

Please fill out ALL the information requested in these forms. If a question or section does not apply to you, write "N/A" in the space. The more complete these forms are, the faster your bankruptcy petition can be prepared. If any requested information or documentation is not provided, it will delay the filing of your bankruptcy.

In addition to the completed forms, we also need the following documentation:

- 1) Proof of income: previous six months of pay stubs or proof SSI, pensions, government assistance, or any other income received. See table for which months to bring:

If Current Month is:	You will need to bring paystubs for:
January	July – present day
February	August – present day
March	September – present day
April	October – present day
May	November – present day
June	December – present day
July	January – present day
August	February – present day
September	March – present day
October	April – present day
November	May – present day
December	June – present day

- 2) Previous three (3) months of bank account statements including checking and savings. This includes accounts in both debtors' names, accounts in an individual debtor's name, and accounts with either debtors' name and a third party.
- 3) Copies of all bills you owe including credit card statements, collection notices, medical bills, personal loans, auto loans, mortgages, etc.
- 4) Copy of real estate appraisal if you have one.
- 5) Copies of any lawsuits, foreclosures, judgments, liens, or garnishments filed against you.
- 6) Copies of all life or disability insurance policies.
- 7) Current statement of 401k, pension, or any other retirement account.
- 8) Current mortgage statement (if you own a home).
- 9) Copies of any agreement where you have taken out a loan using property of yours as collateral.
- 10) Income tax returns for 2012 & 2013.
- 11) Separation agreements, divorce decrees, or support obligations.
- 12) Copies of any stocks or bonds or other investment savings accounts.
- 13) Documents related to any trust fund or life estate that either debtor is named.
- 14) Any documents relating to a "disabled veteran" status

If you have any questions, please contact our office at (770)334-8574.

GENERAL INFORMATION

Husband

Wife

Name (First, Middle, Last):		
List any other names used in the last 8 years:		
Home Street Address:		
City, State, Zip:		
Debtor's Full Mailing Address: (If different from home)		
County of Residence:		
Social Security Nos.:		
Phone Nos.:		
Email Address:		

LIST ALL DEPENDENTS

Name	Age		Relationship

1) Are there any pending bankruptcies for you, your spouse, or partner? Yes No
If yes, give details:

Name of Debtor:		Relationship:	
Case No.:		Court ID :	Choose an item.
District:		Date:	
Judge:			

2) Have you or your spouse filed bankruptcy in the last 8 years? Yes No
If yes, give details:

Court ID:		Location where filed:	
Case No.:		Date Filed:	
Discharge Obtained:			

BANKRUPTCY INTAKE FORM

REAL ESTATE INFORMATION

(Print out copies of this page for each individual piece of real estate you own)

Real Estate Type:	<input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Other _____
Name(s) on Deed:	
Street Address:	
City, State, Zip:	

MORTGAGE INFO

Name(s) on Mortgage:					
Name of Mortgage Company:					
Address:					
City:		State:		Zip:	
Account No.:					
Date Obtained:		Payoff Amount:		Monthly Payment:	
Are you behind in payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount past due:				
Last Date of Appraisal:					
Amount of Appraisal:					
What are you intentions?	<input type="checkbox"/> Keep Property <input type="checkbox"/> Surrender Property				

SECOND MORTGAGE INFO (IF APPLICABLE)

Name of Mortgage Company:					
Address:					
City:		State:		Zip:	
Account No.:					
Date Obtained:		Payoff Amount:		Monthly Payment:	
Are you behind in payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount past due:				

COLLECTION & FORECLOSURE INFO (IF APPLICABLE)

Is this real estate in the process of foreclosure? Yes No

Name of Collector or Attorney:					
Address:					
City:		State:		Zip:	

BANKRUPTCY INTAKE FORM

YOUR MOBILE HOME

(Print out copies of this page for each individual mobile home you own)

Name(s) on Title:					
Address:					
City:		State:		Zip:	
Does it sit in a mobile home park?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount of lot rent:			
Do you own the lot your mobile home sits on?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, size of lot:			

MORTGAGE INFO

Name(s) on Mortgage:					
Name of Mortgage Company:					
Address:					
City:		State:		Zip:	
Account No.:					
Date Obtained:		Payoff Amount:		Monthly Payment:	
Are you behind in payments?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount past due:			
Last Date of Appraisal:					
Amount of Appraisal:					
What are you intentions?		<input type="checkbox"/> Keep Property <input type="checkbox"/> Surrender Property			

