

## YOUR PERSONAL CHECKLIST

The following checklist is designed to assist you with gathering the necessary information and documents to bring with you to your meeting with Attorney Simonian.

- The completed Personal Bankruptcy Questionnaire that follows this checklist.  
(NOTE: It's okay if you are unable to complete the entire questionnaire before your meeting with Attorney Simonian. Complete as much as you can and Attorney Simonian will assist you with the remainder of it during your meeting.)
- Pay stubs or payroll records for the last 7 months for both you and your spouse or live-in companion.
- The latest statements or payment books for all your debts, including credit card companies, car loans, home mortgages, equity loans, student loan, collection letters, payday loan statements, etc.
- Any collection letters, summons, court papers, tax sale notices, merchandise sale notifications, and other documents related to debt collection activities.
- Any eviction, repossession, or foreclosure notices.
- Homowners Insurance Policy if it contains riders and endorsements for special items like jewelry, fur coats, electronics, oriental rugs, etc.
- The yearly statement or policy page of your Life Insurance Policy showing its cash surrender value.
- Any lawsuits or court judgments made against you for any reason.
- A copy of any Debt Settlement Plan you arranged with a credit counseling agency, debt settlement company or other type of repayment service.
- Paperwork for any refinancing or consolidation loans you may have.

## CONFIDENTIAL PERSONAL BANKRUPTCY QUESTIONNAIRE

Please complete as much of this questionnaire as you can prior to your consultation with Attorney Simonian. If you need help with any part of the questionnaire, or don't have time to do it, you can still meet with Attorney Simonian. He will work with you in completing the questionnaire during your consultation. We realize this questionnaire can be a bit time consuming and overwhelming, however it is a necessary component of the process. We are here to help you every step of the way. Our goal is to make this process as easy and stress-free as possible for you.

If you are able to get your free credit reports online at <http://www.annualcreditreport.com> (the link is also available under Bankruptcy Resources from Attorney Simonian's website at <http://www.law-ri.com>, this will save time and move the process along faster. You need to obtain your credit reports from all 3 credit reporting agencies. There is no charge for these reports. You can either print your credit reports and bring them to your meeting with Attorney Simonian, save them to a flash drive that you bring to your meeting, or save them and email them to Attorney Simonian at [jslaw@cox.net](mailto:jslaw@cox.net) (Note: Because email is not secure, be careful emailing documents that contain your full Social Security number).

### TIPS FOR COMPLETING THE BANKRUPTCY QUESTIONNAIRE

- The questionnaire is divided into 7 sections. Complete what you can in each section. If you're unsure how to respond to certain questions or don't understand something, put a question mark in front of the questions and Attorney Simonian will go over them with you at your consultation.
- Circle your responses where options are given.
- Use a pen to complete the questionnaire. If you make a mistake, simply cross it out and provide your answer below the question or use the reverse side the paper.
- Please print your responses – it makes them easier to read.
- If you answer **YES** to a question, be sure to fill in the additional information where requested.
- If you need more space for fill-in responses, you may use the reverse side of the paper or a separate sheet of paper. Simply make a notation at the question that your response is elsewhere.
- Some questions ask you to provide the current value of real estate or personal property that you own. With real estate, we're looking for the amount that it might sell for in current economic times, not what you hope to get for it. You might know what similar real estate in your neighborhood sold for or what a relative or friend got for real estate similar to yours. For personal property, such as clothes, household items, jewelry, etc., we're looking for what you could sell them for at a yard sale or on eBay or craigslist. For expensive items, such as a coin collection, fine jewelry, etc., we're looking for the price a pawn shop would give you for the entire collection. An estimate is fine.
- Be as thorough and forthcoming as possible so we can protect your real estate, personal property, money and valuables. If these things aren't listed in your bankruptcy filing, they will not be protected from creditors.
- Some questions require you to gather certain documents. It's easier if you gather this information before moving on to the next question. Place all the required documents together in a folder or envelope to bring with you to your meeting with Attorney Simonian.



8. Did you and/or your spouse/companion live anywhere else in the last 3 years? YES NO

\*If YES, please provide the following information for each location:

Address/City/State/Zip: \_\_\_\_\_

Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Name(s) Used: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Name(s) Used: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Name(s) Used: \_\_\_\_\_

9. Are you and/or your spouse/live-in companion currently on active military duty? YES NO

10. Were you and/or your spouse/live-in companion involved in a bankruptcy before? YES NO

If YES, provide: Year Case Filed: \_\_\_\_\_

11. Did someone other than you and/or your spouse/live-in companion file bankruptcy or other proceedings to stop a foreclosure on your home or other property? YES NO

12. Indicate the age and relationship (for example: mother, spouse's child, etc.) of everyone living in the house with you, whether or not you and/or your spouse/live-in companion provide financial support. (Be sure to include children on shared custody arrangements, students away at college, elderly parents, grandchildren, foster children, stepchildren, other relatives, non-relatives, etc.)

