

GENERAL INFORMATION

Date: _____

OFFICE USE ONLY: STATUS: _____ ACTION NEEDED: _____	FOLLOW-UP: _____
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INSTRUCTIONS: Please fill out ALL of the information requested in these forms. **If a question does NOT apply to you, write "NA" in the space provided.** ("N/A" means "Not Applicable.") **If the question is applicable, but you do not know the answer, please put a question mark "?" in the space provided.** The more information you provide in these forms, the faster your bankruptcy petition can be prepared. Please provide as much detail as you can and fill in **ALL** information requested on these forms. *Thank you for taking the time to be thorough and complete, resulting in a faster turnaround.*

How did you hear about our firm?

Yellow Pages
 Yellow Book
 Direct Mailing
 Internet
 Referral
 Other

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Social Security Number: _____ Date of Birth: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ Length of Time At This Address: _____

Prior Address if less than two years at current address: _____

Home Phone: _____ Other Phone: _____

Is it okay to leave specific messages for you regarding your case at the phone number provided?
 Yes No

E-Mail Address: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Spouse First Name _____ Spouse Middle Name _____ Spouse Last Name _____

Spouse Social Security Number: _____ Spouse Date of Birth: _____

Spouse Address (If Living Separately): _____

Spouse City: _____ Spouse State: _____ Spouse Zip: _____

Dependents

Name	Age	Relationship to You	Is this person/child living with you?		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Have you ever filed for bankruptcy before? Yes No If so, in what year? _____

Are you and your spouse filing this bankruptcy together? Yes No N/A

Has either you or your spouse been known by any other name during the past 6 years? Yes No

(Example: Maiden name, last name from a previous marriage, legal name change, etc.)

If YES, please write the **NAME(S)** and **DATES USED** below:

Name Used: _____ Date Used: _____ Through: _____

Name Used: _____ Date Used: _____ Through: _____

YOUR EMPLOYMENT AND INCOME HISTORY

Are you employed, self employed, retired, or unemployed?

Employed
 Self Employed
 Retired
 Unemployed

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Length of Time at This Job: _____ Years _____ Months

Job Title (do not abbreviate): _____

How often do you get paid?
 Every Week
 Bi-Weekly
 Twice per Month
 Monthly
 Other

If other, please explain: _____

Do you have a second job?
 Yes
 No If yes, name of employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Length of Time at This Job: _____ Years _____ Months

Job Title (do not abbreviate): _____

How often do you get paid?
 Every Week
 Bi-Weekly
 Twice per Month
 Monthly
 Other

If other, please explain: _____

Is your spouse employed?

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Length of Time at This Job: _____ Years _____ Months

Job Title (do not abbreviate): _____

How often do you get paid?
 Every Week
 Bi-Weekly
 Twice per Month
 Monthly
 Other

If other, please explain: _____

Please enter the GROSS MONTHLY income (income BEFORE deductions) for each of the last 6 months for both you and your spouse, starting from last month and going back:

Your Gross Monthly Income for the last 6 months:	Your spouse's Gross Monthly Income:
Month: _____ Gross Income: \$ _____	Month: _____ Gross Income: \$ _____
Month: _____ Gross Income: \$ _____	Month: _____ Gross Income: \$ _____
Month: _____ Gross Income: \$ _____	Month: _____ Gross Income: \$ _____
Month: _____ Gross Income: \$ _____	Month: _____ Gross Income: \$ _____
Month: _____ Gross Income: \$ _____	Month: _____ Gross Income: \$ _____
Month: _____ Gross Income: \$ _____	Month: _____ Gross Income: \$ _____

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

Who garnished or attached your property? _____

How much was taken? _____

OTHER INFORMATION

Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much? \$ _____	How often? _____	For how long? _____
Do you receive food stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much? \$ _____	How often? _____	For how long? _____
Do you receive FIA assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much? \$ _____	How often? _____	For how long? _____
Do you receive unemployment benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much? \$ _____	How often? _____	For how long? _____
Do you receive workers compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much? \$ _____	How often? _____	For how long? _____
Do you receive pension or social security payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much? \$ _____	How often? _____	For how long? _____

