

206 Main Street
Olean, New York
(near the hospital)

Humble Law Offices

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Serving the
Communities of
Western New York
and
Northern Pennsylvania

Your Initial Consultation is on _____ at _____ in our _____ office.

Telephone Consultation by _____ on ____/____/____ at ____:____.

We know that no one wants to consider bankruptcy, but I can design a bankruptcy case to protect you and your property. However, you cannot make your best decision without knowing all of your options. Please help us help you. Please fill out this form. If the form is not filled out prior to your appointment, your appointment may need to be rescheduled. To get the best results, we must have the best information. This will be very helpful with any future possible governmental audit.

APPLICATION

Name: _____
Last First Middle

Address: Home: _____ Mailing: Same

City State Zip City State Zip

Phone #: Home: _____ Work: _____ Other: _____

E-Mail address: _____

Social Security Number: _____ County: _____

City, State Born in : _____ Date of Birth: _____

Mother Maiden Name : _____

Have you lived at this address for at least 91 days? Yes No

List all other former addresses used in the last 2 years and dates you resided at said address(es):

City	State	Zip	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spouse Name: _____
Last First Middle

Address: Home: Same as Spouse Mailing: Same as Spouse

City State Zip City State Zip

Phone #: Same as Spouse Home: _____ Work: _____
Other: _____

Social Security Number: _____ County: _____

City, State Born in : _____ Date of Birth: _____

Mother Maiden Name : _____

Your identification will be checked throughout these proceedings via your driver's license and social security card.

Have you lived at this address for at least 91 days? Yes No

List all other former addresses used in the last 2 years and dates you resided at said address(es):

City	State	Zip	Dates

Marital Status: Married Single Divorced* Separated*

**Please provide us with a copy of your divorce or separation papers.*

Do you and/or your spouse have any **prior bankruptcies**? No Yes

If yes, please list the state you filed in _____, the case number (if available) _____, court location _____, and, most importantly, the date of discharge _____.

BUSINESS SECTION

Do you, or have you, **operated a business** within the last year? If so, list name of business, the time period that the business was operational, the form of business, address and telephone number of business, type of business and last date of operation:

Is the Business a: Sole Proprietorship Partnership Corporation

Business Tax ID# _____

Is the business presently “making money”? ___ Yes ___ No

If you do have a business, list the approximate amount of money that could be obtained if the assets were sold at auction (i.e. not as an ongoing business): \$ _____

List all business assets and their “auction value”:

**** It is extremely likely that copies of your business records will need to be turned over to the trustee. ****

(To properly assess your financial and legal situation, all questions must be answered – even if you “don’t want to include” something in your bankruptcy (i.e. house, car, business, etc.)

HOUSING SECTION

A-1. Do you own your home or do you rent? N/A
 What is your monthly rent or mortgage payment \$ _____

A-2. If you own your home, is it a mobile home? Yes _____ No _____
 If yes, do you own or rent the lot
 What is your monthly rent or mortgage payment on the lot \$ _____

A-2. Please fill out the following tables (the first is information on your home(s) [i.e. real estate] and the second is on any mortgages against your home(s):

(If you are behind on mortgage payments or taxes, you need to meet all of our conditions immediately so that we may file a chapter 13 with the court immediately.)

Name(s) on Deed (i.e. H [Husband] or W [Wife])	Location (i.e. residence)	Your Intentions	Do you live there?	Land Contract	Fair Market Value (i.e. assessment or appraisal)
Property #1: Date of Purchase ___/___/___	<input type="checkbox"/> same as home address	___ Keep ___ Surrender	___ Yes ___ No	___ Purchasing ___ Selling	Asses'd _____ Apprs'd _____ Purchase Price _____
Property #2: Date of Purchase ___/___/___		___ Keep ___ Surrender	___ Yes ___ No	___ Purchasing ___ Selling	Asses'd _____ Apprs'd _____ Purchase Price _____
Property #3: Date of Purchase ___/___/___		___ Keep ___ Surrender	___ Yes ___ No	___ Purchasing ___ Selling	Asses'd _____ Apprs'd _____ Purchase Price _____

