

# **BANKRUPTCY WORKSHEET**

## **PERSONAL INFORMATION**

Your Full Name: \_\_\_\_\_ Your SSN: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ His Cell #: \_\_\_\_\_ His Work #: \_\_\_\_\_

Her Cell #: \_\_\_\_\_ Her Work #: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Nearest Relative's Name: \_\_\_\_\_ Nearest Relative's Phone #: \_\_\_\_\_

Indicate if You Are:  Married  Single  Divorced  Separated  Widowed

Number of Dependents At Home: \_\_\_\_\_

Have you ever filed for bankruptcy (Chapter 7 or Chapter 13)?  Yes  No If yes, what year? \_\_\_\_\_

## **REAL PROPERTY (HOUSES/BUILDINGS/LAND)**

Do you:  Own your own home?  Rent?  Live with family or friends?

What is the value of your home? \$ \_\_\_\_\_ What year did you purchase: \_\_\_\_\_

How much did you pay for it?: \$ \_\_\_\_\_

Is your home a:  House & Lot  House & Acreage  Mobile Home & Land  Mobile Home on Rented Lot

List All Property that you or your spouse owns: (including, house, mobile home, land)

<i>Address</i>	<i>Mortgage Co.</i>	<i>Payoff Balance</i>	<i>Monthly Note</i>	<i>Number of Months Behind</i>	<i>Mortgage Position (1<sup>st</sup>, 2<sup>nd</sup>, etc.)</i>
		\$	\$		
		\$	\$		
		\$	\$		

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Do you own any other property not listed above? Including Rental Property, Inherited Property, Vacant Land or other property?  Yes  No

If so, please list below:

<i>Address</i>	<i>Name of Mortgage of Company, if Mortgaged</i>	<i>Payoff Balance</i>	<i>Monthly Note</i>	<i>Number of Months Behind</i>	<i>Mortgage Position (1<sup>st</sup>, 2<sup>nd</sup>, etc.)</i>
		\$	\$		
		\$	\$		
		\$	\$		

**VEHICLES (CARS, TRUCKS, MOTORCYCLES, BOATS, RVs, ATVS)**

List ALL vehicles (cars, trucks, motorcycles, boats, RVs, and ATVs). List the vehicle, even if it is paid for.

<i>Year/Make/Model (ex. 2000 Ford F150)</i>	<i>Mileage</i>	<i>Creditor</i>	<i>Loan Balance</i>	<i>Monthly Note</i>	<i>Arrears</i>
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**OTHER SECURED LOANS**

Do you have loans secured by property other than your home and vehicles (i.e., furniture loans, electronics loans, etc.)?  Yes  No If so, please list all other secured loans:

<i>Property/ Collateral</i>	<i>Value of Property/ Collateral</i>	<i>Creditor</i>	<i>Loan Balance</i>	<i>Monthly Note</i>	<i>Arrears</i>
	\$		\$	\$	\$
	\$		\$	\$	\$

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**ASSETS SECTION**

**THINGS OF VALUE/PERSONAL PROPERTY**

**HOUSEHOLD FURNISHINGS & APPLIANCES:** Please check each of the following items that you own & their approximate value:

Refrigerator		King Bed		Sofa/Couch	
Freezer		Queen Bed		Loveseat	
Stove		Double Bed		Recliner	
Washer		Single Bed		Occasional Chair	
Dryer		Night Stands		End Table	
Table/Chairs		Chest of Drawers		Coffee Table	
Desk/Chairs		Dresser		Entertainment Cntr.	
Baker's Rack		Bookshelves		Lamps	
File Cabinet		Patio Furniture		China Cabinet	

**SMALL HOUSEHOLD ITEMS:** List how many of each of the following items that you own:

Pots & Pans		Coffee Maker		Toaster Oven	
Dishes		Microwave		Alarm Clock	
Silverware		Mixer		Iron	
Toaster		Blender		Hairdryer	

**ELECTRONICS:** List how many of each of the following items that you own:

<i>Item</i>		<i>Item</i>		<i>Item</i>	
TVs (list sizes)		MP3 Player/iPod		Telephone	
DVD player		Video Games		Cellular Phone	
VCR		Computer		Typewriter	
Stereo		Printer		Scanner	

**CLOTHING & JEWELRY:** List how many of each of the following items that you own:

Personal Clothing		Necklaces		Costume Jewelry	
Wedding Rings		Other Rings		Jewelry Box	
Watches		Bracelets		Furs	

