

<b>Personal Information</b>		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
County:	Length of time at this address:	
Email address:		
Indicate if you are <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married not filing jointly but living together <input type="checkbox"/> Married not filing jointly, living separate <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
List all other names used in the last 8 years:		
Mailing address (if different from street address):		
City:	State:	ZIP Code:
<b>List all prior addresses of the last three years:</b>		
Previous address:		
City:	State:	ZIP Code:
Dates of occupancy:		
Previous address:	Previous address:	Previous address:
City:	City:	City:
Dates of occupancy:		
<b>Joint Petitioner Information, if Married and Filing Jointly</b>		
Name (If not filing jointly, provide name only):		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
County:	Length of time at this address:	
Email address:		
List all other names used in the last 8 years:		
Mailing address (if different from street address):		
City:	State:	ZIP Code:
<b>List all prior addresses of the last three years:</b>		
Previous address:		
City:	State:	ZIP Code:
Dates of occupancy:		
Previous address:	Previous address:	Previous address:
City:	City:	City:
Dates of occupancy:		
<b>Prior Bankruptcies</b>		
Have either you or your spouse filed bankruptcy in the last eight years? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dependents		
Age	Relationship to you	Is this person living w/ you?
	[ ] son [ ] daughter [ ] parent [ ] grandchild [ ] other:	[ ] Yes [ ] No
	[ ] son [ ] daughter [ ] parent [ ] grandchild [ ] other:	[ ] Yes [ ] No
	[ ] son [ ] daughter [ ] parent [ ] grandchild [ ] other:	[ ] Yes [ ] No
	[ ] son [ ] daughter [ ] parent [ ] grandchild [ ] other:	[ ] Yes [ ] No
	[ ] son [ ] daughter [ ] parent [ ] grandchild [ ] other:	[ ] Yes [ ] No
Employment Information		
Current employer:		
Employer address:		
City:	State:	ZIP Code:
Date employment began:		Position:
Pay frequency: [ ] weekly [ ] biweekly [ ] twice a month [ ] monthly [ ] other:		
Second employer, if any:		
Employer address:		
City:	State:	ZIP Code:
Date employment began:		Position:
Pay frequency: [ ] weekly [ ] biweekly [ ] twice a month [ ] monthly [ ] other:		
Joint Debtor Employment Information		
Current employer:		
Employer address:		
City:	State:	ZIP Code:
Date employment began:		Position:
Pay frequency: [ ] weekly [ ] biweekly [ ] twice a month [ ] monthly [ ] other:		
Second employer, if any:		
Employer address:		
City:	State:	ZIP Code:
Date employment began:		Position:
Pay frequency: [ ] weekly [ ] biweekly [ ] twice a month [ ] monthly [ ] other:		
<b>1. Unemployment Income. Please attach a print out of benefits received within the last six months.</b> Are either you or your spouse currently unemployed?		[ ] Yes [ ] No
Date unemployment began:		
Have you or your spouse received unemployment income within the last six months?		[ ] Yes [ ] No
Indicate weekly benefit amount:		
	Husband	\$
	Wife	\$

**2. Rental Income.**

Have you or your spouse received rental income within the last six months?  Yes  No

If yes, indicate a the **average monthly gross** receipts of the last six months \$ \_\_\_\_\_

Also indicate the average necessary operating expenses of the last six months \$ \_\_\_\_\_

**3. Interest, dividends and royalties.** Have you or your spouse received interest, dividends and royalties within the last six months?  Yes  No Indicate monthly average received \$ \_\_\_\_\_

**4. Pension and retirement income.** Have you or your spouse received a pension or other retirement income within the last six months?  Yes  No

Indicate monthly benefit amount: Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

**5. Social Security Benefits.** Have you or your spouse received any social security benefits within the last six months?  Yes  No

Indicate monthly benefit amount: Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

