

Has Your Home Been Scheduled for Foreclosure? Yes (When _____) No

Has Your Home EVER Been Scheduled for Foreclosure? Yes No

Do you own any other property (rental or otherwise) or land? No

Yes Address: _____

Address: _____

Do you receive child support? Yes (\$ _____ per week/month) No

Does your spouse receive child support? Yes (\$ _____ per week/month) No

Do you pay child support? Yes (\$ _____ per week/month) No

Does your spouse pay child support? Yes (\$ _____ per week/month) No

Do you receive Social Security/SSI/SSD? Yes (\$ _____ per month) No

Does your spouse receive Social Security/SSI/SSD? Yes (\$ _____ per month) No

Does any child of yours receive Social Security/SSI/SSD? Yes (\$ _____ per month) No

Do you receive Unemployment Compensation? Yes (\$ _____ per week) No

Does your spouse receive Unemployment Compensation? Yes (\$ _____ per week) No

Do you receive Workers Compensation? Yes (\$ _____ per week) No

Does your spouse receive Workers Compensation? Yes (\$ _____ per week) No

Do you receive a Pension? Yes (\$ _____ per week) No

Does your spouse receive a Pension? Yes (\$ _____ per week) No

Do you receive rental income? Yes (\$ _____ per month) No

Do you own a business? Yes (sole proprietor/LLC/Corporation/Partnership) No

Does your spouse own a business? Yes (sole proprietor/LLC/Corporation/Partnership) No

How much income is received from your business? \$ _____ per week/month

How much income is received from your spouse's business? \$ _____ per week/month

How Did You Hear about Cohen Law Offices? I am a Client Radio Newspaper Placemat
Phone Book: Verizon Yellow Book EZ To Use Embarq Internet
 Referred by: _____ TotalBankruptcy Bankruptcy.Me Nolo

FOR OFFICE USE ONLY

In State 2 Years? Y N Prior: In District 91 Days? Y N Prior:
 Prior Chapter 7 (when) _____ Prior Chapter 13 (when) _____

Household Size? 0 1 2 3 4 5 6 7 8 ____ Other Adults? 0 1 2 ____

INCOME SOURCE	FREQ	AVG NET	MONTHLY GROSS	MONTHLY NET	NOTES	
DEBTOR		\$	\$	\$	<input type="checkbox"/> Self-Employed Inc ____ Yr ____ St ____ SHs/Ptrnrs: _____ Emplees: _____ PubPirms: _____ Assets: _____ Gross/mo \$ _____ K Exp/mo \$ _____ K	CS GARN LEVY ASGMT IRA/401K ST PEN CONTR REPAY CS/ALIM CO Cmcl Ppty Cashcol TS EVER? 1 MTG 2 MTG 3 MTG HOA Ppty Tax Otr RE Auto Boat CUCC PMSI DurGds Jewelry DeptStore NPMSI Taxes SL Div/Sep Meds RepoDef Apts Suits MVA CC Store CCs LOC Pers Prof Ins Prem Tuition Benf Ovrpy PayDay NSF O/D Utils Mail Order
SPOUSE		\$	\$	\$		
OTHER		\$	\$	\$		
OTHER		\$	\$	\$		
OTHER		\$	\$	\$		
<input type="checkbox"/> Withholding Change w/in 6 Mos? <input type="checkbox"/> Income Change w/in 6 Mos? <input type="checkbox"/> Over Median			TOTALS	\$	\$	

PAYMENT	DUE	CREDITOR CLASS	PAYOFF	DESCRIPTION OF SECURITY		PMTS REM
				ref/red/s/al fmv pm/npm u/s n/d date residence acquired (3.3yr) date auto/furn incurred (2.5/1yr)		
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			
\$			\$			

Pmts to Mort: Houses / Land / Autos / Boat / 401k / IRA / Annuity / Svs / Stocks / HHG / Liq \$ / Jwlry / Guns / Collex / Music Inst / Cmcl Ppty / Tools / Anim / X-fersW / in4yrs / Trust / Cashouts / Pmts-GiftsToFrnds-Fam / A-R / DivDec / LifEIns\$Val / InterestInBus / PptyHeldByOtr / Otr / Storage / Losses	Recommendation/Fee <input type="checkbox"/> 13 <input type="checkbox"/> 7 <input type="checkbox"/> 0 Wait til Min Eval: \$ _____ Min to File Plan \$ _____ / \$ _____ /pp PRDO H W Plan \$ _____ / _____ /mo for _____ / _____ /mos Due (min) / (max) (min) / (max) Contingent Legal Claims: Inheritance Rjcted w/in 4 Yrs or Exmpted w/in 6 mos: Returns Not Filed: _____ Last Ref Amt: _____ Ref Exmpted: _____ Previously Filed BKs: _____
--	---

CCC: Y N % CC Debt w/in Yr: _____ Cash Advance: \$ _____ w/in 75 Days Otr FS Given w/in Yr: _____

Remarks:

CURRENT EXPENSES

Do you or your spouse maintain separate households? Y N

If so, please fill one page out for your household and another for your spouse's.