**RETIREMENT/INSURANCE/FINANCIAL:** List how many of each of the following items that you own:

401(k) Account		Stocks (Company)		SEPs	
IRA Account		Government Bonds		Keoghs	
Life Insurance Policy		Business Interests		Utility Deposits	
Annuity		ESOPs		Certif. of Deposit	

**MISCELLANEOUS ITEMS:** List how many of each of the following items that you own:

Guns (list types)		Weights		Clocks	
Hunting Equipment		Trampoline		Luggage	
Fishing Equipment		Treadmill		Tools	
Bicycles		Pets (list type)		Lawnmower	
Golf Clubs		Musical Instruments		Barbecue Grill	
Tennis Racket		Books		Antiques	
Exercise Equipment		Artwork		Rugs	

Please list any additional assets not included above on the following page.

\*\*\*All assets **MUST** be disclosed.\*\*\*

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**ASSETS SECTION - THINGS OF VALUE/PERSONAL PROPERTY (CONT.)**

**ADDITIONAL ASSETS:**

List any additional assets not listed above, including interests in any businesses, business equipment, inventory, accounts receivables, etc.: (Attach separate sheet if necessary.)

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**BANK ACCOUNTS:** List ALL accounts below.

<i>Name of Bank</i>	<i>Checking or Savings?</i>	<i>Approximate Balance</i>
		\$
		\$
		\$
		\$

**FAMILY (INHERITED) PROPERTY:**

Are both of your parents living?  Yes  No      Are both of your spouse's parents living?  Yes  No

If deceased, did either parent own a home at the time they died? If so, please list the property location and value:

Address Where Property is Located: \_\_\_\_\_

Value of Property: \_\_\_\_\_      Balance of any Mortgage: \_\_\_\_\_

\*\*You are required to provide a copy of the will or succession papers.

Did they own any other property at the time they died?  Yes  No

**LAWSUITS & CLAIMS AGAINST ANOTHER:**

Do you have any lawsuits or claims pending against anyone or any company?  Yes  No

If yes, type of lawsuit: \_\_\_\_\_ Name of Person you are Suing \_\_\_\_\_

Name and Address of your Attorney: \_\_\_\_\_

**OTHER POTENTIAL CLAIMS:**

Please list any other potential claims that you may have against a business or individual. This includes claims for injuries, auto accidents, money owed to you, loss due to fraud, etc.:

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**INCOME SECTION**

**EMPLOYMENT INFORMATION**

Name of Your Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

How Long Have You Worked for this Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Spouse's Employer: \_\_\_\_\_

Spouse's Employer's Address: \_\_\_\_\_

How Long Has Spouse Worked for this Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

List the Names & Addresses of All Additional Employers (2<sup>nd</sup>, 3<sup>rd</sup>, & Part Time Jobs):

\_\_\_\_\_

**DEPENDENTS (Children and/or Elderly Relatives) Living at Home**

Name	Age	Relationship	School/Work?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Please provide all of their check stubs/income from the past 7 months

**ADDITIONAL SOURCES OF INCOME**

Please indicate below the monthly amount of income that you receive from any additional sources.  
Documentation must be provided:

<i>Source of Income</i>	<i>Monthly Amount Received</i>
2 <sup>nd</sup> Job	\$
Social Security	\$
Disability	\$
Veterans Benefits	\$
Unemployment Compensation	\$
Food Stamps	\$
Retirement/Pension	\$
Child Support/Alimony	\$
Asst from Family or Friends (list name & address)	\$
Stock Dividend	\$
Oil/Mineral Royalty	\$
Any Other Type of Income (list type)	\$

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**EXPENSES**

**APPROXIMATE MONTHLY EXPENSES:** Please estimate to the best of your knowledge. If you and your spouse are filing together but living separately, monthly expenses for both parties need to be listed.

<i>Description of Monthly Expense</i>	<i>Debtor's Monthly Expense</i>
Mortgage/Rent Payment	\$ _____
Are real estate taxes included?	___ Yes ___ No
Is property insurance included?	___ Yes ___ No
Annual property taxes	\$ _____
Annual homeowner's insurance premium	\$ _____
Electricity and Home Gas	\$ _____
Water and Sewer	\$ _____
Home Telephone	\$ _____
Cell Phones	\$ _____
Cable/Satellite TV	\$ _____
Internet	\$ _____
Home Maintenance	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry and Dry Cleaning	\$ _____
Medical and Dental Expenses	\$ _____
Transportation (gas, oil change, etc.)	\$ _____
Recreation (movies, newspapers, etc.)	\$ _____
Charitable Contributions and Tithes	\$ _____
Life Insurance	\$ _____
Health Insurance (not deducted from wages)	\$ _____
Car Insurance	\$ _____
Other Insurance (please list):	\$ _____
Child Support/Alimony	\$ _____
Support of dependents not living at home	\$ _____
Daycare/Aftercare (please provide documentation)	\$ _____
School Expenses/School Lunches	\$ _____
Pet Food/Supplies	\$ _____
Other Monthly Expenses (please list):	
	\$ _____
	\$ _____
	\$ _____
	\$ _____

