

LISZT LAW, P.A.

-A Professional Law Practice-

Bankruptcy Document Checklist

The following documents will be required to complete your bankruptcy petition. You only need to provide the documents that apply to your specific situation. Please provide only copies as our office can not be responsible for original documents and our office will shred all client documents pursuant to the requirements of the State Bar of Florida:

- Drivers License
- Social Security Card
- Completed Intake Form
- Last 6 months of income statements (paystubs or proof of direct deposit)
If you are married, we need the same for your spouse whether or not they are filing.
- Last 6 months of bank statements for **ALL** business and personal bank and investment accounts.
- Copy of Social Security benefit statement
- Copy of disability or other proof of income
- Copy of Unemployment Wage Determination Transcript
- 2019, 2020 and 2021 tax returns - personal
- 2019, 2020 and 2021 tax returns – business year to date profit and loss for any active business
- Copy of Vehicle Registration
- Copy of Vehicle Title
- Copy of latest vehicle payment statement
- Copy of Mortgage Statement including partial ownership
- Copy of Second Mortgage and Line of Credit Statement
- Homeowner Association Statement
- Life Insurance Policy
- 401k or other Retirement Statement
- Copy of latest Credit Card Bills
- Copy of latest Medical Bills
- Copy of latest Collections Bills
- Copy of any law suits (foreclosure, credit cards, etc) including attorney contact information.
- Copy of Student Loan Documents
- Copy of any Investment Statement
- IRS Letters
- Car insurance
- Homeowner's Insurance

Once you retain our firm, you may then inform your creditors that you have retained a bankruptcy attorney and you can provide the creditors with our contact information. This will usually slow down any harassing phone calls. Once your petition is filed, the creditors must cease all collection activity including contacting you in any manner. Please keep detailed notes of any collection calls that you may receive after your case has been filed and provide the information to your attorney so the information may be reviewed for possible violations or claims to your benefit.

If you have any questions, feel free to contact our office.

Sincerely,

Joshua M. Liszt, Esq.

We are a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code.

**1095 Broken Sound Parkway NW, Suite 100, Boca Raton, Florida 33487
T: 561-400-9053 josh@oceantitle.com**

CLIENT INTAKE QUESTIONNAIRE

IMPORTANT INFORMATION PLEASE READ CAREFULLY:

PLEASE COMPLETE THE FOLLOWING INTAKE FORM AS ACCURATELY AS POSSIBLE. FILING FOR BANKRUPTCY PROTECTION IS A SERIOUS MATTER AND ALL INFORMATION INCLUDED IN YOUR FILING IS SUBMITTED UNDER SWORN OATH WITH SEVERE PENALITIES FOR PERJURY AND/OR THE NON-DISCLOSURE OF ASSETS.

IN ORDER TO PREPARE YOUR BANKRUPTCY PETITION AND SCHEDULES, WE WILL NEED ALL OF THE FOLLOWING ITEMS:

- 1) ALL APPLICABLE DOCUMENTS IDENTIFIED ON THE PRECEDING DOCUMENT CHECKLIST
- 2) A COMPLETE INTAKE QUESTIONNAIRE
- 3) A CERTIFICATE OF BUDGET AND CREDIT COUNSELING (WE CAN PROVIDE THE WEBSITES FOR THE REQUIRED COURSE)
- 4) IT IS MANDATORY THAT YOU BRING ALL PAYCHECK STUBS RECEIVED DURING THE SIX (6) MONTHS IMMEDIATELY PRECEDING YOUR MONTH OF FILING AND THROUGH YOUR ACTUAL FILING DATE. WE WILL NOT BE ABLE TO FILE YOUR CASE UNTIL ALL OF THE REQUIRED PAY STUBS ARE RECEIVED AS THE BANKRUPTCY COURT CAN AND WILL DISMISS YOUR CASE IF THE APPROPRIATE DOCUMENTS ARE NOT PROVIDED. IF YOU DO NOT HAVE YOUR CHECK STUBS, YOU MUST CONTACT YOUR PAYROLL DEPARTMENT AND REQUEST A PRINTOUT OF YOUR WAGES FOR THE PRIOR SIX (6) MONTHS. THIS PRINTOUT MUST INCLUDE THE DATE OF CHECKS, GROSS WAGES, ALL DEDUCTIONS AND NET INCOME.
*IF YOU ARE MARRIED AT THE TIME YOUR CASE IS FILED, WE WILL ALSO NEED THE PAYSTUBS FOR YOUR SPOUSE FOR THE SAME TIME PERIODS EVEN IF YOUR SPOUSE IS NOT FILING BANKRUPTCY WITH YOU.

ONCE AGAIN WE MUST HAVE ALL OF THE REQUESTED INFORMATION IN ORDER TO PROPERLY PREPARE AND FILE YOUR CASE OR THE BANKRUPTCY COURT CAN AND WILL DISMISS YOUR CASE.

