

CHAPTER 7 BANKRUPTCY

The decision to file Bankruptcy is not an easy one. Usually, Bankruptcy is the last resort for those suffering financial hardship.

Though it may be difficult to answer the personal questions in this booklet, your Attorney needs your answers to complete the Bankruptcy documents and to properly advise you of your rights and responsibilities. As with all communications between you and your Attorney, the information you supply is **ABSOLUTELY CONFIDENTIAL**. Never keep information from your Attorney because you are afraid or embarrassed. To properly advise you, your Attorney must have all the facts.

You might view these questions as your second step towards financial recovery. The first step was contacting our office. The information and instructions you read while completing these questions are not meant to replace your Attorney, who is your advocate and counselor.

If you should have any questions while filling out this questionnaire, please contact Jim or Tesia at the Independence office M-F between the hours of 9:00a - 4:30p.

James T. Peters Law Office
309 First Street East / P.O. Box 774
Independence, IA 50644

319-334-9992 (Phone)
319-334-9993 (Fax)

jtplawoffice@yahoo.com (Email)

Thank you.

*****At the time you return the completed packet to our office, please drop off the following along with the completed packet:**

- 1. Copies of ALL bills AND collection letters.**
- 2. Copies of your most recent bank statements.**
- 3. Copies of last six (6) months of pay stubs.**
- 4. Copies of the last three (3) years income tax returns.**
- 5. Copies of any lawsuits filed against you in the last year.**
- 6. Copy of your credit report within the last six (6) months listing creditor address, account number and amount owed OR contact our office to schedule at time to run a credit report in person or by phone.**

C. Dependants.

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

D. Prior Bankruptcies. Please indicate if you or your spouse have previously filed an action in Bankruptcy Court. Yes ___ No ___ Year: _____

II. ASSETS

A. Cash on hand: \$ _____

B. Checking, savings, or other financial accounts.

Name of financial institution _____

Type: Checking _____ Savings _____

Balance: \$ _____

Name of financial institution _____

Type: Checking _____ Savings _____

Balance: \$ _____

Name of financial institution _____

Type: Checking _____ Savings _____

Balance: \$ _____

Name of financial institution _____

Type: Checking _____ Savings _____

Balance: \$ _____

Name of financial institution _____

Type: Checking _____ Savings _____

Balance: \$ _____

C. Household goods and furnishings. List every appliance or piece of furniture in your home that you believe would sell for more than \$500 at this time.

D. If you have any collectible items of significant value list them below.

E. Firearms and sporting equipment. List all firearms & sporting equipment that you or your spouse may own having a current value in excess of \$250:

Rifles, shotguns, or pistols : _____

Hobby equipment and sporting equipment : _____

F. Annuities. If you have an interest in an annuity, please list below.

1. Name of annuity _____

Current Value: \$ _____

2. Name of annuity _____

Current Value: \$ _____

3. Name of annuity _____

Current Value: \$ _____

G. Pension, IRA, 401K information.

1. Name of Pension _____

Estimated Value: \$ _____

2. Name of Pension _____

Estimated Value: \$ _____

3. Name of Pension _____

Estimated Value: \$ _____

H. If any person or company owes you money, list their name, address, and the amount owed to you below.

1. Name: _____ Amount Owed: _____

Address: _____

2. Name: _____ Amount Owed: _____

Address: _____

I. Alimony, Maintenance, Support, Property Settlement. If you are entitled to payment as a result of a Court Order for Alimony, Maintenance, Support or Property Settlement indicate detailed information below.

