

PERSONAL PROPERTY

Please List Estimated Value

Cash On Hand \$ _____

Household Goods & Furnishings (Please List / Describe Household Items)

_____ Estimated Total Value \$ _____

Wearing Apparel \$ _____

Furs & Jewelry \$ _____

Art and / or Collections (Coin, Stamp, Gun Etc) \$ _____

Interests In Insurance Policies \$ _____

Accounts Receivable \$ _____

Tax Refunds Due To Debtor or Co-Debtor \$ _____

Automobiles, Trucks, Trailers, 4 Wheelers Etc

_____ \$ _____

Boats, Motors & Accessories _____ \$ _____

Farming Supplies, Tools, Inventory, Animals, (Not Pets), Other Personal Property Of Any Kind

_____ \$ _____

By Signing Below I certify That The Information I Have Provided Is True & Correct To The Best Of My Knowledge & Belief. I Have Been Informed That On Call Paralegal LLC is A NON-ATTORNEY Legal Document Preparation Firm, If I Feel I Need Legal Advice I Should Contact An Attorney.

_____ Date _____
Debtor

_____ Date _____
Co-Debtor

MONTHLY HOUSEHOLD & INDIVIDUAL EXPENSES:

Rent or Home Mortgage Payment \$ _____

Are Property Taxes Included: Yes No

Is Property Insurance Included: Yes No

Electricity & Heating Fuel \$ _____

Home Maintenance (repairs & upkeep) \$ _____

Food \$ _____

Clothing \$ _____

Laundry & Dry Cleaning \$ _____

Medical & Dental Expenses \$ _____

Transportation, (not including car payments) _____

Recreation (movies, magazines, etc) \$ _____

Charitable Contributions \$ _____

Insurance NOT DEDUCTED From Wages, or Included in Mortgage Payment

Renters or Homeowners \$ _____

Life \$ _____

Health \$ _____

Auto \$ _____

Other _____ \$ _____

Taxes, NOT DEDUCTED From Wages \$ _____

Installment Payments Which Will Be Re-Affirmed

Auto \$ _____

Other _____ \$ _____

Other _____ \$ _____

Alimony & Support Payments \$ _____

Expenses From Operation Of Business \$ _____

INCOME OF INDIVIDUAL DEBTORS

DEBTOR:

Monthly Gross Wages, Salary, & Commissions of Debtor \$ _____

Estimate Monthly Overtime Debtor Receives \$ _____

Payroll Taxes Deducted \$ _____

Insurance Deducted \$ _____

Other Deductions (Explain) _____ \$ _____

CO-DEBTOR (If Applicable) :

Monthly Gross Wages, Salary, & Commissions of Co-Debtor \$ _____

Estimate Monthly Overtime Co-Debtor Receives \$ _____

Payroll Taxes Deducted \$ _____

Insurance Deducted \$ _____

Other Payroll Deductions \$ _____

OTHER INCOME, Debtor & Co-Debtor

Regular Income From Operation Of Business Or Farm \$ _____

Income From Real Property \$ _____

Interest & Dividends \$ _____

Alimony or Support Payments Payable To The Debtor or Co-Debtor \$ _____

Social Security or Government Assistance \$ _____

Pension or Retirement Income \$ _____

Other Monthly Income From Any Source \$ _____

Other Monthly Income From Any Source \$ _____

Do You Expect any Increase or Decrease In Your Monthly Income In The Next Year?

Yes _____ No _____

Creditors Name _____

Creditors Address _____

City, State, Zip _____

Last 4 Digits of Account Number _____

Amount Owing \$ _____

When (Month & Year) Was This Account Opened or Debt Incurred _____

Type Of Account, ie Revolving Credit Card, Medical Etc _____

Notes _____

Creditors Name _____

Creditors Address _____

City, State, Zip _____

Last 4 Digits of Account Number _____

Amount Owing \$ _____

When (Month & Year) Was This Account Opened or Debt Incurred _____

Type Of Account, ie Revolving Credit Card, Medical Etc _____

Notes _____

Creditors Name _____

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Last 4 Digits of Account Number _____

Amount Owing \$ _____

When (Month & Year) Was This Account Opened or Debt Incurred _____

Type Of Account, ie Revolving Credit Card, Medical Etc _____

Notes _____

If Additional Space Is Required for Creditor Information Please Attach Additional Pages As Needed