Age	Relationship	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Do you pay child support? YES NO

\*If YES, complete the following:

Name and Address of the Person You Make Payments To: \_\_\_\_\_

Months Behind On Your Payments (if applicable): \_\_\_\_\_

Are The Children Receiving Your Child Support Payments On Welfare? YES NO

Do You Have Any Family Court Hearings Coming Up? YES NO

\*If YES, indicate the date of the hearing and reason: \_\_\_\_\_

14. Do you pay alimony? YES NO

\*If YES, complete the following:

Name and Address of the Person You Make Payments To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Months Behind On Your Payments (if applicable): \_\_\_\_\_

Is The Person Receiving Your Alimony Payments On Welfare? YES NO

Do You Have Any Family Court Hearings Coming Up? YES NO

\*If YES, indicate the date of the hearing and reason: \_\_\_\_\_

\_\_\_\_\_

SECTION TWO: WHERE YOU LIVE

1. Where you currently live, do you: OWN RENT OTHER (skip to question 12) (i.e. live with parents, etc.)

2. If you OWN your home, is it a: Single Family House Multi-Family House Mobile Home Condominium Cooperative Timeshare Other

3. Who owns the home? You Only Spouse/Live-in Companion Only Owned Jointly Other

4. What year did you buy the house? \_\_\_\_\_

5. How much did you pay for the house? \_\_\_\_\_

6. If you are still paying on your house, what is the remaining balance? \$ \_\_\_\_\_

Name of Mortgage Company: \_\_\_\_\_

Address of Mortgage Company: \_\_\_\_\_

7. If you did not purchase your home, how and when did you become the owner?

Inheritance Gift Other \_\_\_\_\_ Year Became Owner: \_\_\_\_\_

8. What do you think your house would sell for today? \$ \_\_\_\_\_

9. Are there any other mortgages or equity lines on the house OR loans that use your house as collateral? YES NO

\*If YES, provide name and address of each loan company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Did anyone place a lien on your house? YES NO

11. Do you have insurance on your home? YES NO
12. If you RENT or LEASE where you live, are you being sued or evicted by your current landlord? YES NO  
 \*If YES, provide: **Name of Attorney Suing You:** \_\_\_\_\_  
 \***REMINDER:** Bring a copy of the suit or judgment to your meeting with Attorney Simonian.
13. Is your landlord planning to bring an eviction suit against you? YES NO  
 \*If YES, provide details, including if your landlord is claiming that you damaged the property or used illegal drugs on the property: \_\_\_\_\_

**SECTION THREE: OTHER REAL ESTATE AND/OR PROPERTY YOU OWN**

1. Do you and/or your spouse/live-in companion own any of the following either in this state, another state, or another country? (please place a checkmark in the NO or YES column)

	NO	YES	WHO OWNS IT (you, spouse/live-in companion, both)
Single or Multi-Family House	_____	_____	_____
Condominium	_____	_____	_____
Mobile Home	_____	_____	_____
Investment Property	_____	_____	_____
A Farm	_____	_____	_____
Cooperative	_____	_____	_____
Land	_____	_____	_____
Empty Lot	_____	_____	_____
Burial Plot	_____	_____	_____
Commercial Property	_____	_____	_____
Timeshare or Points	_____	_____	_____
Any Other Real Estate/Property Not Listed	_____	_____	_____

2. Provide the following information for above real estate properties where you checked "YES":

	DATE PURCHASED	PURCHASE PRICE	OTHER CO-OWNERS?	PRESENT VALUE
Single or Multi-Family House	_____	\$ _____	_____	\$ _____
Condominium	_____	\$ _____	_____	\$ _____
Mobile Home	_____	\$ _____	_____	\$ _____
Investment Property	_____	\$ _____	_____	\$ _____
A Farm	_____	\$ _____	_____	\$ _____
Cooperative	_____	\$ _____	_____	\$ _____
Land	_____	\$ _____	_____	\$ _____
Empty Lot	_____	\$ _____	_____	\$ _____
Burial Plot	_____	\$ _____	_____	\$ _____
Commercial Property	_____	\$ _____	_____	\$ _____
Timeshare or Points	_____	\$ _____	_____	\$ _____
Any Other Real Estate/Property	_____	\$ _____	_____	\$ _____

3. Provide the location for each of the properties listed above:

**Property Type:** \_\_\_\_\_  
**Street Address** (include apartment or floor number): \_\_\_\_\_  
**City/Town:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Property Type:** \_\_\_\_\_  
**Street Address** (include apartment or floor number): \_\_\_\_\_  
**City/Town:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Property Type:** \_\_\_\_\_  
**Street Address** (include apartment or floor number): \_\_\_\_\_  
**City/Town:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Property Type:** \_\_\_\_\_  
**Street Address** (include apartment or floor number): \_\_\_\_\_  
**City/Town:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

4. Are there any outstanding mortgage balances on any of the real estate properties listed above? YES NO

\*If YES, provide the following information for each one:

Name and Address of Mortgage Company	Which Property Type Mortgage Applies To?	Balance Owed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. Are there any liens on any of the property listed above? YES NO

6. Is any of the above listed property being used as collateral on another debt you and/or your spouse/live-in companion signed or co-signed? YES NO

\*If YES, provide:

Creditor	Type of Property	Amount Property Is Worth Now
_____	_____	\$ _____
_____	_____	\$ _____

7. Has any of your real estate or property been listed for sale or sold at a foreclosure, tax sale, or sheriff's sale, or levied upon? YES NO

\*If YES, provide the following:

Property Listed or Sold	Property Value	Date	Name/Address of Creditor
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

\***REMINDER:** Bring documents related to these actions to your meeting with Attorney Simonian.

