

OFFICE USE ONLY

Office Location

BANKRUPTCY INTAKE FORM

OFFICE USE ONLY

Interviewing Attorney

Name: _____ Date: _____ Time In/Out: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Alternate Phone Number: _____

Email Address: _____

County of Residence: _____ Length of Time at Current Address: _____

Prior Address If Less Than 2 Years: _____

Marital Status: Single Married Divorced Separated Widowed

Spouse Name: _____

Social Security Number: _____ Date of Birth: _____

Address (if living separately): _____

City: _____ State: _____ Zip: _____ Phone Number: _____

DEPENDENTS

Name	Age	Relationship to You	Is this person/child living with you?

Have you ever filed for Bankruptcy before, even if it was dismissed or you did not go through with it? YES NO

If the answer is yes, what year and case number? Year: _____ Case Number: _____

Are both you and your spouse filing this bankruptcy together? YES NO

Have either you or your spouse been known by any other name during the past 6 years? YES NO

Name Used: _____ Dates Used: _____

Name Used: _____ Dates Used: _____

How did you hear about us? Referral AT&T Book Yellow Book Radio internet TV Movie Ad Other _____

Attorney Notes: _____

INCOME HISTORY

Employers Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Length of time at this job? _____ Job Title: _____

Rate of pay: _____ How often do you get paid: weekly Bi-weekly Bi-monthly Monthly

Child support/Alimony YES NO If yes, how much: _____ How often: _____ For how long: _____

Food stamps YES NO If yes, how much: _____ How often: _____ For how long: _____

FIA assistance YES NO If yes, how much: _____ How often: _____ For how long: _____

Unemployment YES NO If yes, how much: _____ How often: _____ For how long: _____

Workmans comp YES NO If yes, how much: _____ How often: _____ For how long: _____

Pension/Social Security YES NO If yes, how much: _____ How often: _____ For how long: _____

Disability income YES NO If yes, how much: _____ How often: _____ For how long: _____

Rental/Roomate income YES NO If yes, how much: _____ How often: _____ For how long: _____

Commlsions YES NO If yes, how much: _____ How often: _____ For how long: _____

Annuity or Trust Income YES NO If yes, how much: _____ How often: _____ For how long: _____

Will you be receiving a bonus check or profit sharing check within the next year? YES NO Amount?: _____

Have you received a bonus check or profit sharing check within the last year? YES NO Amount? _____

Are you or your spouse expecting to receive a buyout/buydown from your current employer within the next year? YES NO

Have you or your spouse received a buyout or severance pay from your current employer during the last 2 years? YES NO

Do you have a second job? YES NO If yes, Employer name: _____

Employer address: _____

Length of time at this job? _____ Job Title: _____ Rate of pay: _____

How often do you get paid: weekly Bi-weekly Bi-monthly Monthly

Spouse's Employment Information: Please see next page.

Are you self employed, own your own business or receive a 1099? If yes, complete next page.

Is your Spouse employed? YES NO

If yes, Employers Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Length of time at this job? _____ Job Title: _____

Rate of pay: _____ How often do you get paid: weekly Bi-weekly Bi-monthly Monthly

SELF EMPLOYMENT INCOME

Are you self employed, own your own business or receive a 1099? Please complete below:

Are you paid as an independent contractor (1099)? YES NO Do you have your own business? YES NO

Name of company: _____ City: _____ State: _____ Zip: _____

For how long: _____ LLC, Corp, or DBA: _____ Partners?: _____

Type of business: _____

Have you owned your own business other than the one mentioned above in the last 6 years? YES NO

What is the name of the company: _____

LLC, Corporation or D/B/A? _____ How long was it operational? _____

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY amounts in the spaces to the right of each expense.

HOUSING EXPENSES

Rent payment (Monthly) _____

1st Mortgage payment or
Mobile home monthly payment _____

2nd Mortgage (if applicable) _____

3rd Mortgage (if applicable) _____

Lot Rent payment (if applicable) _____

Are real estate taxes included in
your mortgage payment? YES NO

Taxes not included in your
mortgage payment _____

Insurance not included in your
mortgage payment _____

UTILITIES

(normal monthly average)

Electricity _____

Gas _____

Water _____

Telephone (basic & long
distance) _____

Trash pickup _____

Cable TV and/or internet service _____

Cell phone service _____

BASIC NEEDS (monthly)

