

CLIENT QUESTIONNAIRE FOR 2006 BAPCA Edition

Thank you very much for calling GINSBERG LAW OFFICES, P.C. for legal assistance relating to your debt problems. Please fill out this form as completely as possible so we can provide you with helpful and accurate advice. Please provide us with emergency phone or address contact information. Please also provide us with a valid email address.

Under the law, you must list each and every debt, including debts to friends and relatives. If you need more space, please use the back or photocopy the page of boxes. Please also remember to list every creditor to whom you are obligated. This means, for example, that if you have co-signed for your nephew's car loan, that car lien-holder is *your* creditor. Similarly, you should list debts even if you think the creditor has written off the loan or if you think that someone else may pay the bill in the future (i.e. a medical bill that may be covered by insurance). Please provide us with the correspondence address for each creditor rather than the billing address.

Under the new Bankruptcy Law, you will be asked to provide documentation of your debts and your expenses. After you file, you will be asked to provide proof of installment payments (mortgage, vehicle, furniture, jewelry, student loans). You will also be asked to provide copies of pay stubs and proof of household income for the 7 months prior to filing. We strongly recommend that you bring us credit reports from all 3 credit bureaus (you can request these for free). If you can't wait and need to purchase a credit report, we can order one for you immediately.

We will also need copies of TAX RETURNS for the past three years (2004, 2003, and 2002). If there are any years in the past 15 years when you did not file tax returns, please let us know that as well.

One of the most important items of information that you can provide relates to whether a debt is "secured" or "unsecured." A "secured" debt is a debt that is backed by collateral, such as a house, car or even household items. By contrast, an "unsecured" debt is backed only by your signature. Examples of unsecured debts are credit card bills and medical bills. Please note that many finance companies ask you to list household goods at the time you obtain your loan. This usually means that you may have given the finance company a security interest in your property.

Finally, if you have a house or car, you will need a copy of the insurance declarations page – not just the insurance card.

Again, thank you for choosing GINSBERG LAW OFFICES, P.C. We will make every effort to see to it that your experience as our client is a pleasant one.

**PERSONAL
INFORMATION**

Emergency Action Alert

Foreclosure?

Repossession?

Wage Garnishment?

Today's date: _____ How did you hear about Ginsberg Law? _____

Your Name (as it appears on Soc. Sec. Card): _____ Date of Birth: _____

Maiden name/former names: _____

Social Security Number: _____ Marital status: _____

Your address: _____ Apt. #: _____ Rent Own

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Work phone: _____ Cell/Beeper: _____

E-Mail address: _____

Name and # of someone who could reach you in an emergency: _____

Spouse's Name: _____ Date of birth: _____ E-mail: _____

Spouse's maiden/former name: _____

Spouse's social security number: _____ Spouse's work phone: _____

Spouse's home address and home phone (if different from yours): _____

How long have you lived at your home address: _____

If less than 2 years, please list previous addresses, beginning with the most recent:

_____ Dates:

_____ Dates:

Income Information

Marital Status: _____

Yourself

Spouse

Job title/occupation:

Employer:

How long there:

Payroll address:

City, ST Zip

Payroll office phone #:

Date next paycheck
expected

Children & Step-children

| Name | Age | Relationship | Does child live with you? | Child support \$ paid/received |
|------|-----|--------------|---------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Expected changes in income:

Describe when & why: _____

Income & Expenses

The new bankruptcy law requires that we analyze the last seven months of household income. **Please photocopy each and every pay stub for the past seven months and attach.** If you have income from other sources during this seven month period (dividends, one-time payments, etc.), please photocopy whatever documentation you have.

If you are self employed, you will need a spreadsheet detailing gross income, itemized business expenses and other deductions.

The Courts have advised us that a percentage of cases filed will be subject to random audits and that income and expense documentation will be a focus.

Household Expenses – the Bankruptcy Courts now require supporting documentation for all claimed expenses. Please save receipts for every bill and for every purchase.