Property (above)	Name of Bank(s) that your mortgage(s) is/are through and year incurred.	Balance(s) (i.e. payoff amount) on mortgage(s)	If arrears on any mortgages (unpaid payments), please list total	Real Estate Taxes if unpaid, list total amount of unpaid
Property #1:	First: Second: Third: None	First: Second: Third: None	First: Second: Third: None	None
Property #2:	First: Second: Third: None	First: Second: Third: None	First: Second: Third: None	None
Property #3:	First: Second: Third: None	First: Second: Third: None	First: Second: Third: None	None

Generally, to keep secured Real Estate, you must remain current on all secured loan payments and taxes.

A-4. Have you transferred any real property in the last 10 years? If yes, please state the location or distribution of the proceeds:

Location	Value	Date of Transfer	Net Proceeds from transfer

PERSONAL PROPERTY SECTION

B-1. Please fill out the following table for any vehicles including cars, trucks, motorcycles, ATV's, snowmobiles, trailers, campers, motor homes, tractors, or boats, airplanes or anything else that you may have.

If you are behind on a vehicle payment, or if your vehicle has been repossessed and you want it back, you need to meet all of our requirements so that we can file a Chapter 13 immediately to protect your vehicle.

Names on Title (ie. "H" for Husband and "W" for wife.)	Year/Make & Model <i>Please list trim (ie. SLT, XLT, etc).</i>	Mileage	Replacement Value	Lien Holder	Date Incurred / Date Loan is Paid Off	Intentions	Balance on Lien
				___ None Bank: _____ _____		___ Keep ___ Surrender	___ None
				___ None Bank: _____ _____		___ Keep ___ Surrender	___ None
				___ None Bank: _____ _____		___ Keep ___ Surrender	___ None
				___ None Bank: _____ _____		___ Keep ___ Surrender	___ None
				___ None Bank: _____ _____		___ Keep ___ Surrender	___ None
				___ None Bank: _____ _____		___ Keep ___ Surrender	___ None

- If you decide to file a Chapter 13, vehicle payments are made via the Chapter 13 Trustee. Chapter 13 Payments are due within 30 days of the date your case is filed with the court and every 30 days thereafter unless income deducted.
- If you decide to keep your vehicle and file a Chapter 7, you must remain current with your payments, and sign a reaffirmation agreement.
- Have you transferred any personal property in the last year (cars, snowmobiles, etc.) If yes, please list:

Property	Value	Net Proceeds	Date of Transfer

FILL OUT THE FOLLOWING FOR EACH OF YOUR VEHICLES:

Vehicle #				Vehicle #				Vehicle #			
	1	2	3		1	2	3		1	2	3
2 Dr.				Leather				Premium Wheels			
4 Dr				Power Seats				Wide Tires			
4x4				Sun Roof				Oversize Off-road tires			
Auto Trans				Power Sliding Door				Oversize Wheels 20"			
Manual Trans				Power Sliding Doors				Sport			
Air Cond.				Rear Air				Laramie			
Power Steering				Premium Sound				SLT			
Power Windows				Navigation System				Roof Rack			
Power Door Locks				Parking Sensors				Sliding Rear Window			
Tilt Wheel				Video System				Step-side Bed			
Cruise Control				Dual Power Seats				Running Boards			
AM/FM stereo				Flip-Up Roof				Pickup Shell/cap			
Cassette				Moon Roof				Hard Tonneau Cover			
Single CD				Running Boards				Bed Liner			
Multi CD				Custom Bumper Grille Guard				Snow Plow			
DVD system				Winch				Alloy Wheels			
Dual Front Air Bags				Optional Fuel Tank				Utility			
Front Side Air Bags				Towing Pkg.				Underbody Hoist			
F & R side air bags				Custom Paint				Dump bed			
ABS (4-wheel)				Two Tone Paint				Hydraulic Lift			

B-1 Do you have a cash, checking or savings account, or any other account? Yes _____ No _____

(if yes, indicate each account below)

Type:

Bank Name _____ Balance \$ _____

Bank Name _____ Balance \$ _____

Bank Name _____ Balance \$ _____

MISC: _____

How much cash do you normally carry in your wallet? \$ _____

B-2. Do you have any frozen bank accounts? _____ None

If so, list name, address, and telephone number of financial institutions:

B-3. Do you have any jewelry? Yes _____ No _____

If yes, indicate pieces and your estimate of re-sale value:

Piece _____ Value \$ _____

Piece _____ Value \$ _____

Piece _____ Value \$ _____

B-4. Do you own any firearms? ___ N/A

___ Pistol – value \$ _____ Rifle – value \$ _____ Shotgun – value \$ _____
___ Pistol – value \$ _____ Rifle – value \$ _____ Shotgun – value \$ _____

B-5. Do you have any whole life insurance policies (i.e. you can borrow against it)? If so, please list the company name and present cash value for each: ___ None

Company: _____ Cash Value: \$ _____

Company: _____ Cash Value: \$ _____

B-6. Do you have any term life insurance policies? If so, please list the company and policy amount of each: ___ None

Company: _____ Policy Amount: \$ _____

Company: _____ Policy Amount: \$ _____

B-6. Do you have any annuities (i.e. companies that owe you money)? If so, please list the company name and value for each: ___ None

Company: _____ Present Value: \$ _____

Company: _____ Present Value: \$ _____

B-7. Do you have any pensions, 401(k), 403(b) or any other retirement fund? If so, please list the company name and value for each: *(Pennsylvania clients especially need to provide a recent summary statement and a copy of the plan)*

___ None

Company: _____ Present Value: _____

Company: _____ Present Value: _____

B-8 Do you have any loan against your Retirement? ___ None

If so, List:

Total Amount: _____ Date Borrowed: _____

Payment Amount: _____ Duration of Term: _____

Name of Company: _____

B-9. Do you have any stocks or bonds? ___ None - If so, please list name and value:

B-10. Any other collections or antiques that have substantial value: ___ None

Item(s): _____ Value: _____

Item(s): _____ Value: _____

B-11. List any gambling winnings for year previous: _____

List any gambling losses for previous (1) year: _____

Are you holding any winning lottery tickets presently? Yes No

B-12. List all your property that has not already been listed and its amount:

<u>Room/Description</u>	<u>Auction Value</u>	<u>Bedrooms</u>	<u>Auction Value</u>
		Oriental Rugs	
Living Room		Beds	
Sofas, Chairs		Bureaus, Dressers	
Tables		Desk, Chairs, Tables	
Lamps		TV's, Stereos	
Pictures/Mirrors		Computer	
Window coverings		Sports Cards	
Other		Clothing	
Other		Other (list)	
Other			
Total Living Room	\$	Total Bedrooms	\$
Kitchen		Family Room/Den	
Appliances (<i>not attached</i>)		Sofas, Chairs	
Small Appliances (ie Toaster, coffeemaker)		Tables, Chairs	
Table, Chairs		TV's, Stereos	
Cookware		Other (list)	
Dishes, Utensils			
Other (list)		Total Family Room/Den	\$
Other			
Total Kitchen	\$	Garage/Car Port/Shed	
		Tools	
Dining Room		Lawn Mower	
Oriental Rugs		Grill	
Table, Chairs		Lawn Furniture	
Buffet, Sideboard		Hobby/Sport Equipment	
China, Glassware		Tractor	
Silver		Snowmobile	
Other		4 wheeler	
Other		Boat	
Other (list)		Trailer	
Total Dining Room	\$	Other	
		Total Garage/Car Port/Shed	\$
Other Property			
TV's			
Stereos			
Pictures/Mirrors			
Antiques			
Total Other Property	\$	Total Household	\$

B-13. List and value any assets not already disclosed:

B-14. Have you purchased any jewelry, furniture, electronics, etc. with store credit cards (i.e. Kay Jewelers, Circuit City, Raymour & Flanigan, etc.), if yes, please fill in the requires information below: None

(These accounts may be considered secured accounts. You may be required to pay these accounts or surrender the items purchased)

Creditor	What is the account secured to (if you do not know of any secured status, please bring a copy of the original agreement that you signed regarding this account or original purchase receipt)	Replacement Value	Account Balance

