

BANKRUPTCY WORKSHEET

PERSONAL INFORMATION

Your Full Name: _____ Your SSN: _____ DOB: _____

Spouse's Full Name: _____ Spouse's SSN: _____ DOB: _____

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 #: _____

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

PRIMARY RESIDENCE

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

Value of your home \$ _____

Year purchased: _____ Amount paid \$ _____

Is there a Homeowner's Association? Yes No

Amount of Dues: \$ _____ Annual/Monthly Amount Past Due: \$ _____

Name and Address of the Association? _____

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

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

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

If so, please list below:

<i>Property Address</i>	<i>Value of Property</i>	<i>Name of Mortgage Co.</i>	<i>Payoff 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 (ex. 2000 Ford F150)</i>	<i>Date Purchased</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>
	\$		\$	\$	\$
	\$		\$	\$	\$

ASSETS SECTION

THINGS OF VALUE/PERSONAL PROPERTY

HOUSEHOLD FURNISHINGS & APPLIANCES: Please check each of the following items that you own:

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

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

Pots & Pans		Coffee Maker		Lamps	
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 (<i>List sizes</i>)		Stereo		Scanner	
		MP3 Player/iPod		Printer	
DVD player		Video Games		Telephone	
VCR		Computer		Cellular Phone	

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

Wedding Rings (<i>List Value</i>)		Necklaces		Costume Jewelry	
		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		Term Life Ins. Policy		Government Bonds	
IRA Account		Annuity		ESOPs/SEPs/Keoghs	
Whole Life Ins. Policy (<i>List Cash Value</i>)	\$	Stocks (<i>Company</i>)		Utility Deposits	
		Business Interests		Cert. of Deposit	

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

Guns (<i>List types</i>)	(<i>Value</i>)	Antiques	(<i>Value</i>)	Rugs	
1.	\$	1.	\$	Luggage	
2.	\$	2.	\$	Tools	
3.	\$	3.	\$	Lawnmower	
Hunting Equipment		Books		Barbecue Grill	
Fishing Equipment		Artwork		Exercise Equipment	
Bicycles		Musical Instruments		Pets (<i>List types</i>)	
Golf Clubs		(<i>List types</i>)			

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

All assets **MUST** be disclosed.

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.)

BANK ACCOUNTS: List ALL accounts below.

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

FAMILY (INHERITED) PROPERTY:

Is your father still living? Yes No Is your mother still living? Yes No
 No

Is your spouse's father still living? Yes No Is your spouse's mother still living? Yes No
 No

If deceased, did your parent own a home at the time they died? Yes No

Address Where Property is Located: _____

Value of Property: _____ Balance of any Mortgage: _____

If deceased, did your spouse's parent own a home at the time they died? Yes No

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.:

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 (2nd, 3rd, & Part Time Jobs):

Are you: Married Single Divorced Separated Widowed

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 nd 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 (not deducted from wages)	\$ _____
Health Insurance (not deducted from wages)	\$ _____
Car Insurance	\$ _____
Renter's Insurance	\$ _____
Other Insurance (please list):	\$ _____
Car Note	\$ _____
Student Loans	\$ _____
Child Support/Alimony	\$ _____
Support of dependents not living at home	\$ _____
Daycare/Aftercare (please provide documentation)	\$ _____
School Expenses/School Lunches	\$ _____
Tuition	\$ _____
Pet Food/Supplies	\$ _____
Haircuts	\$ _____
Other Monthly Expenses (please list):	\$ _____
	\$ _____

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: _____ Address: _____ _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor hold any Collateral, if so please list? _____	
Creditor's Name: _____ Address: _____ _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor hold any Collateral, if so please list? _____	
Creditor's Name: _____ Address: _____ _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor hold any Collateral, if so please list? _____	
Creditor's Name: _____ Address: _____ _____	Amount Owed: \$ _____ Account No.: _____ Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor hold any Collateral, if so please list? _____	