| | Household expenses | Attorney's Notes |
|------------------------|---------------------------|-------------------------|
| Rent/mortgage payments | _____ | _____ |
| Electric bill | _____ | _____ |
| Gas bill | _____ | _____ |
| Water/sewer | _____ | _____ |
| Telephone | _____ | _____ |
| Cell phone #1 | _____ | _____ |
| Cell phone #2 | _____ | _____ |
| Cell phone #3 | _____ | _____ |
| Internet service | _____ | _____ |

| | | |
|--|-------|-------|
| Cable TV | _____ | _____ |
| Home maintenance | _____ | _____ |
| Food | _____ | _____ |
| Clothing | _____ | _____ |
| Laundry/dry cleaning | _____ | _____ |
| Medical/dental (deductibles and non-reimbursed only) | _____ | _____ |
| Gasoline/bus fare | _____ | _____ |
| Oil changes/tires | _____ | _____ |
| Charity/church (receipts will be needed) | _____ | _____ |
| Personal property insurance | _____ | _____ |
| Real property insurance | _____ | _____ |
| Life insurance | _____ | _____ |
| Disability insurance | _____ | _____ |
| Long term care insurance | _____ | _____ |
| Health insurance (not deducted from pay) | _____ | _____ |
| Auto insurance | _____ | _____ |

Non-payroll taxes _____

County property tax
(if not excrowded) _____

Car/truck payment #1 _____

Car/truck payment #2 _____

Car/truck payment #3 _____

Alimony paid _____

Child support paid out _____

Education expenses
(child must be <18) _____

Child care expenses
(receipts needed) _____

Care for elderly or
disabled _____

(for attorney's use only)

Emergency matters . . .

Are you currently facing a mortgage foreclosure: _____

If so, how do you know: _____

For what month is the foreclosure scheduled: _____

Are you currently facing a vehicle repossession: _____

If so, who is the finance company? _____

How far are you behind? _____

Yearly income

| Year | Gross income/year | Where employed? | Spouse's gross income/year | Where was spouse employed? |
|---------------------|-------------------|-----------------|----------------------------|----------------------------|
| 2006 (year to date) | | | | |
| 2005 | | | | |
| 2004 | | | | |

Tax returns (please attach copies of all three years returns)

| Year | Tax returns filed? | If not, why not | Spouse filed tax returns? | If not, why not? |
|------|--------------------|-----------------|---------------------------|------------------|
| 2005 | | | | |
| 2004 | | | | |
| 2003 | | | | |

Has the IRS, State of Georgia or any other taxing entity ever advised you that a tax lien has been filed against you?

Within the last ten (10) years, have you or your spouse **not** filed tax returns? If so,

please describe:

Has a lawsuit ever been filed against you - has a sheriff's deputy ever served a summons upon you?

| Lawsuit filed against you by: | Reason for lawsuit & date lawsuit served on you | County where filed | Case number | Status now |
|--------------------------------------|--|---------------------------|--------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

Have your wages ever been garnished?

| Who is garnishing | When did garnishment begin | How much \$ taken to date | Is garnishment on-going | Who is plaintiff's lawyer? |
|--------------------------|-----------------------------------|----------------------------------|--------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |

Have you ever lost a house to a mortgage foreclosure?

| Mortgage company/lender | Foreclosing law firm | When was house sold | Address of lost property | Status now |
|--------------------------------|-----------------------------|----------------------------|---------------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

Please identify any real estate that is in your name.

| Property address | Date purchased | Purchase price | Value now | Total debt owed on property |
|-------------------------|-----------------------|-----------------------|------------------|------------------------------------|
| | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

Please identify any cars or trucks you own.

| Year/make/model of vehicle & mileage | Date purchased | In whose name | Value now | Total debt owed on property |
|---|-----------------------|----------------------|------------------|------------------------------------|
| | | | | |
| | | | | |
| | | | | |

Are you currently involved in a car accident claim, workers' compensation claim or any other claim that may result in money damages payable to you?

Please describe: _____

Please identify any bank accounts you own.

| Name of bank | Checking/savings? | In whose name | Current balance | Any other loans or credit cards with this lender? |
|---------------------|--------------------------|----------------------|------------------------|--|
| | | | | |
| | | | | |
| | | | | |

Please identify any pension, 401(k) or profit-sharing programs in which you participate

| Name of financial | Type of | In whose | Are you still | Current | Any loans against |
|--------------------------|----------------|-----------------|----------------------|----------------|--------------------------|
|--------------------------|----------------|-----------------|----------------------|----------------|--------------------------|

| institution | plan | name | contributing? | balance | this plan? |
|--------------------|-------------|-------------|----------------------|----------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Other assets not yet described (i.e. boats, stocks/bonds, antiques, musical instruments, valuable collections, insurance policies with cash value, guns, sporting equipment, jewelry, etc.)

| Asset description | Current value | Who owns this asset? | Has asset been pledged as collateral for a loan? |
|--------------------------|----------------------|-----------------------------|---|
| | | | |
| | | | |
| | | | |

Have you ever lost a car to repossession?

| Car finance company | When was vehicle seized | Vehicle make/model | Have you received notice that you still owe money on vehicle? |
|----------------------------|--------------------------------|---------------------------|--|
| | | | |
| | | | |
| | | | |

