

Welcome to a Fresh Financial Start!

Congratulations!

You are taking an important step toward resolving your debt problems and rebuilding your financial future. Fear and misunderstanding prevent many people from using bankruptcy laws to discharge overwhelming debt—but you are taking control and giving yourself and your family a second chance. This letter explains what you need to do to get started. Please read it carefully and follow every instruction. Our goal is to help you complete this process as quickly, easily, and affordably as possible.

Bankruptcy is a complex legal process that must be done correctly. **Every detail matters.** Failing to follow these steps can cause delays, added costs, or legal problems. If you ever have questions, please contact our office right away—we are here to help.

THE DO'S

DO – Complete Your Bankruptcy Intake Packet

You received a Bankruptcy Intake Packet with your Retainer Agreement. You must fill out every blank and provide all requested details. There is a legal reason for every question. You have two ways to complete your packet:

- **Option 1 – Paper Version:** Complete the printed packet and bring it to your second in-office appointment or Zoom meeting.
- **Option 2 – Electronic Version:** Complete and submit your information electronically using our secure online form or fillable PDF. Contact our office if you would like to receive the electronic version.

If you attend your second appointment or Zoom meeting without all required information (whether paper or electronic), we cannot file your bankruptcy. A third meeting will be required, and a \$350.00 fee will apply.

DO – Provide All Requested Documents

Bring or upload every document listed on your List of Required Documents. If you do not have a particular document, obtain a copy before your meeting or call our office for assistance.

DO – Value Your Property Accurately

List your property at garage sale prices—what you could realistically sell it for on a Saturday morning, not replacement or sentimental value.

- Florida Exemptions Include:
- 100% of wages (not commissions) if head of household
- \$1,000 personal property per person
- \$4,000 additional personal property if no homestead claimed
- \$5,000 vehicle equity per person
- Unlimited homestead equity (subject to 1,215-day rule)
- 100% of retirement accounts (401k, IRA)
- 100% of educational savings accounts
- 100% of whole life insurance and annuities
- Property jointly owned with a non-filing spouse

DO – Value Your Vehicles Properly

Use the NADA website (www.nadaguides.com) to value your vehicles. Include mileage, options, and condition. Bring or upload the valuation before your appointment or Zoom meeting.

DO – Plan for a Low Bank Balance on Filing Day

Cash in your bank accounts counts as an asset. Pay regular bills before filing to lower your balance and bring or upload proof of balances at your appointment or Zoom meeting.

DO – Notify Creditors and Stop Paying Unsecured Debts

Let creditors know you've hired a bankruptcy attorney. Most will stop contacting you. Use the form letter provided unless your attorney instructs otherwise.

DO – Complete Required Bankruptcy Classes

You must take two credit counseling courses: one before your second appointment or Zoom meeting and one within 45 days after your 341 Meeting. You can find the classes [here](#).

THE DON'TS

- Don't come to your second appointment or Zoom meeting unprepared. Missing information delays your case and adds a \$350.00 fee.
- Don't make unusual financial transactions before filing. Avoid large payments or transfers.
- Don't transfer money or property (especially to family) without consulting your attorney.
- Don't misstate or omit financial information. Bankruptcy petitions are signed under penalty of perjury.
- Don't drop by the office without an appointment. Please call to schedule or request a Zoom meeting.
- Don't miss your 341 meeting. Missing it will delay your case and incur an additional \$350.00 fee.
- Don't assume your attorney represents you in other matters unless you have a separate agreement.
- Don't omit any creditor. All must be listed to be discharged.
- Don't be afraid or overwhelmed—we'll guide you through every step.

Submitting Your Information

You may provide your information in one of two ways:

- **Option 1 – Paper Submission:** Complete all forms in your packet and bring them with you to your second in-office appointment or Zoom meeting.
- **Option 2 – Electronic Submission:** Request a secure link to our online intake form or fillable PDF, and upload all required documents before your appointment or Zoom meeting.

Welcome to a Better Financial Future

By following these steps completely - whether submitting your materials in person, electronically, or through a Zoom meeting - you'll soon enjoy the relief and freedom of a fresh financial start.