Indicate how much you pay for each item each month. If you do not pay anything, please indicate it with a "0" or "-", DO NOT leave it blank.

If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 3 months, etc.), write in the amount and the frequency that you pay the amount.

1. Your rent/lot rent/homeowners association fee _____
2. Your first mortgage _____
Does your mortgage pmt include real estate taxes? Y N
Does your mortgage pmt include property insurance? Y N
3. Your second mortgage or line of credit _____
4. Rent/Mortgage payments for another property _____
5. Electricity _____
6. Gas/heating oil/propane _____
7. Water _____
8. Sewer _____
9. Landline telephone _____
10. Cell phone _____
11. Garbage _____
12. Cable/DirectTV/Satellite TV _____
13. Internet _____
14. Home repairs and upkeep (yearly) _____
15. Food _____
16. Clothing (yearly) _____
17. Laundry detergents/Laundromat/dry cleaning _____
18. Medical Pmts/Prescriptions not covered by insurance (i.e., co-pays) _____
19. Dental and Vision Appts/Glasses not covered by insurance _____
20. Gasoline/car maintenance/inspections/registration (weekly) _____
21. Entertainment (i.e., movies/eating out/newspapers/magazines) _____
22. Tithing to church/synagogue/charitable contributions (weekly) _____

23. Insurance not deducted from paychecks or included in mortgage pmt:
- a) Homeowners or renters insurance _____
 - b) Life insurance (term whole life) _____
 - c) Health insurance _____
 - d) Automobile insurance _____
 - e) Other insurance (such as cancer or accident) _____
24. Taxes not deducted from paychecks (such as local taxes) _____
25. Automobile payments (indicate yr & model & bank name):
- _____
- _____
- _____
- _____
26. Furniture/appliance payments (indicate type & bank):
- _____
- _____
27. Camper/ATV/Motorcycle/Other installment payments:
- _____
28. Alimony, maintenance, child or spousal support paid to others:
- Name & address of person paid: _____
- _____
29. Payments for dependents not living at home (i.e., college student) _____
30. Education for a mentally or physically challenged child _____
31. Private education/catholic school tuition _____
32. Childcare (weekly) _____
33. School lunches (weekly) _____
34. Cigarettes (weekly) _____
35. Pet food/vet bills/medicine/grooming expenses _____
36. Business expenses _____
37. Other expense not listed above
- _____
- _____

Please indicate whether you have any extraordinary expenses due to a medical condition or commute to a long distance job, etc. _____

ASSET LIST

Please go room to room or picture what items you have in each room & list them below. WARNING, if you fail to list anything of value, the bankruptcy court may take possession of it, so be sure to list anything of value to you. Also, please list the value for the items (use private party Kelly blue book or NADA values for your vehicles) and used values for your other items (unless it is fairly new). If you do not own anything in a category, please do not leave it blank – list NONE.

ADDRESS OF HOUSES/LAND OWNED OR PAYING ON	NAMES ON DEED	VALUE	AMOUNT OWED ON THEM	WHO YOU MAKE PAYMENTS TO	PAYMENT AMOUNT

MOBILE HOMES/DOUBLE WIDES OWNED OR PAYING ON	NAMES ON TITLE	VALUE	AMOUNT OWED ON THEM	WHO YOU MAKE PAYMENTS TO	PAYMENT AMOUNT

BANK ACCOUNTS (Please list even if you have a zero (0) balance of if you are on an account with someone else, even if you do not personally use it)			
NAME OF BANK	CHECKING/SAVINGS/CD	NAMES ON ACCOUNT	CURRENT BALANCE

VEHICLES YOU OWN OR ARE PAYING ON	NAMES ON TITLE	KBB or NADA VALUE (private party)	AMOUNT OWED ON VEHICLE	WHO ARE YOU PAYING	PAYMENT AMOUNT
<hr/>					
<hr/>					

BOATS, ATVs, 4-WHEELERS, TRAILERS, AIRCRAFT YOU OWN OR ARE PAYING ON	NAMES ON TITLE	NADA VALUE	AMOUNT OWED ON ITEM	COMPANY OWED TO
<hr/>				
<hr/>				

BUSINESSES OWNED NAME OF BUSINESS	TYPE OF BUSINESS (sole proprietorship, partnership, corporation)	BUSINESS ADDRESS	DATE BUSINESS STARTED/ENDED
<hr/>			

