

## CLIENT QUESTIONNAIRE FOR 2011

Thank you very much for calling the STITTLEBURG LAW OFFICES, LLC for legal assistance relating to your debt problems. We can provide you with the most helpful and accurate advice only if we have a complete and accurate understanding of your current financial situation. Please fill out this form as completely as possible. Please provide us with emergency phone or address contact information. If you have e-mail, please let us know - this is an excellent way for us to contact you and we can use e-mail to keep you up-to-date with legal topics of interest.

If you don't understand a question, please ask for assistance. We ask that you list each and every financial obligation you have in the "creditor boxes." If you need more space, please use the back or photocopy the page of boxes.

Please also remember to list every creditor to whom you are obligated. This means, for example, that if you have co-signed for your nephew's car loan, that car lien-holder is your creditor. Similarly, you should list debts even if you think the creditor has written off the loan or if you think that someone else may pay the bill in the future (i.e. a medical bill that may be covered by insurance). Please provide us with the correspondence address for each creditor rather than the billing address.

The Courts have asked us to be very specific about when you last used your credit cards. Please make sure to fill in the "last time used" box.

If you have copies of your bills, please bring them with you to our office. If necessary, we can assist you in requesting a credit bureau report. We also ask that you bring a paycheck stub or provide payroll information for both you and your spouse. Even if your spouse does not want to participate, we still need to know about your household expenses and income.

One of the most important items of information that you can provide relates to whether a debt is "secured" or "unsecured." A "secured" debt is a debt that is backed by collateral, such as a house, car or even household items. By contrast, an "unsecured" debt is backed only by your signature. Examples of unsecured debts are credit card bills and medical bills. Please note that many finance companies ask you to list household goods at the time you obtain your loan. This usually means that you may have given the finance company a security interest in your property.

Finally, if you have a house or car, you will need a copy of the insurance declarations page – not just the insurance card.

Again, thank you for choosing the STITTLEBURG LAW OFFICES, LLC. We will make every effort to see to it that your experience as our client is a pleasant one. We thank you for allowing us to serve you.

1854 Independence Square, Ste A  
Atlanta, GA 30338

Office 770-396-4323  
Fax 678-623-5073

***We have been designated as a debt relief agency by an act of the United States Congress. We help people file for bankruptcy relief under the bankruptcy code.***

# PERSONAL INFORMATION



Today's Date: \_\_\_\_\_

How did you hear about Stittleburg Law Offices? \_\_\_\_\_

Your Name (as it appears on Soc. Sec. Card): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden name/former names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital status: \_\_\_\_\_

Your address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  Rent  Own

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell/Beeper: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Name and # of someone who could reach you in an emergency: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Spouse's maiden/former name: \_\_\_\_\_

Spouse's social security number: \_\_\_\_\_ Spouse's work phone: \_\_\_\_\_

Spouse's home address and home phone (if different from yours): \_\_\_\_\_

\_\_\_\_\_

How long have you lived at your home address: \_\_\_\_\_ If less than 2 years, please list  
previous addresses, beginning with the most recent:

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

**Income Information**

Marital Status: _____
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	Yourself	Spouse
Job title/occupation:	_____	_____
Employer:	_____	_____
How long there:	_____	_____
Payroll address:	_____	_____
City, ST Zip	_____	_____
Payroll office phone #:	_____	_____
Date next paycheck expected	_____	_____

**Children & Step-children**

Gender	Age	Relationship	Does child live with you?	Child support \$ please note if you pay or receive

Expected changes in income:

Describe when & why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Income & Expenses

*Please note that under current bankruptcy laws, a debtor must provide the previous seven (7) months of household income in order to evaluate a case for means testing purposes. Therefore, please provide copies of your paystubs for the past seven (7) months. If you are self employed, please provide documentation of your income from the past seven (7) months. Additionally, if you have other sources of income, please provide documentation of that income as well.*

## Household Expenses

Please list your normal, monthly average living expenses for the categories listed below. If something is almost always the same amount every month, such as rent, list that amount. For things that go up and down, like utilities, pick a fair average, somewhere between the high and low. If you pay quarterly for something like garbage pickup or insurance premiums, divide that by 3 to get the monthly average.