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**CREDITORS/DEBTS OWED**

Please list **ALL DEBTS** below, no debts can be omitted. Debts include student loans, finance companies, medical bills, credit cards, credit union loans, personal loans, lawsuits, judgments, garnishments, pay day loans, check cashing loans, etc.

**Creditors not listed will not be included in your bankruptcy.**

Creditor's Name: _____	Amount Owed: \$ _____
Address: _____	Account No.: _____
_____	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____	Account No.: _____
_____	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____	Account No.: _____
_____	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____	Account No.: _____
_____	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____	Account No.: _____
_____	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	

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**\*\*\* Be sure to include all creditors and collectors. Attach additional pages if needed. \*\*\***

**CREDITORS/DEBTS OWED (CONT.)**

Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	

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**CREDITORS/DEBTS OWED (CONT.)**

Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Creditor's Name: _____ Address: _____ _____ Type of Debt (medical, credit card, business, etc.): _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____

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**\*\*\* Be sure to include all creditors and collectors. Attach additional pages if needed. \*\*\***  
**CREDITORS/DEBTS OWED (CONT.)**

Creditor's Name: _____ Address: _____ _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____ Address: _____ _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____ Address: _____ _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____ Address: _____ _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Creditor's Name: _____ Address: _____ _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	

**Have you included ALL debts?    Yes    No**

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**TAXES:**

Have you filed all of your tax returns in the last four years?  Yes  No  
 If NO, what years have you not filed? \_\_\_\_\_

Do you owe IRS?  Yes  No If YES, amount owed: \$\_\_\_\_\_ For what year(s) \_\_\_\_\_

Do you owe State?  Yes  No If YES, amount owed: \$\_\_\_\_\_ For what year(s) \_\_\_\_\_

Do you owe any Other Taxes?  Yes  No If YES, description & amount owed: \$\_\_\_\_\_

**CHILD SUPPORT/ALIMONY:**

Do you owe back child support?  Yes  No If YES, amount owed: \$\_\_\_\_\_

Is it court ordered?  Yes  No If YES, you must provide a copy of court order/judgment.

Do you owe back spousal support/alimony?  Yes  No If YES, amount owed: \$\_\_\_\_\_

List the name, address, and telephone number of all people to whom you owe child support/alimony:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

**LAWSUITS/GARNISHMENTS:**

Have you been sued in the last year?  Yes  No If YES, list the name of the creditor and their attorney:

Creditor: \_\_\_\_\_ Attorney: \_\_\_\_\_

Creditor: \_\_\_\_\_ Attorney: \_\_\_\_\_

Have your wages been garnished in the last year?  Yes  No If YES, list:

Creditor: \_\_\_\_\_ Attorney: \_\_\_\_\_

Do you have any judgments against you?  Yes  No If YES, list the creditor (provide documentation):

Creditor: \_\_\_\_\_ Attorney: \_\_\_\_\_

**CO-DEBTORS:**

Is there a co-debtor (or co-signor) on any of your debts?  Yes  No If YES, List:

Co-Debtor's Name & Address: \_\_\_\_\_

Creditor's Name & Description of Debt: \_\_\_\_\_

Who is Paying the Debt: \_\_\_\_\_ Is it Current?  Yes  No

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**STATEMENT OF FINANCIAL AFFAIRS**

**Please answer ALL questions:**

**1.** Have you made payments of over \$600.00 to any one creditor in the last 90 days?  Yes  No  
Name & Address of Creditor(s): \_\_\_\_\_ Date(s) of Payments: \_\_\_\_\_  
\_\_\_\_\_ Amount of Payments: \_\_\_\_\_  
\_\_\_\_\_

**2.** Have you had any property repossessed or voluntarily surrendered in the last year?  Yes  No  
Name & Address of Creditor(s): \_\_\_\_\_ Description of Property: \_\_\_\_\_  
\_\_\_\_\_ Date Repo/Surrendered: \_\_\_\_\_  
\_\_\_\_\_