SECOND MORTGAGE INFO (IF APPLICABLE)

Name of Mortgage Company:					
Address:					
City:		State:		Zip:	
Account No.:					
Date Obtained:		Payoff Amount:		Monthly Payment:	
Are you behind in payments?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount past due:			

COLLECTION & FORECLOSURE INFO (IF APPLICABLE)

Is this real estate in the process of foreclosure? Yes No

Name of Collector or Attorney:					
Address:					
City:		State:		Zip:	

BANKRUPTCY INTAKE FORM

YOUR MOTOR VEHICLES

(Print out additional copies of this page if needed)

Type:		<input type="checkbox"/> Automobile <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other (specify):					
Year:		Make:		Model:			
Style (lx, ex, etc.):		Doors:		<input type="checkbox"/> 2 dr <input type="checkbox"/> 4 dr <input type="checkbox"/> Hatchback <input type="checkbox"/> Other			
Condition:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Running			Mileage:		
Is Vehicle Leased?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Name(s) on Title:							
Name of Finance Company:							
Address:							
City:		State:		Zip:			
Account No.:							
Date Obtained:		Payoff Amount:		Monthly Payment:			
Are you behind in payments?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount past due:					
What are you intentions?		<input type="checkbox"/> Keep Vehicle <input type="checkbox"/> Surrender Vehicle					

ADDITIONAL VEHICLE

Type:		<input type="checkbox"/> Automobile <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other (specify):					
Year:		Make:		Model:			
Style (lx, ex, etc.):		Doors:		<input type="checkbox"/> 2 dr <input type="checkbox"/> 4 dr <input type="checkbox"/> Hatchback <input type="checkbox"/> Other			
Condition:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Running			Mileage:		
Is Vehicle Leased?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Name(s) on Title:							
Name of Finance Company:							
Address:							
City:		State:		Zip:			
Account No.:							
Date Obtained:		Payoff Amount:		Monthly Payment:			
Are you behind in payments?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount past due:					
What are you intentions?		<input type="checkbox"/> Keep Vehicle <input type="checkbox"/> Surrender Vehicle					

YOUR HOUSEHOLD INVENTORY

Stove/Cooking Unit:	
Refrigerator:	
Washer/Dryer:	
Microwave:	
Flatwear/Cooking Utensils:	
Dinnerwear & Cookwear:	
Living Room Furniture:	
Dining Room Furniture:	
Bedroom Furniture:	
Lamps, Rugs, Accessories:	
Office & Computer Furniture:	
Television(s):	
Cell Phone(s):	
Audio Equipment:	
Video Equipment:	
DVDs/BlueRay Players:	
Game Consoles:	
Video Games & DVDs:	
Computers & Tablets:	
Printers:	
Computer Software:	
Other Computer Equipment:	
Mechanic's Tools:	
Carpenter Tools:	
Lawnmower:	
Other Yard Tools & Equipment:	
Boats:	
Trailers:	
Campers:	
ATVs:	

Photography Equipment:	
Firearms:	
Sports Equipment:	
Books:	
Pictures:	
Paintings:	
Other Art Objects:	
Clothing:	
Wedding Rings:	
Other Jewelry:	
Furs:	
Farm Supplies:	
Livestock:	
Horses:	
Other Animals:	
Government Bonds:	
Certificate of Deposits:	
Copyrights or Patents:	
Aircraft:	
Other assets not listed (specify):	

CHECKING ACCOUNTS

List all Checking & Savings Accounts in you or your spouse's name including joint, individual, or with someone other than the two of you. Print additional copies of this page if needed.

First Bank Account

Name of Bank:					
Address:					
City:		State:		Zip:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Name(s) on Account:					
Current Balance:					

Second Bank Account

Name of Bank:					
Address:					
City:		State:		Zip:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Name(s) on Account:					
Current Balance:					

CHRISTMAS CLUB ACCOUNT

Name of Bank:					
Address:					
City:		State:		Zip:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Name(s) on Account:					
Current Balance:					

SECURITY DEPOSITS HELD BY LANDLORD

Name of Landlord:					
Address:					
City:		State:		Zip:	
Amount:					

401K OR OTHER PENSION PLANS

List all 401K or other pension and retirements plans in which you or your spouse participate.

