

CLIENT QUESTIONNAIRE FOR 2024

Thank you very much for calling our office for legal assistance relating to your debt problems. Please fill out this form as completely as possible so we can provide you with helpful and accurate advice. Please provide us with emergency phone or address contact information. Please also provide us with a valid email address.

Under the law, you must list each and every debt, including debts to friends and relatives. 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 lienholder 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.

You must also advise of all assets that you own. Assets include real and personal property, receivables, expected tax refunds and any claim you have against any person or entity.

Under the bankruptcy law, you will be asked to provide documentation of your debts and your expenses. After you file, you will be asked to provide proof of installment payments (mortgage, vehicle, furniture, jewelry, student loans). You will also be asked to provide **copies of pay stubs and proof of household income for the 7 months prior to filing**. We strongly recommend that you **bring us credit reports from all 3 credit bureaus** (you can request these for free at AnnualCreditReport.com).

We will also need copies of TAX RETURNS for the past two years (2022 and 2023). If there are any years within the past 15 years when you did not file tax returns, please let us know that as well.

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 us. If you have not already done so, please connect with us on Facebook (<http://bit.ly/GinsFace>). Please also subscribe to our growing YouTube channel at <https://bit.ly/BK-videos> where you can learn more about personal bankruptcy and recovering from bankruptcy.

PERSONAL INFORMATION

Emergency Action Alert

Foreclosure?

Repossession?

Wage Garnishment?

Today's date: _____ How did you hear about us? _____

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

Maiden/former/other 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 3 years, please list previous addresses, beginning with the most recent:

Dates:

Dates:

Income Information

Marital Status: _____

Yourself

Spouse

Job title/occupation:

Employer:

How long there:

Payroll address:

City, ST Zip

Payroll office phone #:

Date next paycheck
expected

Approx. annual income/salary

Children & Step-children

Name	Age	Relationship	Does child live with you?	Child support \$ paid/received

Expected changes in income:

Describe when & why: _____

Income & Expenses

The new bankruptcy law requires that we analyze the last seven months of household income. **Please photocopy each and every pay stub for the past seven months and attach.** If you have income from other sources during this seven month period (dividends, one-time payments, etc.), please photocopy whatever documentation you have.

If you are self-employed, you will need a spreadsheet detailing gross income, itemized business expenses and other deductions.

The Courts have advised us that a percentage of cases filed will be subject to random audits and that income and expense documentation will be a focus.

Household Expenses – the Bankruptcy Courts now require supporting documentation for all claimed expenses. Please save receipts for every bill and for every purchase.

	Household expenses	Attorney's Notes
Rent/mortgage payments	_____	_____
Electric bill	_____	_____
Gas bill	_____	_____
Water/sewer	_____	_____
Telephone	_____	_____
Cell phone cost	_____	_____
Internet service	_____	_____
Cable TV	_____	_____

Home maintenance	_____	_____
Food	_____	_____
Clothing	_____	_____
Laundry/dry cleaning	_____	_____
Medical/dental (deductibles and non-reimbursed only)	_____	_____
Gasoline/bus fare	_____	_____
Oil changes/tires	_____	_____
Charity/church (receipts will be needed)	_____	_____
Personal property insurance	_____	_____
Real property insurance	_____	_____
Life insurance	_____	_____
Disability insurance	_____	_____
Long term care insurance	_____	_____
Health insurance (not deducted from pay)	_____	_____
Auto insurance	_____	_____

Non-payroll taxes	_____	_____
County property tax (if <u>not</u> excrowded)	_____	_____
Car/truck payment #1	_____	_____
Car/truck payment #2	_____	_____
Car/truck payment #3	_____	_____
Alimony paid	_____	_____
Child support paid out	_____	_____
Education expenses (child must be <18)	_____	_____
Child care expenses (receipts needed)	_____	_____
Care for elderly or disabled	_____	_____

Other Expenses You Pay Annually Instead of Monthly

Ad Valorem taxes on Cars or boats	_____	_____
Homeowner's Assn.	_____	_____
Gym/Exercise Club	_____	_____