Home maintenance
(for home owners) _____

Food (monthly) _____

Clothing (monthly) _____

Laundry (dry cleaning, soap
etc...) _____

Medical expenses NOT paid by
insurance (Co-pays, glasses, etc) _____

INSURANCE

Renters insurance _____

Life insurance
(other than employer) _____

Health insurance
(other than employer) _____

Automobile insurance _____

Other Insurance _____

TRANSPORTATION

Gasoline/auto maintenance _____

Auto payments _____

Auto lease payments _____

TAXES

IRS/State of MI payments _____

OTHER EXPENSES

Alimony or child support _____

Payments for someone outside
your home _____

College tuition / Books _____

Union dues/Professional dues
(not payroll deducted) _____

Oil Changes/Tabs for autos _____

Church Tithes/Contributions _____

Baby sitter / Day Care expenses _____

Childrens activities
(dance class, karate, etc...) _____

Childrens dental, Braces _____

School lunches _____

School expenses _____

Diapers / Formula _____

Physical therapy _____

Psychiatrist / Therapist _____

Prescriptions (out of pocket) _____

Personal care items _____

Pet supplies/food/vet _____

Newspapers, books, magazines _____

Cigarettes / Tobacco _____

Condo association fees _____

Time share expenses _____

Alarm system fees _____

Storage Fees _____

Lawn / Snow service _____

Rent to own furniture _____

Loans to family or friends _____

Student loans _____

Probation fees/Restitution _____

Recreation _____

Other _____

YOUR REAL ESTATE

Including Mobile Homes and all other property

Check the type of real estate you own

- House Condominium Mobile home Vacant Lot Rental Property
 Time Share Out of state/other country Other Co-op

How many properties do you own? _____

Name(s) on Deed or Title: _____

Address of Property: _____

City: _____ State: _____ Zip: _____ Country: _____

1st Mortgage Company: _____

Monthly payment: _____ What is the payoff amount?: _____

Are you behind on payments? YES NO If yes, how many months? _____

Have you refinanced your home in the last 2 years? YES NO If yes, when: _____ Amount received: _____

What is the vale of your home? _____ Are you past due on property taxes? YES NO

Do you intend to keep your home or surrender it? KEEP SURRENDER

Is there a sheriff sale scheduled? YES NO If yes, date of sale: _____

When did you purchase your home? _____ Purchase price? _____

Have you had an appraisal? YES NO Amount of appraisal: _____ Date of appraisal: _____

Do you own any real estate with other people, or has someone added your name to their property? YES NO

Do you own any real estate via land contract? YES NO

If condo, name & address of Association _____ City: _____ State: _____ Zip: _____

Condo fee amount paid monthly: _____ Are you past due? YES NO If yes, amount past due: _____

Do you pay lot rent? YES NO If yes, amount: _____ Are you past due? YES NO If yes, amount: _____

Mobile Home Park Association: _____

2nd Mortgage Company: _____

Monthly payment: _____ What is the payoff amount?: _____

Are you behind on payments? YES NO If yes, how many months? _____

3rd Mortgage Company: _____

Have you sold, transferred, or lost through foreclosure any other real estate in the last 6 years? YES NO

RENTAL PROPERTY OR VACANT LAND

Do you own other real estate or have an interest in other real estate, such as rentals or vacant property? YES NO

If yes, location of property: _____

Mortgage Company: _____ Payoff amount: _____ Monthly payment: _____

Rents received monthly: _____ Value of property: _____

IF YOU ARE RENTING:

Landlord name: _____

Address: _____ City: _____ State: _____ Zip: _____

Term of lease: _____ Date lease began: _____

TIME SHARE

Do you have an interest in a time share? YES NO Do you want to keep it or surrender it? KEEP SURRENDER

If yes, location of property: _____

Date purchased: _____ Monthly payments: _____ Purchase amount: _____

Name of Finance company: _____ Account number: _____ Value: _____

FOR CONDOMINIUMS:

Name & Address of Association that you pay your monthly fees to:

Name of company: _____

Address: _____

City: _____ State: _____ Zip: _____ Payment amount: _____

FOR MOBILE HOMES:

Name & Address of Association that you pay your lot rent to:

Name of company: _____

Address: _____

City: _____ State: _____ Zip: _____ Payment amount: _____

FOR TIME SHARES:

Name & Address of Association that you pay your fees/dues to:

Name of company: _____

Address: _____

City: _____ State: _____ Zip: _____ Payment amount: _____

FOR STORAGE UNITS:

Name & Address of Company that you pay your fees/dues to:

Name of company: _____

Address: _____

City: _____ State: _____ Zip: _____ Payment amount: _____

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, RV's, boats, trailers, campers etc..., that are **TITLED IN YOUR NAME OR YOUR SPOUSES NAME, OR WITH ANYONE ELSE**. Include all vehicles even if they are paid in full or not running, or someone else drives.