We also need to consider expenses that might not come up every month, such as clothing, medical expenses and automobile maintenance and repair. For those things, make your best guess of how much you are likely to spend in a whole year and divide that by 12 to get the monthly average. We even need to consider expenses that don't happen every year, like tires for the car, or eye glasses. For those types of expenses, estimate how much you will spend in the next 3 years and divide that by 36 to get the monthly average.

If the basis for your answer is not obvious, please add a brief note or notes on the line. Be realistic. Tell us about everything for the entire family. Don't make the mistake of understating your expenses.

Only list expenses that you pay (or your spouse pays). If you share expenses with a roommate or someone else who is not your spouse, only list your share of those expenses. DO NOT list payment for credit cards, personal loans, or other unsecured debts. Those are not expenses; they are debts and will be dealt with elsewhere.

### **Monthly expenses**

### **Attorney's Notes**

#### **Housing:**

Rent:	_____	_____
First mortgage:	_____	_____
Second mortgage:	_____	_____
Third mortgage:	_____	_____
Associate Dues/ Cam Fees:	_____	_____
Alarm Service/ Security	_____	_____
Home maintenance/ and repairs:	_____	_____

**Utilities and Services:**

Electric bill:	_____	_____
Gas bill:	_____	_____
Water/sewer:	_____	_____
Telephone:	_____	_____
All cellular service:	_____	_____
Cable TV:	_____	_____
Internet service:	_____	_____
Garbage pickup:	_____	_____

**Food:**

Groceries:	_____	_____
Dining out:	_____	_____
Meals at work or School:	_____	_____

**Transportation:**

Gasoline: (All cars in household)	_____	_____
Maintenance:	_____	_____
Tires, misc repairs:	_____	_____
Registration/taxes:	_____	_____
Cab, bus, private rides:	_____	_____
Parking:	_____	_____

**Clothing:**

Clothing:	_____	_____
Laundry/dry cleaning:	_____	_____

**Medical/Dental:**

Medical:	_____	_____
Dental:	_____	_____

Optical: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

**Church/Charity:**

Charity:  
(Other than church receipts required) \_\_\_\_\_

Church:  
(Receipts are required) \_\_\_\_\_

**Insurance:**

Real property/renter's: \_\_\_\_\_

Life insurance: \_\_\_\_\_

Long term health care: \_\_\_\_\_

Health insurance  
(not deducted from pay): \_\_\_\_\_

Auto insurance: \_\_\_\_\_

**Installment Payments:**

Car/truck payment#1: \_\_\_\_\_

Car/truck payment#2: \_\_\_\_\_

Appliances: \_\_\_\_\_

Student Loans: \_\_\_\_\_

Electronics: \_\_\_\_\_

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

**Court Ordered or Voluntary Payments:**

Alimony: \_\_\_\_\_

Child support: \_\_\_\_\_

**School/Education/Other:**

Child care expenses: \_\_\_\_\_

Tuition 1:	_____	_____
Tuition 2:	_____	_____
Tuition 3:	_____	_____
Child care expenses:	_____	_____
Care fore elderly or disabled:	_____	_____
Laundry/cleaning:	_____	_____
Other:	_____	_____
Other:	_____	_____

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*(for attorney's use only)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency matters . . .**

Are you currently facing a mortgage foreclosure: \_\_\_\_\_

If so, how do you know: \_\_\_\_\_

For what month is the foreclosure scheduled: \_\_\_\_\_

Are you currently facing a vehicle repossession: \_\_\_\_\_

If so, who is the finance company? \_\_\_\_\_

How far are you behind? \_\_\_\_\_

**Yearly income (Important - please complete)**

<b>Year</b>	<b>Gross income/year</b>	<b>Where employed?</b>	<b>Spouse's gross income/year</b>	<b>Where was spouse employed?</b>
2011 (year to date)				
2010				
2009				

**Tax returns**

<b>Year</b>	<b>Tax returns filed?</b>	<b>If not, why not</b>	<b>Spouse filed tax returns?</b>	<b>If not, why not?</b>
2010				
2009				
2008				

Has the IRS, State of Georgia or any other taxing entity ever advised you that a tax lien has been filed against you?

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Within the last ten (10) years, have you or your spouse not filed tax returns? If so, please describe:

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Has a lawsuit ever been filed against you - has a sheriff's deputy ever served a summons upon you?