***** 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.): _____	
Does this Creditor have Collateral, if so please list? _____	
<hr/>	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	
<hr/>	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	
<hr/>	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	
<hr/>	
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Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	

***** 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.): _____	
Does this Creditor have Collateral, if so please list? _____	
<hr/>	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	
<hr/>	
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Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	
<hr/>	
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Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	
<hr/>	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have any Collateral, if so please list? _____	

***** 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.): _____	
Does this Creditor have Collateral, if so please list? _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	
Creditor's Name: _____	Amount Owed: \$ _____
Address: _____ _____	Account No.: _____
	Date Incurred (Month & Year): _____
Type of Debt (medical, credit card, business, etc.): _____	
Does this Creditor have Collateral, if so please list? _____	

Have you included ALL debts? Yes No

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: \$_____

Do you normally receive a tax refund each year? Yes No If YES, about how much: \$_____

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 of Parent</i>	<i>Address of Parent</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

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: _____

8. Have you had any losses due to fire, theft, casualty, or gambling in the last year? Yes No

Description and Value of Property	Circumstances of Loss and Insurance Coverage	Date of Loss
_____	_____	_____
_____	_____	_____

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?

(Ex. Car that you borrow) Yes No

Name: _____ Property Description: _____
Address: _____

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

Prior Address: _____ Prior Address: _____
Dates of Occupancy: _____ Dates of Occupancy: _____

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 (Corporation, LLC, etc.): _____

If you currently own an interest in any business (LLC, Corporation, etc.) please provide a current balance sheet and profit & loss statement. We may require additional information on the business at a later date

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: _____

FINANCIAL QUICK FACTS

PERSONAL INFO: **NAME:** _____ **DATE:** _____

Are you Married? Yes or No Spouse Name : _____
Do you have Children: Yes or No If yes, how many? _____ Ages: _____
Are you employed? Yes or No If yes, name of employer: _____
Spouse employed? Yes or No If yes, name of employer: _____
If your parents are still living what are their ages: _____ Father _____ Mother
If your spouse's parents are still living what are their ages: _____ Father _____ Mother
Do you have a will? YES or NO
Does your spouse have a will? YES or NO

INSURANCE

Do you have the following:

Auto: YES or NO Limits of Liability: \$ _____ Name of Provider: _____
Homeowners: YES or NO Limits of Liability: \$ _____ Name of Provider: _____
Umbrella: YES or NO Limits of Liability: \$ _____ Name of Provider: _____
Health: YES or NO _____ Group/Employer _____ Individual Name of Provider: _____
Disability: YES or NO _____ Group/Employer _____ Individual Coverage
Amount: \$ _____ /Month

Life Ins. (YOU): YES or NO _____ Term Policy _____ Whole Life Policy Amount: \$ _____
Provider: _____

Life (SPOUSE): YES or NO _____ Term Policy _____ Whole Life Policy Amount: \$ _____
Provider: _____

RETIREMENT

Do you have the following:

IRA Account: YES or NO Appox. account Balance: \$ _____
401K Plan: YES or NO Appox. account Balance: \$ _____
Pension Plan: YES or NO Appox. account Balance: \$ _____
Other retirement Plan: YES or NO Type of Plan: _____ Balance: \$ _____

CERTIFICATION

1. I have listed all my creditors and all my assets in this worksheet.
2. I acknowledge that I have consulted with an attorney from the Grand Law Firm regarding Bankruptcy. I further certify that the information that I have provided in this form is true and correct to the best of my knowledge.
3. I further acknowledge that I have been provided with the required notices including a copy of the attorney's representation agreement, as well as other required notices as mandated by the United State Bankruptcy Code, specifically 11 U.S.C. 342 & 527.

_____ Date: _____
Client Signature

_____ Date: _____
Client Signature

CERTIFICATE OF ATTORNEY

I hereby certify that the above notices were provided this date to the above named individuals.

GRAND LAW FIRM
10537 Kentshire Court, Suite A
Baton Rouge, Louisiana 70810
Telephone: (225) 769-1414
Facsimile: (225) 769-2300