$ _____

Description: _____ \$ _____ \$ _____

Farm and Commercial Fishing Related Property:

() **Farm Animals** \$ _____ \$ _____

() **Crops** \$ _____ \$ _____

() **Farm and Fishing Equipment** \$ _____ \$ _____

() **Farm and Fishing Supplies** \$ _____ \$ _____

() **Any Farm/Fish Related Property Not Already Listed** \$ _____ \$ _____

GENERAL INFORMATION

1. **Have you ever been injured in a car wreck?** Yes () No ()

If yes: When: _____

2. **Do you have a claim for damages for anything against anyone?** Yes () No ()

If yes, What: _____

3. **Do you owe past due child support?** Yes () No ()

If yes, please provide the following:

To Whom: _____ Amount \$ _____

Their Address: _____

4. **Do you have any obligations to pay alimony or child support?** Yes () No ()

If yes, please provide the following:

To Whom: _____ Amount \$ _____

Their Address: _____

5. **Do you owe on a student loan?** Yes () No ()

If yes, please provide the following:

To Whom: _____ Amount \$ _____

6. **Do you owe the Internal Revenue Service any money for taxes?** Yes () No ()

If yes, please provide the following:

Tax Years: _____ Amount: \$ _____

7. **Do you owe any State any money for taxes?** Yes () No ()

If yes, please provide the following:

Tax Years: _____ Amount: \$ _____

8. **Have you filed all of your tax returns for the last 4 years?** Yes () No ()

9. **Is any vehicle or furniture you have under a lease or lease-to-own?** Yes () No ()

If yes, please provide the following:

Company: _____ Item: _____ Keep? Yes () No ()

Company: _____ Item: _____ Keep? Yes () No ()

10. **Are there are any co-signers on any of your debts?** Yes () No ()

If yes, please provide the following:

Whom: _____ Which Debt: _____

Their Address: _____

Whom: _____ Which Debt: _____

Their Address: _____

EMPLOYMENT INFORMATION

You

Your Spouse

Position

Employer

Length of Time

Address

MONTHLY INCOME

	<u>Yourself</u>	<u>Spouse</u>
Gross Income	\$ _____	\$ _____
Taxes	_____	_____
Retirement - Mandatory	_____	_____
Retirement - Voluntary	_____	_____
Required Repayment of Retirement Fund Loans	_____	_____
Insurance	_____	_____
Domestic Support Obligations	_____	_____
Union Dues	_____	_____
Other Deductions: _____	_____	_____
_____	_____	_____
Net Income	\$ _____	\$ _____
Other Income:		
Social Security	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Business Income	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Monthly Income	\$ _____	

Variations in Income in next 12 months: _____

DEPENDENT INFORMATION

Children and: Dependents	Age	Relationship	Lives With You (Yes or No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is the total number of people who regularly live in your household including yourself? _____

MONTHLY LIVING EXPENSES

1. The rental or home ownership expenses for your residence. \$ _____
 (Include first mortgage payments and any rent for the ground or lot.)

- If not included in line 1:

- 1a. Real estate taxes \$ _____
- 1b. Properly, homeowner's, or renter's insurance \$ _____
- 1c. Home maintenance, repair, and upkeep expenses \$ _____
- 1d. Homeowner's association or condominium dues \$ _____

2. Additional mortgage payments for your residence.
(Such as home equity loans) \$ _____
3. Utilities:
- 3a. Electricity, heat, natural gas \$ _____
- 3b. Water, sewer, garbage collection \$ _____
- 3c. Telephone, cell phone, Internet, satellite, and cable services \$ _____
- 3d. Other. Specify: _____ \$ _____
4. Food and housekeeping supplies \$ _____
5. Childcare and children's education costs \$ _____
6. Clothing, laundry, and dry cleaning \$ _____
7. Personal care products and services \$ _____
8. Medical and dental expenses \$ _____
9. Transportation.
(Include gas, maintenance, bus or train fare. Do not include car payments.) \$ _____
10. Entertainment, clubs, recreation, newspapers, magazines, and books \$ _____
11. Charitable contributions and religious donations \$ _____
12. Insurance.
(Do not include insurance deducted from your pay or included in lines 1 or 17.)
- 12a. Life insurance \$ _____
- 12b. Health insurance \$ _____
- 12c. Vehicle insurance \$ _____
- 12d. Other insurance. Specify: _____ \$ _____
13. Taxes. (Do not include taxes deducted from your pay or included in lines 1 or 17.)
Specify: _____ \$ _____
14. Installment or lease payments:
- 14a. Car payments for Vehicle 1 \$ _____
- 14b. Car payments for Vehicle 2 \$ _____
- 14c. Other. Specify: _____ \$ _____
- 14d. Other. Specify: _____ \$ _____
15. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay. \$ _____
16. Other payments you make to support others who do not live with you.
Specify: _____ \$ _____

17. Other real property expenses not included in lines 1 or 2 of this form.

17a. Mortgages on other property	\$ _____
17b. Real estate taxes	\$ _____
17c. Property, homeowner's, or renter's insurance	\$ _____
17d. Maintenance, repair, and upkeep expenses	\$ _____
17e. Homeowner's association or condominium dues	\$ _____
18. Other. Specify: _____	\$ _____

Total Expenses \$ _____

Variations in Expenses in next 12 months: _____

STATEMENT OF FINANCIAL AFFAIRS

1. If you have lived at any other address other than your current address in the last 3 years, please provide the following:

()
None

You

Your Spouse

Address:

House No. Street Name Apt. No.

House No. Street Name Apt. No.

City State Zip Code

City State Zip Code

Dates:

Address:

House No. Street Name Apt. No.

House No. Street Name Apt. No.

