



Client Name: _____

Creditor Helpline

When your creditors call you give them the following information only:

1. My name and address below:

**David Garrett
Garrett Law Offices
1732 Lakeshore Drive
Muskegon, MI 49441**

2. Date you last paid on your bankruptcy

3. Temporary Attorney Verification Code: _____
Temporary Helpline Phone: _____ 231-683-1583

Only good for 30 days

NOTE: Do not give creditors any other phone numbers, addresses or fax numbers.

Then you must come in with these forms completed and an additional deposit of \$ _____

Date of Payment	Amount	Initials



Dear Prospective Client,

Thank you for selecting Garrett Law Offices. We appreciate the privilege of assisting you. We understand how troubling financial issues can be.

To make you more comfortable we offer a Best Price Promise. Feel free to visit other law offices in this area, if you like. What are their total charges? What's not included? Do they take payments? How many times will you actually meet with a lawyer? How much paperwork will they expect you to do? What if problems occur? (*Fees for experienced Chapter 7 Bankruptcy attorneys range from \$1,000 to \$2,000*) Simply return the attached questionnaire with your answers by _____ along with a deposit of \$_____. We will then beat the best price* you have found by \$50. If you decide not to "shop" for attorneys we promise to quote you a fair price based on the complexity of your case after we reviewed your questionnaire.

Get started right away with the attached questionnaire. Then, call my office at 1-800-747-6655 to schedule your next appointment. We look forward to serving you. Don't forget to bring your deposit in cash, personal check or money order!

David W. Garrett

*From local attorneys with similar experience on similar terms for similar services. Excludes court approved filing fees and other routine fees such as the credit briefing, etc. Missed appointments and lack of preparation additional.



Debt Relief Agency Services Agreement

Client(s) _____
 Address _____
 City, County, State _____ ZIP _____
 Phones _____
 Location _____ Source _____

The term "client" as used herein means "client" or "clients" and also "assisted person" or "assisted persons" as defined in the Bankruptcy Reform Act of 2005. The term "attorney" means "Debt Relief Agency" as also defined under the Act.

Client promises to cooperate with attorney in the preparation of client's case as set forth below. Cooperation includes truthfully and promptly completing any questionnaires, worksheets, or on-line data entry programs offered to client by attorney. Such cooperation also includes obtaining, making copies, and promptly delivering to attorney any documents, appraisals, title examinations, or photographs requested by Attorney. Cooperation also includes maintaining your financial "status quo". In other words, don't refinance, acquire new debt, or transfer assets. Finally, cooperation means complying with any other relevant requests made by attorney, the bankruptcy trustee, court, or other authority during Client's case. Client further accepts responsibility to determine and timely notify attorney verbally and in writing of any foreclosure sale date and to verify completion of the filing process prior thereto in the event a Chapter 13 case is to be filed in an effort to stop the foreclosure. Failure to so cooperate as set forth herein is a material violation of this agreement and may result in a suspension or termination of attorney's representation. Client is further willing to waive the attorney/client privilege in the unlikely event Attorney is called upon to explain any potentially untrue representations client may make in the course of client's case to a trustee, the court, or other authority.

Client acknowledges billing is hourly and the estimates provided herein are not to be considered a "cap" or fixed price as each case may vary. To expedite fulfilling client's request for relief and the immediate benefit of attorney's strategic judgment and experience, attorney has or will set aside sufficient blocks of time on attorney's next available case preparation days for work on client's case and refuse additional clients which might demand such time. Therefore, client agrees any payment made to attorney is non-refundable. Attorney may decline or terminate representation at any time in the event complicating factors arise including business related issues, preferential transfers, undisclosed income or assets, fraud issues, etc. (Attorney may in his sole discretion refund up to 50% of any amounts paid, however.) Legal services are provided on an hourly basis. The office rate is the maximum allowed for this type of case but not more than \$195 per hour and may be adjusted periodically. In addition, client will be responsible for any out-of-pocket costs Attorney may incur on behalf of client such as copying costs, travel expenses, filing costs, costs with third party vendors, and the like. Client acknowledges that fees for bankruptcy services may not be borrowed. Any amount tendered which is obtained from a third party must be accompanied by a signed letter indicating the funds are a gift to client without obligation of repayment. Otherwise, the funds are assumed to have been earned or received as a benefit by client.