Recent activity

| During the last 60 days, have you done any of the following | Yes/No | Name of lender/transferee | Amount borrowed w/in last 60 days |
|--|---------------|----------------------------------|--|
| Used credit cards | | | |
| Taken cash advances | | | |

| | | | |
|--|--|--|--|
| Taken out any new loans | | | |
| Gave away or sold any property worth more than \$600 | | | |

| Have you done any of the following | Yes/No | Name of person paid | Amount |
|---|--------|---------------------|--------|
| Paid back a relative or business associate within last 360 days (1yr) | | | |
| Issued payment to anyone for more than \$600 within last 90 days | | | |

Have you ever filed a Chapter 7 or a Chapter 13 bankruptcy before?

| Type of bankruptcy (Ch. 7 or Ch. 13) | Date filed | Was case completed or dismissed? | When was case closed by Court | Case number | Former BK lawyer |
|--------------------------------------|------------|----------------------------------|-------------------------------|-------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

I certify that the information I have provided in this questionnaire is true and correct, under penalty of perjury.

_____ Signature

_____ Date

_____ Signature

_____ Date

DISCLOSURE CERTIFICATE

I, the undersigned, hereby attest and affirm that all debts, whether joint debts, co-signed debts, claims or lawsuits for collection of debts, whether disputed or not, have been listed on my questionnaire.

I acknowledge that my attorneys rely on the information provided in this questionnaire in order to assist and advise me, and that it is my responsibility to provide my attorneys with a full, complete and accurate financial disclosure. I further agree to update my attorneys with regard to any incomplete information contained herein.

I further acknowledge that in the event a creditor is omitted from any bankruptcy petition filed by my attorneys as a result of an omission on this questionnaire, I will not have the protection of the Bankruptcy Court from actions by that creditor.

Date_____ Signature_____

Date_____ Signature_____

Avoiding Conflicts of Interest

Our law firm has represented many clients in the Atlanta area over the past several years. In very rare cases, we must decline to accept a case because of a potential conflict of interest with another present or former client. For example, we would not be able to represent you if you are currently engaged in litigation with another of our clients.

Please advise us as to the following:

1. Are you presently married:_____ Spouse's name:_____

2. Has your spouse ever filed a bankruptcy?_____

3. Are you currently involved in a divorce or child custody case?_____

Name of opposing party:_____

4. Have you ever been divorced:_____ Name of former spouse:_____

5. Have you ever filed a lawsuit against anyone?_____

Name of the other party in this lawsuit:_____

6. Has anyone ever sued you?_____ Who:_____

Why were you sued?:_____

7. Have you ever been to Court for any reason not described above (include criminal charges, workers' compensation, social security, eviction, car accident cases, divorce or child support):

Type of case:_____

Name of opposing party:_____

What happened in this case:_____

Type of case:_____

Name of opposing party:_____

What happened in this case:_____

Taxes Due

Internal Revenue Service

Account Number: _____

Address: _____

For tax year: _____ Total taxes due to IRS for tax year: _____

Return filed? _____ In whose name: _____ Installment agreement filed? _____

Georgia Dept. of Revenue

Account Number: _____

Address: _____

For tax year: _____ Total taxes due to IRS for tax year: _____

Return filed? _____ In whose name: _____ Installment agreement filed? _____

Other taxes: _____ Account number: _____

Address: _____

What type of tax is this? _____ Tax year: _____ Taxes due (total) _____

In whose name: _____ Return filed? _____

Other taxes: _____ Account number: _____

Address: _____

What type of tax is this? _____ Tax year: _____ Taxes due (total) _____

In whose name: _____ Return filed? _____

Are there any years when you did not file federal or state tax returns?

Do you have copies of your tax returns for past five (5) years? _____

Mortgages & Real Estate

First Mortgage: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: \$ _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

When did you take mortgage out: _____ When did you buy property: _____

Address of property: _____ Is this your residence? _____

In whose name is loan? _____ Co-signers? _____ Who is this person: _____

How much is property worth in a quick sale? _____ Has foreclosure started? _____

Who is foreclosure attorney? _____

| |
|--|
| Does payment include taxes & insurance? |
| |

Second Mortgage: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: \$ _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

When did you take mortgage out: _____ When did you buy property: _____

Address of property: _____ Is this your residence? _____

In whose name is loan? _____ Co-signers? _____ Who is this person: _____

How much is property worth in a quick sale? _____ Has foreclosure started? _____

Who is foreclosure attorney? _____

Home Improvement loan: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: \$ _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