Self Employment Income

Are you currently self employed? Yes No
If yes, name and location of company: _____
For How long? _____ Is it an LLC or Corp. or D/B/A? _____ Partners? _____
Name and address of CPA or person holding the books: _____

Have you been self employed or had an ownership interest in a company in the last 6 years? Yes No

Other Information

Have you had lotto/lottery winnings in the last 2 years? Yes No If yes, how much? \$ _____
Do you expect to receive an inheritance in the next 5 years? Yes No If yes, why? _____
Is anyone holding any property that belongs to you? Yes No
EXAMPLE: Your father has a vehicle in his name because you did not have good credit, but it is your car and you make the payments and/or insurance payments.
If yes, what are the items? _____

Name of person holding these items: _____

Address: _____

City: _____

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 If so, date of sale/seizure: _____

Have you transferred any money or property to family members or friends? Yes No

Do you owe any family members or friends money? Yes No If yes, how much? \$ _____

Type of property you purchased with the loan: _____ How much have you paid back? _____

What date/year was it transferred? _____ What is the approximate value of the property now? \$ _____

Have you closed a checking or savings account in the last 2 years? Yes No

If yes, name of bank: _____

Account Number: _____ Account balance on date of closing: \$ _____

Where do you currently do your banking? _____

Have you participated in a debt counseling/consolidation program or seminar in the last year? Yes No

If yes, the name of company: _____

Amounts paid: \$ _____ Are you currently making consolidation payments? Yes No

YOUR REAL ESTATE

And Mobile Homes

PLEASE LET US KNOW IF YOU OWN MORE THAN ONE PIECE OF REAL ESTATE!

Please describe your living space situation: I rent I own I live with friends/family Other

Do you own any real estate or mobile homes? YES NO

Name(s) on Deed or Title: _____

Address of Real Estate: _____

Name of Mortgage Company: _____

Address: _____

City _____ State: _____ Zip: _____

Account Number: _____ Date obtained this mortgage: _____

What are the monthly payments? \$ _____ What is the pay-off amount on this mortgage? \$ _____

Are you behind in payments? Yes No If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up back payments: \$ _____

In what year was your real estate last appraised? _____ What was the appraised value? \$ _____

Do you intend to keep this property or surrender it? KEEP SURRENDER

Do you have a second mortgage on the real estate? Yes No

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date obtained this mortgage: _____

What are the monthly payments? \$ _____ What is the pay-off amount on this mortgage? \$ _____

Are you behind in payments? Yes No If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up back payments: \$ _____

Is this property in the process of foreclosure or replevin action? Yes No

If in collection or foreclosure, please provide a copy of the court documents you were served.

Have you sold or transferred real estate in the last 6 years? Yes No

Do you own an interest in any other real estate? Yes No

TIME SHARE

Do you own an interest in a time share? Yes No If yes, where is it located? _____

Date purchased? _____ Amount of purchase: \$ _____ Current value: \$ _____

Monthly payment: \$ _____ Name of finance company: _____

Account Number: _____

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, mobile homes, boats, trailers, campers, etc. that are **TITLED IN YOUR OR YOUR SPOUSE'S NAME**. Include **ALL** vehicles, even if paid in full.