CONTACT INFORMATION

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS (Physical & Mailing) _____

PHONE # (HOME) _____ **(WORK OR CELL)** _____

EMAIL ADDRESS: _____

NAME OF SPOUSE _____

SOCIAL SECURITY NUMBER _____

ADDRESS (Physical & Mailing) _____

PHONE # (HOME) _____ **(WORK OR CELL)** _____

EMAIL ADDRESS: _____

CLIENT INTAKE FORM

Have you ever filed Bankruptcy before? __ yes __ no

If so, Date filed: _____ **Case #:** _____

State and District Filed In: _____

1. REAL PROPERTY

PHYSICAL ADDRESS OF PROPERTY	ARREARAGE	MARKET VALUE	AMOUNT OF CLAIM
	\$	\$	\$

2. CASH ON HAND, CHECKING/SAVINGS ACCOUNT, OR ANY OTHER ACCOUNTS OF ANY KIND

NAME OF INSTITUTION	ACCOUNT NUMBER	TYPE OF ACCOUNT	BALANCE OF ACCOUNT
			\$
			\$
			\$
			\$
			\$
			\$

3. SECURITY DEPOSITS (Landlord, Utilities, Telephone, etc....)

COMPANY NAME	TYPE OF DEPOSIT	AMOUNT OF DEPOSIT
		\$
		\$
		\$

4. HOUSEHOLD GOODS (Furniture, Appliances, etc.. PLEASE BE AS SPECIFIC AS POSSIBLE AS IT IS IMPERATIVE THAT ALL PERSONAL PROPERTY AND HOUSEHOLD ITEMS OF VALUE ARE LISTED. PLEASE ASSIGN CURRENT GARAGE SALE VALUES FOR EACH ITEM. FEEL FREE TO PROVIDE THE LIST ON A SEPARATE PAGE IF NECESSARY.)

DESCRIPTION OF ITEMS	TODAY'S VALUE
	\$

5. BOOKS, PICTURES, OR OTHER ITEMS HAVING LIQUIDATION VALUE

DESCRIPTION OF ITEMS	AMOUNT OF PURCHASE	TODAY'S VALUE
	\$	\$
	\$	\$
	\$	\$
	\$	\$

6. CLOTHING

CLOTHING	TODAY'S VALUE
	\$

7. FURS OR JEWELRY

DESCRIPTION OF ITEMS	AMOUNT OF PURCHASE	TODAY'S VALUE
	\$	\$
	\$	\$
	\$	\$
	\$	\$

8. LIFE INSURANCE

COMPANY NAME	ACCOUNT NUMBER	TODAY'S CASH-IN VALUE
		\$
		\$
		\$
		\$

9. ANY INVESTMENTS (Stocks, bonds, IRA's, Profit Sharing Plans, Retirement Accts)

TYPE OF INVESTMENT	ACCOUNT NUMBER	TODAY'S VALUE
		\$
		\$
		\$
		\$

10. INTEREST IN INHERITANCE, TRUST ACCOUNT OR CLAIM AGAINST A THIRD PARTY

DESCRIPTION	ACCOUNT OR CASE NUMBER	TODAY'S VALUE
		\$

		\$
		\$
		\$

11. AUTOMOBILES, TRUCKS, TRAILERS, BOATS, OTHER MOTORIZED VEHICLES

YEAR	MAKE	MODEL	VIN#	CHECK BOX IF FINANCED	NADA VALUE
					\$
					\$
					\$
					\$

12. OTHER (All other property not listed above, lawn mowers, tools, etc...)

DESCRIPTION OF PROPERTY	TODAY'S VALUE
	\$
	\$
	\$
	\$

CREDITOR INFORMATION

SECURED CREDITORS

CREDITOR NAME COMPLETE ADDRESS & ACCOUNT NUMBER	DESCRIPTION OF PROPERTY SECURED BY DEBT (car, TV, etc)	MARKET VALUE OF PROPERTY SECURED BY DEBT	AMOUNT OF CLAIM (BALANCE OF LOAN OWED)
		\$	\$

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		\$	\$

UNSECURED CREDITORS

CREDITOR NAME COMPLETE ADDRESS	ACCOUNT NUMBER	TYPE OF DEBT (credit card, pay day loan, medical bill, student loans, etc)	BALANCE
			\$

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			\$
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CREDITOR NAME COMPLETE ADDRESS	ACCOUNT NUMBER	TYPE OF DEBT (credit card, pay day loan, medical bill, student loans etc)	BALANCE
			\$

PRIORITY UNSECURED CREDITORS (EX. IRS)

CREDITOR NAME COMPLETE ADDRESS	ACCOUNT NUMBER	TYPE OF DEBT (IRS taxes, state taxes, other taxes)	BALANCE
			\$

CREDITOR NAME COMPLETE ADDRESS	ACCOUNT NUMBER	TYPE OF DEBT (IRS taxes, state taxes, other taxes)	BALANCE
			\$

EXECUTORY CONTRACTS AND UNEXPIRED LEASES

CREDITOR NAME COMPLETE ADDRESS ACCOUNT #	DESCRIPTION OF PROPERTY (cell phones, storage units, etc)	RETAIN OR REJECT	MONTHLY PAYMENT