8. Has anyone put your name or the name of your spouse/live-in companion on the deed to their house, real estate, land or other property (for example: parent, child, sibling, ex-spouse/live-in companion, relative or friend living here or elsewhere)? YES NO
9. Is your name or your spouse/live-in companion's name listed on a life estate (for example, your parents or someone else gave you real estate but they are still living there)? YES NO
10. Did you own or was your name or your spouse/live-in companion's name on the deed or title to any other real estate (for example house, timeshare, mobile home, land, etc.) in the last 4 years? YES NO
- \*If YES, please provide the following:
- | Type of Real Estate | Year Sold or Transferred |
|---------------------|--------------------------|
| _____               | _____                    |
| _____               | _____                    |
| _____               | _____                    |
11. Have you or your spouse/live-in companion ever taken your name off a house deed, title, or mortgage in the last 4 years? YES NO
12. Do you expect to be involved in a real estate or property settlement with your spouse/live-in companion or former spouse/live-in companion in the near future? YES NO
13. Have you ever been ordered to pay a property settlement? YES NO
- \*If YES, provide:
- Name and Address of Person You Make Payments To:** \_\_\_\_\_
- \_\_\_\_\_
- Months Behind on Your Payments (if applicable):** \_\_\_\_\_
- Is The Person(s) Receiving Your Property Settlement Payments on Welfare?** YES NO
- Do You Have Any Family Court Hearings Coming Up?** YES NO
- \*If YES, provide: **Date of Hearing:** \_\_\_\_\_
- Reason for Hearing:** \_\_\_\_\_
14. Does any of the property you own/possess pose a threat of harm to public health or safety (for example an environmental issue such as leakage at a gas station you own)? YES NO
- \*If YES, answer the following:
- |  |       |    |
|--|-------|----|
| <b>Is the Threat About to Happen?</b>  | YES   | NO |
| <b>Has Anyone Ever Alleged That Any of the Property You Own or Possess Poses a Threat of Imminent Harm to Public Health or Safety?</b> | YES   | NO |
| <b>Was the Threat Alleged to be Forthcoming?</b>   | YES   | NO |
| <b>Describe the Property and Nature of Potential Harm or Alleged Harm:</b>   | _____ |    |
|  | _____ |    |
15. Do you have insurance on all your real estate/property? YES NO
16. Did you co-sign a mortgage, equity loan, or car loan for anybody? YES NO

17. Has any of your property/vehicles/other items been repossessed during the last year? YES NO  
 \*REMINDER: Bring all papers, including notices telling you of the repossession or merchandise sale, to your meeting with Attorney Simonian.

18. Have you voluntarily returned any property, vehicles or other type of merchandise to the seller in the past year? YES NO  
 \*If YES, provide the following information:

Description of Property	Month/Year Returned	Seller's Name/Address	Value of Property When Returned
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

19. Has any of your property, vehicles, or merchandise been given or assigned to your creditors within the past 2 years? YES NO  
 \*If YES, provide the following information:

Name and Address of Creditor	Terms/Conditions Under Which You Gave The Property Or Made An Agreement With The Creditor
_____	_____
_____	_____

20. Is any of your property or vehicles in the hands of a court-appointed person (a receiver) in the hands of a person holding it for your benefit and use (a trustee)? YES NO

21. Have you conducted the following transactions within the last 4 years? YES NO  
 Sold Property? YES NO  
 Transferred Property? YES NO  
 Transferred a Mortgage? YES NO  
 Gave Property Worth Over \$1,000 as a Gift to Someone? YES NO  
 Gave More Than \$1,000 in Cash to Someone? YES NO

If you answered YES to any of the above situations, provide the following:

Name of Person Receiving Property/Gift/Cash: \_\_\_\_\_  
 Is This Person Related to You? YES NO  
 Description of Property: \_\_\_\_\_  
 Month/Year of Sale or Gift: \_\_\_\_\_

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Name of Person Receiving Property/Gift/Cash: \_\_\_\_\_  
 Is This Person Related to You? YES NO  
 Description of Property: \_\_\_\_\_  
 Month/Year of Sale or Gift: \_\_\_\_\_

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Name of Person Receiving Property/Gift/Cash: \_\_\_\_\_  
 Is This Person Related to You? YES NO  
 Description of Property: \_\_\_\_\_  
 Month/Year of Sale or Gift: \_\_\_\_\_

22. Do you and/or your spouse/live-in companion have any money, property, furniture, or anything of value that belongs to another person or that you are holding for the benefit of someone else (such as in a trust)? YES NO

\*If YES, provide the following:

**Type of Property:** \_\_\_\_\_

**Address Where Property Is Kept:** \_\_\_\_\_

**Property Value:** \_\_\_\_\_

**Name/Address of Owner:** \_\_\_\_\_

**Relationship of Owner To You (i.e. relative, business partner, friend):** \_\_\_\_\_

**SECTION FOUR: YOUR PERSONAL PROPERTY**

1. How much cash do you have on hand (this is cash on you or in your home, not in the bank)?  
\$ \_\_\_\_\_

2. Provide the following information on money you have in banks, savings and loan associations, credit unions, online banks, or other financial institutions:

Name of Financial Institution	Type of Account (specify if Checking, Savings, CD, Money Market, Christmas Club, or Other)	Balance Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3. Has any money in your financial accounts been taken or frozen because of a debt? YES NO  
 \*If YES, provide the following information:

Name/Address of Creditor	Amount Taken	Date(s)
_____	\$ _____	_____
_____	\$ _____	_____