B-15. Has anyone cosigned for you? No

Name of Cosigner: _____

Debt: _____

Address of Cosigner: _____

Do you want them protected? Yes I Don't Care

Have you cosigned for anyone? No

Person's Name and Address: _____

Creditor Name and Address: _____

1. If not already listed, have you signed any lease agreements (cars, apartments, etc.) ___ None

Creditor: _____ Leased Property: _____
Address: _____ Value: _____ Monthly Payment _____

Creditor: _____ Leased Property: _____
Address: _____ Value: _____ Monthly Payment _____

2. Do you have any lawsuits or judgments pending? ___ None If yes, list name of action, status, and type of action. You will also need to provide us with copies.

It is imperative that this information be listed and that copies are provided to us. If you fail to cooperate, we will not be held responsible.

3. Are your wages being garnished? Yes No
If so, we will need the name, address, and contact number of the company who has garnished your wages. You will need to file your bankruptcy A.S.A.P. in order to stop this wage garnishment.

4. Are there any pending actions, such as foreclosures or sheriff's sales? Yes No
If so, we will need the name, address, and contact number of the bank who is pursuing the foreclosure/sheriff's sale on your home. You will need to file your chapter 13 bankruptcy immediately in order to stop this foreclosure.

5. Have you transferred any **real property** in the last 10 years? If yes, list location, value, date of transfer, and net proceeds of transfer. If within the last two years, state the location or distribution of the proceeds: ___ None

6. Have you transferred any **personal property** in the 2 years (cars, etc.)? If yes, list property, value, net proceeds, and date of transfer (include any vehicles traded in or "junked") ___ None

7. Have you had any foreclosures, repossessions, or returns within the last year? If yes, list property, date, and former lien holder ___ None

8. Have you transferred any assets into Trusts? If yes, list asset(s), value of asset(s), and date of transfer. (You should provide a copy of the Trust paperwork for review at the time of your appointment)

9. Have you taken **any** cash advances over \$750.00 off your credit cards in the last 6 months? If yes, list card, account number, date, and amount of advance. ___ None

You will need to provide a copy of the statement(s) showing the cash advances listed.

10. List any "Balance Transfers" within the last 6 months.

11. Have you used any one account for over \$500.00 in the last 6 months? If yes, list account, date, amount, and what the money was used for: ____ No

_____ You will need to provide a copy of the statement(s) showing the account usage listed.
12. List any Luxuries purchased within the last 6 months: ____ None

13. Have you loaned, paid or given any monies to friends or family members of over \$500.00 in the last year?
____ No (If yes, please list)

14. Are you holding any property for anyone? Yes No
If yes, describe:

15. Is anyone holding any property for you? Yes No
If yes, describe:

16. Have you closed any bank accounts in the last year? Yes No
If yes, how much money was in the account when closed: \$ _____
Date account closed: ____ / ____ / ____
17. Do you have a safety deposit box? Yes No
If yes, list inventory in box:

18. Do you expect an inheritance or gift worth over \$200 in the next 6 months? ____ No ____ If Yes, list:
Item and Value: _____

19. Are you currently pursuing any personal injuries, medical malpractice, worker's compensation, etc. cases? ____ No If yes, list who you are suing, name, address, and phone number of your attorney, and approximate anticipated settlement amount:

20. Why are you filing now?

Reduction/loss in income Divorce Business Failure
 Injury/health problems Overspending Other: _____

21. Briefly explain why you are filing, in detail: **(This is very important)** (ie. Disability income insufficient, significant other moved out, out of work due to injury, etc.)

