

# STATEMENT OF AFFAIRS (1 of 11)

The following pages contain extremely **IMPORTANT QUESTIONS**, many of which will be asked you again by the Trustee when you attend your first hearing. Please take your time and go through every question thoroughly and provide as much detail as possible to the questions you answer "yes" to.

List the names of all spouses (past and present) that you have been married to, as well as the dates you were married to this spouse:

Full Name (First, Middle, Last) \_\_\_\_\_

Dates Married: From \_\_\_\_\_ To \_\_\_\_\_

Full Name (First, Middle, Last) \_\_\_\_\_

Dates Married: From \_\_\_\_\_ To \_\_\_\_\_

Full Name (First, Middle, Last) \_\_\_\_\_

Dates Married: From \_\_\_\_\_ To \_\_\_\_\_

Full Name (First, Middle, Last) \_\_\_\_\_

Dates Married: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever provided a notice to any governmental unit of a Release of Hazardous Materials?  Yes  No

If so, list the name and address of every site for which you have provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

Name/Address of Site \_\_\_\_\_

Governmental Unit Notice Sent To \_\_\_\_\_

Date Notice Sent to Governmental Unit \_\_\_\_\_

Do you share the ownership of any real property with another person, such as a co-tenancy or joint tenancy? (This does not apply to your spouse.)  Yes  No  
Name of person \_\_\_\_\_

Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet?  Yes  No  
If so, provide details: \_\_\_\_\_

Do you own or are you buying a time-share in a vacation property or resort?  Yes  No  
If so, provide details: \_\_\_\_\_

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name?  Yes  No  
Year, Make, Model of Vehicle \_\_\_\_\_

Whose name is the motor vehicle titled to? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is this person's relationship to you? \_\_\_\_\_

Why are you holding this property? \_\_\_\_\_

# STATEMENT OF AFFAIRS (2 of 11)

Are you buying any of your furniture or appliances with installment payments?  Yes  No

Description of Item(s) \_\_\_\_\_  Yes  No  
1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

Name of company you make installment payments to: \_\_\_\_\_

**\*\* MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Are you renting-to-own any of your furniture or appliances?  Yes  No

Description of Item(s) \_\_\_\_\_  Yes  No  
1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

Name of company you make installment payments to: \_\_\_\_\_

**\*\* MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions at the time you obtained the loan?

Description of Item(s) \_\_\_\_\_  Yes  No  
1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

Name of company you make installment payments to: \_\_\_\_\_

**\*\* MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Do you own or are you buying any tools or equipment that you use for your work?  Yes  No

Description of Item(s): \_\_\_\_\_  Yes  No  
Value of the item if sold at a flea market or yard sale: \_\_\_\_\_  
If making payments on, who do you pay? \_\_\_\_\_

**\*\* MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS**

At present, do you have any inventory (stock in trade) that could be sold for \$200 or more in profit?

Description of item(s) \_\_\_\_\_  Yes  No  
Value of the item if sold at a flea market or yard sale \_\_\_\_\_

# STATEMENT OF AFFAIRS (3 of 11)

Are you buying any jewelry with installment payments?  Yes  No

Description of Item(s)

- |          |                       |
|----------|-----------------------|
| 1. _____ | Yard Sale Value _____ |
| 2. _____ | Yard Sale Value _____ |
| 3. _____ | Yard Sale Value _____ |

Name of company you make installment payments to: \_\_\_\_\_

**\*\* MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Do you have any animals, livestock or pets you could sell for \$200 or more?  Yes  No

Description of Animal(s) \_\_\_\_\_

Value of the animals if you had to sell them \_\_\_\_\_

Do you have any checking or savings account(s) at this time?  Yes  No

Name of Bank \_\_\_\_\_

Address of Branch: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of account: Checking, Savings or Both? \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Account Number for Checking \_\_\_\_\_ Present Balance \_\_\_\_\_

Account Number for Savings (if applicable) \_\_\_\_\_ Present Balance \_\_\_\_\_

Name of Second Bank (if applicable) \_\_\_\_\_

Address of Branch: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of account: Checking, Savings or Both? \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Account Number \_\_\_\_\_ Present Balance \_\_\_\_\_

Have you closed any bank accounts within the past two (2) years?  Yes  No

Name of Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date Closed \_\_\_\_\_ Name on Account \_\_\_\_\_

Did you owe a balance when you closed this account?  Yes  No Balance owed: \_\_\_\_\_

