Law Offices of Duane P. Booth

**CLIENT INFORMATION**

To properly advise whether a bankruptcy will benefit you, please take a few minutes to answer the following. Estimate where necessary. Then *Save* and *Email* to duane@dpboothlaw.com. ‘Tab’ quickly navigates this document.

|  |  |
| --- | --- |
| NAME Click here to enter your name | DATE Pick today’s date |
|  ADDRESS Click here to enter your address | PHONE (night) (XXX ) XXX -XXXX |
| CITY city | PHONE (day) (XXX) XXX -XXXX |

1. **WHAT ASSETS DO YOU OWN?**
	1. **HOME** VALUE $value

LOAN #1 $value

LOAN #2 $value

TOTAL NUMBER OF VEHICLES YOU OWN: **[ # ]**. IF MORE THAN **2**, **\***LIST EXTRAS AT THE END.

* 1. **VEHICLES** #1 VALUE $value

LOAN $value

#2 VALUE $value

LOAN $value

* 1. **BANK ACCOUNTS** (Credit Unions, Investments)

CHECKING $value

SAVINGS $value

OTHER $value

* 1. **RETIREMENT PLANS** (401(K)s, IRA)

COMBINED VALUE $value CLIENT AGE(S): DEBTOR age SPOUSE age

* 1. **ALL OTHER ASSETS** (boats, rental property, timeshares, antiques, etc.)

|  |  |
| --- | --- |
| DESCRIPTION | VALUE |
|  description/ name  | $value |
|  description/ name  | $value |
|  description/ name  | $value |
|  description/ name  | $value |

1. **WHAT DEBTS DO YOU OWE?**
	1. **CREDIT CARDS** (Visa, Mastercard, Discover, AmEx, etc)

NUMBER OF CARDS #

TOTAL AMOUNT OWED $amount

* 1. **DEPARTMENT STORE CARDS** (Macy’s, Target, Old Navy, etc)

NUMBER OF CARDS #

TOTAL AMOUNT OWED $amount

* 1. **DEBTS TO FINANCE COMPANIES**

NUMBER OF DEBTS #

TOTAL AMOUNT OWED $amount

* 1. **DEBTS TO FAMILY & FRIENDS**

TOTAL AMOUNT OWED $amount

* 1. **MEDICAL & DENTAL BILLS**

NUMBER OF BILLS #

TOTAL AMOUNT OWED $amount

* 1. **TAXES** (Federal, State, Property)

TOTAL AMOUNT OWED $amount

YEARS OWED years

* 1. **STUDENT LOANS**

TOTAL AMOUNT OWED $amount

YEAR FIRST DUE year

* 1. **OTHER DEBTS** (anything else not listed above)

NUMBER OF BILLS #

TOTAL AMOUNT OWED $amount

1. **MONTHLY NET INCOME (AFTER TAXES)**

DEBTOR $value SPOUSE $value TOTAL $value

1. **MONTHLY EXPENSES**

RENT OR MORTGAGE $amount

UTILITIES $amount

TELEPHONE $amount

CAR PAYMENT(S) $amount

INSURANCE (car, health, life) $amount

TRANSPORTATION (gas, repairs) $amount

FOOD & HOUSEHOLD SUPPLIES $amount

CLOTHING $amount

MEDICAL/DENTAL $amount

CHILD CARE $amount

MISCELLANEOUS EXPENSE(S) $amount

1. **ARE YOU BEING SUED?** [ ]  **YES** [ ]  **NO**

HAVE YOU BEEN SERVED WITH A COMPLAINT? [ ]  YES [ ]  NO

ARE YOU BEING GARNISHED? [ ]  YES [ ]  NO

ARE LIENS BEING RECORDED AGAINST YOU? [ ]  YES [ ]  NO

***\*****USE THE SPACE BELOW TO LIST ANY EXTRA VEHICLES*

 List any extra vehicles.