(1) VEHICLE TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other

Year: _____ Make: _____ Model: _____ Lease or Purchase? Lease Purchase

Condition: Excellent Good Fair Poor Not running Mileage: _____

Name(s) on vehicle title: _____

Name of company you make payments to: _____

Vehicle value: _____ Monthly payments: _____ Do you want to keep or surrender: Keep Surrender

Are you behind on your payments? Yes No If yes, how many months? _____

(2) VEHICLE TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other

Year: _____ Make: _____ Model: _____ Lease or Purchase? Lease Purchase

Condition: Excellent Good Fair Poor Not running Mileage: _____

Name(s) on vehicle title: _____

Name of company you make payments to: _____

Vehicle value: _____ Monthly payments: _____ Do you want to keep or surrender: Keep Surrender

Are you behind on your payments? Yes No If yes, how many months? _____

(3) VEHICLE TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other

Year: _____ Make: _____ Model: _____ Lease or Purchase? Lease Purchase

Condition: Excellent Good Fair Poor Not running Mileage: _____

Name(s) on vehicle title: _____

Name of company you make payments to: _____

Vehicle value: _____ Monthly payments: _____ Do you want to keep or surrender: Keep Surrender

Are you behind on your payments? Yes No If yes, how many months? _____

(4) VEHICLE TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other

Year: _____ Make: _____ Model: _____ Lease or Purchase? Lease Purchase

Condition: Excellent Good Fair Poor Not running Mileage: _____

Name(s) on vehicle title: _____

Name of company you make payments to: _____

Vehicle value: _____ Monthly payments: _____ Do you want to keep or surrender: Keep Surrender

Are you behind on your payments? Yes No If yes, how many months? _____

YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home, even if they were a gift. To the right of each item, provide the value of each item in its current condition (used, "garage sale value"), and the brand name if known.

- Stove / Cooking Unit _____
- Refrigerator _____
- Washer/Dryer _____
- Microwave _____
- Cookware (pots & pans) _____
- Cooking Utensils _____
- Silverware/Flatware _____
- Living Room Furniture _____
- Dining Room Furniture _____
- Tables & Chairs _____
- Televisions _____
- VCR's _____
- DVD Players _____
- Satellite Disks _____
- Compact Disks _____
- DVD's _____
- Stereo Equipment _____
- Bedroom Furniture _____
- Dressers/Nightstands _____
- Lamps & Accessories _____
- Wedding Rings _____
- Other Jewelry/watches _____
- Describe Items even if you think they are worthless _____
- Trust Beneficiary/Trustee _____
- Furs _____
- Computers _____
- Computer printers _____
- Desk/Office Furniture _____
- Other computer equipment _____
- Accounts Receivables _____
- Cash On Hand _____
- Photography equipment _____
- Camcorder _____
- Cell Phones _____
- Paintings/Art _____
- Annuity _____
- Books _____
- Guns & Firearms _____
- Corporation or LLC share _____
- Clothes _____
- Other _____

- Carpenters Tools _____
- Describe Items _____
- Mechanics Tools _____
- Describe Items _____
- Lawn mower _____
- Pets _____
- Tax refund 2007/2008 _____
- When did you receive? _____
- Yard tools / equipment _____
- Swimming Pool _____
- Storage Unit & Contents _____
- OTHER ASSETS:**
- Rent deposit with landlord _____
- Collectibles _____
- Off Shore Bank Accounts _____
- Baseball cards, Sports stuff, Train Sets, Hobbies, etc _____
- Inheritance _____
- Government bonds _____
- Antiques _____
- Copyrights / Patents _____
- Aircraft _____
- 1st Checking account _____
- Name of bank _____
- Account number _____
- Joint account? yes no
- 2nd Checking account _____
- Name of bank _____
- Account number _____
- Joint account? yes no
- Savings account _____
- Name of bank _____
- Account number _____
- Joint account? yes no
- 401K / IRA _____
- Certificate of deposit _____
- Money market accounts _____
- Stocks, bonds, mutual funds _____
- Safe deposit boxes _____
- Life Insurance Policy _____

_____ _____

Places where you and/or your spouse have worked for the last 6 months and ALL sources of income for the last 6 months. Including gifts of money, rental/roommate income, gambling/lottery winnings, buyouts, 401k loans, etc.