Representation is concluded in Chapter 7 cases after the Meeting of Creditors (341) is closed. Representation for appeals, bankruptcy Adversary Proceedings, bankruptcy conversions, any contested bankruptcy issues, for matters beyond the scope of a routine bankruptcy, and for matters contemplated after the filing of the bankruptcy under Lamie v US Trustee, S.Ct. 1023 (2004) will require an additional retainer and fee agreement be signed. In Chapter 13 cases the agreed upon fee for all pre-confirmation services is \$2600.00 unless attorney provides an itemized statement for more or less to the bankruptcy court for approval. Client authorizes trustee to release from escrow unpaid attorney's fees in unconfirmed cases. In Chapter 7 cases the agreed upon retainer, unless otherwise agreed in writing, is \$1475.00



exclusive of filing fees and costs. Representation does not include adversary proceedings and post-closure work. Missed appointments, reaffirmations, settlement of objection to exemptions and preferential transfers, client's lack of preparation, post-filing work, etc. is additional.

Invoices and Statements showing the accrued payments and the balance owing will be sent to client periodically. Balances are due and payable on receipt. Payments are applied first to attorney's actual and anticipated attorney's fees and then to costs such as filing fees. Client acknowledges failure to timely pay as provided herein is a breach of this agreement and may result in the termination of services. *Client's failure within three months to pursue bankruptcy relief and file such case with the court for any reason will indicate client sought consultation only and enable attorney to close client's file retaining all sums paid to date. The case may be reinstated in attorney's sole discretion with a reinstatement fee of \$275 or more.*

Attorney will pursue the chapter of relief requested by Client(s), whether Chapter 7 or 13. However, no assurance of preference is made until the court approves eligibility. Client acknowledges there are risks and unforeseen consequences in filing for bankruptcy relief as there is in any litigation. For example, not all debt thought dischargeable and not all property thought exempt may be as hoped due to a question of valuation or the changing state of the law. In other words, Attorney cannot guarantee the outcome. At the conclusion of client's litigation, client is entitled at client's expense and upon written request to copies of client's file except for attorney's notes and unpaid work-product. If client leaves all or part of the file in attorney's possession the attorney has authority to destroy client's file two years after the case is completed. By signing this agreement client agrees with this file retention policy.

Client acknowledges that client has received a copy of this agreement and read and agreed to its terms. Client further acknowledges client has the right to seek independent counsel for advice prior to signing this agreement or any part thereof.

Debtor(s) represent they have not received a Chapter 13 discharge in the last 6 years or a Chapter 7 discharge in the last 8 years.

Attorney's Fee: \$ _____

Filing Fee: \$ _____

Fees to others: \$ _____

Paid Today: \$ _____

Date: _____

Needed to File \$ _____

(A payment must be made at least monthly on your account for attorney to be able to fairly represent to your creditors that you are preparing to file for bankruptcy)

Client seeks Chapter _____ relief.

 Client signature

 Client Signature

Attorney/Debt Relief Agency: _____

INSTRUCTIONS

1. Answer each and every question completely.

When you have finished the workbook you may call my office with any unanswered questions and set up a phone appointment with my assistant to help you complete the questions. Then, schedule your next office appointment.

2. Bring to the next meeting the following.

- **This completed workbook.**



PRE-BANKRUPTCY SCREENING

Please answer the following questions truthfully, completely, and to the best of your ability. Omit nothing. The Federal Bankruptcy Code imposes severe penalties on you (and perhaps even on me personally as your attorney) if you “lie” or even provide a “half-truth.” You may not “pick and choose” what you disclose. All income, expenses, assets, and debts must be listed. How we “treat” these in debt relief is another matter. Furthermore, all questions about your financial affairs must be properly answered. As your attorney I don’t like surprises. Your “trustee” and judge will not either.

There are three alternatives in debt relief that I can discuss with you. They are credit counseling, chapter seven bankruptcy, and chapter thirteen bankruptcy. The following questions should assist you in deciding which form of debt relief is best for you.

Name(s)

How many people currently and regularly live in your household?

Do you own or are you now buying real estate of any kind including your home?

- Yes No

If you don’t own real estate now, when did you last own real estate?

Is your name or the name of your spouse on any deed on any other real estate anywhere?

- Yes No

Explain fully: _____

Are you buying a mobile home?

- Yes No

Are you on a land contract?

- Yes No

Is someone buying a piece of real estate from you?

- Yes No

Have you transferred any real estate out of your name in the last ten years?

- Yes No

Explain fully: _____

Are you renting?

- Yes No

What is your rent?



If you gathered up all of the loose change and cash you and your spouse have in one pile right this minute how much would you have?

How many bank accounts of any kind do you have right now?

Is anyone holding a security deposit for you?

- Yes No

Explain fully: _____

If you sold everything in your home right now in a garage sale how much would you guess you might receive?

Do you or your spouse have any retirements, pensions, 401k's, or savings plans of any kind?