If you did not owe a balance when you closed this account, how much money did you receive? \_\_\_\_\_

# STATEMENT OF AFFAIRS (4 of 11)

Do you or have you rented a safe deposit box during the past two (2) years?  Yes  No

Name of Financial Institution \_\_\_\_\_

Address of Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What are the contents of the safe deposit box? \_\_\_\_\_

What monthly amount do you pay for rental of this deposit box? \_\_\_\_\_

If you no longer have the safe deposit box, what date/year did you surrender it? \_\_\_\_\_

If you transferred the safe deposit box, who did you transfer it to? \_\_\_\_\_

Do you have a Christmas Club Account or any other special purpose accounts?  Yes  No

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of account: \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_ Present Balance \_\_\_\_\_

Do you currently have any security deposits being held by a utility company?  Yes  No

If yes, what is the amount? \_\_\_\_\_ Name of Utility Company: \_\_\_\_\_

Address of Utility Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Present Balance \_\_\_\_\_

\*\* Remember to include any past-due utility bills that you owe from previous addresses on your Debt Sheets.

Do you have any life insurance?  Yes  No

Name of Insurance Company \_\_\_\_\_

If a "whole life" policy -- what is the current cash value? \_\_\_\_\_

If your life insurance is only payable upon death, what is the face value of the policy? \_\_\_\_\_

Who is the beneficiary? \_\_\_\_\_ Relationship \_\_\_\_\_

\*\* If you have other life insurance policies, please list the information above for each one on BACK of this page.

Do you or your spouse participate in a retirement, 401K or pension plan?  Yes  No

Type of pension plan (i.e., 401-K, PERS, etc.) \_\_\_\_\_

When did you first enroll in this plan? \_\_\_\_\_ Current cash value: \_\_\_\_\_

# STATEMENT OF AFFAIRS (5 of 11)

Have you set up your own separate retirement not provided by employer?  Yes  No

Name of Financial Institution (if applicable) \_\_\_\_\_

Amount in this separate retirement account? \_\_\_\_\_ Who is the beneficiary? \_\_\_\_\_

Will you be receiving retirement benefits from a previous employer within the next six (6) months?  Yes  No

Date you expect to start receiving retirement benefits: \_\_\_\_\_

Do you have any stocks, bonds (including savings bonds) or mutual funds?  Yes  No

Type of bond, stock, mutual fund: \_\_\_\_\_

Does this bond, stock or mutual fund have a cash value?  Yes  No Cash value: \_\_\_\_\_

Does you have a cell phone?  Yes  No

Name of cell phone company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Date contract began \_\_\_\_\_

Is this a month-to-month contract?  Yes  No

If not, what is the length of the contract?  1 year  2 years  3 years  Other: \_\_\_\_\_

What is the normal monthly contract payment? (i.e.: \$19.95, \$29.95, etc) \_\_\_\_\_

Do you wish to keep the cell phone and continue paying the monthly contract?  Yes  No

\*\* If you have more than one cell phone, list the same information above on the BACK of this page.

Do you live with a roommate/relative that pays part of your expenses?  Yes  No

Name of roommate or relative: \_\_\_\_\_ Relationship? \_\_\_\_\_

What expenses do they pay? \_\_\_\_\_

What is the total amount they contribute on a monthly basis to your living expenses? \_\_\_\_\_

How long have they been paying this amount? From \_\_\_\_\_ To \_\_\_\_\_

Do relatives or other parties help to pay part or all of your monthly expenses?  Yes  No

Name of relatives providing additional support: \_\_\_\_\_

Relationship of this relative to you: \_\_\_\_\_

What is the total amount they contribute on a monthly basis to your living expenses? \_\_\_\_\_

How long have they been paying this amount? From \_\_\_\_\_ To \_\_\_\_\_

# STATEMENT OF AFFAIRS (6 of 11)

Are you currently attending college?  Yes  No

Name of college \_\_\_\_\_  Yes  No  
Anticipated graduation date \_\_\_\_\_ Major of Study \_\_\_\_\_

Do you have a student loan?  Yes  No

Name of institution you will make payments to: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date student loan first obtained? \_\_\_\_\_ Date payment is/was to begin: \_\_\_\_\_

Total amount to pay off student loan \_\_\_\_\_ Average monthly payment \_\_\_\_\_

Do you currently owe any fines? (includes parking tickets, moving violations, etc)  Yes  No

Name of court you owe fines to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Amount owed \_\_\_\_\_