**6. Worker's Compensation or disability income.** Have you or your spouse received worker's compensation or disability income within the last six months?  Yes  No

Indicate monthly benefit amount: Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

**7. Alimony.** Have either of you received alimony income within the last six months?  Yes  No

Indicate average monthly amount received: Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

**8. Child Support.** Have either of you received any child support income within the last six months?

Yes  No Indicate average monthly amount: Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

**9. Contributions to household expenses by others.** Have either of you received any contributions to household expenses by others within the last six months?  Yes  No

Indicate average monthly amount received: Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

**Self Employment Information**

**If you are self-employed, attach the most recent six months profit and loss statements for your business.**

Current Business Name:

Business address:

City: State: ZIP Code:

EIN #: Nature of Business:

Percentage of ownership: Date began: Date ended:

**Disclose below all businesses in which you have had any ownership interest in within the last six years.**

Business Name:

Business address:

City: State: ZIP Code:

EIN #: Nature of Business:

Percentage of ownership: Date began: Date ended:

**Gross Income Information**

State the amount of income received by you in the last couple years. List income source (e.g., from employment, operation of a business, unemployment, social security, pension, ...)

	Debtor	Spouse	Income source
<b>YTD 2011</b>	\$	\$	
<b>2010</b>	\$	\$	
<b>2009</b>	\$	\$	

### Monthly Budget

List your monthly expenses using the average of the last 12 months. If your spouse maintains a separate household, provide a second list for your spouse's expenses.

Rent	\$	Auto insurance	\$
First mortgage	\$	Gas	\$
Second mortgage	\$	Auto maintenance	\$
Real estate taxes, if not included	\$	Auto payment	\$
Property insurance, if not included	\$	Auto payment	\$
Electricity	\$	Entertainment	\$
Gas for home	\$	Newspapers/magazines	\$
Water and sewer	\$	<b>List the following <u>only if not deducted from your paycheck</u></b>	
Trash pick up, if not paid w/ water	\$	Health insurance	\$
Cable	\$	Child support	\$
Internet	\$	Life insurance	\$
Cell phone	\$	Disability insurance	\$
Home maintenance	\$	Retirement contributions	\$
Food	\$	401K loans	\$
Clothing	\$	Union dues	\$
Laundry and dry cleaning	\$	Health savings account	\$
Medical and dental (not insurance)	\$	Professional dues	\$
Charitable contributions	\$	Alimony	\$
Child care	\$	<b>Other expenses not already listed</b>	
Renter's insurance	\$		\$
Contributions to someone outside	\$		\$
Tuition (prorated)	\$		\$
Student loans	\$		\$
School expenses	\$		\$
School lunches	\$		\$

**Anticipated changes in income.** Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of your bankruptcy.

**Anticipated changes in expenses.** Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of your bankruptcy.

**If necessary, make copies of this page prior to filling in.**

Real Property Information		
Physical Description of Property (e.g. 2400 sq ft, 3 bdrm, 2 bth, 2 car garage):		
Property address:		
City:	State:	ZIP Code:
Names on Deed:		
Intentions: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	Is this property scheduled for foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>1. Primary Mortgage.</b> Creditor _____ Acct no. _____ Acct. Balance: \$ _____ Monthly payment: \$ _____ Are you currently behind on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide a copy of your most current mortgage statement.		
<b>2. Second Mortgage.</b> Creditor _____ Acct no. _____ Acct. Balance: \$ _____ Monthly payment: \$ _____ Are you currently behind on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide a copy of your most current mortgage statement.		
<b>3. Home Equity Line of Credit.</b> Creditor _____ Acct no. _____ Acct. Balance: \$ _____ Monthly payment: \$ _____ Are you currently behind on your mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide a copy of your most current mortgage statement.		
<b>4. Homeowners Association.</b> Association Name _____ Acct no. _____ Address: _____ Are you currently behind on your association dues? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: \$ _____		
Foreclosures/short-sales held within the last 12 months		
Property address:		
City:	State:	ZIP Code:
First Mortgage Holder:		
Second Mortgage Holder:		
Date:	<input type="checkbox"/> Foreclosure <input type="checkbox"/> short sale <input type="checkbox"/> Deed in lieu of Foreclosure	
Time Shares		
Description of Time Share:		
City:	State:	ZIP Code:
Intentions: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	If points, how many:	
Is this time share paid in full? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you behind on time share dues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of company to whom payments are made:		
Address:		
City:	State:	ZIP Code:

**Use this form to disclose automobiles, boats, trailers, other vehicles or aircraft titled in your name. If necessary, make copies of this page prior to filling in.**

Description		Description	
Year/Make/Model		Year/Make/Model	
Series/Package (e.g., "XE" "SE"...)		Series/Package (e.g., "XE" "SE"...)	
<b>Intentions:</b> <input type="checkbox"/> Keep <input type="checkbox"/> Surrender		<b>Intentions:</b> <input type="checkbox"/> Keep <input type="checkbox"/> Surrender	
Names on Title:		Names on Title:	
# Doors:	Mileage:	# Doors:	Mileage:
Engine <input type="checkbox"/> 4-cylinder <input type="checkbox"/> V6 <input type="checkbox"/> Straight-6 <input type="checkbox"/> V8 <input type="checkbox"/> large V8 <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Turbo Engine size:		Engine <input type="checkbox"/> 4-cylinder <input type="checkbox"/> V6 <input type="checkbox"/> Straight-6 <input type="checkbox"/> V8 <input type="checkbox"/> large V8 <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Turbo Engine size:	
<input type="checkbox"/> 2 wheel drive <input type="checkbox"/> 4 wheel drive <input type="checkbox"/> all wheel		<input type="checkbox"/> 2 wheel drive <input type="checkbox"/> 4 wheel drive <input type="checkbox"/> all wheel	
<input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed		<input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed	
Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not running Does this car have a salvage title? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not running Does this car have a salvage title? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lender Information		Lender Information	
Is this a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Creditor:		Creditor:	
Account balance:		Account balance:	
Account number:		Account number:	
Date loan was established:		Date loan was established:	
Monthly payments:		Monthly payments:	
Are you behind on your payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you behind on your payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide a copy of your most recent monthly statement.			
Repossessions or returns made within the last 12 months			
Article description:			
Creditor:			
Date of Repossession:		Value of Property:	
Automobiles or other vehicles sold or otherwise transferred within the last year			
Description of asset sold:			
Name of purchaser or person to whom transfer was made:			
Transferees address:			
Relationship:	Value Received:	Date of Sale:	

**Use this form to disclose automobiles, boats, trailers, other vehicles or aircraft titled in your name. If necessary, make copies of this page prior to filling in.**