<b>Lawsuit filed against you by:</b>	<b>Reason for lawsuit &amp; date lawsuit served on you</b>	<b>County where filed</b>	<b>Case number</b>	<b>Status now</b>

Have your wages ever been garnished? \_\_\_\_\_

<b>Who is garnishing</b>	<b>When did garnishment begin</b>	<b>How much \$ taken to date</b>	<b>Is garnishment on-going</b>	<b>Who is plaintiff's lawyer?</b>

Have you ever lost a house to a mortgage foreclosure? \_\_\_\_\_

<b>Mortgage company/lender</b>	<b>Foreclosing law firm</b>	<b>When was house sold</b>	<b>Address of lost property</b>	<b>Status now</b>

Please identify any real estate that is in your name.

<b>Property address</b>	<b>Date purchased</b>	<b>Purchase price</b>	<b>Value now</b>	<b>Total debt owed on property</b>

Please identify any cars or trucks you own.

<b>Year/make/model of vehicle &amp; mileage</b>	<b>Date purchased</b>	<b>In whose name</b>	<b>Value now</b>	<b>Total debt owed on property</b>

Are you currently involved in a car accident claim, workers' compensation claim or any other claim that may result in money damages payable to you?

Please describe: \_\_\_\_\_

Please identify any bank accounts you own.

<b>Name of bank</b>	<b>Checking/savings?</b>	<b>In whose name</b>	<b>Current balance</b>	<b>Any other loans or credit cards with this lender?</b>

Please identify any pension, 401(k) or profit-sharing programs in which you participate

<b>Name of financial institution</b>	<b>Type of plan</b>	<b>In whose name</b>	<b>Are you still contributing?</b>	<b>Current balance</b>	<b>Any loans against this plan?</b>

Other assets not yet described (i.e. boats, stocks/bonds, antiques, musical instruments, valuable collections, insurance policies with cash value, guns, sporting equipment, jewelry, etc.)

<b>Asset description</b>	<b>Current value</b>	<b>Who owns this asset?</b>	<b>Has asset been pledged as collateral for a loan?</b>

Have you ever lost a car to repossession? \_\_\_\_\_

<b>Car finance company</b>	<b>When was vehicle seized</b>	<b>Vehicle make/model</b>	<b>Have you received notice that you still owe money on vehicle?</b>

**Recent activity**

<b>During the last 90 days, have you done any of the following</b>	<b>Yes/No</b>	<b>Name of lender/transferee</b>	<b>Amount borrowed w/in last 60 days</b>
Used credit cards			
Taken cash advances			
Taken out any new loans			
Gave away or sold any property worth more than \$600			

**Have you ever filed a Chapter 7 or a Chapter 13 bankruptcy before?** \_\_\_\_\_

<b>Type of bankruptcy (Ch. 7 or Ch. 13)</b>	<b>Date filed</b>	<b>Was case completed or dismissed?</b>	<b>When was case closed by Court</b>	<b>Case number</b>	<b>Former BK lawyer</b>

*I certify that the information I have provided in this questionnaire is true and correct, under penalty of perjury.*

\_\_\_\_\_ Date \_\_\_\_\_ Signature

\_\_\_\_\_ Date \_\_\_\_\_ Signature

## DISCLOSURE CERTIFICATE

I, the undersigned, hereby attest and affirm that all debts, whether joint debts, co-signed debts, claims or lawsuits for collection of debts, whether disputed or not, have been listed on my questionnaire.

I acknowledge that my attorneys rely on the information provided in this questionnaire in order to assist and advise me, and that it is my responsibility to provide my attorneys with a full, complete and accurate financial disclosure. I further agree to update my attorneys with regard to any incomplete information contained herein.

I further acknowledge that in the event a creditor is omitted from any bankruptcy petition filed by my attorneys as a result of an omission on this questionnaire, I will not have the protection of the Bankruptcy Court from actions by that creditor.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Avoiding Conflicts of Interest

Our law firm has represented many clients in the Atlanta area over the past several years. In very rare cases, we must decline to accept a case because of a potential conflict of interest with another present or former client. For example, we would not be able to represent you if you are currently engaged in litigation with another of our clients.

