

BANKRUPTCY INTAKE

FULL NAME(S) : _____

Other legal names used during past 8 years: _____

ADDRESS: _____

COUNTY/CITY OF RESIDENCE: _____

If you are in Winchester, state if you are in Winchester City or Frederick County

HOW LONG HAVE YOU LIVED CONTINUOUSLY IN VIRGINIA? _____

If less than 2 years, list other states and dates of residence: _____

PHONE: HOME: _____ Spouse _____

WORK: _____ Spouse _____

CELL: _____ Spouse _____

EMAIL _____ Spouse _____

How did you learn about the Boston Law Practice? _____

Have you filed bankruptcy before? _____ Y/N

If so, when and where and what chapter? _____

ARE YOU BEING GARNISHED NOW OR HAVE YOU IN THE PAST YEAR? Y/N

HAVE YOU BEEN SUED OR BEEN INVOLVED IN ANY LEGAL PROCEEDING IN THE PAST YEAR? Y/N

Please provide court papers for any garnishments or legal actions.

HAVE YOU CHARGED MORE THAN \$500 ON ANY CREDIT CARD OR LOAN A CASH ADVANCE OF MORE THAN \$750 IN THE LAST 90 DAYS Y/N

WHAT IS YOUR GROSS YEARLY INCOME (LIST INCOME AFTER BUSINESS EXPENSES IF SELF-EMPLOYED) \$ _____

IF YOU ARE MARRIED AND LIVING WITH YOUR SPOUSE, WHAT IS YOUR SPOUSE'S GROSS YEARLY INCOME? (LIST INCOME AFTER BUSINESS EXPENSES IF SELF-EMPLOYED) \$ _____.

HAVE YOU EACH HELD THE SAME JOB FOR THE LAST SIX MONTHS? Y/N
If no, please list what jobs you have held during the past six months and when.

DO YOU HAVE ANY MINOR CHILDREN? Y/N

Include if 18, still in high school and dependant on you.

Name: _____ Age: ____ Do they live with you at least half of the time? Y/N

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IF MARRIED, DO YOU RESIDE WITH YOUR SPOUSE? Y/N

ARE YOU OVER THE AGE OF 65? HUSBAND Y/N WIFE Y/N

ARE YOU A DISABLED VETERAN? HUSBAND Y/N WIFE Y/N

DO YOU HAVE ANY STUDENT LOANS? Y/N

DO YOU OWE ANY TAXES? Y/N

FOR WHAT YEARS DO YOU OWE TAXES? _____

HOW MUCH ARE YOUR HOUSEHOLD AVERAGE MONTHLY MEDICAL EXPENSES? _____

DO YOU OWN ANY REAL ESTATE INCLUDING TIMESHARES? Y/N

DO YOU PAY CHILD SUPPORT? Y/N

HOW MUCH DO YOU PAY? _____ (WEEKLY, BIWEEKLY, MONTHLY)

DO YOU PAY SPOUSAL SUPPORT? Y/N

HOW MUCH DO YOU PAY? _____ (WEEKLY, BIWEEKLY, MONTHLY)

DURING THE PAST YEAR, HAVE YOU REPAID ANYTHING TO A FAMILY MEMBER FOR ANY DEBTS THAT YOU OWED TO THEM? Y/N

IF SO, WHEN, WHO AND HOW MUCH? _____

DO YOU EXPECT TO RECEIVE ANY TYPE OF INHERITENCE, WINNINGS, GIFTS OR OTHER SUBSTANTIAL ASSETS OR MONEY IN THE NEXT YEAR? Y/N

HAVE YOU SOLD, GIVEN OR TRANSFERRED ANY PROPERTY IN THE PAST TWO YEARS OR REAL ESTATE IN THE PAST FIVE YEARS? Y/N

HAVE YOU EVER FILED A HOMESTEAD DEED? Y/N

ASSETS

REAL ESTATE

Identify each and every parcel of real estate in which you have an interest. (If you own or are buying a mobile home but not the land it is on, the mobile home is NOT considered real estate.) Be sure to include any future interests (property that you know you will have the right to have in the future) that you have.

Property Address: _____

Tax assessed value of property (not the tax amount) on your tax bill: \$ _____

How many Deeds of Trust (mortgages, lines of credit, and home equity loans) are there on the property? _____

Who holds your mortgage(s) and how much do you owe?