Bankruptcy Client Intake Form

Section 1 – Basic Information

Part A. Name and Address

Full legal name (first, middle, last, Jr. or Sr.): _____

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

Home Phone: _____ Cell Phone: _____ Social Security Number: _____

Dat of Birth: _____ Email address: _____

Have you used any other names in the past eight years? If yes, please list: _____

Have you lived at this address for at least 180 days? _____

Have you lived at this address for at least 2 years? _____

If you have answered “No” to either of the questions above, please list your previous address and dates of residency: _____

❖ Initial here to confirm copies of your Social Security Card and Driver’s License have been provided. ()

Part B. Name and Address of Spouse (to be completed only for joint bankruptcies)

Full legal name (first, middle, last, Jr. or Sr.): _____

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

Home Phone: _____ Cell Phone: _____ Social Security Number: _____

DOB: _____ Email address: _____

Have you used any other names in the past eight years? If yes, please list: _____

Have you lived at this address for at least 180 days? _____

Have you lived at this address for at least 2 years? _____

If you have answered “No” to either of the questions above, please list your previous address and dates of residency: _____

❖ Initial here to confirm copies of your Social Security Card and Driver’s License have been provided. ()

Part C. Prior/Pending Bankruptcy Cases

If you have filed a bankruptcy in the last eight (8) years, provide the case number, date filed, district of which state case was filed, and the outcome: _____

Section 2 – Property

If you own a home or any real property, please fill out the following information (if you own a mobile home, please list under “vehicles” in the personal property section):

Address of property: _____

County of property: _____ Value of property: _____ Purchase date (mo./yr.): _____

Please indicate whether you plan to KEEP or SURRENDER the property. _____

Name/Address of Home Owners’ Association: _____

Monthly Association Amount: _____ Delinquency Amount (if any); \$ _____

Mortgages (Schedule A) (Only needed if this information is not listed in your credit report)

Name of Mortgage Company: _____ Account Number: _____

Mailing Address: _____ Monthly Payment: _____

(Does this include taxes?) _____ Loan date (mo/yr) _____ Balance owed: _____

Monthly real estate taxes: _____ Insurance: _____

Additional Mortgages, Liens (Be sure to provide this information)

Please list any second mortgages, home equity loans, or any other lien holders on your property. Please attach a separate sheet if more space is required.

Name of Mortgage Company: _____ Account Number: _____

Mailing Address: _____ Monthly Payment: _____

(Does this include taxes?) _____ Loan date (mo/yr) _____ Balance owed: _____

If you own any other real estate such as a time share, private lot or condo, provide the same information noted above.

Personal Property (Schedule B): You must list ALL of your personal property by completing the attached Household Inventory worksheet.

❖ *The values you provide should reflect the **current market replacement cost** taking into consideration the age and condition of that item. **More specifically, if you had a garage sale tomorrow** or if you took an item to a pawn shop, what price would you receive for that item? Those are the prices to list in Schedule B.*

1. Cash on Hand: (Cash over \$5.00 must be listed. _____)

2. Deposits of Money: (Please list separately each checking, savings, or other financial accounts, CDs, etc.)

A) Name (financial institution): _____ Last Four of Account # _____ Balance: _____

Local Branch Address: _____ Indicate Type of Account _____

Is anybody else on this account? No/ Yes (name and relation) _____

B) Name (financial institution): _____ Last Four of Account # _____ Balance: _____

Local Branch Address: _____ Indicate Type of Account _____

Is anybody else on this account? No/ Yes (name and relation) _____

3. Security Deposits:

Name: _____ Address: _____

Account Number: _____ Amount: _____ Type of deposit: _____

❖ **Initial here to confirm copies of the last three months of banks statements for each account have been provided. ()**

4. Household Goods, Furniture, Audio, Video, and Computer Equipment: (see last 2 pages)

5. Books, Pictures, Music CDs, Art Objects, Stamp, Coin, and Other Collections:

Description: _____ Value: \$ _____

6. Wearing Apparel: Please write the approximate value of your personal clothing Value: \$ _____

7. Furs and Jewelry: Please list your jewelry and value(s), using garage sale or pawn shop values. Please be specific.

Example: 14k gold wedding band with one small diamond, etc. _____

Value: \$ _____

8. Sports, photographic, hobby equipment or firearms: Please list these items and values. Be specific.

Example: 1 Smith & Wesson .44 revolver, 2 adult bicycles, 1 set of rollerblades, etc.

