

Bankruptcy & Consumer Lawyer

FOR DEBT RELIEF, CALL KURT O'KEEFE

NAME _____

How did you find my name? _____

Email _____

by giving me your email address, you consent to me sending you emails from time to time, that relate to items of interest as well as your case

Phone _____

Cell phone _____

Date of Birth _____

Current Income

TELL ME HOW OFTEN YOU ARE PAID. PLEASE SEND ME A COPY OF your last two PAY STUBS

Describe any increase or decrease of more than 10% in any of the following categories anticipated to occur within the year following the filing of this document: Provide a written statement disclosing any reasonably anticipated increase in income or expenses over the 12 month period following the filing of your bankruptcy petition date.

SCHEDULE I

Debtor's Marital Status _____

List your Occupation and Employer _____

Debtor #1

Occupation _____

Employer _____

Employer Address _____

How long employed? _____

Debtor #2

Occupation _____

Employer _____

Employer Address _____

How long employed? _____

List all dependents you are currently supporting

Name _____

Age _____

Relationship to You _____

Reside at your residence? _____

How many people reside in your household? _____

If this is a joint bankruptcy, do you and your spouse currently live in and maintain separate households? Yes No

If Yes, please make another copy of this expense sheet and attach a copy of the current expenses for the debtor and a copy of the current expense for the debtor's spouse.

SCHEDULE J - REGULAR MONTHLY EXPENSES

Future Budget (Give estimated monthly household average): This is an estimate of what you will be paying when the bankruptcy is filed.

1. Rent or home mortgage payment (include lot rent for mobile home) Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
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<p>Utilities:</p> <p>a. Electricity & Heating fuel</p> <p>b. Water & Sewer</p> <p>(You must itemize phone, cable and internet, even if bundled on one monthly billing – you need to list each as separate charges.)</p> <p>c. Telephone:</p> <p> Regular phones/land line service</p> <p> Cell Phones</p> <p>d. Cable</p> <p>e. Internet</p> <p>f. Trash</p> <p>g. Other (Specify): _____</p> <p>_____</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$
5. Clothing	\$
6. Laundry & Dry Cleaning (Laundry detergent, laundry mat costs, etc.)	\$
7. a. Medical and Dental expenses not paid for by insurance. (do not include insurance premium payments here)	\$
b. Prescriptions not paid for by insurance.	\$
8. Transportation: gas, oil, oil changes, general maintenance, etc. (do not include car payments or vehicle insurance here)	\$
9. Recreation (Clubs, entertainment, newspapers, magazines, etc.)	\$
10. Charitable Contributions (if claimed on tax returns)	\$
<p>11. Insurance (not deducted from wages or included in home mortgage payments)</p> <p>a. Homeowner's or Renter's insurance</p> <p>b. Life – all whole life premiums (insurance with cash surrender value)</p> <p> Life – all term life premiums (insurance with No cash surrender value)</p> <p>c. Health</p> <p>d. Auto</p> <p>e. Other (Specify): _____</p> <p>_____</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>

12. Taxes (not deducted from wages or included in home mortgage payments): (Specify) _____ a. Vehicle taxes/registration/tags (divide last years total as shown on your vehicle registration(s) by 12 to get monthly average)	\$ \$
13. Installment payments: a. Auto: Paid to _____ b. Other: Paid to _____ c. Other: Paid to _____	\$ \$ \$
14. Alimony, maintenance and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (Attach Detailed Statement)	\$
17. Other: a. Child care expenses b. Children's school expenses (uniforms, enrollment fees, tuition, supplies, lunches, etc) & any other educational expenses c. Personal care products and hair care d. School Loans e. Specify: _____ f. Specify: _____ g. Specify: _____	\$ \$ \$ \$ \$ \$ \$
18. TOTAL MONTHLY EXPENSES:	\$
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: _____ _____ _____ _____ _____	