Lender: _____ Balance: _____

Lender: _____ Balance: _____

Lender: _____ Balance: _____

DO YOU PLAN TO KEEP THIS REAL ESTATE AND CONTINUE PAYING THE MORTGAGE(S)? Y/N

What year did you buy it? _____

Provide a copy of the Deed, the Note, and the Deed of Trust (mortgage) for the property.

Are there any co-owners? If yes, provide their name, address, and percentage of their ownership of the property:

Name

Address

Is the property occupied by someone other than you? If so, what is their name?

Name

Relationship to you: _____

Please bring a copy of the TAX APPRAISAL with you to your consultation.

Household goods

List all household goods and the amount for which you could sell them as they are through common methods (e.g. yard sale, Valley Trader). This list is for reference and suggestions. Be sure to list all household goods you own even if they are not on this list.

Beds:	Dresser/Bureaus:
Computers:	Tools:
Sofas:	TV:
Stereos:	Chairs:
Tables:	DVD Player:
Video Game System:	Software:
Lamps:	Rugs/Drapes:
Instruments:	China Cabinet:
Wardrobes:	Desks:
Phones/PDA:	Sewing Machine:
Bookcases:	Books:
Art:	Bicycles:
Patio Furniture:	Grill:
DVDs:	Stove:
Microwave:	Refrigerator:
Dishwasher:	Washer:
Dryer:	Pots/Pans
Dishes/silverware	Freezer:
Small Appliances:	Plants:
Groceries:	
Other Households goods:	

Total Value of Household Goods: _____

Please provide a good faith estimate of how much you could get if you were to sell all of your personal clothing at a yard sale: _____

Do you own or have an interest in any company?

Y/N

If you are only a stock or bond holder in a publicly traded corporation, do not list it here.

Name of Company:

Is the company incorporated, LLC, LLP, S-Corp or PC?

Value of company:

Please provide a current asset & liability statement

What percentage do you own of the business? _____%

How much cash do you have right now (do not include money in any accounts)?

You _____ Spouse _____

Identify each and every bank or financial account in which you have an interest

Name of Bank: _____

Type of Account: _____

Names on the account: _____

Balance in this account? \$ _____ As of what date? _____

Name of Bank: _____

Type of Account: _____

Who owns the account: _____

Balance in this account? \$ _____ As of what date? _____

Name of Bank: _____

Type of Account: _____

Who owns the account: _____

Balance in this account? \$ _____ As of what date? _____

List any security deposits you have with landlords, utilities or others.

Holder of deposit: _____

Reason for deposit: _____

What is the amount that you are entitled to have returned to you? \$ _____

List your pictures, art objects, antiques and other collections or collectibles.

ITEM (describe) _____ Value \$ _____

ITEM (describe) _____ Value \$ _____

ITEM (describe) _____ Value \$ _____

Are any of these items family heirlooms?

List your furs and jewelry

Wedding & engagement rings \$ _____ (you) \$ _____ (your spouse)

Other Jewelry
ITEM (describe) _____ Value \$ _____

ITEM (describe) _____ Value \$ _____

ITEM (describe) _____ Value \$ _____

List your firearms, sports, photographic and other hobby equipment.

ITEM (describe) _____ Value \$ _____

ITEM (describe) _____ Value \$ _____

List any animals you own.

Animal _____ Value \$ _____

Is this animal(s) kept purely as a household pet? Y/N

List interest any insurance policies in which you have any cash value or are able to borrow money.

Name of Company & Policy Type: _____

Cash surrender value of Policy: \$ _____ as of what date? _____

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Cash surrender value of Policy: \$ _____ as of what date? _____

List your IRA, ERISA, 401k and other pension, retirement, or profit sharing plans.

Name and type of retirement plan: _____

Is the plan "ERISA" qualified? Yes _____ No _____

How much money is in your plan? \$ _____ as of what date? _____

Name and type of retirement plan: _____

Is the plan "ERISA" qualified? Yes _____ No _____

How much money is in your plan? \$ _____ as of what date? _____

List your stocks, mutual funds, bonds or other investment instruments

Company/# of shares: _____ Value: _____

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Company/# of shares: _____ Value: _____

List all automobiles, trucks, trailers, and other vehicles and accessories you own.