22. Please list any changes that you are expecting in your income and/or expenses of 10% or more:

23. Do you have any student loans? Yes No
 If yes, list bank name and amount owed (Please note that student loans are **not** dischargeable in bankruptcy and may only be deferred for the life of a Chapter 13 Bankruptcy):

Bank Name: _____ Amount Owed: \$ _____
 Bank Name: _____ Amount Owed: \$ _____

24. Are you presently in Consumer Credit Counseling? Yes No
 If yes, list name, address, payment amount, and date of last payment:

25. On your last tax return how many dependents did you list? _____

26. On your next tax return, how many dependents will you list? _____

People who live with you:			
Name	Age	Relationship to you	Amount of Money You Receive Each Month For this Person
Dependents who do not live with you:			
Name	Age	Relationship to you	Amount of Money You Pay out Each Month For this Person

DOMESTIC SUPPORT OBLIGATION DISCLOSURE FORM

Section 1: to be completed by all debtors:

Date: _____ Case No. _____

Debtor: _____ **CoDebtor:** _____

S.S. No. _____ S.S. No. _____

Are you responsible for any Domestic Support Obligations described in 11 U.S.C. § 101(14A) [debt owed to or recoverable by spouse, former spouse, child, child’s guardian or governmental unit in the nature of alimony, maintenance or support]?

Debtor: Yes _____ No _____ CoDebtor: Yes _____ No _____

If your answer is “No” skip to Section 3 at the bottom of this form and sign.

If your answer is “Yes”, please complete your answers to all questions in Section 2 and sign.

Section 2: to be completed only if you answered “Yes” above:

Debtor current marital status: _____ CoDebtor current marital status: _____

Married _____ Divorced _____ Married _____ Divorced _____

Separated _____ Widowed _____ Separated _____ Widowed _____

Single _____ Single _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____ Email: _____

Provide Support Recipient Information:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____ Email: _____

Are support payments deducted from your paycheck? Yes _____ No _____

If “Yes”, **Provide State Agency Information:**

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____ Email: _____

Account No. _____

Names of Creditors for any debts that will not be discharged or that you will reaffirm:

Identify your Employer Name: _____

Employer Address _____

City: _____ State _____ Zip _____

Section 3: to be signed by all debtors.

I swear under penalty of perjury pursuant to 28 USC §1748 that the information provided herein is true, correct, and complete.

X _____ X _____

Debtor CoDebtor

How did you first learn of our office? _____ TV

_____ Referral _____ Newspaper

*We are not required to list the names of individuals that live with you, and are not filing, but we are required to list their income – if they have income, including their tax refund.

****Please bring a copy of your most recent pay stubs with you to your appointment!!**

Income

Expenses

	Debtor	Joint Debtor	3 rd Income	4 th Income
Name and address of employer				
Job Title				
How long employed				
Gross monthly pay				
Average Monthly O/T				
Taxes Withheld				
Are you paid weekly or bi-weekly	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly
How much is taken out for insurance?				
How much is taken out for union dues?				
Are there any other deductions? If so, how much?				
Alimony/Support				
Unemployment				
Social Security Disability				
Social Security Income				
Workers Comp.				
Unemployment				
Pension				
Pension				
Any other deductions				
Any other sources of income:				
Net Monthly Income:				

	Debtor	Joint Debtor	3 rd	4 th
Rent/Mortgage Payment				
Electric and Heating				
Water and Sewer				
Telephone				
Cable/Satellite Dish				
Home Repair/Upkeep				
Food				
Clothing				
Laundry/Cleaning				
Childcare / Daycare				
Medical and Dental				
Recreation				
Charitable Contributions				
Homeowners Insurance				
Life Insurance				
Health Insurance				
Auto Insurance				
Real Estate Taxes				
Car Payment				
Alimony/Support				
Public Transportation				
Gas/Tires/Maintenance				
Miscellaneous				
Other				
Pension/Retirement Loan				
TOTAL EXPENSES:	\$	\$	\$	\$

List specifics for miscellaneous:

(If you and your spouse are separated, please list your gross incomes separately)

Please list any additional household income not already disclosed:

___ None

24. What did you receive for a tax refund two (2) years ago? \$ _____

25. What do you expect to receive (or have received) for a tax refund last year? \$ _____

26. If anyone else in the household received or will receive a tax refund, and you have not already listed this information on page 5 previously, list name and amounts for State and Federal:

Who: _____ State Refund: _____ Federal Refund: _____

27. Have you filed all of your tax returns for the last 6 years? Yes No
 If no, list years not filed (in all likelihood, you will be forced to file any missing tax returns by the court)

28. If anyone else in your household expects to receive or has received a tax refund this year, list their first name and the amount of the refund: _____ None