Value: \$ _____

9. Interest in Insurance Policies: (specify refund or cancellation value)

Name/Address of company: _____ Policy No: _____

Type (ex. Whole life, etc.): _____ Face value: _____ Cash surrender value (if any): _____

10. Annuities:

Name and Address of company: _____

Account #: _____ Face value: (amount paid out): _____ Cash value (if terminated): \$ _____

11. Interest in any Education or Pre-Paid College trust fund: Please list the company that actually manages your account. *Example: Fidelity, Meryl Lynch, etc.* Do not list your employer unless your employer actually manages the account.

Name and address of company: _____

Last four digits of account number: _____ Cash value: (if terminated) _____

12. Pension or Profit-Sharing Plans: Example: 401(k), IRA, or other type of retirement plans. Please list the company that actually manages your account. *Example: Fidelity, Meryl Lynch, etc.* Do not list your employer unless your employer actually manages the account.

Name and address of company: _____

Last four digits of account number: _____ Cash value: (if terminated) _____

13. Stock and Interests in Incorporated and Unincorporated Businesses or Bonds: List any shares of stock owned, interests in any business, or any bonds: _____ Value: _____

❖ Initial here to confirm copies of any declaration pages listed in items 9 – 13 have been provided. ()

14. Interest in Partnerships/Joint Ventures: If you have any interest in a partnership, please describe and place a value on your interest: _____ Value: _____

15. Accounts Receivable: Please list the name/address of the person/company and amount owed to you: _____

16. Family Support (to which you are or may be entitled) for example *child support*:

Please list the name/address of the person who owes you support as well as the type/amount that you are owed and case number: _____

17. Amount of other Liquidated Debts Owed to you, including tax refunds: _____

18. Interest in the Estate of a Descendent: _____

19. Other Contingent or Non-Liquidated Claims: Please list details of any claims where you might receive money in the future. *Example: A pending auto accident case, slip and fall, property settlement from a divorce, etc.* Please list a description of the source of the funds, an estimated amount that you may receive and a name, address, and telephone number of your attorney for this claim (if applicable)

20. Patents, Copyrights and Other Intellectual Property:

Please list a description of the patent or copyright, value and any other facts that you feel are important:

21. Licenses, Franchises and Other General Intangibles: _____

22. Automobiles, Trucks, Trailers, Mobile Homes and Other Vehicles: Please be as specific as possible.

**Example: 2007 Honda Accord EX 4-door, VIN 2132398YDDFJN23RE82, 78000 miles, fair condition, \$5,800.00*

❖ Initial here to confirm copies of all registrations and values from www.nadaguides.com have been provided. ()

Vehicle 1: Year: _____ Manufacturer: _____ Model: _____ Trim Category: _____

VIN no.: _____ Mileage: _____ Condition: _____

Is there a loan or lien on this vehicle? If so, please fill out the following information: (if not on credit report)

Name of lien holder: _____ Account Number: _____

Date acquired loan: _____ Balance: _____ Monthly Payment: \$ _____

Vehicle 2: Year: _____ Manufacturer: _____ Model: _____ Trim Category: _____

VIN no.: _____ Mileage: _____ Condition: _____

Is there a loan or lien on this vehicle? If so, please fill out the following information: (if not on credit report)

Name of lien holder: _____ Account Number: _____

Date acquired loan: _____ Balance: _____ Monthly Payment: \$ _____

23. Boats, Motors, and Accessories: Please be as specific as possible. *Example: 1980 Sea Ray Sundancer*

24 ft., Hull no. 3242SWJJ3, approx. 2,000 hours, fair condition, \$4,000.00, jointly owned with John Smith (brother) at 123 Main St., Anywhere, FL, 12345

Year of boat: _____ Manufacturer/model: _____ Value: _____

Hull number: _____ Hours: _____ Condition: _____

Is there a loan or lien on this vehicle? If so, please fill out the following information: (if not on credit report)

Name of lien holder: _____ Account Number: _____

Date acquired loan: _____ Balance: _____ Monthly Payment: \$ _____

Numbers 24 – 28 usually describe items for those Debtors who are self-employed or own a business.