4. Did you and/or your spouse/live-in companion have your name on any bank accounts (savings, checking, certificates of deposit, etc.) during the past 12 months that you have since closed? YES NO

\*If YES, please provide the following information:

Bank/Credit Union's Name	Type of Account	Date Closed	Final Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

5. Do you and/or your spouse/live-in companion currently have a safe deposit box OR did you have one during the last year? YES NO

\*If YES, provide:

**Bank's Name/Address:** \_\_\_\_\_

**Name/Address of Everyone With Access to the Box:** \_\_\_\_\_

\_\_\_\_\_

**Contents of Box:** \_\_\_\_\_

**Date Closed** (if applicable): \_\_\_\_\_

6. Did you give a security deposit to a landlord, utility company, or anyone else? YES NO

\*If YES, provide the following Information:

<b>Name and Address of Person/Company</b>	<b>Deposit Amount</b>
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_____	\$ _____
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_____	\$ _____
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_____	\$ _____
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7. Please provide the following information for all your major and minor property items. Consider all the items you have that fall into the groups listed below and provide their total value based on what they would sell for at a yard sale, pawn shop, or on eBay. You do not need to list items individually. (Example: Provide us with the amount you could receive if you sold all the electronics in your home at a yard sale or on eBay.) **Important Note:** You can usually keep these items in a bankruptcy filing, but they must be listed to protect them.

<b>ITEMS</b>	<b>TOTAL VALUE (yard sale price)</b>
<p><b>Electronics</b> (computers, televisions, DVDs, stereos, entertainment systems, gaming systems, cameras handheld and portable electronic devices, clock radios, mobile phones, recording devices, etc.)</p>	_____
<p><b>Furniture</b> (sofas, beds, bureaus, tables, chairs, dining sets, computer desks, display cabinets, piano, etc.)</p>	_____
<p><b>Appliances</b> (refrigerators, stoves, microwave ovens, dishwashers, washing machines, dryers, freezers, coffee makers, food processors, blenders, BBQ grills, air conditioners, sewing machines, etc.)</p>	_____
<p><b>Accessories</b> (dishes, pots and pans, flatware, window treatments, rugs, Jacuzzi or hot tub, home decor items, musical instruments, yard and garden accents, etc.)</p>	_____
<p><b>Collectibles</b> (books, prints, artwork, pictures, stamp collection, coins collection, sports card collection, guns, comic book collection, record collection, vintage items, other collections, etc.)</p>	_____
<p><b>Wearing Apparel</b> (clothing, accessories, costume jewelry.)</p>	_____
<p><b>Furs and Fine Jewelry</b> (fur coats and other valuable clothing and fine jewelry items, like diamond or gemstone rings, bracelets, earrings, costume jewelry, etc.)</p>	_____
<p><b>Firearms and Hobby Equipment</b> (guns, sports equipment, photographic gear or other hobby equipment.)</p>	_____

8. If any of your major or minor property items are being financed through a company, (for example, a rent-a-center rental agreement, a rent-to-own contract or a rental-purchase contract), provide the following:

Item	Name and Address of Financing Company
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Do you have riders or endorsements on your homeowners insurance policy that cover special personal property items (such as fur coats, jewelry, oriental rugs, electronics, etc.)? YES NO

\*If YES, list:

Item	Amount Of Coverage
_____	\$ _____
_____	\$ _____
_____	\$ _____

\*REMINDER: Please bring a copy of your homeowners insurance policy containing the riders/endorsements to your meeting with Attorney Simonian.

10. Do you and/or your spouse/live-in companion have any life insurance policies? YES NO

\*If YES, provide the following:

Company Name	Type Of Policy (term, whole or universal)	Cash Surrender Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\*REMINDER: Bring a copy of your yearly statement or policy page that shows the cash surrender value to your meeting with Attorney Simonian.

11. Do you have loans against your life insurance policies? YES NO

\*If YES, provide:

Year(s) Taken Out: \_\_\_\_\_ How Much Owed: \_\_\_\_\_

12. Do you and/or your spouse/live-in companion own annuities and/or stocks? YES NO

\*If YES, provide:

Company Name	Number of Shares	Price Per Share
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

13. Do you and/or your spouse/live-in companion have an IRA (i.e. Roth, Education IRA, 401(k) and 403(b) plans) OR any other pension or savings and investment plan? YES NO

\*If YES, provide:

Financial Institution/Company Where the Funds Are Invested	Amount in Fund
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. Do you and/or your spouse/live-in companion own stocks or other interests in any companies or businesses? YES NO

\*If YES, provide the following information:

Type of Interest	Company Name	Value
_____	_____	\$ _____

15. Do you and/or your spouse/live-in companion have interests in any partnerships or joint ventures? YES NO

\*If YES, provide the following information:

Type of Interest	Company Name	Value
_____	_____	\$ _____

16. Do you and/or your spouse/live-in companion own bonds (including U.S. Savings Bonds)? YES NO

\*If YES, provide the following information:

Type of Bond	Company Name	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

17. Do you and/or your spouse/live-in companion receive alimony, support, property settlements, or any other type of support or maintenance payments? YES NO

\*If YES, complete the following:

Type of Support	Name/Relationship of Person Who Pays the Support	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

18. Have you filed your state and federal income tax returns every year for the last 7 years? YES NO

\*REMINDER: Please bring a copy of your W-2 forms and any federal tax returns you have filed within the past 2 years to your meeting with Attorney Simonian.