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

Year	Gross income/year	Where employed?	Spouse's gross income/year	Where was spouse employed?
2024(year to date)				
2023				
2022				

Tax returns (please attach a copy of 2022 and 2023 tax return)

Year	Tax returns filed?	If not, why not	Spouse filed tax returns?	If not, why not?	Tax refund expected/received
2023					
2022					
2021					
2019					

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

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

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

Lawsuit filed against you by:	Reason for lawsuit & date lawsuit served on you	County where filed	Case number	Status now

Have your wages ever been garnished?

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

Have you ever lost a house to a mortgage foreclosure?

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

Please identify any real estate that is in your name.

Property address	Titled in whose name?	Date purchased	Purchase price	Value now	Total debt owed on property

Please identify any cars or trucks you own.

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

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: _____

Do you have the right to collect money or property from any person for any reason?

Please describe: _____

Please identify any bank accounts you own.

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

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

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

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.)

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

Are you anticipating a tax refund – if so, how much? _____

Have you ever lost a car to repossession?

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

Recent activity

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

Have you done any of the following	Yes/No	Name of person paid	Amount
Paid back a relative or business associate within last 365 days (1yr)			
Issued payment to anyone for more than \$650 within last 90 days			

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

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

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 further attest and affirm that I have disclosed in this questionnaire all assets, receiveables and claims for money or property owed to me.

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 in writing with regard to any incomplete information contained herein. If I update this questionnaire by email, said email must be acknowledged by reply email by my attorney, otherwise I will not assume that said update has been received.

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:_____

(Please attach a copy of your divorce or separation agreement to this questionnaire)

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:_____

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? _____

Georgia Dept. of Revenue

Account Number: _____

Address: _____

For tax year: _____ Total taxes due to Ga DOR for tax year: _____

Return filed? _____ In whose name: _____ Installment agreement filed? _____

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? _____

Are there any years when you did not file federal or state tax returns?

Do you have copies of your tax returns for past five (5) years? _____

Mortgages & Real Estate

First Mortgage: _____ Acct. #: _____

Correspondence address: _____ **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? _____

Does payment include taxes & insurance?

Second Mortgage: _____ Acct. #: _____

Correspondence address: _____ **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? _____

Homeowner's Association: _____ Acct. #: _____
(name)

HOA Address: _____ Annual dues: \$ _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

Delinquency?: \$ _____

Cars & Trucks

Vehicle 1 – (year, make & model) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

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

How many months behind are you? _____ When did you buy vehicle (mo/yr): _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When is loan/lease over? _____

What is date of last payment? _____ Copy of installment note? – please provide

Vehicle 2 – (year, make & model) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

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

How many months behind are you? _____ When did you buy vehicle (mo/yr): _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When is loan/lease over? _____

What is date of last payment? _____ Copy of installment note? – please provide

Vehicle 3 – (year, make & model) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

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

How many months behind are you? _____ When did you buy vehicle (mo/yr): _____

In whose name? _____ Co-signers: _____

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? _____

What is date of last payment? _____ Copy of installment note? – please provide

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? _____

What is date of last payment? _____ Copy of installment note? – please provide

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? _____

What is date of last payment? _____ Copy of installment note? – please provide

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:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

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:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

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:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

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:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

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:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

Secured Creditor 3 (Describe items purchased)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

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

When did you take out loan:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

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: _____ When is last payment?: _____
Is loan in default? _____ Is loan in deferment?: _____ When is deferment over? _____

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: _____ When is last payment?: _____
Is loan in default? _____ Is loan in deferment?: _____ When is deferment over? _____

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

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 #: _____

Credit Card Lender 7: _____ 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 8: _____ 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 9: _____ 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 #: _____

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 # _____

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 # _____

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 # _____

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? _____

Personal Loan: _____ Who is this person: _____

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 #: _____

Personal Loan : _____ Who is this person: _____

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 #: _____

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 #: _____

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: _____