24. Office Equipment, Furnishings, and Supplies: _____

25. Machinery, Fixtures, Equipment and Supplies: Please list any items not listed on the attached Personal Property Inventory with a description and a value price _____

26. Inventory: Please describe any business inventory with an estimated value: _____

27. Livestock, Poultry, and Other Animals: _____

28. Other Personal Property: Not listed in the previous sections: _____

Section 3 – Debts

Part E. Unsecured Priority Debts (Schedule E)

Please list any government debts, including IRS, taxes, student loans, domestic support obligations, or claims for death or injury while intoxicated.

Name and address of creditor or person receiving support: _____

Account/Case No: _____ Year acquired: _____ Balance: _____ Monthly payment: _____

Who is responsible (husband, wife, joint)? _____ Type of debt: _____

❖ Initial here to confirm copies of recent statements. ()

Part F. Unsecured Creditors (Schedule F)

Please provide copies of debts owed not listed on your credit report that we will obtain, along with any collection agency/third party associated with that debt.

Section 4 – Unexpired Leases and Contracts (Schedule G)

Leases or Contracts: Are you a party to any leases or contracts not listed previously? If yes, please list the parties involved and their addresses. If you owe money on these contracts, the amount should be listed as well, name and address of creditor, account number and date lease expires: _____

❖ Initial here to confirm copies of the executed lease or contract have been provided. ()

Section 5 – Current Monthly Income

Marital status: _____ Number and age of dependents, excluding spouse _____

❖ Initial here to confirm copies of the last six months of pay stubs or income have been provided. ()

Debtor's Income

Occupation _____

Name, address and length of time at employer: _____

Provide all sources of other income not noted above (social security, pension, retirement, alimony, interest from real estate, or government assistance) _____

Spouse's Income (MUST INCLUDE IF MARRIED)

Occupation _____

Name, address and length of time at employer: _____

Provide all sources of other income not noted above (social security, pension, retirement, alimony, interest from real estate, or government assistance) _____

Section 6 – Current Monthly Expenses

Monthly rent or mortgage	
Real estate and property taxes if not included above	
Electric or heating	
Water and sewer	
Telephone service, cable and internet	
Home maintenance, including repairs	
Food	
Clothing	
Laundry and dry cleaning	
Medical and dental expenses	
Entertainment	
Charitable Contributions	
Transportation (gas, tolls, and repairs)	
Installment payments for auto and/or furniture	
Expenses from operation of business	
Childcare	
Alimony	
Insurance not deducted from pay (renter's life, health, or other)	
Tax payment or student loan payment	
Other expenses not listed above. _____	

Section 7 – Statement of Financial Affairs

1. Income from Employment or Operation of Business. (Gross Wages)

Debtor				Spouse			
	Current Year	Last Year	2 -Years Ago				
Gross Wages				Gross Wages			
Business Income				Business Income			
Social Security				Social Security			
Retirement				Retirement			
All Other				All Other			

2. Payments to Creditors.

Within 90 days immediately preceding the commencement of this case, have you paid \$600.00 or more to **one single creditor**? **Example: your monthly car payment is \$300 per month and you have paid it for the last three months. \$300 x 3 months = \$900 paid in the last three months.* If you have, please fill out the following information.

Name of Creditor	Date(s) of Payments	Amount Paid
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List payments made within one year to an insider. *Example: you owed your brother \$1,500 and paid him 6 months ago.*

Name/address of Person and Relationship	Date(s) of Payments	Amount Paid
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3. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

List all suits and administrative proceedings to which you are or were a party within one year preceding the filing of this case.