First Plan

Company Name:					
Address:					
City:		State:		Zip:	
Name(s) on Account:					
Type of Plan:		Current Cash Value:			

Second Plan

Company Name:					
Address:					
City:		State:		Zip:	
Name(s) on Account:					
Type of Plan:		Current Cash Value:			

LIFE INSURANCE POLICIES

List all insurance policies for you and your spouse.

First Policy

Company Name:					
Address:					
City:		State:		Zip:	
Name on Policy:					
Beneficiary:		Relationship:			
Type of Policy:	<input type="checkbox"/> Term Life	<input type="checkbox"/> Whole Life	Current Value:		

Second Policy

Company Name:					
Address:					
City:		State:		Zip:	
Name on Policy:					
Beneficiary:		Relationship:			
Type of Policy:	<input type="checkbox"/> Term Life	<input type="checkbox"/> Whole Life	Current Value:		

SECURITY DEPOSITS HELD BY UTILITY COMPANY

Name of Company:					
Address:					
City:		State:		Zip:	
Amount:					

STOCKS, BONDS, SAVINGS BONDS, & MUTUAL FUNDS

Type:					
Cash Value:					

BANKRUPTCY INTAKE FORM

CREDITOR (List ALL Debts. Print additional copies of this page if needed)

Name of Creditor:				
Address:				
City:		State:		Zip:
Account No:		Total Amount of Debt:		
Date Opened:		Monthly Payment:		
Whose name is on this debt?	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):			
Type of Debt:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other (specify):			
If this debt is a credit card, what day did you last use it?				
Has this debt been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out below.				
Name of Agency:				
Address:				
City:		State:		Zip:

CREDITOR

Name of Creditor:				
Address:				
City:		State:		Zip:
Account No:		Total Amount of Debt:		
Date Opened:		Monthly Payment:		
Whose name is on this debt?	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):			
Type of Debt:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other (specify):			
If this debt is a credit card, what day did you last use it?				
Has this debt been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out below.				
Name of Agency:				
Address:				
City:		State:		Zip:

CREDITOR

Name of Creditor:				
Address:				
City:		State:		Zip:
Account No:		Total Amount of Debt:		
Date Opened:		Monthly Payment:		
Whose name is on this debt?	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):			
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Address:				
City:		State:		Zip:

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CREDITOR

Name of Creditor:				
Address:				
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Account No:		Total Amount of Debt:		
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Address:				
City:		State:		Zip:

CREDITOR

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Address:				
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Address:				
City:		State:		Zip:

CREDITOR

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City:		State:		Zip:
Account No:		Total Amount of Debt:		
Date Opened:		Monthly Payment:		
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Name of Agency:				
Address:				
City:		State:		Zip:

BANKRUPTCY INTAKE FORM

CREDITOR

Name of Creditor:			
Address:			
City:	State:	Zip:	
Account No:	Total Amount of Debt:		
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Whose name is on this debt?	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):		
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Name of Agency:			
Address:			
City:	State:	Zip:	

CREDITOR

Name of Creditor:			
Address:			
City:	State:	Zip:	
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Name of Agency:			
Address:			
City:	State:	Zip:	

CREDITOR

Name of Creditor:			
Address:			
City:	State:	Zip:	
Account No:	Total Amount of Debt:		
Date Opened:	Monthly Payment:		
Whose name is on this debt?	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):		
Type of Debt:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other (specify):		
If this debt is a credit card, what day did you last use it?			
Has this debt been turned over to a collection agency?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out below.	
Name of Agency:			
Address:			
City:	State:	Zip:	

BANKRUPTCY INTAKE FORM

CREDITOR

Name of Creditor:			
Address:			
City:	State:	Zip:	
Account No:	Total Amount of Debt:		
Date Opened:	Monthly Payment:		
Whose name is on this debt?	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):		
Type of Debt:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other (specify):		
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Has this debt been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out below.			
Name of Agency:			
Address:			
City:	State:	Zip:	