- Yes No

Explain fully: _____

Do you or your spouse own an interest in a business?

- Yes No

When did you or your spouse last own an interest in a business?

Have you or your spouse transferred an interest in a business in the last ten years?

- Yes No

Explain fully: _____

Do you or your spouse have any self-employment income?

- Yes No

Explain fully: _____

Have you or your spouse made any money "on the side" or "under the table" in the last year?

- Yes No

Explain fully: _____

How many vehicles do you or your spouse own?

How many "toys" such as boats, RV's, campers, snowmobiles, motorcycles, and the like do you or your spouse own?

How many "toys", or other items titled in you or your spouse's name do you have which you do not claim to own?



What major electronics do you and your spouse own?

Aside from your real estate, your vehicles, your toys, and your retirements what other items of value over \$1000.00 do you or your spouse own, rent, or control?

Are all of your tax returns of any kind filed?

- Yes No

Are you owed or do you owe child support?

- Yes No

Are you receiving workers comp, disability, social security, or government or insurance payments of any kind?

- Yes No

Explain fully: _____

Are you expecting any such benefits in the next three years?

- Yes No

Are you expecting an inheritance in the next three years?

- Yes No

Is there any property in your possession which is not yours?

- Yes No

Explain fully: _____

Have you paid any one credit card company, medical bill, or other unsecured debt more than \$600.00 in the last six months?

- Yes No

Explain fully: _____

Do you owe any taxes of any type including sales tax, income tax, or property taxes?

- Yes No

Explain fully: _____

Do you have a life insurance policy you could cash in right now?

- Yes No

Have you borrowed against a life insurance policy?

- Yes No

Have you borrowed any money from family, relatives, or your business in the last 6 years?

- Yes No

Explain fully: _____

Have you repaid any money to family, relatives, or your business that you borrowed or was given to you in the last 6 years?

- Yes No

Explain fully: _____



Are you making payments on a loan or gift from family or relatives?

- Yes No

Has any real estate or other significant property been transferred to you in the last ten years?

- Yes No Explain fully: _____

Have you been divorced in the past ten years?

- Yes Date: _____ No

Did any ex-spouse of yours receive any significant property such as a family house, vehicle, or retirement in the divorce judgment?

- Yes No Explain fully: _____

Are you a party to a pending divorce?

- Yes No

Do you expect to receive any valuable property such as lottery winnings, lawsuit settlements, or other windfalls in the next three years?

- Yes No Explain fully: _____

Do you have or have you had a collections or collectibles worth over \$500.00 in the last six years?

- Yes No Explain fully: _____

How long have you lived in Michigan?

Have you ever lived outside of Michigan or on the eastern side of the state?

- Yes No

Are you being or have you been garnished in the last 6 years?

- Yes No

Has anyone sued you in the last 6 years?

- Yes No Explain fully: _____

Have you written any checks that have bounced in the last 3 years?

- Yes No

Have you had any property repossessed or foreclosed in the last ten years?

- Yes No Explain fully: _____

Do you possess any inventory?

- Yes No Explain fully: _____



Have you received any insurance settlement of any kind in the last ten years?

Yes No Explain fully: _____

Have you been gambling in the last 3 years?

Yes No

Have there been any bank account transactions within the last 6 months of more than \$1,000?

Yes No Explain fully: _____

Have there been any deposits within the last 6 months of money other than wages, benefits, retirements, or child support?

Yes No Explain fully: _____

Have you filed for bankruptcy relief in the last ten years?

Yes No

Have you participated in credit counseling?

Yes No Explain fully: _____

Have you pledged as security or collateral any property for a loan in the last three years?

Yes No Explain fully: _____

Do you have a safety deposit box?

Yes No

Do you have any other names you go by or have gone by?

Yes No

Have you violated hazardous waste laws?

Yes No Explain fully: _____

Is there any money you receive that you do not report to the IRS?

Yes No Explain fully: _____

Do you have any "1099" income?

Yes No Explain fully: _____

Do you have any babysitting income?

Yes No

Do you have any income from promissory notes or IOU's you hold, stocks or bonds, savings, etc...?

Yes No Explain fully: _____



Have you ever owned or had an interest in a condo, time-share, duplex, land contract, vacant land, commercial property, cemetery plot, rent-to-own, option-to-purchase, or other real estate?

Yes No Explain fully: _____

Have you ever had any property (real estate or personal property) you or your spouse owns or controls appraised in the last 6 years?

Yes No

Does anyone owe you money?

Yes No Explain fully: _____

Do you have a claim against anyone or any business?

Yes No Explain fully: _____

Do you have a reason to file a lawsuit against anyone?