19. What is the amount of your expected income tax refunds for this year?

**You:** Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_

**Your Spouse/Live-in companion:** Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_

20. Did you already file for the refund? YES NO

21. When do you expect to receive the tax refund? \_\_\_\_\_

22. Is anyone expected to take or intercept your tax refund (for instance for child support, an education loan, etc.)? YES NO  
DON'T KNOW
23. Did you sign an agreement or refund anticipation loan with a tax preparer to receive your refund early? YES NO
24. Is any other person (such as a spouse/live-in companion, ex-spouse, etc.) entitled to part of your tax refund? YES NO
25. Do you and/or your spouse/live-in companion expect to inherit any property in the near future OR are you the beneficiary of a trust? YES NO
26. Do you and/or your spouse/live-in companion expect to receive money from anyone or any type of insurance in the near future (this could be from a trust, will, life estate, inheritance, life insurance proceeds, or accident claim)? YES NO  
\*If YES, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Do you and/or your spouse/live-in companion own any patents, copyrights, trademarks, liquor licenses, franchise licenses, or other licenses or intellectual property of value? YES NO  
\*If YES, provide the following information:

Item Description	Amount You Could Sell It For
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. Provide the following information for all the vehicles you own (types of vehicles include: cars, trucks, mobile homes, boats, trailers, RVs, all-terrain vehicles, campers, motorcycles, snowmobiles, aircrafts, jet skis, any type of watercraft, motorbike, go-cart, any recreational or motorized vehicle.):

Vehicle Type	Year	Make	Model	Current Kelley Blue Book Trade-In Value (see: kbb.com)
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____
7. _____	_____	_____	_____	\$ _____

29. If you are still paying on any of the vehicles listed in Question 28, provide the following financing information for each vehicle you own:

Vehicle Number From Question 28	Name of Financing Company	Account Number	Monthly Payment	Balance Remaining
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

30. Are you leasing any of the above vehicles or have you had an auto lease, rent-to-own or rental-purchase transaction in the last 4 years? YES NO

\*If YES, please provide:

Type of Vehicle	Name of Leasing Company	Monthly Payment
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

31. Do you have insurance on all your vehicles? YES NO

32. Have you and/or your spouse/live-in companion been involved in a vehicle accident in the last 3 years (in your own or someone else's vehicle)? YES NO

33. Have any of your vehicles (with someone else driving them) been involved in an accident in the last 3 years? YES NO

34. Have your children ever injured anyone else and/or someone else's property? YES NO  
**Note:** In some instances, parents can be held liable for their children's offenses

35. Have you ever lost your driver's license? YES NO

36. Do you own machinery, tools, or fixtures (such as workbenches, shelving, office equipment, office furnishings, office supplies, etc.) you use at home, in your own business or at work? YES NO

\*If YES, provide the following:

Item	Estimated Value	Item	Estimated Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

37. Do you own any inventory (either home or from a former or current business)? YES NO

\*If YES, provide the following information:

Item	Estimated Value	Item	Estimated Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

38. Do you have any pets, livestock (such as horses, chickens, goats, etc.), exotic or breed animals? YES NO

\*If YES, provide the following information:

Type of Animal	Estimated Value	Type of Animal	Estimated Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

39. Do you have any farming equipment, farming supplies or crops growing or harvested? YES NO

\*If YES, provide the following information:

Item	Estimated Value	Item	Estimated Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

40. Does anyone have any of your property (including property in the possession of a pawnbroker, storage company, repairman, family member, or a check you may have given to a payday lender or check cashing service)? YES NO

\*If YES, provide the following information:

Type of Property	Value	Name/Address of Person Holding Property	Why Person Is Holding Property?
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**SECTION FIVE: YOUR DEBTS**

The law requires you to list all of your debts, including money you owe to family and friends. This also includes loans that you may have co-signed for a family member or other acquaintances and any debts that someone else may pay in the future, such as medical bills covered by insurance, or debts that the creditor may have already written off or sent to a collection agency.

**Part 1: Secured Debts**

Secured debts are: mortgages, equity loans, car loans, auto title loans, or any other type of loan or debt where the creditor required you to put up collateral, such as your home, car, electronics, furniture, appliances, business equipment, or other property or household goods, before giving you the loan. With secured debts, you signed an agreement allowing the finance company to take whatever collateral you listed if you do not keep up with the scheduled payments.

1. Do you have any secured debts (see above definition)? YES NO

\*If YES, please bring to your meeting with Attorney Simonian any payment books or the most recent statement for each loan or secure debt that you have.