CO-DEBTORS

NAME OF CO-DEBTOR COMPLETE ADDRESS	NAME OF CREDITOR

MARITAL STATUS:

- _____ Single
- _____ Married - living together
- _____ Married - living apart
- _____ Divorced
- _____ Widowed

DEPENDENTS OF DEBTOR(S) "LIVING AT HOME"

NAME OF DEPENDENT	AGE	RELATIONSHIP	INCOME & SOURCE (if any)
			\$
			\$
			\$
			\$
			\$

DEPENDENTS NOT LIVING AT HOME "BUT YOU ARE PAYING CHILD SUPPORT"

NAME OF DEPENDENT	AGE	RELATIONSHIP	INCOME & SOURCE (if any)
			\$
			\$
			\$
			\$
			\$

EMPLOYMENT INFORMATION

HUSBAND'S EMPLOYER NAME COMPLETE ADDRESS	POSITION	HIRE DATE

WIFE'S EMPLOYER NAME COMPLETE ADDRESS	POSITION	HIRE DATE

OTHER JOBS / NAME OF EMPLOYER	NET MONTHLY INCOME FROM OTHER JOBS
	\$
	\$

MONTHLY INCOME

	DEBTOR	SPOUSE
GROSS WAGES, SALARY	\$	\$
TAX DEDUCTIONS	\$	\$
INSURANCE (MEDICAL/LIFE)	\$	\$
UNIFORMS	\$	\$
UNION DUES	\$	\$
CHILD SUPPORT	\$	\$
OTHER	\$	\$

MONTHLY EXPENSES

	DEBTOR(S)	DEBTOR(S) LIVING APART
RENT	\$	\$
ELECTRICITY	\$	\$
WATER	\$	\$
GAS	\$	\$
PHONE	\$	\$
CABLE	\$	\$
GARBAGE	\$	\$
HOME MAINTENANCE	\$	\$
FOOD	\$	\$
CLOTHING	\$	\$
LAUNDRY/CLEANING	\$	\$
MEDICAL & DRUG EXPENSE	\$	\$
TRANSPORTATION GAS/OIL/ETC	\$	\$
RECREATION/ NEWSPAPER, BOOKS	\$	\$
RELIGIOUS / OTHER CHARITABLE	\$	\$
AUTO INSURANCE	\$	\$
HOME INSURANCE	\$	\$
HEALTH / LIFE INSURANCE	\$	\$
TAXES	\$	\$
ALIMONY, CHILD SUPPORT	\$	\$
OTHER	\$	\$

*Please be as accurate as possible with expenses.

QUESTIONS

1. If not provided, please provide us with this year’s gross income to date and your gross income from the previous year as well as the source of that income.

GROSS AMOUNT	SOURCE OF INCOME	YEAR
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2. Have you paid more than \$600.00 to one creditor within the last 90 days?

NAME & ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID BALANCE
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3. Have you made any payments (given money away or re-paid debts) to a friend or family member in the last year?

NAME OF INDIVIDUAL RELATIONSHIP	AMOUNT PAID	REASON FOR PAYMENT
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4. Please list all lawsuits filed against you or by you within the last year. Attach a copy of the Complaint.

5. Please describe all property that has been seized, garnished, or attached within the last year.

NAME & ADDRESS OF CREDITOR	DATE OF SEIZURE	DESCRIPTION & VALUE OF PROPERTY
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6. Have you assigned or returned any property to a creditor within the last 190 days?

NAME OF CREDITOR	AMOUNT OF DEBT SATISFIED	DESCRIPTION OF PROPERTY
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7. Please identify all gifts given to a family member within the last year with a value in excess of \$200.00.

NAME OF INDIVIDUAL RELATIONSHIP	DESCRIPTION & VALUE OF PROPERTY
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8. List all losses from fire, theft, or other casualty within the last year.

DESCRIPTION OF PROPERTY	VALUE OF PROPERTY	CIRCUMSTANCES
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9. List all other transfer of property within the last year.

DESCRIPTION OF PROPERTY	VALUE OF PROPERTY	TRANSFERRED TO WHOM & DATE?
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10. Have you closed a checking, savings, or other accounts in the last year?

NAME OF INSTITUTION	ACCOUNT#	BALANCE AT CLOSING	DATE CLOSED
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11. Has any institution made any set-off of funds in the last 90 days?

NAME OF INSTITUTION	DATE OF SET-OFF	AMOUNT OF SET-OFF
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12. List all property in your home you are holding for someone else.

NAME OF OWNER	DESCRIPTION OF PROPERTY	VALUE
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13. Have you resided at the same address for the last two years? If no, please give the address(s) and dates of occupancy of the places that you lived.

NAME USED	PRIOR ADDRESS(S)	DATE MOVED IN	DATE MOVED OUT
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14. Have you received notice or have filed a judicial or administrative proceeding under any environmental law?

SITE NAME & ADDRESS	NAME & ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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