Case number assigned by court \_\_\_\_\_ Name of party  Husband  Wife  Other

What was this fine for? \_\_\_\_\_

If you pay child support, are you currently behind in any payments?  Yes  No

Name of person/agency you pay child support to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the total amount you owe in back child support? \_\_\_\_\_

What date (or year) were you supposed to start paying child support? \_\_\_\_\_

If so, what are the payment arrangements? \_\_\_\_\_

Even if you never expect to collect any money, does an ex-spouse owe you money for alimony or child support?  Yes  No

Name of Ex-Spouse \_\_\_\_\_

Address of Ex-Spouse \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total amount he/she owes you \_\_\_\_\_ Date originally started owing you \_\_\_\_\_

Has this ex-spouse been court ordered to pay you? \_\_\_\_\_ Year of court order? \_\_\_\_\_

# STATEMENT OF AFFAIRS (7 of 11)

Over the last year, have you, your children or your spouse been involved in an accident where someone was hurt, for example, a car accident?

Yes  No

Date accident occurred \_\_\_\_\_ Who was at fault? \_\_\_\_\_

Who was involved in the accident? \_\_\_\_\_

Was any insurance money received?  Yes  No If yes, how much? \_\_\_\_\_

During the next six (6) months, do you expect to inherit anything?

Yes  No

How much do you expect to inherit? \_\_\_\_\_ Date expected \_\_\_\_\_

Reasons for inheritance \_\_\_\_\_

During the next six (6) months, do you expect to recover on anyone's life insurance policy?

Yes  No

How much do you expect to receive? \_\_\_\_\_ Date expected \_\_\_\_\_

Reasons for receiving this money: \_\_\_\_\_

Do you expect to receive any money from any insurance claim, for any reason, during the next six (6) months?

Yes  No

How much do you expect to receive? \_\_\_\_\_ Date expected \_\_\_\_\_

Reasons for receiving this money: \_\_\_\_\_

Are you the beneficiary of a trust fund?

Yes  No

What is the amount of the trust fund? \_\_\_\_\_ Name of trust fund owner \_\_\_\_\_

Relationship to you: \_\_\_\_\_ When will you have access to this trust fund? \_\_\_\_\_

Are you owed any back wages, commissions, or vacation pay from your current or previous employer?

Yes  No

Employer Name \_\_\_\_\_

Amount expected to receive \_\_\_\_\_ Date expected to receive \_\_\_\_\_

\*\* Provide details about this amount owed you. (Feel free to use the back of this page if necessary)

Is any of your property in the hands of a repairman, storage company or pawnbroker?

Yes  No

Name of Place Holding Your Property \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of items and yard sale value:

1. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

# STATEMENT OF AFFAIRS (8 of 11)

2. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

3. \_\_\_\_\_ Yard Sale Value \_\_\_\_\_

What is the total amount you need to pay in order to get these items released? \_\_\_\_\_

**In the near future, do you expect to settle, win or begin a case for personal injury?**     Yes     No

How much do you expect to receive? \_\_\_\_\_ Date you expect to receive this money? \_\_\_\_\_

Provide details about this personal injury claim: \_\_\_\_\_

Name of attorney or law firm handling this claim? \_\_\_\_\_

**In the near future, do you expect to enter into any property settlement with a former spouse?**     Yes     No

List all items you expect to receive or turn over in the property settlement (including cash): \_\_\_\_\_

What is the total market value (yard sale value) of these items? \_\_\_\_\_

When do you expect to receive this money or property? or \_\_\_\_\_

When do you expect to turn over this cash or property? \_\_\_\_\_

**Does anyone owe you any money for a judgment you have obtained against them?**     Yes     No

Name of party you filed a lawsuit on \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date you filed this lawsuit? \_\_\_\_\_ Money amount awarded you in judgment: \_\_\_\_\_

**Even if you never expect to collect, does anyone owe you any money for any reason whatsoever?**     Yes     No

Name of Person who owes you money \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Explain why they owe you money: \_\_\_\_\_

Amount they owe you \_\_\_\_\_ Date they originally started owing you \_\_\_\_\_

**Have you made any payments on your loans or bills other than ordinary payments? In other words, have you made catch-up payments, paid off or borrowed to pay on or off bills or loans?**     Yes     No

Name of Creditor You Paid \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Current Balance Due \_\_\_\_\_

Name of Creditor You Paid \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Current Balance Due \_\_\_\_\_

