

GRAND LAW FIRM

ATTORNEYS AT LAW

BANKRUPTCY – REQUIRED DOCUMENT CHECKLIST

YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- Federal and State tax returns for 2007 and 2008.

- All paycheck stubs that you have received from all employers over the last six (6) months.

- Documentation of all other income received in the last six (6) months (i.e., Social Security, child support, unemployment, food stamps, etc.).

- Current credit reports (get free credit reports at www.annualcreditreport.com).

- Copies of any judgments and lawsuits filed against you.

- All Car Loan Documents, Furniture Loan Documents, and Electronics Loan Documents.

- Car insurance documentation (premium notice or dec page)

- Documentation of all charitable contributions and tithes that you have made over the last six (6) months.

- Documentation of monthly medical and prescription drug expenses over \$60.00.

- Confirmation of Credit Counseling (www.hummingbird.org).

- Completed Bankruptcy Client Questionnaire.

- Signed Notice Packet.

BANKRUPTCY CLIENT QUESTIONNAIRE

PERSONAL INFORMATION

Your Full Name: _____ Your SSN: _____

Spouse’s Full Name: _____ Spouse’s SSN: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Parish You Reside In: _____

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?

SECURED LOANS ON REAL PROPERTY

What is the value of your home? \$ _____

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

List All Mortgages That You Have on Your Home:

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

Do you own rental, inheritance, or other real property? Yes No

What is the value of your Rental, Inheritance, or Other Real Property? \$_____

List All Mortgages That You Have on Your Rental, Inheritance, or Other Real Property:

<i>Mortgage Company Name</i>	<i>Loan Balance</i>	<i>Monthly Note</i>	<i>Number of Months Behind</i>	<i>Mortgage Position (1st, 2nd, 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</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

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>
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$

ASSETS/THINGS OF VALUE/PERSONAL PROPERTY**HOUSEHOLD FURNISHINGS & APPLIANCES:** List how many of each of the following items that you own:

<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>
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:

<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>
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>How Many?</i>	<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</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:

<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>
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:

<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>
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:

<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>	<i>Item</i>	<i>How Many?</i>
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	

MAIN OFFICE: 10537 KENTSHIRE COURT, SUITE A, BATON ROUGE, LA 70810 – PHONE: 225-769-1414 – FAX: 225-769-2300

METAIRIE OFFICE: 2901 N. CAUSEWAY BLVD., SUITE 208, METAIRIE, LA 70002 – PHONE: 504-831-1222

WEBSITE: WWW.GRANDLAWFIRM.COM – EMAIL: INFO@GRANDLAWFIRM.COM

ASSETS/THINGS OF VALUE/PERSONAL PROPERTY (CONT.)

BANK ACCOUNTS: List ALL accounts below.

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

LAWSUITS & CLAIMS AGAINST ANOTHER:

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

If yes, describe lawsuit: _____

ADDITIONAL REAL ESTATE:

Do you own any real estate that has no mortgages? Yes No

If yes, describe real estate: _____

ADDITIONAL VEHICLES (CARS, TRUCKS, MOTORCYCLES, BOATS, RVS, ATVS):

Do you own any vehicles that you owe no money on? Yes No

If yes, describe vehicle(s): _____

TAX REFUNDS:

Do you usually get an income tax refund? Yes No If yes, approximately how much? \$_____

ADDITIONAL ASSETS:

List any additional assets that you have not already listed above:

INCOME

EMPLOYMENT INFORMATION

Name of Your Employer: _____

Employer’s Address: _____

How Long Have You Worked for this Employer: _____

Name of Spouse’s Employer: _____

Spouse’s Employer’s Address: _____

How Long Has Spouse Worked for this Employer: _____

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

List All Dependents (Name, Age, & Relationship to You): _____

APPROXIMATE INCOME INFORMATION

Your Average TAKE HOME pay is \$ _____ weekly bi-weekly twice monthly monthly

Your Spouse’s Average TAKE HOME pay is \$ _____ weekly bi-weekly twice monthly monthly

