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BANKRUPTCY WORKSHEET

(1) NAME AND ADDRESS:

A. Give full names **including wife's maiden name:**

Debtor: _____ SSN: _____ AGE _____

Spouse: _____ SSN: _____ AGE _____

B. Current residence: _____

C. For how long? _____

D. Prior residences for the previous 2 years including dates:

Address: _____ Dates: _____

Address: _____ Dates: _____

E. Telephone numbers (including area code):

Debtor: Home: _____ Work: _____

Spouse: Home: _____ Work: _____

D. Where do you consider your residence if different from "B" above. _____

E. Have you filed a Bankruptcy previously? _____. If so, give the location where filed, date filed and case number. Discharge received yes _____ or no _____.

(2) DEPENDENTS: (anyone you support by paying over 50% of their living expenses)

Name: _____ Age: _____ Relationship: _____

(3) OCCUPATION, INCOME AND EXPENSES:

A. Your present employment:

Debtor:	Employer:	_____
	Address:	_____

	Occupation:	_____
	How long:	_____
Spouse:	Employer:	_____
	Address:	_____

	Occupation:	_____
	How long:	_____

Do either of you anticipate any changes in income or expenses? If yes, explain:

Are either of you unemployed? If yes, explain:

B. What are your average gross wages, salary and/or commissions per pay period?
(Please state whether these are weekly, bi-weekly, monthly, quarterly, etc...)

Debtor:	\$		per		(weekly, bi-weekly, etc...)
Spouse:	\$		per		(weekly, bi-weekly, etc...)

C. What are your average payroll deductions per pay period?

	Debtor:	Spouse:
Payroll taxes (Fed/Medicare)		
Social Security		
Medicare		
Insurance (Medical)		
(Health)		
(Life)		
(Other)		
Credit Union		
Union Dues		
Other		

D. What is your average take-home per pay period?

Debtor: \$ _____		Spouse: \$ _____
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E. Other sources of Income including retirement.

_____, how much _____

_____, how much _____

MEANS TEST WORKSHEET

PLEASE DO NOT RECREATE THIS FORM IN YOUR COMPUTER. OUR FORM GOES DIRECTLY WITH OUR PROGRAM - THANK YOU!!! PLEASE USE THIS FORM.

Directions - Please list **each** pay stub individually for the last six (6) months. If you have worked more than one (1) job, please list your first job with all six (6) months information and then list your second job with the six months of pay information. **One (1) copy of these checks must be provided with this worksheet.**

DEBTOR

EMPLOYER	OTHER SOURCE OF INCOME SOCIAL SECURITY, UNEMPLOYMENT	CHECK DATE	GROSS (BEFORE TAXES)	FEDERAL	SS, FICA OR OASDI	MEDICARE	OTHER DEDUCTIONS Add all of your other deduct- ions and put one (1) figure in this block

MEANS TEST WORKSHEET

PLEASE DO NOT RECREATE THIS FORM IN YOUR COMPUTER. OUR FORM GOES DIRECTLY WITH OUR PROGRAM - THANK YOU!!! PLEASE USE THIS FORM.

Directions - Please list **each** pay stub individually for the last six (6) months. If you have worked more than one (1) job, please list your first job with all six (6) months information and then list your second job with the six months of pay information. ***One (1) copy of these checks must be provided with this worksheet.***

SPOUSE

EMPLOYER	OTHER SOURCE OF INCOME SOCIAL SECURITY, UNEMPLOYMENT	CHECK DATE	GROSS (BEFORE TAXES)	FEDERAL	SS, FICA OR OASDI	MEDICARE	OTHER DEDUCTIONS Add all of your other deduct- ions and put one (1) figure in this block