Name: _____ Amount: \$ _____

29. Do you owe any taxes: _____ None _____ Yes

If yes, please list:

<i>Taxing Authorities</i>	<i>Address</i>	<i>Type of Tax</i>	<i>Current Amount</i>

30. If you add up all the unsecured debt, (i.e. Credit cards and medical bills) how much do you believe would be the total? \$ _____

Please list payments to creditors and/or credit counselors/debt reduction/debt settlement companies in the last 90 days:
 (Attach separate sheet of additional payments to creditors if necessary)

Name of Creditor	Date of Payment	Amount of Payment

We will be relying on your information to formulate our best strategy and prepare your documents to file with the court; therefore, it is imperative that you answer each question.

The Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 (BAPCPA) requires us to ask you these questions and certify the information is true and correct to the best of your knowledge. Therefore, you must sign below for us to review and discuss your case with you. We cannot file your case with the court until further procedures take place. Therefore, **please remember you do NOT have court protection until we are provided with everything necessary to file your case with the court**, such as all required fees, copies of additional documents, and your signature on official court papers (*not these papers*).

I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Debtor Date

Please print your name

Signature of Spouse/Joint Debtor Date

Please print your name

B-17. The following tables are for your unsecured creditors (credit cards, medical bills, personal loans, etc). Please fill out the Creditor Name and Address, the date the debt was

incurred, the type of debt, and the amount to the best of your knowledge. If you have more creditors than there is room for, please list additional creditors on another sheet of paper.

NOTE: You must list **all** of your unsecured debts. There is no such thing as a partial bankruptcy. If you do not list **all** of your debts when you file bankruptcy, you are committing a crime.

Check here if you request that we rely totally on your credit report.

Signature of Debtor

Date

Please print your name

Check here if you request that we rely totally on your credit report.

Signature of Spouse/Joint Debtor

Date

Please print your name

Creditor Name and Address	Account Numbers	Date Acquired/Medical Bill, Credit Card, Personal Loan, Etc.	Amount	Days Past Due
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more

Sub-Total: _____

Creditor Name and Address	Account Numbers	Date Acquired/Medical Bill, Credit Card, Personal Loan, Etc.	Amount	Days Past Due
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more

Sub – Total: _____ 19

Unsecured Creditors that you do not want to file bankruptcy on:

Creditor Name and Address	Account Numbers	Date Acquired/Medical Bill, Credit Card, Personal Loan, Etc.	Amount	Days Past Due
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more
Business Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Credit Card Date Acquired: <input type="checkbox"/> Medical Bill ___/___/___ <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other: _____		30 60 90 more

Sub-Total: _____

Total Unsecured Debt (approx.) : _____

BANKRUPTCY ADMINISTRATIVE PAGE

For Attorney/Paralegal use only

Packet filled out by: _____ Client or HLO Staff Member Initials _____

_____ Olean	_____ Garnishments	_____ House Appraisal Of less than: _____
_____ Erie	_____ POND	_____ Car Appraisal Of less than: _____
_____ Jamestown	_____ Repossession	_____ Credit Report
_____ Fredonia	_____ Foreclosure	_____ 522(f) How many? _____
_____ Warren	_____ AP Issues	_____ POND/506 Motion
_____ Bradford	_____ 362 Reinstatement Motion	

Chapter 7

Quoted: _____

POND

Quoted: _____

522(f)

Quoted: _____

Chapter 13

Quoted: _____ with payments of _____ for _____ months

Plan: Taxes _____ Misc. Sec'd _____
Student Loan _____ Misc. Sec'd _____
Trustee _____
Atty Fees _____ Co-signed Accts 1. _____
Vehicles 1. _____ 2. _____
2. _____ 3. _____
3. _____
Mtg. Arrears _____
Unsec. At _____%

Potential Problems:

_____ Mean Test (Abuse)
_____ Tax Refund
_____ Whole Life Insurances
_____ AP Issues
_____ Transfer of real or personal property
_____ Unexempt Equity in Home/Property
_____ Unexempt Equity in Vehicle
_____ Unexempt Equity in : _____
_____ Other: _____