All Other TAKE HOME pay (2nd/part time job) \$ _____ weekly bi-weekly twice monthly monthly

ADDITIONAL SOURCES OF INCOME

Please indicate below the monthly amount of income that you receive from any additional sources:

<i>Source of Income</i>	<i>Monthly Amount Received</i>
Social Security	\$
Disability	\$
Veterans Benefits	\$
Unemployment Compensation	\$
Food Stamps	\$
Retirement/Pension	\$
Child Support/Alimony	\$
Assistance from Family or Friends (list name)	\$
Stock Dividend	\$
Oil/Mineral Royalty	\$

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>	<i>Spouse's Monthly Expense</i>
Mortgage/Rent Payment	\$	\$
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	\$	\$
Homeowner's/Renter's Insurance	\$	\$
Life Insurance	\$	\$
Health Insurance	\$	\$
Car Insurance	\$	\$
Other Insurance	\$	\$
Taxes	\$	\$
Child Support/Alimony	\$	\$
Support of dependents not living at home	\$	\$
Daycare/Aftercare	\$	\$
School Expenses/School Lunches	\$	\$
Pet Food/Supplies	\$	\$
Other Monthly Expenses (please list):		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

CREDITORS/DEBTS OWED (CONT.)

TAXES:

Have you filed all of your tax returns? Yes No If NO, what years do you need to file? _____

Do you owe IRS? Yes No If YES, amount owed: \$_____

Do you owe State Taxes? Yes No If YES, amount owed: \$_____

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

CHILD SUPPORT/ALIMONY:

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

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? Yes No If YES, list who is suing you: _____

Are your wages being garnished? Yes No If YES, list who is garnishing you: _____

Do you have any judgments against you? Yes No If YES, list the judgments: _____

STUDENT LOANS:

Do you owe any student loans? Yes No If YES, amount owed: \$_____

CO-DEBTORS:

Is another person liable for any of your debts? Yes No If YES, list: _____

STATEMENT OF FINANCIAL AFFAIRS

Please answer ALL questions:

Have you made payment of over \$600.00 to any one creditor in the last 90 days? Yes No
 If YES, List: _____

Have you sued anyone or have you been sued in the last year? Yes No
 If YES, List: _____

Have you had any property repossessed or voluntarily surrendered in the last year? Yes No
 If YES, List: _____

Have you made charitable contributions in the last year? Yes No
 If YES, List: _____

Have you borrowed money from a relative or friend in the last year? Yes No
 If YES, List: _____

Have you given or paid back money to a friend or a relative in the last year? Yes No
 If YES, List: _____

Have you paid anyone other than our firm for bankruptcy or debt related services? Yes No
 If YES, List: _____

Have you sold, donated, or given away any property in the last year? Yes No
 If YES, List: _____

Have you had any losses due to fire, theft, casualty, or gambling in the last year? Yes No
 If YES, List: _____

Have you closed any bank accounts in the last year? Yes No
 If YES, List: _____

Do you have a safe deposit box? Yes No
 If YES, List: _____

Do you have any property in your possession that is owned by someone else? Yes No
 If YES, List: _____

Have you used a different address in the last three years? Yes No
 If YES, List: _____

Have you been married at any point during the last eight years? Yes No
 If YES, List: _____

Have you inherited any property (i.e., real estate, money, cars, or anything of value)? Yes No
 If YES, List: _____

Do you own a business or have an ownership interest in any corporation, partnership, or LLC? Yes No
 If YES, List: _____

POTENTIAL CLAIMS

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, address, & phone number of the company: _____

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 (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

If YES, list the name, address, & phone number of the company: _____

Please describe the harassing conduct in detail: _____

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.:

CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I FURTHER CERTIFY THAT I HAVE LISTED ALL OF MY CREDITORS AND ALL OF MY ASSETS.

DATE: _____ CLIENT: _____ CLIENT: _____