CREDITOR

Name of Creditor:			
Address:			
City:	State:	Zip:	
Account No:	Total Amount of Debt:		
Date Opened:	Monthly Payment:		
Whose name is on this debt?	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):		
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Has this debt been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out below.			
Name of Agency:			
Address:			
City:	State:	Zip:	

CREDITOR

Name of Creditor:			
Address:			
City:	State:	Zip:	
Account No:	Total Amount of Debt:		
Date Opened:	Monthly Payment:		
Whose name is on this debt?	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):		
Type of Debt:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other (specify):		
If this debt is a credit card, what day did you last use it?			
Has this debt been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out below.			
Name of Agency:			
Address:			
City:	State:	Zip:	

DEBTOR INCOME (HUSBAND)
Primary Job

Employer Name:					
Address:					
City:		State:		Zip:	
Length of time at this job:		Job Title:			
Average monthly income BEFORE taxes:					
Explain any expected increase/decrease over 10%:					

Other Types of Income

Unemployment:		Rental Income:	
Alimony & Child Support:		Interest/Dividends:	
Government Assistance:		Public Assistance:	
Social Security:		Food Stamps:	
Pension or Retirement:		Other (explain):	

Second Job

Employer Name:					
Address:					
City:		State:		Zip:	
Length of time at this job:		Job Title:			
Average monthly income before taxes:					

Other Business Income

Business Name:					
Type of Business:					
How long have you had this business?		Average gross monthly income:			

CO-DEBTOR INCOME (WIFE)

Primary Job

Employer Name:					
Address:					
City:		State:		Zip:	
Length of time at this job:		Job Title:			
Average monthly income BEFORE taxes:					
Explain any expected increase/decrease over 10%:					

Other Types of Income

Unemployment:		Rental Income:	
Alimony & Child Support:		Interest/Dividends:	
Government Assistance:		Public Assistance:	
Social Security:		Food Stamps:	
Pension or Retirement:		Other (explain):	

Second Job

Employer Name:					
Address:					
City:		State:		Zip:	
Length of time at this job:		Job Title:			
Average monthly income before taxes:					

Other Business Income

Business Name:			
Type of Business:			
How long have you had this business?		Average gross monthly income:	

MONTHLY EXPENSES

Do your expenses include non-dependents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rent or Mortgage:	
Real Estate Taxes:	
Renter/Homeowner Insurance:	
Home Maintenance:	
HOA Fees:	
Second Mortgage:	
Electricity, Heat, & Gas:	
Water, Sewer, & Garbage:	
Phone, Cable, & Internet:	
Other Utilities (specify):	
1)	
2)	
Food:	
Childcare & Education:	
Clothing, Laundry, & Dry Cleaning:	
Personal Care:	
Medical & Dental Expenses:	
Transportation (gas, maintenance, DO NOT INCLUDE CAR PAYMENT):	
Entertainment & Recreation:	
Charitable Contributions:	
Life Insurance:	
Health Insurance:	
Vehicle Insurance:	
Other Insurance (specify):	
1)	
2)	
Taxes (specify):	
1)	
2)	

Car Payments Vehicle 1:	
Car Payments Vehicle 2:	
Other Installment Payments (specify):	
1)	
2)	
Alimony, Maintenance, Child Support:	
Payments for Support of Others (specify):	
1)	
2)	
3)	
Second Home Expenses:	
Mortgage:	
Real Estate Taxes:	
Property, Homeowner's or Other Insurance:	
Maintenance, Repair, & Upkeep:	
HOA or Condo Fees:	
Other Expenses (specify):	
1)	
2)	
3)	
4)	
5)	

STATEMENT OF FINANCIAL AFFAIRS

1) In the last six years, have either of you been in business as either a corporation, partnership, sole proprietor, or self-employed? Yes No

2) Have you paid to any one creditor, in either one single or in multiple payments, a total of over \$600 in the last ninety (90) days? Yes* No

*If yes, give details:

Name of Creditor	Date of Payment	Amount Paid	Amount Still Owing

3) Have you made any payments to creditors who are insiders (insiders are considered family members, people you live with, business partners)? Yes* No

*If yes, give details:

Name of Insider	Date of Payment	Amount Paid	Amount Still Owing	Relationship to Debtor

4) Are there any lawsuits pending against either of you? Yes* No

*If yes, give details:

Name of party suing you:			
Court where case was filed:			
Case Number:		Date Filed:	