Place Name: _____ Date of hire/termination _____

Place Name: _____ Date of hire/termination _____

Place Name: _____ Date of hire/termination _____

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/what was taken? _____ Time period? _____

Other Income: (401K Loans, IRA Distributions, Life Insurance Proceeds, Gifts of money, Lottery winnings, Gambling winnings, Inheritance, Roommate assistance, etc received in the last 2 years)

NAMES & ADDRESSES OF ANY CO-DEBTORS ON YOUR DEBTS

Name: _____

Address: _____

City/State: _____ Zip: _____ Country: _____ Name of Creditor: _____

Does anyone owe you money? YES NO If yes, who & how much: _____

Do you pay or owe child support? YES NO

If yes, Name & Address of recipient: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Amount paid or owed: _____

Do you pay on rent to own furniture contracts or storage units? YES NO

If yes, Name of company: _____

Address: _____

City: _____ State: _____ Zip: _____ Payment amount: _____

Have you paid back any family or friends in the past year? YES NO How much and when? _____

If yes, Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Have you paid back any creditors/credit cards/utilities in the last 90 days? YES NO

If yes, list below:

Name of Creditor: _____

Date and amount paid back: _____

Name of Creditor: _____

Date and amount paid back: _____

PLEASE CHECK THE TYPES OF DEBTS YOU OWE & ESTIMATED AMOUNTS OF DEBT

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Auto Repossession _____ | <input type="checkbox"/> Student Loans _____ |
| <input type="checkbox"/> IRS/State of Michigan _____ | <input type="checkbox"/> Loans to friends/relatives _____ |
| <input type="checkbox"/> Credit Cards _____ | <input type="checkbox"/> Child support _____ |
| <input type="checkbox"/> Medical Bills _____ | <input type="checkbox"/> Unemployment comp fees _____ |
| <input type="checkbox"/> Judgments/Garnishments _____ | <input type="checkbox"/> Traffic tickets _____ |
| <input type="checkbox"/> Payday/Cash advance loans _____ | <input type="checkbox"/> Rent to own furniture _____ |
| <input type="checkbox"/> Apartment/lease deficiency _____ | <input type="checkbox"/> Art Van, Gardner White, etc.. _____ |
| <input type="checkbox"/> Storage unit fees _____ | <input type="checkbox"/> Other _____ |

NAMES & ADDRESSES OF RELATIVES AND/OR FRIENDS YOU OWE MONEY TO AND THE AMOUNTS:

(1) Name: _____

(2) Name: _____

(3) Name: _____

Have you had any lotto or gambling winnings in the last 2 years? YES NO How much and when? _____

Have you had any lotto or gambling losses in the last 2 years? YES NO How much and when? _____

Do you expect to receive an inheritance or life insurance proceeds in the next year? YES NO How much/ when? _____

Have you received an inheritance or life insurance proceeds in the last 6 years? YES NO How/when? _____

Have you sued anyone in the last 5 years or are currently involved in a lawsuit? YES NO If yes, why? _____

Have you been injured at work, in a car accident, or a slip and fall incident in the last 6 years? YES NO

Are you currently receiving medical care for an injury? YES NO

Is anyone holding property that belongs to you? YES NO

EXAMPLE: Your parents have a vehicle in their name because you did not have good credit but it is your car and you make the payments and pay the insurance

What are the items? _____

Name of person holding the items: _____

Have you returned any property to creditors or was any property repossessed? YES NO

If yes, date of sale/seizure: _____ Items sold/seized: _____

Name of person who sold/seized the property: _____

Have you transferred any money or property to family members and/or friends? YES NO

If yes, what and when: _____

Have you or your bank closed a checking or savings account in the last 2 years? YES NO

If yes, name of bank, account number and balance at time of closing: _____

Date of Closing: _____

Are you thinking of suing anyone? YES NO Why? _____

Have you participated in a debt counseling/consolidation program in the last year? YES NO

If yes, how much did you pay & dates of payments: _____

Name of counseling agency: _____

Have you sold, transferred, given away or lost due to theft or fire any property in the last 2 years? YES NO

If yes, please indicate below:

Autos _____

Real Estate _____

Furniture _____

Jewelry _____

Boats _____

Recreational Vehicles _____

Bank Accounts/CD's _____

Other _____

Have you filed all required tax returns? YES NO If not, why? _____

Have you received all tax refunds you are entitled to receive for the last 4 years? YES NO

Do you intend to amend any income tax returns? YES NO If yes, why and when? _____

BRIEFLY DESCRIBE THE CIRCUMSTANCES THAT GAVE RISE TO YOUR CURRENT FINANCIAL SITUATION THAT CAUSED YOU TO SEEK HELP AND POSSIBLY FILE FOR BANKRUPTCY:

Signature of debtor 1: _____

Signature of debtor 2: _____

QUESTIONNAIRE

Important: Please answer all questions below so that we may better assess your situation .

Name: _____ Phone number: _____

Name: _____ Phone number: _____

(married debtors may fill out same questionnaire if answers are the same)

Select YES or NO

- 1) Do you own any house or real estate? (assume for these questions "house or real estate" includes houses, mobile homes, buildings, land, etc...)
- If you have a house, is it: "stick built" (built out of lumber at the site)
 a manufactured mobile home (such as a double wide; these have titles)
 a modular home
- How much land? city lot acres _____
- If it has been appraised in the last 4 years, state: when: _____ and for how much: _____
- 2) Do you currently have any agreement regarding the purchase or sale of any asset? (besides the ones on schedule D where you are purchasing) YES NO
- 3) Have you owned or had an interest of any type, in any house or real estate in the last 4 years (other than the ones you now own)? YES NO
- 4) Is your name now (or within the last 3 years) on anyone else's deed, or mobile home title, bank account, CD, or stock certificate? YES NO
- 5) Is there any house or real estate or other asset owned by someone else which if it was sold, you'd be entitled to money for any reason? YES NO
- 6) Have you been divorced in the past 4 years?
If yes, when: _____ YES NO
- 7) Does anyone owe you money? YES NO
- 8) Do you have a basis to sue anyone?
If yes, who? _____ YES NO
- 9) Are you involved in any lawsuit or court proceeding in which you might receive money? YES NO
- 10) Have you received anything from an inheritance, trust, probate estate, or insurance in the last 2 years?
If yes, how much? _____ YES NO
- 11) Do you expect to receive any inheritance or anything from a trust, probate estate or insurance in the next year? YES NO
- 12) Do you have any interest in a trust or estate? YES NO
- 13) Have you paid any money to relatives in the past 1 1/2 years? YES NO
- 14) Have you given away or otherwise transferred real estate or anything worth over \$500.00 to friends or relatives in the last 6 years? YES NO
- 15) For each vehicle you now have, list:

Year

Make

Mileage

Condition

16) Are you subject to or responsible for a domestic support obligation? YES NO
If yes, please provide the beneficiary's name, current address & phone number.

ALSO, identify which court the support obligation is through & case number

Beneficiary: _____

Address & phone: _____

Court & Case number: _____

17) In the past 6 months, have you paid one credit card off or down with another credit card or with a check written against another credit card (balance transfer)? YES NO

18) Do you collect items which might be valuable (such as coins, stamps, antiques, guns, cards, etc...) or have any musical instrument or household goods worth over \$450.00 or \$900.00 if jointly owned? YES NO

19) Do you have any IRA's, CD's, stocks, bonds, mutual funds or other investments? YES NO

20) What tax refunds did you receive for the tax year 2006? _____

For tax year 2007, do you expect: more less same

21) What day of the week are you paid? _____ most recent payday? _____

For how many weeks? _____ Is there a one week holdback? _____

22) Have you received a lump sum payment of \$10,000.00 or more for any reason in the last 4 years? YES NO

23) Did any creditor get payments totaling over \$600.00 during the 3 months before your bankruptcy was filed? YES NO

24) Have you filed a bankruptcy case before this one? YES NO

25) Are you involved in the operation of any business (including home based businesses, partnerships, proprietorships, etc...) YES NO

26) Were any of your assets seized, repossessed, surrendered, or garnished during The 3 months before your bankruptcy case was filed? YES NO

27) Have you ever had an accident or injury for which someone else may be at fault or liable? YES NO

28) Do you have an RV, boat, motor home, camper, trailer, snowmobile, jet ski, or lawn tractor? YES NO

For any yes answer above, please explain:

I have read and understand these questions and the answers are true and correct to the best of my information, knowledge, and belief.

Signature of debtor 1: _____ Date: _____

Signature of debtor 2: _____ Date: _____