**3.** Have you made charitable contributions in the last year?  Yes  No  
Name & Address: \_\_\_\_\_ Date(s) of Contribution: \_\_\_\_\_  
\_\_\_\_\_ Amount of Contribution: \_\_\_\_\_  
\_\_\_\_\_

**4.** Have you borrowed money from a relative or friend in the last year?  Yes  No  
Name & Address: \_\_\_\_\_ Date(s) Borrowed: \_\_\_\_\_  
\_\_\_\_\_ Amount Borrowed: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_

**5.** Have you given or paid back money to a friend or a relative in the last year?  Yes  No  
Name & Address: \_\_\_\_\_ Date(s) Paid: \_\_\_\_\_  
\_\_\_\_\_ Amount Paid: \_\_\_\_\_  
\_\_\_\_\_ Balance: \_\_\_\_\_

**6.** Have you paid anyone other than our firm for bankruptcy or debt related services?  Yes  No  
Name & Address: \_\_\_\_\_ Date(s) Paid: \_\_\_\_\_  
\_\_\_\_\_ Amount Paid: \_\_\_\_\_  
\_\_\_\_\_ **\*\*Please provide documentation.\*\***

**7.** Have you sold, donated, or given away any property in the last year?  Yes  No  
Name & Address: \_\_\_\_\_ Property Description: \_\_\_\_\_  
\_\_\_\_\_ Date of Transfer: \_\_\_\_\_  
\_\_\_\_\_ Value/Amt Sold for: \_\_\_\_\_

<b>8.</b> Have you had any losses due to fire, theft, casualty, or gambling in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description and Value of Property	Circumstances of Loss and Insurance Coverage	Date of Loss
_____	_____	_____
_____	_____	_____

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**9.** Have you closed any bank accounts in the last year?  Yes  No

Name: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Address: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Closing Date & Balance: \_\_\_\_\_

**10.** Do you have a safe deposit box?  Yes  No

Name of Bank : \_\_\_\_\_ Contents: \_\_\_\_\_  
Address: \_\_\_\_\_

**11.** Do you have any property in your possession that is owned by someone else?  Yes  No

Name: \_\_\_\_\_ Property Description: \_\_\_\_\_  
Address: \_\_\_\_\_

**12.** Have you used a different address in the last three years?  Yes  No

Prior Address: \_\_\_\_\_ Prior Address: \_\_\_\_\_

**13.** Have you been married at any point during the last eight years?  Yes  No

Name of Former Spouse: \_\_\_\_\_

Was there a community property settlement?  Yes  No  
If so, please provide a copy of the settlement papers.

**14.** Have you inherited any property (i.e., real estate, money, cars, or anything of value)?  Yes  No

Property Description: \_\_\_\_\_

**15.** Do you own or have you owned a business in the last 6 years or had an ownership interest in any corporation, partnership, or LLC?  Yes  No

Name of Business: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
Date Business began: \_\_\_\_\_ Date Business closed: \_\_\_\_\_  
Tax ID No.: \_\_\_\_\_ Type of Business (LLC, Inc.): \_\_\_\_\_

\*\*\*If you currently own an interest in any business (LLC, Corporation, etc.) please provide a current balance sheet and profit & loss statement. Please understand we may require more information in the future.\*\*\*

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**DEBT NEGOTIATORS/FORECLOSURE ASSISTANCE**

Have you paid money to any company or individual in the last year for the purpose of debt negotiation, debt elimination, debt consolidation, foreclosure assistance, loss mitigation, or for any other assistance with creditors?  Yes  No If YES, list the name and address of the company (also provide documentation):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How much money did you pay this company/individual? \$\_\_\_\_\_

List the date(s) of all payments to this company/individual: \_\_\_\_\_

**HARASSING CREDITORS/DEBT COLLECTORS**

Have any of your creditors or debt collectors excessively harassed you? If so, list. (i.e., made threats against you, called early in the morning or late at night, used abusive or nasty language with you, called third parties about your debts, called you excessively, called you at work, come to your home or work, etc.)  Yes  No

Creditor: \_\_\_\_\_ Address: \_\_\_\_\_

## **Personal Injury**

In addition to Bankruptcy, Grand Law Firm has extensive experience in the area of Personal Injury Law. We represent many clients in automobile accidents, slip and fall accidents, work related injuries, and medical malpractice law suits.

Should you or any members of your family suffer damages as a result of someone else's negligence, please contact our firm immediately to discuss your rights.

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