Description		Description	
Year/Make/Model		Year/Make/Model	
Series/Package (e.g., "XE" "SE"...) _____		Series/Package (e.g., "XE" "SE"...) _____	
<b>Intentions:</b> [ ] Keep [ ] Surrender		<b>Intentions:</b> [ ] Keep [ ] Surrender	
Names on Title:		Names on Title:	
# Doors:	Mileage:	# Doors:	Mileage:
Engine [ ] 4-cylinder [ ] V6 [ ] Straight-6 [ ] V8 [ ] large V8 [ ] Diesel [ ] Hybrid [ ] Turbo Engine size:		Engine [ ] 4-cylinder [ ] V6 [ ] Straight-6 [ ] V8 [ ] large V8 [ ] Diesel [ ] Hybrid [ ] Turbo Engine size:	
[ ] 2 wheel drive [ ] 4 wheel drive [ ] all wheel		[ ] 2 wheel drive [ ] 4 wheel drive [ ] all wheel	
[ ] Automatic [ ] Manual		[ ] Automatic [ ] Manual	
Condition [ ] Excellent [ ] Good [ ] Fair [ ] Poor [ ] Not running Does this car have a salvage title? [ ] Yes [ ] No		Condition [ ] Excellent [ ] Good [ ] Fair [ ] Poor [ ] Not running Does this car have a salvage title? [ ] Yes [ ] No	
Lender Information		Lender Information	
Is this a lease? [ ] Yes [ ] No		Is this a lease? [ ] Yes [ ] No	
Creditor:		Creditor:	
Account balance:		Account balance:	
Account number:		Account number:	
Date loan was established:		Date loan was established:	
Monthly payments:		Monthly payments:	
Are you behind on your payments? [ ] Yes [ ] No		Are you behind on your payments? [ ] Yes [ ] No	
Provide a copy of your most recent monthly statement.			
Repossessions or returns made within the last 12 months			
Property description:			
Creditor:			
Date of Repossession:		Value of Property:	
Automobiles or other vehicles sold or otherwise transferred within the last year			
Property description:			
Name of purchaser or person to whom transfer was made:			
Transferees address:			
Relationship:	Value Received:	Date of Sale:	

<b>Personal Property Information</b>			
<b>1. Money in the bank.</b> List all bank accounts in your name.			
<b>Bank Name</b>	<b>Account number</b>	<b>Names on account</b>	<b>Type</b>
			[ ] Check [ ] Saving [ ] COD [ ] Other
			[ ] Check [ ] Saving [ ] COD [ ] Other
			[ ] Check [ ] Saving [ ] COD [ ] Other
			[ ] Check [ ] Saving [ ] COD [ ] Other
<b>2. Household furnishings.</b> List all of your household furnishings and provide a <b>replacement value</b> for each item listed.			
<b>Article</b>	<b>Price</b>	<b>Article</b>	<b>Price</b>
Loveseat and couch	\$	Washer/Dryer	\$
End tables	\$	Refrigerator	\$
Coffee tables	\$	Stove	\$
Television	\$	Pictures, oil paintings drawn by	\$
Dryer/Vacuum	\$	Desk	\$
Kitchen table and chairs	\$	Computer	\$
Lamps	\$	Rug	\$
Beds	\$	<b>List other household assets not already listed.</b>	
Dresser and bedside table	\$		\$
Stereo	\$		\$
Dishwasher	\$		\$
DVD/Blue Ray player	\$		\$
Yard tools	\$		\$
Mechanic tools	\$		\$
Carpenter tools	\$		\$
<b>3. Books pictures and other collectibles.</b>			
<b>Article</b>	<b>Price</b>	<b>Article</b>	<b>Price</b>
Books	\$	Other Collectibles (describe):	\$
Paintings	\$		
Compact discs	\$		
DVD's	\$		
<b>4. Clothing and jewelry.</b>			
<b>Article</b>	<b>Price</b>	<b>Article</b>	<b>Price</b>
Clothing	\$	Costume jewelry	\$
Wedding ring and bands	\$		\$
Watch	\$		\$

<b>5. Firearms, sports or photographic equipment.</b> Provide a description and value below.			
Article	Price	Article	Price
	\$		\$
	\$		\$
<b>6. Machinery, fixtures, supplies or other equipment used in business.</b> Provide a description and value below.			
Article	Price	Article	Price
	\$		\$
	\$		\$
	\$		\$
<b>7. Non-tangible assets.</b> List all non-tangible assets in which you have an investment and <b>provide current statement.</b>			
Article	Name of Company		Surrender Value
Term Life insurance policy			\$
Whole Life insurance policy			\$
Annuities			\$
Pension			\$
401K, IRA, other retirement profit sharing plans			\$
Stocks and interest in business			\$
Interest in partnership			\$
Govmt and corporate bonds			\$
Article	Give Particulars (write on back, if necessary)		Value
Alimony, support or property settlements to which you are entitled			\$
Interest in the estate of a decedent, death benefit plan, life insurance or trust			\$
Tax refunds owed to you but not yet liquidated			\$
Equitable or future interest, life estate or other rights exercisable by you for your benefit			\$
Claims of any kind for which you can sue for money or property			\$
Claims of any kind for which you can sue for money or property			\$
Patents, copyrights, or other intellectual property			\$
Accounts receivable	On a separate sheet, provide a list of all accounts receivable held or to be held by you on the filing date.		