Name of party suing you:			
Court where case was filed:			
Case Number:		Date Filed:	

5) Have either of your wages been garnished? Yes* No

*If yes, give details:

Name of Party who garnished your wages:			
Garnishment amount:		Date Started:	

BANKRUPTCY INTAKE FORM

6) Have either of you had any other property garnished (bank accounts)? Yes* No

*If yes, give details:

Name of Party who garnished your wages:			
Amount Garnished:		Date seized:	

7) Have either of you had any property repossessed, foreclosed on, or returned in the past year? Yes* No

*If yes, give details:

Name of Creditor:			
Date of Repo, Foreclosure, Transfer, or Return:			
Description of Property:			
Value of Property:			

8) Have either of you had any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case? (Assignment occurs when the original creditor gives someone else the right to collect on a debt. This is not when a debt goes to a collection agency.) Yes* No

*If yes, give details:

Name of Assignee:					
Address:					
City:		State:		Zip:	
Date of Assignment:					
Terms of Assignment or Settlement:					

9) Have either of you had any property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case? Yes* No

*If yes, give details:

Name of Custodian:					
Custodian Address:					
City:		State:		Zip:	
Name of Court:					
Court Address:					
City:		State:		Zip:	
Case Title:					
Date of Order:					
Property Description:					
Property Value:					

BANKRUPTCY INTAKE FORM

10) Have either of you made gifts to family members over \$200 or charitable contributions of over \$100 per recipient within one year immediately preceding the commencement of this case? Yes* No

*If yes, give details:

Name of Recipient:					
Recipient Address:					
City:		State:		Zip:	
Relationship to Debtor					
Date of Gift:					
Description of Gift:					
Value of Gift:					

11) Have either of you incurred losses from fire, theft, other casualty, or gambling within one year immediately preceding the commencement of this case? Yes* No

*If yes, give details:

Description Loss:					
Value of Property Loss:					
Description or Circumstances. If loss was covered in whole or in part by insurance, give details.					
Date of Loss:					

12) Have either of you transferred any property to another person within two years immediately preceding the commencement of this case? Yes* No

*If yes, give details:

Transferee Name:					
Transferee Address:					
City:		State:		Zip:	
Date of Transfer:					
Describe property transferred:					
Property Value:					
Payments received (if any):					

BANKRUPTCY INTAKE FORM

13) Have either of you transferred any property to a self-settled trust or similar device within ten years immediately preceding the commencement of this case? Yes* No

*If yes, give details:

Name of Trust:					
Address:					
City:		State:		Zip:	
Date of Transfer:					
Describe property transferred:					
Value of Property:					

14) Have either of you closed any financial accounts in the previous year? Yes* No

*If yes, give details:

First Closed Account

Name of Bank:					
Address:					
City:		State:		Zip:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Account Number:		Closing Balance:			
Date of Closing:					

Second Closed Account

Name of Bank:					
Address:					
City:		State:		Zip:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Account Number:		Closing Balance:			
Date of Closing:					

15) Do either of you have a Safe Deposit Box? Yes* No

*If yes, give details:

Name of Bank:					
Address:					
City:		State:		Zip:	
Name of those with Access to Box:					
Address:					
City:		State:		Zip:	
Description of Contents:					
Date of Transfer or Surrender, if any:					

BANKRUPTCY INTAKE FORM

16) Have either of you had any setoffs made by any creditor, including a bank, against a debt or deposit within ninety (90) days preceding the commencement of this case? (Setoff is when a creditor cancels a debt you owe them in exchange for you canceling a debt they owe you.) Yes* No

*If yes, give details:

Name of Creditor:					
Address:					
City:		State:		Zip:	
Date of Setoff:					
Amount of Setoff:					

17) List any property that either of you have that is owned by another person but held or controlled by you or your spouse:

Name of Owner:					
Address:					
City:		State:		Zip:	
Description of Property:					
Value of Property:					
Location of Property:					

18) List all prior addresses within three years immediately preceding the commencement of this case:

Address:					
City:		State:		Zip:	
Names used:					
Dates of Occupancy:					
Address:					
City:		State:		Zip:	
Names used:					
Dates of Occupancy:					

19) Have either Debtor ever provided a notice to any governmental unit of a Release of Hazardous Materials? Yes No