2. Do you dispute any of these secured debts? YES NO
3. Are there any co-signers on any of these secured debts? YES NO

\*If YES, provide:

**Co-Signer's Name and Address** **Loan Co-Signed**

_____	_____
_____	_____
_____	_____

4. Are you the co-signer on someone else's loans or secured debts that aren't paid off yet? YES NO
- \*If YES, please provide the following information:

**Creditor's Name/Address:** \_\_\_\_\_

**Date of Debt:** \_\_\_\_\_

**Amount Owing: \$** \_\_\_\_\_

**Name/Address of Person You Co-Signed For:** \_\_\_\_\_

**Creditor's Name/Address:** \_\_\_\_\_

**Date of Debt:** \_\_\_\_\_

**Amount Owing: \$** \_\_\_\_\_

**Name/Address of Person You Co-Signed For:** \_\_\_\_\_

5. Did you make any payments totaling more than \$600 to a creditor within the last 90 days? YES NO

\*If YES, please provide the following information:

<b>Creditor's Name/Address</b>	<b>Is Creditor a Relative?</b>	<b>Payment Dates</b>	<b>Payment Amount</b>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. Did you make any payments within the last year to creditors who are or were associated to you in some way (such as a business partner, relatives, close friend, etc.)? YES NO

7. Has money been deducted from your paycheck OR taken or frozen from your bank account by a creditor because of a debt? YES NO

\*If YES, provide the following information:

<b>Name and Address of Creditor Who Received the Money</b>	<b>Amount Taken</b>	<b>Dates</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

8. Do you owe any taxes to the U.S government (including the I.R.S.)? YES NO

\*If YES, provide the following information:

Name/Address of Department or Agency Where Tax Is Owed	Type of Tax Owed	Years For Which Tax Is Owed	Total Tax Owed
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

9. Do you owe any taxes to any states? YES NO

\*If YES, provide the following information:

Name/Address of Department or Agency Where Tax Is Owed	Type of Tax Owed	Years For Which Tax Is Owed	Total Tax Owed
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

10. Do you owe any taxes to a county, district, or city (include any sewer, water, auto excise or fire district taxes)? YES NO

\*If YES, provide the following information:

Name/Address of County/District/City Where Tax Is Owed	Type of Tax Owed	Years For Which Tax Is Owed	Total Tax Owed
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

11. Not including taxes, do you or your spouse/live-in companion owe money to the U.S. government, any state government, county, district or city (for example: overpayments of Social Security disability, Veterans Affairs payments, welfare, unemployment compensation or food stamps, an SBA loan, or unpaid sewer bills, water bills, fire taxes, etc.)? YES NO

\*If YES, please provide the following:

Branch of Government Owed	What Is Owed	Amount Owed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Part 2: Unsecured Debts**

Unsecured debts are accounts you applied for or expenses you signed for. Unsecured debts are secured only by your signature and are typically “wiped out” during a bankruptcy. This means you are no longer responsible for paying them back.

Unsecured debts include credit cards, medical bills, telephone bills, back rent, bills owed to former landlords, utility bills (past balances on electric and gas bills can be removed and you can still keep your service), cable bills, car taxes, payday loans, mail order bills, welfare debts, traffic or parking tickets, debts you owe from car accidents, money owed to creditor loans on your pension, bills for goods or services, loans provided to your dependents, student loans, school debts, store charges, criminal restitution debts, repossessed property, loans from relatives, court judgments against you, condominium assessments, debts you co-signed, and other debts secured only by your signature and not property or other collateral.

1. Do you have any unsecured debts (see above definition)? YES NO

**\*If YES, bring the latest statement for each debt to your meeting with Attorney Simonian.**

Remember to bring statements from all creditors, including those who have judgments against you or anyone who you think may have a claim against you, even if the claim is old. If a collection agency or an attorney is involved, include that paperwork, along with the last statement from the person or company you originally owed. Be sure to include all unsecured debts. It is against the law to knowingly leave any debt out of your bankruptcy.

2. Are there any co-signers on any of your unsecured debts? YES NO

\*If YES, provide the following information:

<b>Co-Signer's Name and Address</b>	<b>Type of Debt Co-Signed</b>
-------------------------------------	-------------------------------


3. Are you the co-signer on someone else's unsecured debts? YES NO

\*If YES, provide:

**Creditor's Name/Address:** \_\_\_\_\_

**Date of Debt:** \_\_\_\_\_

**Amount Owing: \$** \_\_\_\_\_

**Name/Address of Person You Co-Signed For:** \_\_\_\_\_

**Creditor's Name/Address:** \_\_\_\_\_

**Date of Debt:** \_\_\_\_\_

**Amount Owing: \$** \_\_\_\_\_

**Name/Address of Person You Co-Signed For:** \_\_\_\_\_

4. Did you take any cash advances or write any convenience checks of more than \$750 in the last 2 years and/or used any credit cards to purchase more than \$500 worth of goods or services in the last 90 days? YES NO

5. Did you make any balance transfers of \$1,000 or more in the last 18 months? YES NO

6. Did you make any payments totaling more than \$600 to a creditor within the last 90 days? YES NO

\*If YES, please provide the following information:

Creditor's Name and Address	Is the Creditor a Relative?	Payment Dates	Amount of Payment
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

7. Do you or your spouse/live-in companion owe money to a check cashing service, cash advance company, or payday loan company? YES NO

\*If YES, provide:

Name and Address of Company	Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. Do you have an outstanding student loan or did you co-sign for someone else's student loan? YES NO

\*If YES to either or both circumstances, complete the following:

**The Year You Took Out the Student Loan and/or Co-Signed For The Loan:** \_\_\_\_\_

**Who Lent You The Money?** \_\_\_\_\_

**What School Was the Loan For?** \_\_\_\_\_

**Who Is Trying to Collect the Debt?** \_\_\_\_\_

**What Is The Balance Owed On The Student Loan? \$** \_\_\_\_\_

9. Did you and/or your spouse/live-in companion lose more than \$1,000 as a result of fire, theft, or gambling during the last 12 months? YES NO

\*If YES, provide:

**What Caused the Loss?** \_\_\_\_\_

**Value of Lost Property/Money: \$** \_\_\_\_\_

**Date of Loss:** \_\_\_\_\_

**Amount of Loss Paid By Your Insurance Company: \$** \_\_\_\_\_

**Date of Insurance Payment:** \_\_\_\_\_

10. Did you and/or your spouse/live-in companion consult with a credit counseling agency, debt settlement company, or anyone offering repayment services in the past year? YES NO

\*If YES, provide:

**Name and Address of Service:** \_\_\_\_\_

**Date of Contact:** \_\_\_\_\_

**Amount Paid: \$** \_\_\_\_\_

**Amount and Terms of Repayment or Debt Settlement Plan:** \_\_\_\_\_

\***REMINDER:** Bring a copy of the Debt Settlement Plan to your meeting with Attorney Simonian.