When did you take loan out: _____ How did you use money?: _____

Cars & Trucks

Vehicle 1 – (year, make & model) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

How many months behind are you? _____ What happened: _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

What is date of last payment? _____ Copy of installment note? – please provide

Vehicle 2 – (year, make & model) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

How many months behind are you? _____ What happened: _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

What is date of last payment? _____ Copy of installment note? – please provide

Vehicle 3 – (year, make & model) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

How far behind are you: _____ In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

What is date of last payment? _____ Copy of installment note? – please provide

Furniture Loans

Furniture 1 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

What is date of last payment? _____ Copy of installment note? – please provide

Do you want to surrender furniture and reduce or eliminate debt? _____

Furniture 2 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

What is date of last payment? _____ Copy of installment note? – please provide

Do you want to surrender furniture and reduce or eliminate debt? _____

Furniture 3 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

What is date of last payment? _____ Copy of installment note? – please provide

Do you want to surrender furniture and reduce or eliminate debt? _____

Finance Companies and Loan Companies

Finance Company Loan 1 Did you pledge household goods (describe)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

City:_____ ST: _____ Zip:_____ Total loan payoff: \$_____

In whose name:_____ Co-signers:_____

When did you take out loan:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

Finance Company Loan 2 Did you pledge household goods (describe)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

City:_____ ST: _____ Zip:_____ Total loan payoff: \$_____

In whose name:_____ Co-signers:_____

When did you take out loan:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

Finance Company Loan 3 Did you pledge household goods (describe)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

City:_____ ST: _____ Zip:_____ Total loan payoff: \$_____

In whose name:_____ Co-signers:_____

When did you take out loan:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

Loans for Jewelry, Gifts & Household Goods

Secured Creditor 1 (Describe items purchased)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

City:_____ ST: _____ Zip:_____ Total loan payoff: \$_____

In whose name:_____ Co-signers:_____

When did you take out loan:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

Secured Creditor 2 (Describe items purchased)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

City:_____ ST: _____ Zip:_____ Total loan payoff: \$_____

In whose name:_____ Co-signers:_____

When did you take out loan:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

Secured Creditor 3 (Describe items purchased)_____

Finance/loan company:_____ Acct #:_____

Address:_____ Monthly payment: \$_____

City:_____ ST: _____ Zip:_____ Total loan payoff: \$_____

When did you take out loan:_____ When is last payment due?_____

Keep or surrender? _____ Copy of installment note – please provide_____

Student Loans

Student Loan Creditor 1

Student loan lender: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ When is last payment?: _____

Is loan in default? _____ Is loan in deferment?: _____ When is deferment over? _____

Student Loan Creditor 2

Student loan lender: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ When is last payment?: _____

Is loan in default? _____ Is loan in deferment?: _____ When is deferment over? _____

Health Club/Spa Membership

Health Club Finance Company: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

Do you still use facility: _____ Did you sign a contract: _____

Do you want to continue to use this facility/club: _____

Credit Cards

Credit Card Lender 1: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 2: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 3: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 4: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 5: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 6: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 7: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 8: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 9: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Medical Bills

Medical provider 1: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 2: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 3: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 4: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 5: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 6: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Other Creditors/Extra space

Pension or 401(k) Loans

Type of investment _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take loan out? _____ How long will loan last? _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

For Attorney's Use Only -Debt Analysis Worksheet

| | | | |
|-------|-----------|-------|-------|
| _____ | 1. _____ | _____ | _____ |
| _____ | 2. _____ | _____ | _____ |
| _____ | 3. _____ | _____ | _____ |
| _____ | 4. _____ | _____ | _____ |
| _____ | 5. _____ | _____ | _____ |
| _____ | 6. _____ | _____ | _____ |
| _____ | 7. _____ | _____ | _____ |
| _____ | 8. _____ | _____ | _____ |
| _____ | 9. _____ | _____ | _____ |
| _____ | 10. _____ | _____ | _____ |
| _____ | 11. _____ | _____ | _____ |
| _____ | 12. _____ | _____ | _____ |
| _____ | 13. _____ | _____ | _____ |
| _____ | 14. _____ | _____ | _____ |
| _____ | 15. _____ | _____ | _____ |
| _____ | 16. _____ | _____ | _____ |
| _____ | 17. _____ | _____ | _____ |
| _____ | 18. _____ | _____ | _____ |

Total Arrearage: _____ Total Priority: _____

Total Secured: _____ Total unsecured (100%) _____

Total general unsecured: _____ Total non-exempt equity: _____

Estimated plan payment: _____ % Plan: _____