Name of Creditor	Date(s) Asset(s) Taken	Describe Asset(s) Taken
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4. Repossessions, Foreclosures and Returns

List all property that has been surrendered, repossessed, foreclosed, or transferred within one year immediately preceding the commencement of this case. **List name of creditor, date of repossession, address and value of item/property:** _____

5. Assignments and Receiverships

a) Have you assigned (transferred your interest in) any property or assets to someone else in the past six months? If so, provide date, what was assigned, name/address of assignee and terms of agreement: _____

b) List all property which has been in the hands of a custodian, receiver, or court-appointed official within the last year immediately preceding the commencement of this case and give details. _____

6. Gifts

List all gifts or charitable contributions made in the last year (except ordinary and usual gifts) to family members totaling less than \$600 in value per family member

Name/Address of Person/Institution	Date(s)
Description	Value of Gift(s)

7. Losses

List all losses from fire, theft, other casualties or gambling within the last year. (List additional on separate sheet)
Description and Value of Property Lost What happened to the property? Date of Loss: _____

8. Payments Related to Debt Counseling or Bankruptcy

List all payments made relating to bankruptcy or credit counseling in the last year.

Name and Address of Person: _____

Date of Payment(s): _____ Amount Paid: \$ _____

9. Other Transfers

a) List any assets transferred, sold, or pledged as collateral in the last year. Provide the name/address of person transferred to, along with a description, date and value of property transferred: _____

b) In the past ten years, have you transferred any of your assets to a trust? If "yes", list name of trust, date of transfer amount of money or value of property: _____

10. Closed Financial Accounts

If you closed, sold, or transferred any checking, savings, or other financial accounts (CD's, pensions, brokerage accounts) in the last year list: Name/Address of Institution: _____

Account Type: _____ Last Four Digits of Account Number: _____ Date Closed/Balance: \$ _____

11. Safe Deposit Boxes

List safe deposit box in which you have or have/had stocks, cash, or other valuables within the past year.

Name/Address of Bank: _____ List of Items: _____ If Closed, Date Closed: _____

12. Setoffs

In the last 90 days, has any creditor taken money out of an account to offset a balance owed to them? List amount, name/address of creditor, and date: _____

13. Property Held for Another Person

List all property or assets owned by another person that you have in your possession. *Example: your brother's boat is parked in your driveway.* Name and Address of Owner: _____

Description/location and Value of Property: _____

14. Nature, Location, and Name of Business

In the last six years, have you been involved with a business (owner or director)? If so, please list the name of the business, start and end dates, type of business, tax ID number and your capacity (owner, director, etc.)

PLEASE REMEMBER, you will be swearing under penalty of perjury to the truthfulness and accuracy of your petition. Your signature below confirms that all the information provided in this Intake Packet is true, accurate and complete to the best of your knowledge.

Signature of Debtor #1

Signature of Debtor #2

Date: _____

Date: _____

HOUSEHOLD INVENTORY WORKSHEET

Fill in the quantity to the left of the appropriate item which is contained in your home. To the right of each item, please fill in the value taking into consideration the age and condition of the item; garage sale prices. Blank lines are provided for items not listed at the end of each list.

LIVING ROOM

___	Sofa	\$	___
___	Armchair	\$	___
___	Loveseat	\$	___
___	Coffee Table	\$	___
___	End Table	\$	___
___	Picture	\$	___
___	Lamp	\$	___
___	Credenza	\$	___
___	Bookcase	\$	___
___	Desk	\$	___
___	Wall Unit	\$	___
___	Bar	\$	___
___	Piano	\$	___
___	Organ	\$	___
___	Drapes	\$	___
___	Recliner	\$	___
___	Painting	\$	___
___	TV (Size ___)	\$	___
___	_____	\$	___
___	_____	\$	___
TOTAL		\$	___

KITCHEN

___	Dinette Set	\$	___
___	Microwave	\$	___
___	Dishwasher	\$	___
___	Dishes	\$	___
___	Pots & pans	\$	___
___	Refrigerator	\$	___
___	Stove	\$	___
___	_____	\$	___
___	_____	\$	___
TOTAL:		\$	___

PATIO

___	Table	\$	___
___	Chairs	\$	___
___	Lounge	\$	___
___	Grill	\$	___
___	Umbrella	\$	___
___	_____	\$	___
___	_____	\$	___
TOTAL		\$	___

POOL AREA

___	Table	\$	___
___	Chairs	\$	___
___	Lounge	\$	___
___	Grill	\$	___
___	Umbrella	\$	___
___	Pool Supplies	\$	___
___	_____	\$	___
___	_____	\$	___
TOTAL		\$	___