Please advise us as to the following:

1. Are you presently married: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

2. Has your spouse ever filed a bankruptcy? \_\_\_\_\_

3. Are you currently involved in a divorce or child custody case? \_\_\_\_\_

Name of opposing party: \_\_\_\_\_

4. Have you ever been divorced: \_\_\_\_\_ Name of former spouse: \_\_\_\_\_

5. Have you ever filed a lawsuit against anyone? \_\_\_\_\_

Name of the other party in this lawsuit: \_\_\_\_\_

6. Has anyone ever sued you? \_\_\_\_\_ Who: \_\_\_\_\_

Why were you sued?: \_\_\_\_\_

7. Have you ever been to Court for any reason not described above (include criminal charges, workers' compensation, social security, eviction, car accident cases, divorce or child support):

Type of case: \_\_\_\_\_

Name of opposing party: \_\_\_\_\_

What happened in this case: \_\_\_\_\_

Type of case: \_\_\_\_\_

Name of opposing party: \_\_\_\_\_

What happened in this case: \_\_\_\_\_

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**Taxes Due**

**Internal Revenue Service** Account Number: \_\_\_\_\_

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

For tax year: \_\_\_\_\_ Total taxes due to IRS for tax year: \_\_\_\_\_

Return filed? \_\_\_\_\_ In whose name: \_\_\_\_\_ Installment agreement filed? \_\_\_\_\_

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**Georgia Dept. of Revenue** Account Number: \_\_\_\_\_

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

For tax year: \_\_\_\_\_ Total taxes due to IRS for tax year: \_\_\_\_\_

Return filed? \_\_\_\_\_ In whose name: \_\_\_\_\_ Installment agreement filed? \_\_\_\_\_

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**Other taxes:** \_\_\_\_\_ Account number: \_\_\_\_\_

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

What type of tax is this? \_\_\_\_\_ Tax year: \_\_\_\_\_ Taxes due (total) \_\_\_\_\_

In whose name: \_\_\_\_\_ Return filed? \_\_\_\_\_

**Other taxes:** \_\_\_\_\_ Account number: \_\_\_\_\_

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

What type of tax is this? \_\_\_\_\_ Tax year: \_\_\_\_\_ Taxes due total) \_\_\_\_\_

In whose name: \_\_\_\_\_ Return filed? \_\_\_\_\_

***Note: We will need copies of your last two (2) years of tax returns for both federal and state returns. (2010 and 2009)***

## Mortgages & Real Estate

**First Mortgage:** \_\_\_\_\_ Acct. \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Total loan payoff: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

How many months behind are you? \_\_\_\_\_ What happened: \_\_\_\_\_

When did you take mortgage out: \_\_\_\_\_ When did you buy property: \_\_\_\_\_

Address of property: \_\_\_\_\_ Is this your residence? \_\_\_\_\_

In whose name is loan? \_\_\_\_\_ Co-signers? \_\_\_\_\_ Who is this person: \_\_\_\_\_

How much is property worth in a quick sale? \_\_\_\_\_ Has foreclosure started? \_\_\_\_\_

Who is foreclosure attorney? \_\_\_\_\_

**Second Mortgage:** \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Total loan payoff: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

How many months behind are you? \_\_\_\_\_ What happened: \_\_\_\_\_

When did you take mortgage out: \_\_\_\_\_ When did you buy property: \_\_\_\_\_

Address of property: \_\_\_\_\_ Is this your residence? \_\_\_\_\_

In whose name is loan? \_\_\_\_\_ Co-signers? \_\_\_\_\_ Who is this person: \_\_\_\_\_

How much is property worth in a quick sale? \_\_\_\_\_ Has foreclosure started? \_\_\_\_\_

Who is foreclosure attorney? \_\_\_\_\_

**Home Improvement loan:** \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Total loan payoff: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

When did you take loan out: \_\_\_\_\_ How did you use money?: \_\_\_\_\_

## Cars & Trucks

**Vehicle 1** – (year, make & model) \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Total loan payoff: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

How many months behind are you? \_\_\_\_\_ What happened: \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Is this a lease or a purchase: \_\_\_\_\_ When was vehicle bought: \_\_\_\_\_

Vehicle insurance company: \_\_\_\_\_ Ins. Expiration: \_\_\_\_\_

**Vehicle 2** – (year, make & model) \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Total loan payoff: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

How many months behind are you? \_\_\_\_\_ What happened: \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Is this a lease or a purchase: \_\_\_\_\_ When was vehicle bought: \_\_\_\_\_