Do you own (check all that apply):

- A Boat An Off Road Vehicle A Trailer/Camper A Motorcycle A Jet Ski
 An aircraft A Snowmobile More than 2 vehicles

Have you ever had a vehicle repossessed? Yes No

Vehicle #1

Type: Automobile Truck Motorcycle Other _____

Condition: Excellent Good Fair Poor Not Running Mileage: _____

Name(s) on vehicle title: _____

Description of Vehicle (Model Year, Make, Model, Etc.) _____

Is vehicle leased? Yes No If so, what is the total "buy out" amount on the lease? \$ _____

Name of company you make payments to for this vehicle: _____

Address of company you make payments to for this vehicle: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Established Loan: _____

Monthly Payment: \$ _____ How many months are you behind on payments? _____

What is the total "pay off" amount on this vehicle? \$ _____ Check one: Keep Surrender

Have you gone to a loan company and listed this vehicle as collateral for a personal loan? Yes No

If so, name of loan company for personal loan: _____

Vehicle #2

Type: Automobile Truck Motorcycle Other _____

Condition: Excellent Good Fair Poor Not Running Mileage: _____

Name(s) on vehicle title: _____

Description of Vehicle (Model Year, Make, Model, Etc.) _____

Is vehicle leased? Yes No If so, what is the total "buy out" amount on the lease? \$ _____

Name of company you make payments to for this vehicle: _____

Address of company you make payments to for this vehicle: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Established Loan: _____

Monthly Payment: \$ _____ How many months are you behind on payments? _____

What is the total "pay off" amount on this vehicle? \$ _____ Check one: Keep Surrender

Have you gone to a loan company and listed this vehicle as collateral for a personal loan? Yes No

If so, name of loan company for personal loan: _____

Vehicle #3

Type: Automobile Truck Motorcycle Other _____

Condition: Excellent Good Fair Poor Not Running Mileage: _____

Name(s) on vehicle title: _____

Description of Vehicle (Model Year, Make, Model, Etc.) _____

Is vehicle leased? Yes No If so, what is the total "buy out" amount on the lease? \$ _____

Name of company you make payments to for this vehicle: _____

Address of company you make payments to for this vehicle: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Established Loan: _____

Monthly Payment: \$ _____ How many months are you behind on payments? _____

What is the total "pay off" amount on this vehicle? \$ _____ Check one: Keep Surrender

Have you gone to a loan company and listed this vehicle as collateral for a personal loan? Yes No

If so, name of loan company for personal loan: _____

Vehicle #4

Type: Automobile Truck Motorcycle Other _____

Condition: Excellent Good Fair Poor Not Running Mileage: _____

Name(s) on vehicle title: _____

Description of Vehicle (Model Year, Make, Model, Etc.) _____

Is vehicle leased? Yes No If so, what is the total "buy out" amount on the lease? \$ _____

Name of company you make payments to for this vehicle: _____

Address of company you make payments to for this vehicle: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Established Loan: _____

Monthly Payment: \$ _____ How many months are you behind on payments? _____

What is the total "pay off" amount on this vehicle? \$ _____ Check one: Keep Surrender

Have you gone to a loan company and listed this vehicle as collateral for a personal loan? Yes No

If so, name of loan company for personal loan: _____

CIVIL CLAIMS

Are you currently involved in any civil suits? Yes No Have you been in the last 5 years? Yes No

If yes, are/were you the Plaintiff or Defendant? Plaintiff Defendant

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to include the MONTHLY (not yearly) amounts in the spaces provided for each expenditure. For utilities, your bill may be higher in the winter than in the summer, so enter the amount that is "average" covering the whole 12 month period.

