

Bankruptcy (BK) Worksheet Package (WP)

Debtor Name: _____ Social Sec.# _____

Physical Address: _____ Other TaxIds? _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Day No. _____ Eve No. _____

Cell/Pager _____ Fax No. _____

Email Address: _____

Other Names Used In Past 6 Yrs: _____
(including any dba's)

Have You Resided In California For The Past Two (2) Years? Yes No

If Not, When Did You Move To California? ____/____ And What State Did You Move From? _____

Check here if you are married but your spouse is not filing jointly with you.

Spouse Name: _____ Social Sec.# _____

Physical Address: _____ Other TaxIds? _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Day No. _____ Eve No. _____

Cell/Pager _____ Fax No. _____

Email Address: _____

Other Names Used In Past 6 Yrs: _____
(including any dba's)

Have You Resided In California For The Past Two (2) Years? Yes No

If Not, When Did You Move To California? ____/____ And What State Did You Move From? _____

Check here if you are married but your spouse is not filing jointly with you.

Are you currently paying any child and/or spousal support to anyone? Yes No

If your answer is yes, enter the name and address of the recipient(s):

YOUR PROPERTY

Description / Location	Liquidation Value (resale value)	How Much Owed (if any)
Real Estate: Location: Acres? _____ Bedrooms? _____ Baths? _____ SqFt? _____ Mo/Yr Purchased? ____/____ Purchase Price? _____		1st: 2nd: 3rd:
Location: Acres? _____ Bedrooms? _____ Baths? _____ SqFt? _____ Mo/Yr Purchased? ____/____ Purchase Price? _____		1st: 2nd: 3rd:
Cash on hand:		
Checking/Savings accounts: (show name of bank and location and the most that might be in each account on the date of filing your BK)		
Security Deposits with any bank, utility co, landlord, attorney: (show name and location)		
Household goods, supplies and furnishings:		
Books, pictures, art objects, stamps, coins, etc:		
Wearing apparel:		
Jewelry/Furs:		
Firearms, sporting/hobby equipment:		
Life Insurance policy cash value:		
Annuities:		
Education IRAs, Qualified State Tuition Plan:		
Pensions, Profit-Sharing Plans, IRAs, 401Ks:		

Description / Location	Liquidation Value (resale value)	How Much Owed (if any)			
Stock/shares in any businesses:					
Interests in partnership(s):					
Government and corporate bonds:					
Accounts Receivable: (does anyone owe you money?)					
Any back child/spousal support owed to you: (who owes you?)					
Tax refunds owed to you:					
Equitable and future interests, life estates, and rights or powers exercisable for the benefit of the debtor / Do you have a basis to file a lawsuit against anyone?					
Are you a beneficiary in a will/trust of someone who has died? NOTE: Any inheritance to which you become entitled within six months of filing will be property of the bankruptcy estate and must be reported to the Trustee.					
Patents, copyrights, licenses, franchises, and other general intangibles:					
Automobiles, trucks, trailers, and any other vehicles:					
YR	MAKE	MODEL	STYLE / EDITION		
MO/YR PURCHASED		CURRENT MILEAGE	CONDITION: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good		
YR	MAKE	MODEL	STYLE / EDITION		
MO/YR PURCHASED		CURRENT MILEAGE	CONDITION: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good		
YR	MAKE	MODEL	STYLE / EDITION		
MO/YR PURCHASED		CURRENT MILEAGE	CONDITION: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good		
Boats, Aircraft, motors and other accessories:					
Office Equipment, Supplies, Machinery, Fixtures:					
Inventory (liquidation value):					
Valuable animals, livestock, poultry:					
Crops:					
Farming equipment, supplies:					
Other personal property not already listed (timeshares, e.g.):					

YOUR DEBTS

Creditor's Names/Addresses:	Account Number (last 4 #s)	Date(s) Incurred/	BalanceOwed/ #pmts behind	Liability: H-Husb. W-Wife J-Joint	Name/Address of any Co-Debtor(s): Will you retain or surrender?
Mortgages/Trust Deeds:					<input type="checkbox"/> Retain <input type="checkbox"/> Surrender
					<input type="checkbox"/> Retain <input type="checkbox"/> Surrender
					<input type="checkbox"/> Retain <input type="checkbox"/> Surrender
Auto Loans/Leases:					<input type="checkbox"/> Retain <input type="checkbox"/> Surrender
					<input type="checkbox"/> Retain <input type="checkbox"/> Surrender
Other Secured Debts:					<input type="checkbox"/> Retain <input type="checkbox"/> Surrender
					<input type="checkbox"/> Retain <input type="checkbox"/> Surrender
Federal Income Taxes:	Returned Filed?				
2003 & earlier					
2004 & later	Returned Filed?				
State Income Taxes:	Returned Filed?				
2003 & earlier					
2004 & later	Returned Filed?				
Other taxes (sales, property):					
Student Loans:					
Child and/or Spousal Support Arrears:					

INCOME

You must provide documentation of all income received from all sources during the previous six (6) months as well as any "pay advices" received from your employer(s) (if any) or any other entity during the sixty (60) days prior to filing your BK. If you are self-employed, we will need a Profit and Loss Statement for the most recent six-month period.