MACHINERY, BUSINESS EQUIPMENT YOU OWN OR ARE PAYING ON	NAMES ON TITLE	VALUE	AMOUNT OWED ON ITEM	COMPANY OWED TO
<hr/>				

FARMING EQUIPMENT, CROPS, ANIMALS YOU OWN OR ARE PAYING ON	NAMES ON TITLE	VALUE	AMOUNT OWED ON ITEM	COMPANY OWED & PMT AMT

JEWELRY AND FURS (Please list items, separated by commas)	TOTAL VALUE	AMOUNT OWING ON ANY ITEM	COMPANY OWED TO & PMT AMOUNT

FIREARMS, SPORTS, HOBBY EQUIPMENT (Please list items, separated by commas)	TOTAL VALUE	AMOUNT OWING ON ANY ITEM	COMPANY OWED TO & PMT AMOUNT

INSURANCE POLICIES (Please list even if someone else pays premiums)					
INSURANCE COMPANY	ACCOUNT #	WHO IT COVERS	DEATH VALUE	CASH VALUE	AMT OF LOANS
ANNUITIES OR CDs					
BANK OR INVESTMENT COMPANY	NAME ON ACCOUNT	ACCOUNT #	CASH VALUE	AMOUNT OF LOANS	

IRAs, 401Ks, PENSIONS & PROFIT SHARING PLANS (including those with current or former employers)

BANK OR INVESTMENT COMPANY NAME ON ACCOUNT ACCOUNT # CASH VALUE AMOUNT OF LOANS

STOCKS, BONDS, MUTUAL FUNDS

BANK OR INVESTMENT COMPANY NAME ON ACCOUNT ACCOUNT # CASH VALUE AMOUNT OF LOANS

FURNITURE & ITEMS IN YOUR LIVING ROOM TOTAL VALUE MONEY OWED COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas ON ANY ITEM

FURNITURE & ITEMS IN YOUR FAMILY ROOM TOTAL VALUE MONEY OWED COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas ON ANY ITEM

FURNITURE & ITEMS IN YOUR KITCHEN/DINING ROOM TOTAL VALUE MONEY OWED COMPANY YOU OWE AMOUNT TO
Please list each item individually, separated by commas ON ANY ITEM

FURNITURE & ITEMS IN YOUR BEDROOMS Please list each item individually, separated by commas	TOTAL VALUE	MONEY OWED ON ANY ITEM	COMPANY YOU OWE AMOUNT TO
---	--------------------	-----------------------------------	----------------------------------

FURNITURE & ITEMS IN YOUR BASEMENT/ATTIC Please list each item individually, separated by commas	TOTAL VALUE	MONEY OWED ON ANY ITEM	COMPANY YOU OWE AMOUNT TO
---	--------------------	-----------------------------------	----------------------------------

FURNITURE & ITEMS IN YOUR GARAGE/YARD/SHED Please list each item individually, separated by commas	TOTAL VALUE	MONEY OWED ON ANY ITEM	COMPANY YOU OWE AMOUNT TO
---	--------------------	-----------------------------------	----------------------------------

FURNITURE & ITEMS IN YOUR LAUNDRY ROOM Please list each item individually, separated by commas	TOTAL VALUE	MONEY OWED ON ANY ITEM	COMPANY YOU OWE AMOUNT TO
---	--------------------	-----------------------------------	----------------------------------

	VALUE (\$)
SECURITY DEPOSITS WITH LANDLORD OR UTILITY COMPANIES	_____
BOOKS, PICTURES, ANY COLLECTIONS (list type) YOU MAY HAVE	_____
CLOTHING, SHOES, BOOTS, COATS	_____
INTEREST IN BUSINESS OR PARTNERSHIP (NAME: _____)	_____
DOES ANYONE OWE YOU MONEY (WHO: _____)	_____
ALIMONY, SUPPORT, PROPERTY SETTLEMENT NOT RECEIVED YET	_____
TAX REFUNDS WHICH YOU HAVE NOT RECEIVED YET	_____
ARE YOU A BENEFICIARY OF AN ESTATE OR TRUST	_____
DO YOU HAVE ANY LAWSUITS PENDING	_____
HAVE YOU RECENTLY PAID BACK ANY MONEY TO YOUR FRIENDS/FAMILY	_____
ARE YOU A CO-SIGNER FOR ANYONE OR IS ANYONE A CO-SIGNER FOR YOU	_____
WORKERS COMPENSATION, PERSONAL INJURY, SOCIAL SECURITY CLAIMS	_____
PATENTS, COPYRIGHTS	_____
LICENSES, FRANCHISES	_____
CUSTOMER LISTS/INVENTORY	_____
PETS (WHAT KIND: _____)	_____
ANY OTHER PERSONAL PROPERTY NOT LISTED	_____