<p style="text-align: center;"><u>Housing Expenses</u></p> <p>Rent \$ _____</p> <p>First Mortgage payment or mobile home payment \$ _____</p> <p>Second Mortgage (if applicable) \$ _____</p> <p>Third Mortgage (if applicable) \$ _____</p> <p>Lot Payment (if applicable) \$ _____</p> <p>Are Real Estate Taxes included in your mortgage? \$ _____</p> <p>Taxes NOT included in your mortgage payment \$ _____</p> <p>Is your home insurance included in your mortgage payment? \$ _____</p> <p>Insurance NOT included in your house payment \$ _____</p> <p style="text-align: center;"><u>Utilities (normal monthly average)</u></p> <p>Electricity & Gas \$ _____</p> <p>Water \$ _____</p> <p>Telephone (basic & long distance) \$ _____</p> <p>Trash Pick-Up \$ _____</p> <p>Cell Phone \$ _____</p> <p>Cable TV \$ _____</p> <p>Internet Service \$ _____</p> <p style="text-align: center;"><u>Basic Needs</u></p> <p>Home maintenance (home owners) \$ _____</p> <p>Food (monthly) \$ _____</p> <p>Clothing (monthly expense) \$ _____</p> <p>Laundry, dry cleaning, soap, etc. \$ _____</p> <p>Medical expenses NOT paid by insurance \$ _____</p> <p style="text-align: center;"><u>Transportation</u></p> <p>Gasoline \$ _____</p> <p>Auto maintenance \$ _____</p> <p>Public transportation \$ _____</p> <p style="text-align: center;"><u>Insurance</u></p> <p>Renter's Insurance \$ _____</p> <p>Life Insurance (other than employer) \$ _____</p> <p>Health Insurance (other than employer) \$ _____</p> <p>Automobile Insurance \$ _____</p> <p>Other Insurance \$ _____</p>	<p style="text-align: center;"><u>Taxes</u></p> <p>IRS/State of MI payments \$ _____</p> <p style="text-align: center;"><u>Other Expenses</u></p> <p>Alimony or Child Support \$ _____</p> <p>Payments for someone outside your home \$ _____</p> <p>Union Dues (NOT payroll deducted) \$ _____</p> <p>Professional Dues (NOT payroll deducted) \$ _____</p> <p>Child Care Expenses \$ _____</p> <p>Babysitter/Daycare \$ _____</p> <p>School Expenses \$ _____</p> <p>School Lunch Expenses \$ _____</p> <p>College Tuition (NOT loans) \$ _____</p> <p>Student Loan Repayment \$ _____</p> <p>Cigarettes \$ _____</p> <p>Pet Food/Supplies/Vet \$ _____</p> <p>Newspapers/Books/Magazines \$ _____</p> <p>Personal Care Items \$ _____</p> <p>Condo Association Fees \$ _____</p> <p>Children's Activities (dance, soccer, etc.) \$ _____</p> <p>Prescriptions out of pocket \$ _____</p> <p>Physical Therapy \$ _____</p> <p>Psychiatrist/Therapist \$ _____</p> <p>Diaper/Formula \$ _____</p> <p>Time Share Expense \$ _____</p> <p>Auto or Lease Payments \$ _____</p> <p>Alarm System \$ _____</p> <p>Storage Fees \$ _____</p> <p>Family Member Loans \$ _____</p> <p>Lawn/Snow Service \$ _____</p> <p>Children Dental/Braces \$ _____</p> <p>Rent to Own Furniture \$ _____</p> <p>Other Expenses \$ _____</p>
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*****VERY IMPORTANT*****

Should you decide to retain our legal services to file for bankruptcy, the information provided in this form will be used to draft your Bankruptcy Petition in Federal Court. Providing false or misleading information or non-disclosure of pertinent information in a Federal Bankruptcy Petition may constitute fraud and/or perjury. Further, dismissal or adjournment of your case due to such practices may result in additional fees.

By signing below, I affirm that all information provided in the previous pages is true and correct to the best of my knowledge.

I understand and accept that providing the attached information is necessary in order to facilitate an initial consultation and that doing does NOT constitute any expressed or implied contract for legal representation on my behalf for any purpose by The Law Offices of J. L. Haddock, PLLC, it's affiliates, or any attorney under it's employment.

Legal representation on my behalf will only commence only upon signing and acceptance of a Client and Attorney Fee Agreement by both myself and a duly authorized associate of the Law Offices of J. L. Haddock, PLLC. Once such representation has commenced, I understand that the information provided in this General Information Sheet or attached hereto, may be used by The Law Offices of J. L. Haddock, PLLC to create a Petition for Federal Bankruptcy Protection under the United States Bankruptcy Code.

Signature of Debtor #1

Date: _____

Signature of Debtor #2

Date: _____