Yes No Explain fully: _____

Have you suffered any accident or injury for which someone else might be at fault or liable?

Yes No Explain fully: _____

Has your name been on anyone else's deeds, titles, or bank accounts in the past 3 years?

Yes No Explain fully: _____

Is there any house, real estate, or other property owned by someone else that if it were sold today, you would expect to receive some money?

Yes No Explain fully: _____

Have you received any inheritance, trust, insurance payment, or probate estate distribution within the past three years?

Yes No Explain fully: _____

Do you have any interest in any trusts or estates that you are aware of?

Yes No

Within the past 12 months have you repaid any loans or paid any money for any reason to any family members or relatives?

Yes No Explain fully: _____

Within the last six years have you given away, or otherwise transferred real estate, or any property worth more than \$1000.00 to friends, relatives, or anyone?

Yes No Explain fully: _____



Within the last year have you transferred any credit card balances from one credit card to another, used one credit card to consolidate debt with, or used any convenience checks from the credit card company to pay another debt with?

Yes No Explain fully: _____

Have you stopped using your credit cards?

Yes No

How much would you estimate you have charged on credit cards in the last three months?

Have you cashed in or borrowed on any 401K plan or retirement in the last 12 months?

Yes No

Do you have any antiques?

Yes No Explain fully: _____

Do you have any student loans?

Yes No

Have you filed all the tax returns you are supposed to file?

Yes No

Are you current on child support payments you owe?

Yes No

Do you have any child support arrearages you owe?

Yes No Explain fully: _____

Have you received all of the tax refunds you are entitled to receive?

Yes No Explain fully: _____

Are you entitled to any more tax refunds at this time from either the State or IRS for this past year or any other previous years?

Yes No Explain fully: _____

Do you now or have you ever owned any stocks, bonds, mutual funds, or other intangible financial instruments?

Yes No Explain fully: _____

Within the past three years have you received \$10,000.00 or more at one time from any source, for any reason including refinance loans?

Yes No Explain fully: _____



Do you own any jewelry or watches worth more than \$1,000.00?

- Yes No

Do you own any sports or hunting equipment that has a value over \$1,000.00?

- Yes No

Have you talked to any other attorneys about debt relief or other legal matter in the last two years?

- Yes No

Do you understand the difference between chapter 7 and chapter 13 bankruptcy?

- Yes No

Have you worked with a credit counselor at any time in the last 12 months?

- Yes No

Are you on any medications or do you have a medical or physical condition which might affect your ability to answer these questions truthfully and completely?

- Yes No Explain fully: _____

Have you transferred any property to a family member or relative at a reduced price as payment for a loan or for any other reason?

- Yes No Explain fully: _____

Has a foreclosure been scheduled for your home? (Tell me audibly as well)

- Yes No Explain fully: _____

Are you current on your house payments?

- Yes No

Were you always truthful on credit applications?

- Yes No

Have you or your spouse been in a drunk driving related vehicle accident in the last three years or convicted of malicious destruction of property?

- Yes No

Have you been challenged for fraudulent conduct by a creditor, vendor, or employer in the last three years?

- Yes No Explain fully: _____

Did you take out any cash advances on credit cards over \$500.00 in the last year?

- Yes No Explain fully: _____



Will you need to borrow or receive a gift from family or friends to pay for the filing of the bankruptcy?

- Yes No

Are you willing, if necessary, to give up the items you are financing as part of a debt relief strategy?

- Yes No

Do you appreciate how important it is to be complete, truthful, and straightforward while in the process of preparing to execute a debt relief strategy?

- Yes No

Do you understand any debt relief strategy you may choose may have adverse credit consequences including its appearance on credit reports?

- Yes No

Do you understand that attorneys can also act as debt relief agencies?

- Yes No

Do you understand that any decision you make to go with credit counseling alternatives or bankruptcy is ultimately your decision?

- Yes No

Do you understand that I as an attorney do not represent you except to the extent I have agreed in a writing signed by both of us to represent you?

- Yes No

Are you willing to waive the attorney/client privilege in the unlikely event I am called upon to explain any potentially untrue representations you may make in the course of your case to a trustee or the court?

- Yes No

Have you disclosed in this workbook all of your income, expenses, assets, and debts?

- Yes No

Have you received a Chapter 13 discharge in the last 6 years or a Chapter 7 discharge in the last 8 years?