F. Do either of you receive alimony, maintenance or support? If so, how much?

G. Do either of you pay alimony, maintenance or support? If so, how much?

H. **MONTHLY EXPENSES:(IF PAID YEARLY PRORATE TO MONTHLY AMOUNT)**

Rent (include lot rented for mobile home)	_____
Mortgage	_____
Real Estate Taxes (if not included in Mortgage)	_____
Homeowners/Renters Insurance (if not included in Mortgage)	_____
Home Maintenance (repairs/upkeep)	_____
Homeowners Assoc./condo dues	_____
<u>Utilities:</u>	
Heat & Electricity	_____
Water & Sewer	_____
Telephone	_____
Cable	_____
Other Utilities:_____	_____
Food	_____
Childcare and children's education	_____
Clothing/Laundry/Dry cleaning	_____
Personal care products/services	_____
Medical (uncovered expenses/co-pays)/dental/ over the counter medicine	_____
Transportation/Gas/upkeep (not including car payments)	_____
Recreation(clubs, sports, entertainment)	_____
Charity (include tithes to church, etc...) _ describe _____	_____
Insurance (not deducted from wages or included in home mortgage payments)	_____
Life	_____
Health	_____
Auto _____	_____
Auto _____	_____
Other _____	_____
Other _____	_____
Taxes (not deducted from wages or included in home mortgage payments):	_____

Installments payments:

(If a Chapter 13, do not list payments that will be included in the plan)

Vehicle 1 _____
Vehicle 2 _____
Other _____
Other _____

Alimony, maintenance, support: _____
Other payments for those not at home _____
Other real property expenses(not included in section above)
Mortgages on other property _____
Real Estate taxes _____
Homeowner's/Renter's insurance _____
Home Maintenance (reparis/upkeep) _____
Homeowner's Assoc./condo dues _____

All other expenses:(pets, security system, pool, etc.)

(4) PROPERTY:

Real Property:

A. Homestead:

Address: _____

Description: _____

(i.e. 3 bedroom/3 bath, Mobile home on 2 acres, etc.)

Purchase Price: _____ Fair Market Value: _____

Surrender / Reaffirm? (circle one)

First Mortgage Company: _____

Address: _____

Balance on Mortgage: _____ Acct. No.: _____

Account belongs to (circle): Husband Wife Joint

If Chapter 13: Exact payment amount: _____

Exact arrearage amount: _____

Second Mortgage Company: _____

Address: _____

Balance on Mortgage: _____ Acct. No.: _____

Account belongs to (circle): Husband Wife Joint

If Chapter 13: Exact payment amount: _____

Exact arrearage amount: _____

B. Other real property: (include raw land if financed separate from home)

Description: _____
 (i.e. 3bedroom/3 bath, Mobile home on 2 acres, etc.)
 Purchase Price: _____ Fair Market Value: _____
 Surrender / Reaffirm? (circle one)

First Mortgage Company: _____
 Address: _____
 Balance on Mortgage: _____ Acct. No.: _____
 Account belongs to (circle): Husband Wife Joint
If Chapter 13: Exact payment amount: _____
Exact arrearage amount: _____

Second Mortgage Company: _____
 Address: _____
 Balance on Mortgage: _____ Acct. No.: _____
 Account belongs to (circle): Husband Wife Joint
If Chapter 13: Exact payment amount: _____
Exact arrearage amount: _____

(5) PERSONAL PROPERTY:

PLEASE NOTE: PROPERTY BELONGING TO CHILDREN (ie. bedroom furniture, toys, clothing etc.) SHOULD BE LISTED UNDER QUESTION #N UNDER OTHER INFORMATION.

Value: (Fair Market/Garage sale value)

Cash on hand (average amount per day):		\$ _____
What Bank? _____	Savings	\$ _____
What Bank? _____	Checking	\$ _____
Certificates of Deposits (CD[s])		
What Bank? _____		\$ _____
Security deposits with public utilities, telephone companies, landlords, and others:		

ALL Household Furnishings (Secured and Unsecured): (Description (ex. desk, wood, scratched, 7 years old **and** Fair Market/Garage Sale Value). Include audio, video, and computer equipment: (Use separate sheet if necessary): Please put all items on this sheet.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Books, pictures and other art object, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles:

Wearing apparel (Debtor)
(Spouse)
Furs and Jewelry (Debtor)
(Spouse)

Firearms and sports,
photographic, and
other hobby equipment

Insurance-Interest in
insurance policies. Name
insurance company of each
policy and itemize surrender
or refund cash value of each.

Annuities. Itemize and
name each issue.

Interests in IRA, ERISA,
Keogh, or other pension
or profit sharing plans.
Itemize.

Stock and interests in
incorporated and un-incorporated
businesses. Itemize.