Amount: \$ _____ Purpose: _____

Amount: \$ _____ Purpose: _____

Amount: \$ _____ Purpose: _____

J. Motor Vehicles. List all motor vehicles in which you have an interest.

Make _____ Model _____ Year _____ Value _____

Financial Institution, if any, owed for this vehicle: _____

Make _____ Model _____ Year _____ Value _____

Financial Institution, if any, owed for this vehicle: _____

Make _____ Model _____ Year _____ Value _____

Financial Institution, if any, owed for this vehicle: _____

K. Recreational Vehicles. Boats, Motorcycles, Snowmobiles, etc.

Make _____ Model _____ Year _____ Value _____

Financial Institution, if any, owed for this vehicle: _____

Make _____ Model _____ Year _____ Value _____

Financial Institution, if any, owed for this vehicle: _____

II. HISTORICAL FINANCIAL INFORMATION

A. Payments to Creditors. If you have made a payment to a creditor in excess of \$600 in the past 3 months, please indicate the name and address of the creditor as well as the basis for the indebtedness.

Creditor: _____ Basis: _____

Address: _____

Creditor: _____ Basis: _____

Address: _____

Creditor: _____ Basis: _____

Address: _____

B. If you have been a party to a lawsuit within the past 12 months provide information concerning the lawsuit.

1. Describe the type of lawsuit. _____

2. Has the matter been resolved: ____ If so in what manner: _____

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2. Has the matter been resolved: ____ If so in what manner: _____

C. Repossessions, Foreclosures and Returns. List each type of property that you have/had which has been subject to a repossession or foreclosure within the last 12 months. Property: _____

D. Garnishments. If you have had wages or bank accounts garnished within the past 12 months, indicate the name of the creditor and the date the garnishment took place. _____

E. Gifts. If you have made a gift in excess of \$250 to any family member or other person in the past 12 months indicate information regarding such gifts.

F. If you have closed any financial accounts within the past 12 months indicate the type of account that was closed and the approximate date that you closed it. _____

G. Safe Deposit Boxes. List the name of any financial institution in which you have had a safe deposit box in the past 12 months. _____

H. Prior addresses. Please indicate each and every address where you have resided for the past 3 years. _____

I. Co-Signers. Are any debts owed by you subject to co-signers. If so, indicate the name, address and obligation for which any person has co-signed for a debt owed by you. _____

III. DEBTS. Please provide with this worksheet copies of all bills/debts that you owe at this time. If you do not have a copy of a bill or statement, please indicate the name and address of the creditor, the amount owed, and a description of the indebtedness.

IV. INCOME INFORMATION.

- A. **Indicate and describe any business that you operate as an owner or co-owner.** _____
- B. **Provide copies of pay stubs from your employment for the past 6 months. If you do not have 6 months of pay stubs available to you, contact your employer and request a printout of this information. You will not be able to file an action for Bankruptcy without this information**
- C. **Provide statements indicating any other income that you may receive, ie: Unemployment, Social Security, etc.**
- D. **Income Tax Returns.** Please provide copies of Income Tax Returns filed by you for the past 3 years.

V. EXPENSES

- A. **Rent or home mortgage payment:** \$ _____/monthly
- B. **Real Estate taxes** if not included in mortgage payment. \$ _____/annual
- C. **Property Insurance** if not included in mortgage payment. \$ _____/monthly
- D. **Utilities.**
 - Electric: \$ _____/monthly
 - Heating fuel: \$ _____/monthly
 - Water/Sewer: \$ _____/monthly
 - Telephone: \$ _____/monthly
 - Cable TV: \$ _____/monthly
 - Internet: \$ _____/monthly
- E. **Home Maintenance.** Repair & Maintenance _____/monthly
- F. **Food.** \$ _____/monthly
- G. **Clothing.** \$ _____/monthly
- H. **Laundry & Dry Cleaning.** \$ _____/monthly
- I. **Medical & Dental Expense** not covered by insurance. \$ _____/monthly

J. Transportation. Estimated repairs, gasoline & maintenance.

\$ _____/monthly

K. Recreation, Clubs, Entertainment. \$ _____/monthly

L. Regular Charitable Contributions. \$ _____/monthly

M. Insurance.

1. Life insurance \$ _____/monthly

2. Health insurance \$ _____/monthly

3. Auto insurance \$ _____/monthly

N. Child Support or Alimony \$ _____/monthly

O. Car payments. \$ _____/monthly

P. Payments for recreational vehicles. \$ _____/monthly

Q. Other installment payments (describe) \$ _____/monthly