- Yes No

I swear under penalty of perjury that the above representations are correct, complete, and truthful:

Submitted by: _____ Date: _____

Submitted by: _____ Date: _____



BANKRUPTCY INTAKE FORM

DATE: _____

Name, First _____ Middle _____ Last _____

Social Security Number _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

County of Residence _____ Length of Time at This Address _____

Prior Address if less than 2 years _____

Home Phone _____ Other Phone _____

Marital Status: Single Married Divorced Widowed Separated

SPOUSE, First Name _____ Middle (spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Address (if living separately) _____

City _____ State _____ Zip _____

DEPENDENTS

Name	Age	Relationship to You	Are they living with you?
1. _____	_____	_____	[] Yes [] No
2. _____	_____	_____	[] Yes [] No
3. _____	_____	_____	[] Yes [] No
4. _____	_____	_____	[] Yes [] No

Have you ever filed bankruptcy before, even if it was dismissed or you did not go through with it?
 [] Yes [] No If Yes, what year? _____ Case No: _____

Are both you and your spouse filing this bankruptcy together? [] Yes [] No

Have you or your spouse been known by any other name during the past 6 years? [] Yes [] No

Name Used _____ Dates Used _____ thru _____

Name Used _____ Dates Used _____ thru _____

How did you hear about us? Referral SBC Book Yellow Book Radio Ad Internet/Website
 Billboard Other: _____



INCOME HISTORY FOR YOU
 (If left blank we will assume you mean "none")

Are you employed, retired, self-employed, or an independent contractor? _____

Employer's Name _____

Address _____ City _____ State ____ Zip _____

Telephone Number _____ Length of Time at This Job? Years ____ Months ____

Job Title (do not abbreviate) _____ Rate of Pay _____

HOW OFTEN DO YOU GET PAID? ____ every week ____ bi-weekly ____ twice a month ____ once a month

Do you have a second job? _____

Employer's Name _____

Address _____ City _____ State ____ Zip _____

Telephone Number _____ Length of Time at This Job? Years ____ Months ____

Job Title (do not abbreviate) _____ Rate of Pay _____

HOW OFTEN DO YOU GET PAID? ____ every week ____ bi-weekly ____ twice a month ____ once a month

YOUR OTHER INCOME	Amount Received	How often (weekly, monthly, etc)	Started what mo/yr
Child support/alimony			
Food stamps			
FIA			
Unemployment			
Workman's comp			
Pension			
Social Security			
Disability Income			
Gambling Income			
Other Income			

SELF-EMPLOYMENT INCOME

Are you paid as an independent contractor? _____

Do you have your own business? _____ Name and location of company? _____

For how long? _____ LLC, Corp or d/b/a? _____ Partners? _____ Nature of business: _____

Have you had your own business other than the company other than the above in the last six years? ____

Name of company? _____



INCOME HISTORY FOR YOUR SPOUSE
 (If left blank we will assume you mean "none")

Is your spouse employed, retired, self-employed, or an independent contractor? _____

Employer's Name _____

Address _____ City _____ State ____ Zip _____

Telephone Number _____ Length of Time at This Job? Years _____ Months _____

Job Title (do not abbreviate) _____ Rate of Pay _____

HOW OFTEN DO THEY GET PAID? ____ every week ____ bi-weekly ____ twice a month ____ once a month

Does your spouse have a second job? _____

Employer's Name _____

Address _____ City _____ State ____ Zip _____

Telephone Number _____ Length of Time at This Job? Years _____ Months _____

Job Title (do not abbreviate) _____ Rate of Pay _____

HOW OFTEN DO YOU GET PAID? ____ every week ____ bi-weekly ____ twice a month ____ once a month

SPOUSES OTHER INCOME	Amount Received	How often (weekly, monthly, etc)	Started what mo/yr
Child support/alimony			
Food stamps			
FIA			
Unemployment			
Workman's comp			
Pension			
Social Security			
Disability Income			
Gambling Income			
Other Income			

SPOUSE SELF-EMPLOYMENT INCOME

Is your spouse paid as an independent contractor? _____

Does your spouse have your own business? ____ Name and location of company? _____

For how long? ____ LLC, Corp or d/b/a? ____ Partners? ____ Nature of business: _____

Have you had your own business other than the company other than the above in the last six years? ____

Name of company? _____



MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure the list the **MONTHLY** (not yearly) amounts in the spaces below. For utilities, write and "average" covering the whole 12-month period. **(If left blank we will assume you mean "none")**

Housing Expenses - MONTHLY

Rent \$ _____
 First Mortgage payment or Mobile Home monthly payment \$ _____
 Second Mortgage (if applicable) \$ _____
 Third Mortgage (if applicable) \$ _____
 Lot Payment (if applicable) \$ _____
 Are real estate taxes included in your mortgage payment [] Yes [] No
 Taxes not included in house pmt \$ _____
 Is your home insurance included in your mortgage payment [] Yes [] No
 Insurance not included in house payment \$ _____