Interests in partnerships or joint ventures. Itemize. _____

Government and corporate bonds and other negotiable and non-negotiable instruments. _____

Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. _____

Other liquidated debts owing debtor including tax refunds. Give particulars. _____

Equitable or future interest, life estates. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance, policy or trust. _____

Automobiles:
(secured&unsecured) (ex. 2010 Dodge Caravan Sport, paint damage, interior soiled, 50,000 miles)
VIN# _____

_____ value: _____

VIN# _____

_____ value: _____

Tools (personal or professional use): _____

Boat: _____

Other: _____

(6) SECURED DEBTS: (secured with collateral, i.e. furniture/vehicles) Only additional creditors not listed on the Credit Report should be added to the secured debts or unsecured debts section. Please do not add any creditors from the credit report.

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Description of collateral: _____
Value of Collateral: _____
Retain / Reaffirm / Surrender the collateral?
Account belongs to (circle one): Husband Wife Joint
If Chapter 13: Exact payment amount: _____
Exact arrearage amount: _____

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Description of collateral: _____
Value of Collateral: _____
Retain / Reaffirm / Surrender the collateral?
Account belongs to (circle one): Husband Wife Joint
If Chapter 13: Exact payment amount: _____
Exact arrearage amount: _____

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Description of collateral: _____
Value of Collateral: _____
Retain / Reaffirm / Surrender the collateral?
Account belongs to (circle one): Husband Wife Joint
If Chapter 13: Exact payment amount: _____
Exact arrearage amount: _____

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Description of collateral: _____
Value of Collateral: _____
Retain / Reaffirm / Surrender the collateral?
Account belongs to (circle one): Husband Wife Joint
If Chapter 13: Exact payment amount: _____
Exact arrearage amount: _____

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Description of collateral: _____
Value of Collateral: _____
Retain / Reaffirm / Surrender the collateral?
Account belongs to (circle one): Husband Wife Joint
If Chapter 13: Exact payment amount: _____

Exact arrearage amount: _____

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Description of collateral: _____

Value of Collateral: _____

Retain / Reaffirm / Surrender the collateral?

Account belongs to (circle one): Husband Wife Joint

If Chapter 13: Exact payment amount: _____

Exact arrearage amount: _____

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Description of collateral: _____

Value of Collateral: _____

Retain / Reaffirm / Surrender the collateral?

Account belongs to (circle one): Husband Wife Joint

If Chapter 13: Exact payment amount: _____

Exact arrearage amount: _____

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Description of collateral: _____

Value of Collateral: _____

Retain / Reaffirm / Surrender the collateral?

Account belongs to (circle one): Husband Wife Joint

If Chapter 13: Exact payment amount: _____

Exact arrearage amount: _____

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Description of collateral: _____

Value of Collateral: _____

Retain / Reaffirm / Surrender the collateral?

Account belongs to (circle one): Husband Wife Joint

If Chapter 13: Exact payment amount: _____

Exact arrearage amount: _____

(7) UNSECURED DEBTS:

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Type of Account: _____

Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Type of Account: _____

Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Type of Account: _____

Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Type of Account: _____

Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Type of Account: _____

Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____

Month and year the account was opened: _____

Type of Account: _____

Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Type of Account: _____
Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Type of Account: _____
Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Type of Account: _____
Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Type of Account: _____
Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Type of Account: _____
Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Type of Account: _____
Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
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Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
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Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
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Month and year the account was opened: _____
Type of Account: _____
Account belongs to (circle one): Husband Wife Joint

Creditor name and address: _____

Account No.: _____ Balance owed: _____
Month and year the account was opened: _____
Type of Account: _____
Account belongs to (circle one): Husband Wife Joint

*** USE THE REVERSE SIDE OF PAGES IF MORE SPACE IS NEEDED ***

(8) OTHER INFORMATION:

A. Income from employment or business for the last two years:

	(2016)	(2017)
Debtor:	\$ _____	\$ _____
Spouse:	\$ _____	\$ _____

B. Year to date income for current year:

Debtor: \$ _____
Spouse: \$ _____

C. Income **other** than from employment or business for the last two years:
(ex, retirement)

	(2016)	(2017)
Debtor:	\$ _____	\$ _____
Spouse:	\$ _____	\$ _____

Year to Date Income **other** than from employment or business. (ex. child support)

\$ _____

D. Payments to any one creditor of more than \$600 within the last 90 days (do not include regular mortgage payment):

Name/Address of Creditor: _____
Dates of Payments: _____
Amount Paid: \$ _____ Amount Owed: \$ _____