Vehicle insurance company: \_\_\_\_\_ Ins. Expiration: \_\_\_\_\_

**Vehicle 3** – (year, make & model) \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Total loan payoff: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

How many months behind are you? \_\_\_\_\_ What happened: \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Is this a lease or a purchase: \_\_\_\_\_ When was vehicle bought: \_\_\_\_\_

Vehicle insurance company: \_\_\_\_\_ Ins. Expiration: \_\_\_\_\_

## Furniture Loans

**Furniture 1** (describe furniture): \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When was merchandise purchased: \_\_\_\_\_ Do you still have it? \_\_\_\_\_

Do you want to surrender furniture and reduce or eliminate debt? \_\_\_\_\_

**Furniture 2** (describe furniture): \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When was merchandise purchased: \_\_\_\_\_ Do you still have it? \_\_\_\_\_

Do you want to surrender furniture and reduce or eliminate debt? \_\_\_\_\_

**Furniture 3** (describe furniture): \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers \_\_\_\_\_

When was merchandise purchased: \_\_\_\_\_ Do you still have it? \_\_\_\_\_

Do you want to surrender furniture and reduce or eliminate debt? \_\_\_\_\_

## Finance Companies and Loan Companies

**Finance Company Loan 1** Did you pledge household goods (describe) \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you take out loan: \_\_\_\_\_ If you pledged household goods, do you  
want to surrender collateral and reduce or eliminate debt? \_\_\_\_\_

**Finance Company Loan 2** Did you pledge household goods (describe) \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you take out loan: \_\_\_\_\_ If you pledged household goods, do you  
want to surrender collateral and reduce or eliminate debt? \_\_\_\_\_

**Finance Company Loan 3** Did you pledge household goods (describe) \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you take out loan: \_\_\_\_\_ If you pledged household goods, do you

Do you want to surrender collateral and reduce or eliminate debt? \_\_\_\_\_

## Loans for Jewelry, Gifts & Household Goods

**Secured Creditor 1** (Describe items purchased) \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you take out loan: \_\_\_\_\_ If you pledged household goods, do you

Do you want to surrender collateral and reduce or eliminate debt? \_\_\_\_\_

**Secured Creditor 2** (Describe items purchased) \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you take out loan: \_\_\_\_\_ If you pledged household goods, do you

Do you want to surrender collateral and reduce or eliminate debt? \_\_\_\_\_

**Secured Creditor 3** (Describe items purchased) \_\_\_\_\_

Finance/loan company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you take out loan: \_\_\_\_\_ If you pledged household goods, do you

Do you want to surrender collateral and reduce or eliminate debt? \_\_\_\_\_

## Student Loans

### Student Loan Creditor 1

Student loan lender: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you take out loan: \_\_\_\_\_ Name of school attended: \_\_\_\_\_

Is loan in default? \_\_\_\_\_ Is loan in deferment?: \_\_\_\_\_

### Student Loan Creditor 2

Student loan lender: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you take out loan: \_\_\_\_\_ Name of school attended: \_\_\_\_\_

Is loan in default? \_\_\_\_\_ Is loan in deferment?: \_\_\_\_\_

## Health Club/Spa Membership

**Health Club Finance Company:** \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Do you still use facility: \_\_\_\_\_ Did you sign a contract: \_\_\_\_\_

Do you want to continue to use this facility/club: \_\_\_\_\_

**Credit Cards (If you have current statements for any of the following, you can provide those in lieu of completing this part of the form.)**

**Credit Card Lender 1:** \_\_\_\_\_ Acct #: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_ Monthly pymt: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you first obtain this card? \_\_\_\_\_

When is last time you used this card? \_\_\_\_\_ Total charged in last 6 months? \_\_\_\_\_

Collection agency name, address, acct #: \_\_\_\_\_

**Credit Card Lender 2:** \_\_\_\_\_ Acct #: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_ Monthly pymt: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you first obtain this card? \_\_\_\_\_

When is last time you used this card? \_\_\_\_\_ Total charged in last 6 months? \_\_\_\_\_

Collection agency name, address, acct #: \_\_\_\_\_

**Credit Card Lender 3:** \_\_\_\_\_ Acct #: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_ Monthly pymt: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you first obtain this card? \_\_\_\_\_

When is last time you used this card? \_\_\_\_\_ Total charged in last 6 months? \_\_\_\_\_