Debtor Information:

Status: Single Married Separated Divorced Widow(Er) Age: _____

Occupation: _____

Employer/Business Name: _____

Employer/Business Address: _____

How Long With This Employer/Business? _____

Spouse Information:

Status: Single Married Separated Divorced Widow(Er) Age: _____

Occupation: _____

Employer/Business Name: _____

Employer/Business Address: _____

How Long With This Employer/Business? _____

Income	of Debtor	and/or Spouse
Gross Monthly Wages (incl O/T)	_____	_____
- Taxes withheld	_____	_____
- Insurance	_____	_____
- Retirement Contrib	_____	_____
- Other deductions	_____	_____
Net Business Income (include a Profit/Loss Statement)	_____	_____
Rental Income:	_____	_____
Child/Spousal Support:	_____	_____
SSI, Disability, Govt.Assistance	_____	_____
Retirement Income	_____	_____
Other Income:	_____	_____

Describe any changes in these figures you anticipate in the next year: _____

Household members. List any other persons in your household to whom you provide support:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPENSES

Please enter what you spend each month on the following categories of expenses. If you are married and maintain the same household as your spouse, include the total household expenses, whether your spouse is filing jointly or not.

**Spouse's Expenses
if Separated but filing jointly**

Rent or 1st Mortgage Payment		
2nd Mortgage Payment		
3rd Mortgage Payment		
Do any of your mortgage payments fund an impound account to pay property taxes and insurance? Yes		
Gas/Electricity		
Water/Sewer/Trash		
Telephone/CellPhones		
Cable/Internet		
Home Maintenance (if you are a homeowner)		
Food		
Clothing		
Laundry and Dry Cleaning		
Medical and Dental Expenses		
Transportation Expenses / Fuel / Maintenance		
Recreation/Magazine/Newspaper		
Charitable Contributions		
Non-Payroll Taxes (property taxes, e.g.)		
Child Support/Alimony Paid to Others:		
Support for Others Living In Your Home:		
Support for Others Living Elsewhere:		
Other Expenses:		

Insurance Premiums Not Deducted from Wages or included in mortgage payments:

Renters/Homeowners Insurance		
Life Insurance		
Health Insurance		
Auto Insurance		
Other Insurance		

Installment Payments

Auto Payments(itemize)		
Other:		

STATEMENT OF FINANCIAL AFFAIRS

1. State amount of gross income received from Employment/Self Employment Only:

	Year	Amount		Year	Amount
Debtor	2008 y-t-d	_____	Spouse	2008 y-t-d	_____
	2007	_____		2007	_____
	2006	_____		2006	_____

2. State amount of gross income from Social Security, pensions, unemployment, gifts, etc:

	Year	Amount		Year	Amount
Debtor	2008 y-t-d	_____	Spouse	2008 y-t-d	_____
	2007	_____		2007	_____
	2006	_____		2006	_____

3a. List payments to any creditors (other than mortgages and auto loans) totaling more than \$600.00 during the last 90 days:

Dates	Name/Address of Creditor	Amount	Balance Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3c. List payments made to family members/business partners during the past year:

Dates	Name/Address of Creditor	Amount	Balance Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4a. List any lawsuits to which you or your spouse have been a party within the past year:

Case#/Title	Court	Nature of proceeding/Result
_____	_____	_____
_____	_____	_____

4b/5. Describe any property attached, garnished, seized, repossessed or foreclosed within the past year:

Date Seized	Name/Address of Creditor	Description/Value of property
_____	_____	_____
_____	_____	_____

6. List all property which has been in the hands of a custodian, receiver, or court-appointed official during the past year.

Name	Description of Property
_____	_____

7. List all gifts or charitable contributions made during the last year totaling more than \$200 per family member or \$100 per charitable recipient.

Name/Address of Charity	Date	Description/Value of Gift
_____	_____	_____
_____	_____	_____

8. List any losses from fire, theft, or gambling during the past year?

Description/Value	Circumstances of Loss	Date(s)
_____	_____	_____
_____	_____	_____

9. List all payments made for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy during the past year. (We will automatically enter here what you will have paid to Due Process)

Name/Address	Date	Amount Paid
_____	_____	_____

10. List any substantial property, real or personal, transferred to another during the past two years.

Dates	Name/Address of Creditor	Amount	Balance Due
_____	_____	_____	_____

11. List all financial accounts which were closed, sold or otherwise transferred in the past year.

Name/Address	Type/Last 4 digits	Date of Closing/Final Balance
_____	_____	_____
_____	_____	_____

12. List any safe deposit boxes you have had in the past year.

Institution/Address	What is in the Box?
_____	_____

13. List all setoffs (money taken from an account to repay a loan at the same bank as where your money has been deposited) made by any creditor, including a bank, against a debt of the debtor or joint debtor within the past 90 days:

Date(s)	Name/Address of Creditor	Amount
_____	_____	_____

14. What property do you or your spouse hold for another person (i.e., a vehicle registered in someone else's name that you use)?

Owner Name/Address	Description of Property
_____	_____

15. Other than the address(es) on page 1, where else have you resided during the past three years:

Dates of occupancy (Month/Year - Month/Year)	Address/City/State	Name Used (If Different)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Name of non-filing spouse and/or of any former spouse(s) within the last 6 years:

17. Have you ever owned more than 5% of any business in the past six years? Yes No
If your answer is yes, answer the following questions:

a. Name of Business: _____

b. Address of Business: _____

c. Tax Payer ID # (if any): _____

d. Dates of Operation (month/year to month/year): _____

e. Nature of Business: _____