Utilities- MONTHLY

Electricity and Gas \$ _____
 Water \$ _____
 Telephone (Basic & Long Distance) \$ _____
 Trash Pick-Up \$ _____
 Cell Phone \$ _____
 Cable TV and/or Internet Service \$ _____

Basic Needs - MONTHLY

Home Maintenance (Home Owners) \$ _____
 Food (Monthly) \$ _____
 Clothing (Monthly Expense) \$ _____
 Laundry, dry-cleaning, soap, etc. \$ _____
 Medical expenses NOT paid by insurance \$ _____

Transportation - MONTHLY

Gasoline/auto maintenance \$ _____
 Recreation, Entertainment \$ _____
 Charitable Giving & Church Fees/Tithes \$ _____

Insurance - MONTHLY

Renters Insurance \$ _____
 Life Insurance (Other than employer) \$ _____
 Health Insurance (Other than employer) \$ _____
 Automobile Insurance \$ _____
 Other Insurance \$ _____

Taxes - MONTHLY

IRS/State of MI payments \$ _____

Other Expenses - MONTHLY

Alimony or Child Support \$ _____
 Payments for someone outside your home \$ _____
 College tuition/books \$ _____
 Union dues (Not payroll deducted) \$ _____
 Professional dues (not payroll deducted) \$ _____
 Child Care expenses \$ _____
 Babysitter/Day Care expenses \$ _____
 School Expenses \$ _____
 School Lunch Expenses \$ _____
 College Tuition (Not Loans) \$ _____
 Student Loan Repayment \$ _____
 Cigarettes \$ _____
 Pet Food/Supplies/Vet \$ _____
 Newspapers, Books, Magazines \$ _____
 Personal Care Items \$ _____
 Condo Association Fees \$ _____
 Other _____ \$ _____
 Children's dance, karate, lessons, etc. \$ _____
 Prescriptions out of pocket \$ _____
 Physical Therapy \$ _____
 Psychiatrist/Therapist \$ _____
 Diapers/Formula \$ _____
 Time Share expense \$ _____
 Auto or Lease payments \$ _____
 Alarm System \$ _____
 Storage Fees \$ _____
 Family Member loans \$ _____
 Lawn/Snow Service \$ _____
 Children Dental/Braces \$ _____
 Rent to Own Furniture \$ _____



YOUR REAL ESTATE (And Mobile Homes)

Check type of real estate you own: House Condo Vacant Lot Mobile Home Other _____
 How many properties do you own? _____ Name(s) on Deed/Title _____
 Address(es) of Real Estate _____

1st Mortgage Company: _____
 Monthly Payment? _____ Payoff amount? _____ Value of your home? _____
 Behind in payments? Yes (Behind _____ months) No _____
 Do you intend to keep or surrender? Keep Surrender
 Sheriff sale scheduled? Yes (Date of Sale: _____) No
 Is this real estate in the process of foreclosure or redemption? Yes No

2nd Mortgage Company: _____
 Monthly Payment _____ What is the Payoff amount? _____
 Are you behind in payments? _____ If yes, how many months? _____

3rd Mortgage Company: _____
 Monthly Payment _____ What is the Payoff amount? _____
 Are you behind in payments? _____ If yes, how many months? _____

Is this property insured? Yes (Insured by: _____) No
 Insurance Policy limit: _____ Expiration date: _____

Have you sold, transferred or lost through foreclosure any other real estate in the last 6 years? _____
 Do you own any real estate together with other people? _____
 Do you own any real estate via a land contract? _____

Rental Property or Vacant Land

Do you own or have an interest in: Rental Vacant Property Land Other _____
 Location _____ Value of property _____
 Mortgage Company _____ Payoff amount _____
 Rent(s) received _____ Monthly payment _____
 Do you intend to keep or surrender? Keep Surrender

Time Share

Do you own an interest in a time-share? _____ If yes, where is it located? _____
 Date purchased _____ Amount of purchase _____ Current Value _____
 Monthly payment _____ Name of finance company _____
 Account number _____
 Do you intend to keep or surrender? Keep Surrender



YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home even if they were a gift. Then, provide the **REPLACEMENT VALUE of EACH ITEM in IT'S CURRENT CONDITION**, and the brand name, if known. **If left blank we will assume you mean "none"**.