Year: _____ Make _____ Model _____ Mileage: _____

Any major flaws?: _____

In whose name is it registered? _____

Is there a lien on the vehicle? Yes _____ No _____

If there is a lien, provide the name and address of the lien holder:

Name: _____

Address: _____

Account No. _____

How much do you owe? \$ _____

Do you intend to keep it and continue the payments? Y/N

Year: _____ Make _____ Model _____ Mileage: _____

Any major flaws?: _____

In whose name is it registered? _____

Is there a lien on the vehicle? Yes _____ No _____

If there is a lien, provide the name and address of the lien holder:

Name: _____

Address: _____

Account No. _____

How much do you owe? \$ _____

Do you intend to keep it and continue the payments? Y/N

Year: _____ Make _____ Model _____ Mileage: _____

Any major flaws?: _____

In whose name is it registered? _____

Is there a lien on the vehicle? Yes _____ No _____

If there is a lien, provide the name and address of the lien holder:

Name: _____

Address: _____

Account No. _____

How much do you owe? \$ _____

Do you intend to keep it and continue the payments? Y/N

List any Boats or mobile homes

Year: _____ Make _____ Model _____ Mileage: _____

Any major flaws?: _____

In whose name is it registered? _____

Is there a lien on the vehicle? Yes _____ No _____

If there is a lien, provide the name and address of the lien holder:

Name: _____

Address: _____

Account No. _____

How much do you owe? \$ _____

Do you intend to keep it and continue the payments? Y/N

Does anyone owe you any money or other assets? Y/N

Name: _____

Amount owed: _____

Please list any assets you own not already listed

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

Are there any substantial assets in or on your home/residence that do not belong to you? Y/N

What were your income tax refunds for last year?

Federal:

State:

CREDITOR & COLLECTION AGENCY LIST

List all creditors regardless of amount owed or relationship to you.

List all creditors even if you've already listed them elsewhere in this packet.

The address listed on your most recent bill is ideal.

List the approximate year the account or debt began.

The fair market value of the collateral is what you could get by selling it right now under usual conditions.

If a debt is under collection, list the original creditor first, then the collection agency.

If you have a collection agency and are unsure for whom they are collecting, list the agency as the creditor. When in doubt, include every one who might be a creditor.

If it is a secured debt or there is a lien, list what collateral of security was used.

You can obtain a free copy of your credit report at www.annualcreditreport.com

Creditor Name and Address

Amount You Owe: _____ **Account Number:** _____

In what year did you first open this account? _____

When was the last date you used this account? _____

Collateral or security? _____

What is the fair market value of the collateral? _____

Name & address of collection agency: _____

Creditor Name and Address

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When was the last date you used this account? _____

Collateral or security? _____

What is the fair market value of the collateral? _____

Name & address of collection agency: _____

These agencies have been approved by the Bankruptcy Court to provide the mandatory pre-bankruptcy counseling as well as the post filing financial counseling certificates. The price used to be about \$50 per class but a price war has been going on for some time so you should be able to get your certificates for much less. Please let me know if you find one that is a lot lower than the others for the benefit of my future clients.

National Financial Literacy Foundation, Inc.
Telephone: 1-800-BK-CLASS (252-5277)
Internet: www.BKClass.com

Abacus Credit Counseling
www.abacuscc.org
800-516-3834
15760 Ventura Boulevard
Suite 700
Encino, CA 91436
800-516-3834

A 123 Credit Counselors, Inc Code: 5403131255
www.a123cc.com
1-888-412-2123
703 Waterford Way (NW 62nd Ave.)
Suite 220
Miami, FL 33126
305-269-9201

www.a247class.com
888-412-2133
Use Code: 5403131255

Advisory Credit Management, Inc
www.advisorycreditmanagement.org
800-786-3940
5769 West Sunrise Blvd.
Plantation, FL 33313

Alliance Credit Counseling, Inc.
www.knowdebt.org
888-594-9596
13777 Ballantyne Corporate Pl.
Suite 100
Charlotte, NC 28277

For a full list of court approved agencies:
http://www.justice.gov/ust/eo/bapcpa/ccde/CC_Files/CC_Approved_Agencies_HTML/cc_virginia/cc_virginia.htm