11. Did any of your debts result from a refinancing loan or a consolidation loan? YES NO

\***REMINDER:** Bring all paperwork related to these refinancing/consolidation loans to your meeting with Attorney Simonian.

**SECTION SIX: YOUR OCCUPATION & INCOME**

1. Where do you work? (list primary job and any second jobs)

**Name and Address of Your Current Employer(s):**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**Name and Address of Your Spouse's/Live-in Companion's Current Employer(s):**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. What type of work do you do? (describe work at both primary job and any second jobs)

**You:** \_\_\_\_\_

**Your spouse/live-in companion:** \_\_\_\_\_

3. How long have you been at your current job(s)?

**You:** \_\_\_\_\_ **Your spouse/live-in companion:** \_\_\_\_\_

**\*REMINDER:** Please bring the pay stubs for you and your spouse/live-in companion for the past 7 months to your meeting with Attorney Simonian.

4. Do you and/or your spouse/live-in companion currently own a business or owned a business in the last 6 years?

YES NO

\*If YES, please provide the following information:

**Name and Address of Business:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Date Business Began:** \_\_\_\_\_ **Date Business Ended (if applicable):** \_\_\_\_\_

**Is the Business (circle one)      Incorporated      Sole Proprietorship      LLC**

\*If Incorporated, provide corporation name if different from name of business: \_\_\_\_\_

\*If Incorporated, provide the names of the officers of the corporation:

**President:** \_\_\_\_\_

**Vice President:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Percentage of Business Owned By You:** \_\_\_\_\_

**Co-owners of Business and % of Ownership:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does The Business Own Any Licenses?** YES NO

\*If YES, please describe: \_\_\_\_\_

**Bookkeeper's Name and Address:** \_\_\_\_\_

**Accountant's Name and Address:** \_\_\_\_\_

\_\_\_\_\_

**\*REMINDER:** Be sure to bring your business tax returns for the past 3 years with all supporting schedules and depreciation schedules.

5. Does any employer owe you or your spouse/live-in companion any vacation time? YES NO

\*If YES, complete the following information:

Employer Name	Amount of Vacation Time Due
_____	_____
_____	_____

6. Have you been involved in any administrative agency cases (such as unemployment compensation, worker's compensation, etc.) in the past 12 months? YES NO

\*If YES, provide:

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Agency's Name/Address: \_\_\_\_\_  
 Type of Case: \_\_\_\_\_  
 Result of Case: \_\_\_\_\_

7. Is any money being taking out of your paycheck because of a debt? YES NO

\*If YES, provide the following information:

Name/Address of Creditor Taking Out Money	Amount Taken	Start Date
_____	\$ _____	_____
_____	\$ _____	_____

8. Do you, your spouse/live-in companion, or your dependents receive income from any other sources besides your main job (for example: second jobs, alimony, child support, rental income from property you own, food stamps, public assistance, unemployment compensation, social security, SSI, pension or retirement income, etc.)? YES NO

\*If YES, provide the following:

Source of Income	Person Receiving The Money	Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

9. Does anybody else (such as parents, boarders, etc.) contribute to your household income? YES NO

\*If YES, provide the following information:

Source of Contribution	Person Receiving the Money	Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____

10. Do you have any right to receive commissions, pension or retirement income, or other payments from any previous jobs you held? YES NO

\*If YES, provide the following information:

Person or Company Name	Amount Owed
_____	\$ _____
_____	\$ _____

11. Are you or your spouse/live-in companion listed as a beneficiary on a trust? YES NO
12. Do you or your spouse/live-in companion expect to receive or inherit any money or property at any time in the near future either as a gift or from a will, life insurance proceeds or probate court? YES NO
13. Has anyone passed away and left you anything (including insurance benefits)? YES NO  
 \* If YES, indicate what you received and its value: \_\_\_\_\_
- 
- 

14. Do you expect your income to increase or decrease more than 10% in the next year?
- You:** YES NO
- Your spouse/live-in companion:** YES NO

15. Do you and/or your spouse/live-in companion have any reason to sue any person, company, or organization (for example, as a result of injuries to yourself or any household member from a car accident or slip and fall, or damage to your property) OR do you have a lawsuit currently pending? YES NO

\*If YES, provide:

**Name of Person/Party You Could Sue:** \_\_\_\_\_

**Reason For Lawsuit:** \_\_\_\_\_

**Case Result or Indicate if Pending:** \_\_\_\_\_

**Name/Address of Attorney Representing You:** \_\_\_\_\_

\***REMINDER:** Bring all papers related to any lawsuit to your meeting with Attorney Simonian.