Collection agency name, address, acct #: \_\_\_\_\_

**Credit Card Lender 4:** \_\_\_\_\_ Acct #: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_ Monthly pymt: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you first obtain this card? \_\_\_\_\_

When is last time you used this card? \_\_\_\_\_ Total charged in last 6 months? \_\_\_\_\_

Collection agency name, address, acct #: \_\_\_\_\_

**Credit Card Lender 5:** \_\_\_\_\_ Acct #: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_ Monthly pymt: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you first obtain this card? \_\_\_\_\_

When is last time you used this card? \_\_\_\_\_ Total charged in last 6 months? \_\_\_\_\_

Collection agency name, address, acct #: \_\_\_\_\_

**Credit Card Lender 6:** \_\_\_\_\_ Acct #: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_ Monthly pymt: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you first obtain this card? \_\_\_\_\_

When is last time you used this card? \_\_\_\_\_ Total charged in last 6 months? \_\_\_\_\_

Collection agency name, address, acct #: \_\_\_\_\_

**Please use a separate sheet or copy this one if you have more credit card debt.**

**Medical Bills**

**Medical provider 1:** \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total balance due: \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Do you still use this health care provider? \_\_\_\_\_ When last used: \_\_\_\_\_

Collection agency name, address, acct # \_\_\_\_\_

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**Medical provider 2:** \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total balance due: \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Do you still use this health care provider? \_\_\_\_\_ When last used: \_\_\_\_\_

Collection agency name, address, acct # \_\_\_\_\_

---

**Medical provider 3:** \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total balance due: \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Do you still use this health care provider? \_\_\_\_\_ When last used: \_\_\_\_\_

Collection agency name, address, acct # \_\_\_\_\_

---

**Medical provider 4:** \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total balance due: \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Do you still use this health care provider? \_\_\_\_\_ When last used: \_\_\_\_\_

Collection agency name, address, acct # \_\_\_\_\_

---

**Medical provider 5:** \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total balance due: \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Do you still use this health care provider? \_\_\_\_\_ When last used: \_\_\_\_\_

Collection agency name, address, acct # \_\_\_\_\_

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**Medical provider 6:** \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total balance due: \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

Do you still use this health care provider? \_\_\_\_\_ When last used: \_\_\_\_\_

Collection agency name, address, acct # \_\_\_\_\_

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**Other Creditors/Extra space**

**Pension or 401(k) Loans**

Type of investment \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

When did you take loan out? \_\_\_\_\_ How long will loan last? \_\_\_\_\_

---

**Creditor/Lender :** \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

What type of debt is this? \_\_\_\_\_ What did you buy: \_\_\_\_\_

Collection agency name, address, acct #: \_\_\_\_\_

---

**Creditor/Lender :** \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Total loan payoff: \$ \_\_\_\_\_

In whose name: \_\_\_\_\_ Co-signers: \_\_\_\_\_

What type of debt is this? \_\_\_\_\_ What did you buy: \_\_\_\_\_

Collection agency name, address, acct #: \_\_\_\_\_

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**Please use a separate sheet or copy this one if you have more creditors.**

**For Attorney's Use Only -Debt Analysis Worksheet**

_____ 1.	_____	_____	_____
_____ 2.	_____	_____	_____
_____ 3.	_____	_____	_____
_____ 4.	_____	_____	_____
_____ 5.	_____	_____	_____
_____ 6.	_____	_____	_____
_____ 7.	_____	_____	_____
_____ 8.	_____	_____	_____
_____ 9.	_____	_____	_____
_____ 10.	_____	_____	_____
_____ 11.	_____	_____	_____
_____ 12.	_____	_____	_____
_____ 13.	_____	_____	_____
_____ 14.	_____	_____	_____
_____ 15.	_____	_____	_____
_____ 16.	_____	_____	_____
_____ 17.	_____	_____	_____
_____ 18.	_____	_____	_____

Total Arrearage: \_\_\_\_\_ Total Priority: \_\_\_\_\_

Total Secured: \_\_\_\_\_ Total unsecured (100%) \_\_\_\_\_

Total general unsecured: \_\_\_\_\_ Total non-exempt equity: \_\_\_\_\_

Estimated plan payment: \_\_\_\_\_ % Plan: \_\_\_\_\_