<input type="checkbox"/> Cash on hand	Value \$ _____	<input type="checkbox"/> Satellite Disks	Value \$ _____
<input type="checkbox"/> Checking Account	\$ _____	<input type="checkbox"/> Collectibles	\$ _____
Bank name _____		Describe item(s) _____	
Acct # _____ Joint Acct? _____		<input type="checkbox"/> Paintings/Art	\$ _____
<input type="checkbox"/> 2 nd Checking Account	\$ _____	Describe item(s) _____	
Bank name _____		<input type="checkbox"/> Guns and Firearms	\$ _____
Acct # _____ Joint Acct? _____		Describe item(s) _____	
<input type="checkbox"/> Savings Account	\$ _____	<input type="checkbox"/> Carpenter & Mechanic Tools	\$ _____
Bank name _____		Describe item(s) _____	
Acct # _____ Joint Acct? _____		<input type="checkbox"/> Lawnmower	\$ _____
<input type="checkbox"/> Rent deposit with landlord	\$ _____	<input type="checkbox"/> Yard Tools	\$ _____
Name of landlord _____		<input type="checkbox"/> Pets/Animals	\$ _____
Address _____		<input type="checkbox"/> Swimming Pool	\$ _____
City _____ State _____ Zip _____		<input type="checkbox"/> Cell Phones	\$ _____

HOUSEHOLD GOODS

<input type="checkbox"/> Stove/Cooking Unit	\$ _____	<input type="checkbox"/> All Clothing	\$ _____
<input type="checkbox"/> Refrigerator	\$ _____	(Including shoes, hats, coats...)	
<input type="checkbox"/> Washer/Dryer	\$ _____	<input type="checkbox"/> Wedding Rings	\$ _____
<input type="checkbox"/> Microwave	\$ _____	<input type="checkbox"/> Other Jewelry/Watches	\$ _____
<input type="checkbox"/> Cooking Utensils	\$ _____	Describe item(s) even if you think they are worthless: _____	
<input type="checkbox"/> Silverware/Flatware	\$ _____		
<input type="checkbox"/> Cookware (Pots/Pans)	\$ _____		
<input type="checkbox"/> Living Room Furniture	\$ _____		
<input type="checkbox"/> Dining Room Furniture	\$ _____		
<input type="checkbox"/> Tables and Chairs	\$ _____		
<input type="checkbox"/> Television(s)	\$ _____		
<input type="checkbox"/> VCR(s) & DVD(s)	\$ _____		
<input type="checkbox"/> Compact Disks	\$ _____		
<input type="checkbox"/> Stereo Equipment	\$ _____		
<input type="checkbox"/> Bedroom Furniture	\$ _____		
<input type="checkbox"/> Dresser/Nightstands	\$ _____		
<input type="checkbox"/> Lamps and Accessories	\$ _____		
<input type="checkbox"/> Computer(s) & Printer(s)	\$ _____		
<input type="checkbox"/> Desks/Office Furniture	\$ _____		
<input type="checkbox"/> Other Computer Equipment	\$ _____		
Describe item(s) _____			
<input type="checkbox"/> Photography/ Camcorder Equip.	\$ _____		

OTHER ASSETS

<input type="checkbox"/> Life insurance policy	\$ _____
<input type="checkbox"/> Term policy of cash surrender	\$ _____
<input type="checkbox"/> Death benefit amount	\$ _____
<input type="checkbox"/> 401k Plan/403B/IRA	\$ _____
<input type="checkbox"/> Stocks/Bonds/Mutual Funds	\$ _____
<input type="checkbox"/> Government Bonds	\$ _____
<input type="checkbox"/> Time Share Interest	\$ _____
<input type="checkbox"/> Copyrights/Patents	\$ _____
<input type="checkbox"/> Aircraft	\$ _____
<input type="checkbox"/> CD's	\$ _____
<input type="checkbox"/> Money Market Accounts	\$ _____
<input type="checkbox"/> Safe Deposit Box	\$ _____

TAX RETURN

<input type="checkbox"/> Income Tax Refund for this year or last year. When received:	\$ _____
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YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, mobile homes, boats, trailers, campers, etc. that are **TITLED IN YOU OR YOUR SPOUSES NAME**. Include all vehicles even if paid in full or not running.

TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other
 Year _____ Make _____ Model _____ Lease or purchase? _____
 Condition: Excellent Good Fair Poor Not Running Mileage _____
 Name(s) on vehicle title _____ Name of company paying: _____
Value of vehicle _____ What is your intention regarding the vehicle? **Keep** **Surrender**
Monthly Payment _____ Are you past due in pmts **Yes** (____ months) **No** _____
 Is this property insured? **Yes (Insured by:** _____) **No**

TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other
 Year _____ Make _____ Model _____ Lease or purchase? _____
 Condition: Excellent Good Fair Poor Not Running Mileage _____
 Name(s) on vehicle title _____ Name of company paying: _____
Value of vehicle _____ What is your intention regarding the vehicle? **Keep** **Surrender**
Monthly Payment _____ Are you past due in pmts **Yes** (____ months) **No** _____
 Is this property insured? **Yes (Insured by:** _____) **No**

TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other
 Year _____ Make _____ Model _____ Lease or purchase? _____
 Condition: Excellent Good Fair Poor Not Running Mileage _____
 Name(s) on vehicle title _____ Name of company paying: _____
Value of vehicle _____ What is your intention regarding the vehicle? **Keep** **Surrender**
Monthly Payment _____ Are you past due in pmts **Yes** (____ months) **No** _____
 Is this property insured? **Yes (Insured by:** _____) **No**

TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other
 Year _____ Make _____ Model _____ Lease or purchase? _____
 Condition: Excellent Good Fair Poor Not Running Mileage _____
 Name(s) on vehicle title _____ Name of company paying: _____
Value of vehicle _____ What is your intention regarding the vehicle? **Keep** **Surrender**
Monthly Payment _____ Are you past due in pmts **Yes** (____ months) **No** _____
 Is this property insured? **Yes (Insured by:** _____) **No**



Places where you & your spouse have worked and all sources of income for the last 6 months:

[] You [] Spouse Name & Address:
Hire Date: Termination Date :
[] You [] Spouse Name & Address:
Hire Date: Termination Date :
[] You [] Spouse Name & Address:
Hire Date: Termination Date :
[] You [] Spouse Name & Address:
Hire Date: Termination Date :

Have your wages or property been garnished or attached in the last 90 days? [] Yes [] No

Who garnished your wages or attached your property?
How much was taken Time periods

If you are renting

Name & Address of landlord
Term of lease Date lease began

Does anyone owe you money If yes, list Name(s) Amt Owed

Do you pay/owe child support If yes, list Recipient Amt Paid

Do you pay on rent-to-own furniture contracts If yes, list amount paid
Names & Address of Company

Have you paid back any family members or friends in the last year If yes, list amount paid
Date of payment Name & Address

Have you paid back any creditors/credit cards in the last 90 days If yes, list amount paid
Date of payment Name of creditor

Have you had lotto/gambling winnings in the last 2 years If yes, how much & when

Do you expect to receive an inheritance in the next year If yes, how much

Have you sued anyone in the last 5 years if yes, why



Have you received a settlement from a slip and fall, auto accident or workman's comp case _____

Is anyone holding any property that belongs to you? Yes No

Example: Your father has a vehicle in his name because you did not have good credit, but it is your car & you make the payments/insurance.

What are the items _____ Name of person holding _____

Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller? Yes No

Date of Sale/Seizure _____ Creditor name & address: _____

Item Description _____

Have you transferred any money/property to family members or friends? ___ What/When _____

Have you or your bank closed a checking or savings account in the last 2 years? _____

Name of Bank _____ Acct # _____ Closing date balance _____

Have you participated in a debt counseling/consolidation program in the last year? _____

How much did you pay _____ Dates paid _____

Paid to _____

Do you have any furniture loans? _____

Are you thinking of suing anyone? _____ Is anyone suing you? _____

SECURED DEBTS: ANSWER EVERY QUESTION

For all these debts, give the following information, including full name & address of the creditor AND the attorney or collection agency. Please use separate sheet of paper if needed.

Name & addresses of Creditor, Collection Agency & Attorney	What property is collateral or subject to Lien	Current Value of Property	Current Balance & Account No.	Monthly Payment & No. of payments behind



relief. If I am married and my spouse is also filing I understand my spouse must complete one of these forms separately.

 Date

 Client –

Due Diligence Check for Bankruptcy Filing

Please provide the requested information below and click submit. A search will be conducted using the information you provide. Please only click on 'submit' once. Clicking on submit binds you to the terms of your registration agreement. [Click here](#) if you are not registered with our service yet. **Fields with red * are required.**

Due Diligence Search Information (\$25.00) [Click here to see covered topics.](#)

Debtor Name (First, Middle, Last) *	<input type="text"/>
Social Security Number *	<input type="text"/>
Date of Birth (mm/dd/yyyy) *	<input type="text"/>
Address *	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text"/>
Zip *	<input type="text"/>
County *	<input type="text"/>

Previous Address (if less than 2 years at above address)

Previous Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>

Optional DMV Asset Search (\$10.00) [Click here for State Limitations.](#)

Please conduct a motor vehicle asset search for the above named debtor in addition to the basic search above.