16. Has any person, company, or organization ever sued you and/or your spouse/live-in companion for any reason? YES NO
- \***REMINDER:** Bring all papers related to any lawsuit to your meeting with Attorney Simonian.

15. Does anybody (person or a company) owe you and/or your spouse/live-in companion any money or child support? YES NO
- \*If YES, complete the following:

**Who Owes You Money:** \_\_\_\_\_

**How Much Money Is Owed To You:** \_\_\_\_\_

**SECTION SEVEN: YOUR EXPENSES**

In this section, you will be asked to give realistic estimates of your expenses. The information you provide in this section is very important since it will determine whether you are eligible for bankruptcy and, if so, which type of bankruptcy should be filed.

1. What are your average expenses? (Enter the amount under the column that reflects your payment frequency).  
**Important Note:** Provide the household expense amount for each item, regardless of who pays for them. Be sure to include expenses for all members of your household, not just yourself.

	Weekly	Monthly	Every 3 Months	Every 6 Months	Yearly
<b>Rent/Mortgage:</b> _____					
<b>Real Estate Taxes:</b> _____					
<b>Electricity:</b> _____					
<b>Heat:</b> (winter/summer average) _____					
<b>Water:</b> _____					
<b>Sewer:</b> _____					
<b>Telephone</b> (landline and cell): _____					
<b>Other Utilities:</b> (cable TV, Internet, phone bundle, etc.) _____					
<b>Home Maintenance:</b> (repairs and upkeep) _____					
<b>Food:</b> (cash spent on food, coffee breaks, fast food, eating out, lunch money, etc.) _____					
<b>Clothing:</b> _____					
<b>Laundry and Dry Cleaning:</b> _____					
<b>Medical Expenses:</b> (co-pays, deductibles, etc.) _____					
<b>Dental Expenses:</b> (co-pays, deductibles, etc.) _____					
<b>Public Transportation:</b> _____					
<b>Gas For Your Vehicles:</b> _____					
<b>Automobile Upkeep:</b> (oil changes, repairs, registration, etc.) _____					
<b>Recreation:</b> (clubs, entertainment, newspapers, magazines, etc.) _____					
<b>Charitable Contributions:</b> _____					
<b>Homeowners Insurance:</b> (not deducted from wages) _____					
<b>Renter's Insurance:</b> (not deducted from wages) _____					
<b>Life Insurance:</b> (not deducted from wages) _____					

	Weekly	Monthly	Every 3 Months	Every 6 Months	Yearly
<b>Health Insurance:</b> (not deducted from wages) _____					
<b>Auto Insurance:</b> (not deducted from wages) _____					
<b>Dental Insurance:</b> (not deducted from wages) _____					
<b>Other Insurance:</b> (not deducted from wages) _____					
<b>Fire District Taxes:</b> (not included in mortgage payments or deducted from wages) _____					
<b>Auto Excise Taxes:</b> (not included in mortgage payments or deducted from wages) _____					
<b>Other Taxes:</b> (not included in mortgage payments or deducted from wages) _____					
<b>Second Mortgage Payments:</b> _____					
<b>Equity Line Payments:</b> _____					
<b>Car Loan Payments:</b>					
Car Loan #1: _____					
Car Loan #2: _____					
Car Loan #3: _____					
<b>Student Loan Payments:</b>					
Student Loan #1: _____					
Student Loan #2: _____					
Student Loan #3: _____					
<b>Loan Rental Payments:</b> (for furniture, appliances, etc.) _____					
<b>Other Installment Payments:</b> _____					
<b>Alimony Payments:</b> (not deducted from paycheck) _____					
<b>Child Support Payments</b> (not deducted from paycheck) _____					
<b>Other Payments for Support:</b> (such as for family members living here or elsewhere) _____					
<b>Expenses for Operating Your Business:</b> _____					
<b>Condo/Homeowners Association Fees:</b> _____					
<b>Trash Pickup:</b> _____					
<b>Home Maintenance Expenses:</b> _____					
<b>Security System Expenses:</b> _____					
<b>Household Cleaning Products:</b> _____					
<b>Other Household Items:</b> _____					

	Weekly	Monthly	Every 3 Months	Every 6 Months	Yearly
<b>Hygiene Items:</b> (toothpaste, soap, shampoo, etc.) _____					
<b>Diapers and Wipes:</b> _____					
<b>Hair Cuts:</b> _____					
<b>Medications:</b> (over-the-counter, prescriptions, vitamins, co-pays, etc.) _____					
<b>Other Personal Items:</b> _____					
<b>School Expenses:</b> (i.e. lunches, activities, books, uniforms) _____					
<b>Daycare Expenses:</b> _____					
<b>Union Dues:</b> (not deducted from wages) _____					
<b>Professional Licenses:</b> (not deducted from wages) _____					
<b>Bank Fees:</b> _____					
<b>Other Expenses:</b> (please describe): _____ _____					
_____					

- 2. Do you pay for any expenses not listed above related to the care and support of an elderly, chronically ill or disabled member of your household or your immediate family, even if they don't live in the house with you? YES NO
- 3. Do you have any expenses not listed above that you pay to keep your family safe from domestic violence? YES NO
- 4. Do you pay any expenses for your dependent children (under the age of 18) to attend a private, parochial, charter, or public elementary, middle or high school? YES NO
- 5. Do you expect any increase or decrease in personal, home, medical, or other expenses in the near future? YES NO