City State Zip Code

City State Zip Code

Dates:

2. Have you resided in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto-Rico, Texas, Washington or Wisconsin) in the last 8 years.

()
None

If so, name the spouse or ex-spouse who resided with you in that state:

Name & Address: _____ Where? _____

3. Your income from your employment or operation of your business - List your gross income before any deductions or exclusions:

()
None

You

Your Spouse

Jan.1 this Year thru Present: Source: _____ \$ _____ Source: _____ \$ _____

Last Year: Source: _____ \$ _____ Source: _____ \$ _____

Two Years Ago: Source: _____ \$ _____ Source: _____ \$ _____

4. **Your income from all other sources (i.e. retirement, social security, SSI, child support) - List other income before any deductions or exclusions:**

<input type="checkbox"/> None	<u>You</u>	<u>Your Spouse</u>
Jan.1 this Year thru Present:	Source: _____ \$ _____	Source: _____ \$ _____
Last Year:	Source: _____ \$ _____	Source: _____ \$ _____
Two Years Ago:	Source: _____ \$ _____	Source: _____ \$ _____

5. **If you have made any payments to creditors totaling more than \$600.00 in last 90 days, please provide the following:**

None

Creditor: _____ Date: _____ Amount Paid: \$ _____

Creditor: _____ Date: _____ Amount Paid: \$ _____

6. **If you have made payments on debts you owe to insiders (anyone other than a creditor - i.e. relatives), including domestic support obligations, in the last year, please provide the following:**

None

Person: _____ Date: _____ Amount Paid: \$ _____

Address: _____ Balance Still Owed: \$ _____

7. **If you have made payments or transferred any property on account of a debt that benefitted an insider (anyone other than a creditor - i.e. relatives) in the last year, please provide the following:**

None

Person: _____ Date: _____ Amount Paid: \$ _____

Address: _____ Balance Still Owed: \$ _____

8. **If you have been a party in any lawsuits and/or garnishments in the last year, please provide the following:**

None

Opposing Party: _____ Type: _____ Court: _____ Status: _____

Opposing Party: _____ Type: _____ Court: _____ Status: _____

9. **If you had anything repossessed or foreclosed in the last year, please provide the following:**

None

Creditor: _____ Property: _____ When: _____

Creditor: _____ Property: _____ When: _____

10. **If you had a creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt in the last 90 days, please provide the following:**

None

Creditor: _____ Action: _____ Amount: \$ _____

Creditor: _____ Action: _____ Amount: \$ _____

11. **If you have given any gifts to persons valued over \$200.00 within the last 2 years, please provide the following:**

()

None

Person: _____ Gift: _____ Date: _____ Value: \$ _____

Person: _____ Gift: _____ Date: _____ Value: \$ _____

12. **If you have given any gifts to charities totaling over \$600.00 within the last 2 years, please provide the following:**

()

None

Charity: _____ Gift: _____ Date: _____ Value: \$ _____

Charity: _____ Gift: _____ Date: _____ Value: \$ _____

13. **If you have had any losses from fire, theft or gambling within the last year, please provide the following:**

()

None

Type of Loss: _____ Date: _____

Amount of Loss: \$ _____ If Covered by Insurance, Amount Received: \$ _____

14. **If you or anyone on your behalf have made any payments or transferred any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition within the last year, please provide the following:**

()

None

Who: _____ What: _____ Date: _____ Amount: \$ _____

15. **If you or anyone on your behalf have made any payments or transferred any property to anyone who promised to help you deal with your creditors within the last year, please provide the following:**

()

None

Who: _____ What: _____ Date: _____ Amount: \$ _____

16. **If you sold, traded, or otherwise transferred any property to anyone other than in the ordinary course of business or financial affairs within the last 2 years, please provide the following:**

()

None

Who: _____ What: _____ Date: _____ Amount: \$ _____

17. **If you transferred any property to a self-settled trust or similar device of which you are a beneficiary within the last 10 years, please provide the following:**

()

None

Trust: _____ What: _____ Date: _____ Amount: \$ _____

18. **If any financial accounts or instruments held in your name (checking, savings, money markets, certificates of deposit, etc.) closed, sold, moved or transferred within the last year, please provide the following:**

()

None

Institution: _____ Type: _____ Date: _____ Amount: \$ _____

Institution: _____ Type: _____ Date: _____ Amount: \$ _____

19. **If you have or have had within the last year a safe deposit box or other depository for securities, cash or other valuables, including a storage unit, please provide the following:**

()

None

Institution: _____ Contents: _____

Who Else Has Access: _____ Do You Still Have It: Yes () No ()

20. **If you hold or control any property that someone else owns (including borrowed, storing or holding in trust), please provide the following:**

()

None

Owner: _____ What: _____ Where: _____

Owner: _____ What: _____ Where: _____

21. **If you have been notified by any governmental unit that you are or may be liable under or in violation of an environmental law, please provide the following:**

()

None

Location: _____ Who: _____ Law: _____ Date: _____

22. **If you have been notified by any governmental unit of any release of hazardous materials, please provide the following:**

()

None

Location: _____ Who: _____ Law: _____ Date: _____

23. **If you have been a party in any judicial or administrative proceeding under any environmental law, please provide the following:**

()

None

Opposing Party: _____ Type: _____ Court: _____ Status: _____

24. **If you have owned a business or have any connections to any business within the last 4 years, please provide the following:**

()

None

Name of Business: _____ EIN: _____

Address: _____ Dates in Business: _____ to _____

No.

Street Name

to

City

State

Zip Code

Name of Accountant or Bookkeeper: _____

25. **If you gave a financial statement to anyone about your business within the last 2 years, please provide the following:**

()

None

Name & Address: _____ Date: _____

PLEASE RING THE BELL SO THAT WE WILL KNOW YOU ARE FINISHED!