Creditors Name _____

Creditors Address _____

City, State, Zip _____

Last 4 Digits of Account Number _____

Amount Owing \$ _____

When (Month & Year) Was This Account Opened or Debt Incurred _____

Type Of Account, ie Revolving Credit Card, Medical Etc _____

Notes _____

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Notes _____

Creditors Name _____

Creditors Address _____

City, State, Zip _____

Last 4 Digits of Account Number _____

Amount Owing \$ _____

When (Month & Year) Was This Account Opened or Debt Incurred _____

Type Of Account, ie Revolving Credit Card, Medical Etc _____

Notes _____

Do You Have Any Of The Following:

Delinquent Student Loans _____, Delinquent Taxes Or Other Debts Owed To Governmental
Units, _____ Delinquent Spousal Or Child Support Payments _____, Claims Filed
Against You For Damages That Occurred While You Were Intoxicated, _____

UNSECURED DEBTS, (An Unsecured Debt Is A Debt Which Is Not Secured By Merchandise, For
Example, Credit Card Debt, Medical Bills, Cellular Telephone Bills, Cable or Satellite Bills, etc.)

Creditors Name _____

Creditors Address _____

City, State, Zip _____

Last 4 Digits of Account Number _____

Amount Owing \$ _____

When (Month & Year) Was This Account Opened or Debt Incurred _____

Type Of Account, ie Revolving Credit Card, Medical Etc _____

Notes: _____

Creditors Name _____

Creditors Address _____

City, State, Zip _____

Last 4 Digits of Account Number _____

Amount Owing \$ _____

When (Month & Year) Was This Account Opened or Debt Incurred _____

Type Of Account, ie Revolving Credit Card, Medical Etc _____

Notes _____

THIS PAGE IS FOR SECURED DEBTS ONLY. IF YOU HAVE ANY SECURED DEBTS PLEASE COMPLETE THE REQUESTED INFORMATION. (A Secured Debt, Is A Debt Which Is Secured By Merchandise, Such As An Auto Loan, A Furniture Loan, Or a Home Loan) IF YOU DO NOT HAVE ANY SECURED DEBT, PLEASE GO TO THE NEXT PAGE.

Description Of Secured Merchandise For This Debt _____

Creditors Name & Address _____

City, State, Zip _____

Last 4 Digits Of Account # _____

How Much Do You Owe On This Account \$ _____

Value Of Item Securing This Account \$ _____

When Was This Account Opened _____

Description Of Secured Merchandise For This Debt _____

Creditors Address _____

City, State, Zip _____

Last 4 Digits Of Account # _____

How Much Do You Owe On This Account \$ _____

Value Of Item Securing This Account \$ _____

When Was This Account Opened _____

Description Of Secured Merchandise For This Debt _____

Creditors Address _____

City, State, Zip _____

Last 4 Digits Of Account # _____

How Much Do You Owe On This Account \$ _____

Value Of Item Securing This Account \$ _____

When Was This Account Opened _____

Do You Have A Checking Account? _____

Last 4 Digits Of Acct # _____ Approx Balance _____

Bank Name _____

Bank Address _____

City, State & Zip _____

Do You Have A Savings Account? _____

Last 4 Digits Of Acct # _____ Approx Balance _____

Bank Name _____

Bank Address _____

City, State & Zip _____

Do You Have A 401K, IRA, Keogh, Pension or Profit Sharing Plan ? _____

If Yes, Please List The Approx Balance Of The Account _____

Do you Have any Judgments or Garnishments. _____ If Yes, Please Complete the

Information Requested Below:

Court Where Judgment Was Entered, (Name & Address) _____

What Is The Case Number _____

Date The Judgment Was Entered _____

Amount Of Judgment \$ _____

Initial Creditor, (Name & Address) _____

CHAPTER 7 BANKRUPTCY QUESTIONNAIRE

Name: _____

Address: _____

City, State & Zip: _____

Daytime Phone _____ Evening Phone _____

E Mail Address _____

Debtors SSN _____

Co-Debtors SSN _____

Have You Ever Filed Bankruptcy Before _____. If So When _____

Number of Dependents _____ Ages _____

Monthly Gross Income Debtor \$ _____

Monthly Gross Income Co-Debtor \$ _____

Total Gross Monthly Income (Add Debtors & Co-Debtors Gross Income) \$ _____

Debtors Employer _____

Employers Address _____

City, State, Zip _____

Job Title _____ How Long Employed with this Employer _____

Co-Debtors Employer _____

Employers Address _____

City, State, Zip _____

Job Title _____ How Long Employed With This Employer _____