DINING ROOM

___	Buffet	\$	___
___	China Cabinet	\$	___
___	Picture	\$	___
___	Plants	\$	___
___	_____	\$	___
TOTAL		\$	___

FAMILY ROOM

___	Sofa	\$	___
___	Chair	\$	___
___	Recliner	\$	___
___	Loveseat	\$	___

___	Coffee Table	\$	___
___	Desk	\$	___
___	Lamp	\$	___
___	Bookcase	\$	___
___	Ent. Center	\$	___
___	Stereo	\$	___
___	TV (Size ___)	\$	___
___	Painting	\$	___
___	VCR/DVD/BR	\$	___
___	Telephone	\$	___
___	_____	\$	___
___	_____	\$	___
TOTAL		\$	___

MASTER BEDROOM

___	Kings-size bed	\$	___
___	Queen-size bed	\$	___
___	Full-size bed	\$	___
___	Waterbed	\$	___
___	Dresser	\$	___
___	Night Table	\$	___
___	Lamp	\$	___
___	Vanity	\$	___
___	Chair	\$	___
___	Picture	\$	___
___	Stool/Chest	\$	___
___	TV (Size___)	\$	___
___	Bed linens	\$	___
___	VCR/DVD/BR	\$	___
___	_____	\$	___
___	_____	\$	___
TOTAL		\$	___

HOUSEHOLD INVENTORY WORKSHEET

Fill in the quantity to the left of the appropriate item which is contained in your home. To the right of each item, please fill in the value taking into consideration the age and condition of the item; garage sale prices. Blank lines are provided for items not listed at the end of each list.

BEDROOM #2

___	Kings-size bed	\$_____
___	Queen-size bed	\$_____
___	Full-size bed	\$_____
___	Waterbed	\$_____
___	Dresser	\$_____
___	Night Table	\$_____
___	Lamp	\$_____
___	Vanity	\$_____
___	Chair	\$_____
___	Picture	\$_____
___	Stool/Chest	\$_____
___	TV (Size___)	\$_____
___	Bed linens	\$_____
___	VCR/DVD/BR	\$_____
___	_____	\$_____
___	_____	\$_____
TOTAL		\$_____

BEDROOM #4

___	Kings-size bed	\$_____
___	Queen-size bed	\$_____
___	Full-size bed	\$_____
___	Waterbed	\$_____
___	Dresser	\$_____
___	Night Table	\$_____
___	Lamp	\$_____
___	Vanity	\$_____
___	Chair	\$_____
___	Picture	\$_____
___	Stool/Chest	\$_____
___	TV (Size___)	\$_____
___	Bed linens	\$_____
___	VCR/DVD/BR	\$_____
___	_____	\$_____
___	_____	\$_____
TOTAL		\$_____

___	Tools	\$_____
___	Musical _____	\$_____
___	Lawn Mower	\$_____
___	Garden Tools	\$_____
___	Pets (Kind___)	\$_____
___	_____	\$_____
___	_____	\$_____
TOTAL		\$_____

BEDROOM #3

___	Kings-size bed	\$_____
___	Queen-size bed	\$_____
___	Full-size bed	\$_____
___	Waterbed	\$_____
___	Dresser	\$_____
___	Night Table	\$_____
___	Lamp	\$_____
___	Vanity	\$_____
___	Chair	\$_____
___	Picture	\$_____
___	Stool/Chest	\$_____
___	TV (Size___)	\$_____
___	Bed linens	\$_____
___	VCR/DVD/BR	\$_____
___	_____	\$_____
___	_____	\$_____
TOTAL		\$_____

ITEMS NOT OTHERWISE LISTED

___	Washer	\$_____
___	Dryer	\$_____
___	Freezer	\$_____
___	Compactor	\$_____
___	Microwave	\$_____
___	Compressor	\$_____
___	Video console	\$_____
___	Games/Movies	\$_____
___	Vacuum	\$_____
___	Print/Copy/Fax	\$_____
___	Computer	\$_____
___	Cell phone	\$_____
___	Baby Furniture	\$_____
___	Baby Toys	\$_____
___	Sewing Machine	\$_____
___	Bicycle	\$_____
___	Sporting Items	\$_____