<b>8. Security Deposits.</b> List all security deposits held by a utility company or landlord.			
<b>Utility/Landlord</b>	<b>Address of Utility/Landlord</b>		<b>Amount of deposit</b>
			\$
			\$
<b>9. Other tangible personal property of any kind not already listed.</b> Provide a description and value below.			
<b>Article</b>	<b>Price</b>	<b>Article</b>	<b>Price</b>
Animals	\$		\$
Inventory (provide a list on a separate sheet)	\$		\$
<b>Creditors</b>			
1. <b>Secured Creditors.</b> List those creditors to whom you pledged an interest in some collateral such as furniture, appliances, electronics, or jewelry. (Don't list mortgagor or vehicle finance company, if already disclosed above.)			
<b>Lender Information</b>		<b>Lender Information</b>	
Collateral description:		Collateral description:	
Intentions <input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Redeem (i.e., agree to pay the value of the item in one lump sum)		Intentions <input type="checkbox"/> Keep <input type="checkbox"/> Surrender <input type="checkbox"/> Redeem (i.e., agree to pay the value of the item in one lump sum)	
Creditor:		Creditor:	
Address:		Address:	
Acct balance:		Acct balance:	
Acct no:		Acct number:	
Date established:		Date established:	
2. <b>Priority Creditors.</b>			
<b>Are you behind on federal taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		<b>Are you behind on state taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
For what years:		For what years:	
Balance:		Agency:	
		Address:	
		Balance:	
<b>Are you behind on child support? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		<b>Are you behind on alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
Amount you are behind:		For what years:	
Creditor:		Creditor:	
Address:		Address:	
Balance:		Balance:	

**3. Unsecured Creditors.****List only those debts not listed in your credit report or disclosed elsewhere.**

<b>Lender Information</b>	<b>Lender Information</b>
Creditor:	Creditor:
Address:	Address:
Account balance:	Account balance:
Acct no:	Acct no:
Date established:	Date established:
<input type="checkbox"/> Credit card <input type="checkbox"/> Loan <input type="checkbox"/> Medical <input type="checkbox"/> <input type="checkbox"/> other:	<input type="checkbox"/> Credit card <input type="checkbox"/> Loan <input type="checkbox"/> Medical <input type="checkbox"/> <input type="checkbox"/> other:
Collection agency:	Collection agency:
Address:	Address:
<b>Lender Information</b>	<b>Lender Information</b>
Creditor:	Creditor:
Address:	Address:
Acct balance:	Acct balance:
Acct no:	Acct no:
Date established:	Date established:
<input type="checkbox"/> Credit card <input type="checkbox"/> Loan <input type="checkbox"/> Medical <input type="checkbox"/> <input type="checkbox"/> other:	<input type="checkbox"/> Credit card <input type="checkbox"/> Loan <input type="checkbox"/> Medical <input type="checkbox"/> <input type="checkbox"/> other:
Collection agency:	Collection agency:
Address:	Address:
<b>Lender Information</b>	<b>Lender Information</b>
Creditor:	Creditor:
Address:	Address:
Acct balance:	Acct balance:
Acct no:	Acct no:
Date established:	Date established:
<input type="checkbox"/> Credit card <input type="checkbox"/> Loan <input type="checkbox"/> Medical <input type="checkbox"/> <input type="checkbox"/> other:	<input type="checkbox"/> Credit card <input type="checkbox"/> Loan <input type="checkbox"/> Medical <input type="checkbox"/> <input type="checkbox"/> other:
Collection agency:	Collection agency:
Address:	Address:

4. <b>Executory contracts.</b> List below any residential leases, cell phone contracts, gym memberships, country club memberships, service contracts, equipment leases, rent to own or any other contract that if broken will result in penalties.		
<b>Lender Information</b>		<b>Lender Information</b>
[ ] residential lease [ ] service contract [ ] equipment lease [ ] commercial lease [ ] other		[ ] residential lease [ ] service contract [ ] equipment lease [ ] commercial lease [ ] other
Intentions [ ] Assume lease [ ] Surrender lease		Intentions [ ] Assume lease [ ] Surrender lease
Creditor:		Creditor:
Address:		Address:
Acct balance:		Acct balance:
5. <b>Co-signors.</b> Did anyone other than your spouse co-sign on a debt for either of you? [ ] Yes [ ] No		
Creditor:		Creditor:
Acct no:		Acct no:
Cosignor:		Cosignor:
Address:		Address:
6. <b>Lawsuits and garnishments. Provide a copy of court documents received.</b>		
Do you have a claim for personal injury or any other civil claim for which you could collect any money or property?		[ ] Yes [ ] No
During the last 12 months, have you been a party to any law suits or administrative proceedings?		[ ] Yes [ ] No
Are your wages being garnished?		[ ] Yes [ ] No
<b>We cannot stop your wage garnishment without the following information:</b>		[ ] Yes [ ] No
Name of Plaintiff:		Case no:
Name of contact within your employer's payroll department:		
Address of your employer's payroll:		
City:	State:	ZIP Code:
Phone number:		Fax number:
<b>Statement of Affairs</b>		
<b>Do you have a car, truck, motorcycle, boat, camper or other property in your possession that belongs to someone else? [ ] Yes [ ] No</b>		<b>Have you closed any bank accounts within the last 12 months? [ ] Yes [ ] No</b>
Property:		Name of bank:
Value:		Address:
Owner's:		
Address:		Type of acct:
		Acct no:
		Date closed:

<b>Within the last 12 months have you had a safe deposit box? [ ] Yes [ ] No</b>	<b>Have you made any payments totaling \$600 or more to creditors (including friends and family) within the last 12 months? [ ] Yes [ ] No</b>
Name of institution:	Creditor:
Address:	Amount:
	Date of payment:
Name of those w/ access:	Creditor:
	Amount:
Contents:	Date of payment:
<b>Have you made any assignments of property for the benefits of a creditor in the last 120 days? [ ] Yes [ ] No</b>	<b>Have you made any gifts or charitable contributions of over \$200.00 in the last 12 months? [ ] Yes [ ] No</b>
Creditor:	Recipient:
Address:	Address:
Name of those w/ access:	Relationship:
	Date of gift:
Contents:	Description and value:
<b>Have you suffered any losses due to fire, theft, gambling or other casualty in the last 12 months? [ ] Yes [ ] No</b>	<b>Have you paid any money to any other agencies regarding debt consolidation, bankruptcy, or debt relief in the last 12 months? [ ] Yes [ ] No</b>
Circumstances:	Payee:
	Address:
Description of property:	
Value of property:	Amount:
Date of loss:	Date of payment:
Amt recovered from insurance: \$	Name of payer:
<b>Have you transferred any real property or other asset either as a sale, gift, or security within the last 12 months? [ ] Yes [ ] No</b>	<b>Have you closed any bank accounts in the last 12 months? [ ] Yes [ ] No</b>
To whom:	Bank:
Address	Acct no.:
	Acct. type:
Relationship:	Final balance:
Description of property:	Closing date:
Value received:	

By signing below, I state that all the information provided in these Client Intake Forms are true, accurate and complete to the best of my (our) knowledge.

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Joint Debtor

Date: \_\_\_\_\_

Date \_\_\_\_\_