Name/Address of Creditor: _____

Dates of Payments: _____
Amount Paid: \$ _____ Amount Owed: \$ _____

E. Any suits to which you were a party within the last year (attach documentation):

Caption of Suit, Case No., Nature of Proceeding, Court (Circuit/Civil), Location, Status or Disposition: _____

F. Any property that has been repossessed, foreclosed or transferred back to seller within the last year:

Name and address of creditor or seller: _____

Date of Repossession, Description and Property Value: _____

G. Gift or charitable contributions over \$200 in value except to family members:

Name and address of person or organization: _____

Relationship to debtor if any: _____

Date of gift and description and value: _____

H. Losses from fire, theft or other casualty within one year:

Description and value of property: _____

Description of circumstances, if loss was covered in whole or in part by insurance and date of loss: _____

I. Payments made to debt counseling for debt consolidation or preparation of a petition in bankruptcy within one year:

Name and address of payee: _____

Date of payment: _____

Name of Payor (if other than debtor): _____

Amount, description and value of property: _____

J. Other transfers of property within one year:

Name and address of transferee: _____

Relationship to transferee, date: _____

Describe property and value: _____

K. All financial accounts that have been closed within one year:

Name and address of institution: _____

Type, number of account and amount of final balance: _____

Amount, date of sale and closing: _____

L. All safe deposit boxes:

Name and address of bank or other depository: _____

Name and address of those w/ access to the safe deposit box: _____

Description of contents: _____

Date of transfer or surrender, if any: _____

M. All setoffs made by any creditor or bank against a debt or deposit of debtor:

Name and address of creditor: _____

Date of setoff: _____ Amount of setoff: \$ _____

Name and address of creditor: _____

Date of setoff: _____ Amount of setoff: \$ _____

Name and address of creditor: _____

Date of setoff: _____ Amount of setoff: \$ _____

N. List all property owned by another person that debtor holds or controls. Also give name and address of owner and approximate value of the property.

Name and address of owner: _____

Location of property: _____

Description and value of property: _____

Name and address of owner: _____

Location of property: _____

Description and value of property: _____

Name and address of owner: _____

Location of property: _____
Description and value of property: _____

O. List any co-debtor's (include address) you have (other than your spouse) for any debt:

Name and address of co-debtor: _____

Creditor's name, address and account number: _____

Name and address of co-debtor: _____

Creditor's name, address and account number: _____

P. Are you or have you been involved in a business (self-employed), corporation or partnership within two years? _____ Please explain: _____

List **ALL** business inventory and fair market value: _____

*** **PRIOR TO FILING OF YOUR BANKRUPTCY DOCUMENTS TO THE COURT,**
PLEASE PROVIDE ONE (1) COPY OF ALL DOCUMENTS REQUESTED AT THE TIME OF
TURNING IN YOUR WORKSHEET, SEE ATTACHED SHEET

*** **ATTENTION CHAPTER 7 CLIENT(S): DID YOU IDENTIFY**
THE PROPERTY (CASH AND/OR FURNISHINGS) THAT YOU WISH TO EXEMPT (\$1,000.00
FOR INDIVIDUALS AND \$2,000.00 FOR JOINT PETITIONERS)?

*** PLEASE BE REMINDED YOU MUST PROVIDE ALL INFORMATION REQUESTED
IN THE WORKSHEET., IN ORDER FOR YOUR DEBT TO BE DISCHARGED, YOU MUST
PROPERLY LIST THE CREDITOR INFORMATION. (ex. -correct address, acct. no., year opened,
amount of debt)

THE INFORMATION FURNISHED IN THE BANKRUPTCY WORKSHEET IS COMPLETE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. SHOULD I/WE HAVE ANY ADDITIONAL CHANGES TO THIS INFORMATION, WE WILL SUBMIT SAME IN WRITING TO THE LAW OFFICE OF TODD HENRY.

I FURTHER ACKNOWLEDGE THAT I/WE HAVE BEEN ADVISED HOW TO ORDER A CREDIT REPORT AND

_____ HAVE CHOSEN TO ORDER AND REVIEW THE SAME FOR THE PURPOSE OF FILLING OUT THIS WORKSHEET AND HAVE PROVIDED INFORMATION FROM SAID CREDIT REPORT ON WORKSHEET

_____ HAVE NOT REQUESTED A CREDIT REPORT FOR REVIEW.

(PLEASE CHECK WHICH IS APPLICABLE).

Client/Debtor

Date

Client/Debtor

Date