# STATEMENT OF AFFAIRS (9 of 11)

Are there any lawsuits pending against you now?  Yes  No

Name of party suing you (Plaintiff)? \_\_\_\_\_

Case Number \_\_\_\_\_ Date Lawsuit Filed \_\_\_\_\_

Type of Lawsuit From Court Pleading (Complaint, Summons, etc.) \_\_\_\_\_

Attorney for the Plaintiff (found on court pleading): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Court when lawsuit was filed (at the top of the pleading) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\* If lawsuit is LESS THAN 1 YEAR OLD, please make a copy and include with these forms

Have your wages or property been garnisheed or attached?  Yes  No

Who garnisheed your wages or attached your property? \_\_\_\_\_

When item did they repossess? (If car, provide the year, make, model) \_\_\_\_\_

How much money do they take from your paycheck? \_\_\_\_\_ How often is this deducted? \_\_\_\_\_

Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller?  Yes  No

What property did you turn over to a receiver? \_\_\_\_\_

When and where did this take place? \_\_\_\_\_

Is any of your property in receivership or other legal custody?  Yes  No

When did you file your receivership? \_\_\_\_\_

In what court was this done? \_\_\_\_\_

Have you made any gifts to friends or relatives?  Yes  No

What gifts or transfers have you made? \_\_\_\_\_

Who did you give the gift to? \_\_\_\_\_

What date/year did you make the gift? \_\_\_\_\_ What is the approximate value? \_\_\_\_\_

Have you transferred any money or property to family members or friends or paid them any money on debts you might owe them?  Yes  No

Type of property transferred: \_\_\_\_\_

What date/year was it transferred? \_\_\_\_\_ What is the approximate value? \_\_\_\_\_

\_\_\_\_\_

# STATEMENT OF AFFAIRS (10 of 11)

Have you have any unusual losses, such as fire, theft, gambling or otherwise?  Yes  No

Type of loss?  Fire  Theft  Gambling  Other: \_\_\_\_\_

What item(s) or amount of money was lost? \_\_\_\_\_

What date/year was it lost? \_\_\_\_\_ Amount insurance paid? \_\_\_\_\_

Have you had any losses covered by insurance?  Yes  No

Describe loss: \_\_\_\_\_

Date/year of loss? \_\_\_\_\_ Amount insurance paid? \_\_\_\_\_

Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service?  Yes  No

Name of attorney or service \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Consultation Date \_\_\_\_\_ Total paid for service \_\_\_\_\_

Have you filed any bankruptcy within the last eight (8) years?  Yes  No

Did you file a Chapter 7, Chapter 13, or a Chapter 11? \_\_\_\_\_

Date your bankruptcy was filed? \_\_\_\_\_ City, State Filed? \_\_\_\_\_

Name(s) of persons who filed? \_\_\_\_\_

Was the case discharged?  Yes  No Case Number \_\_\_\_\_

Is anyone holding any property that belongs to you?  Yes  No

Item(s) in someone else's possession that belong to you? \_\_\_\_\_

Name of person holding these items: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beside your current address, have you lived at any other addresses within the past six (6) years?  Yes  No

Previous Address lived at: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_

Name(s) of parties who lived at this address: \_\_\_\_\_

\_\_\_\_\_

# STATEMENT OF AFFAIRS (11 of 11)

Previous Address lived at: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_  
Name(s) of parties who lived at this address: \_\_\_\_\_

Previous Address lived at: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_  
Name(s) of parties who lived at this address: \_\_\_\_\_

**Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business) within the past eight (8) years?**  Yes  No

Name of business \_\_\_\_\_  
Business address \_\_\_\_\_  
Type of business (what type of products were sold)? \_\_\_\_\_  
Date business began \_\_\_\_\_ Date business ended \_\_\_\_\_  
Name of your partners, co-investors, or associates? \_\_\_\_\_

What were your net profits for this year? \_\_\_\_\_ Last year? \_\_\_\_\_ 2 Yrs Ago? \_\_\_\_\_  
How much income tax do you pay from the income you make with your business? \_\_\_\_\_

**During the past two (2) years, have either you or your spouse had any other income source outside normal pay from your employer? (includes flea market dealers)**  Yes  No  
Income this year? \_\_\_\_\_ Last year? \_\_\_\_\_ 2 Yrs Ago? \_\_\_\_\_

**What is the amount of the TAX REFUND you received this year?** \_\_\_\_\_  
 I did not file taxes  I had to pay taxes and did not receive a refund

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

Signature of Debtor #1 \_\_\_\_\_ Signature of Debtor #2 \_\_\_\_\_

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