



# DAVID J. KLANN

ATTORNEY AT LAW

Leesville Office: 607 South 5<sup>th</sup> Street • Leesville, LA 71446

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*David Klann, Bankruptcy Attorney*

*Michael Sanders, Bankruptcy Paralegal*

*Tristan Harvey, Legal Assistant*

## **DOCUMENTS NEEDED TO FILE**

You will need to bring the following documents to our office in order to file your case.

**“We cannot file without all applicable documents.”**

- Drivers License and Social Security Card (Must be valid and current)
- \$400.00 Filing Fee (**Cash or Money Order Only**)
- Cricket Debt Education Class Online (Internet Class and Phone Call)
- Copies of any **home mortgage papers**, promissory notes, Deeds of Trust, Property tax statements or contracts on any real estate that you own or are buying.
- Any further documents or loans listing your property as **collateral** for the purchase of car notes, furniture, mobile homes, other personal property or cash loans. Copies of any notes or retail installment contracts from the banks, credit unions, finance companies or other lenders.
- Any documents pertaining to **pay day loans** (i.e. Cash Cow, Tower Loans, Fast Cash, Harbor Loans, or any quick cash financial institution)
- Current **statements and bills** from all creditors for which we do not have information on.  
**ALL DEBT**
- Tax Returns for the last four (4) years** and corresponding state income tax returns for the same period. (**Federal forms, state forms, schedules and W2's**)
- Pay stubs for the last six (6) months from all current employers.**
- Proof of insurance** on all collateral. (Homes, cars, recreational vehicles...etc)
- All legal documentation** pertaining to divorce or lawsuits which are pending or which have been finalized in the past 2 years.
- Copies of all life insurance policies that have a cash value. You do not need to bring copies of term life policies.
- All **judgments** or **court orders** entered against you or in your favor.
- All **contracts**; for instance, apartment leases, contracts for sale or deed and lease-purchase contracts, and contracts for telephones.



Chapter: \_\_\_\_\_

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## CLIENT PERSONAL INFORMATION SHEET

DATE: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

(If by phone book, please specify which one.)

Please do not leave any blanks. Put N/A or draw a line if not applicable.

**\*\*\*Please be as detailed as possible\*\*\***

### PRIMARY DEBTOR'S INFORMATION

Full Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Married       Single       Divorced       Separated       Widowed

Date of Birth: \_\_\_\_\_ Parish of Residence: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

e-Mail: \_\_\_\_\_ Emergency Contact/Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ How long: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Former Names/Aliases: \_\_\_\_\_

Former Spouse's Names: \_\_\_\_\_

Previous Address Last 2 Years: \_\_\_\_\_

### SPOUSE'S INFORMATION (REQUIRED IF MARRIED)

Full Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parish of Residence: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

e-Mail: \_\_\_\_\_ Emergency Contact/Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ How long: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Former Names/Aliases: \_\_\_\_\_

Former Spouse's Names: \_\_\_\_\_

Previous Address Last 2 Years: \_\_\_\_\_

# QUESTIONNAIRE

• Have you ever filed bankruptcy in the past? \_\_\_\_\_ When? \_\_\_\_\_ Chapter? \_\_\_\_\_

• Do you have any interest in a business? \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

• Do you have any dependants?

1: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

2: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

3: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

4: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

5: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

6: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

• Have you made any gifts or transfers of property in the last year? \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

• Do you have any co-signers on a loan that **WILL NOT** be filing with you? \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

• Have you taken any cash advances on any credit cards in the last 90 days?

Creditor: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

## LAWSUITS / GARNISHMENTS / CLAIMS AGAINST ANOTHER

• Have you been sued in the last year? \_\_\_Yes \_\_\_No If yes, list the creditor and their attorney.

Creditor: \_\_\_\_\_ Attorney: \_\_\_\_\_

Creditor: \_\_\_\_\_ Attorney: \_\_\_\_\_

Have your wages been garnished in the last year? \_\_\_Yes \_\_\_No If yes, list.

Creditor: \_\_\_\_\_ Attorney: \_\_\_\_\_

Do you have any judgments against you? \_\_\_Yes \_\_\_No If yes, list and provide a copy of the judgment.

Creditor: \_\_\_\_\_ Attorney: \_\_\_\_\_

• Have you filed any law suits/workman's comp/social security or insurance claims against anyone or any company? \_\_\_\_\_

If yes, type of suit: \_\_\_\_\_

Name of person/company you are suing: \_\_\_\_\_

Name and address of your attorney: \_\_\_\_\_



**OTHER SECURED LOANS**

(Household Goods)

| <b>Property/Collateral</b> | <b>Creditor</b> | <b>Loan Balance</b> | <b>Monthly Note</b> | <b>Value</b> | <b>Keep Collateral? Yes/No</b> |
|----------------------------|-----------------|---------------------|---------------------|--------------|--------------------------------|
|                            |                 |                     |                     |              |                                |
|                            |                 |                     |                     |              |                                |
|                            |                 |                     |                     |              |                                |
|                            |                 |                     |                     |              |                                |
|                            |                 |                     |                     |              |                                |
|                            |                 |                     |                     |              |                                |
|                            |                 |                     |                     |              |                                |

**ASSETS**

List if you have any of the following:

|                 |                  |                        |           |
|-----------------|------------------|------------------------|-----------|
| 401(k) Accounts | IRS Accounts     | Life Insurance Policy  | Annuity   |
| Stocks          | Government Bonds | Business Interest      | ESOP's    |
| SEP's Keoghs    | Utility Deposits | Certificate of Deposit | Royalties |

### **BANK ACCOUNTS**

| Name of Bank | Checking or Savings | Approximate Balance |
|--------------|---------------------|---------------------|
|              |                     |                     |
|              |                     |                     |
|              |                     |                     |

### **STUDENT LOANS**

| Creditor | Monthly Note | Balance |
|----------|--------------|---------|
|          |              |         |
|          |              |         |
|          |              |         |
|          |              |         |

### **TAXES**

Have you filed your **Federal** taxes for the last 4 years? \_\_\_\_\_

Have you filed your **State** taxes for the last 4 years? \_\_\_\_\_

If no, what years have you not filed? \_\_\_\_\_

Why have you not filed? \_\_\_\_\_

Do you owe the IRS? \_\_\_\_\_ How much: \$ \_\_\_\_\_ What years? \_\_\_\_\_

Do you owe the STATE? \_\_\_\_\_ How much: \$ \_\_\_\_\_ What years? \_\_\_\_\_

Do you owe any other taxes? \_\_\_\_\_

### **CHILD SUPPORT**

Do you PAY child support? \_\_\_\_\_ How much per month: \$ \_\_\_\_\_

Do you owe back child support? \_\_\_\_\_ If yes, amount owed: \$ \_\_\_\_\_

Is it court ordered? \_\_\_\_\_ If yes, you **must** provide a copy of the court order

Do you PAY spousal support/alimony? \_\_\_\_\_ How much per month: \$ \_\_\_\_\_

Do you owe back spousal support/alimony? \_\_\_\_\_ If yes, amount owed: \$ \_\_\_\_\_

List the names, address and telephone number of all people to whom you pay support:

| Name | Address | Phone | Amount |
|------|---------|-------|--------|
|      |         |       |        |
|      |         |       |        |
|      |         |       |        |

## **INCOME**

\*\*\*MONTHLY GROSS BEFORE ANY TAXES OR DEDUCTIONS

| <b>Source of Income</b>           | <b>Monthly Amount</b> |                            |
|-----------------------------------|-----------------------|----------------------------|
|                                   | <u>Primary Debtor</u> | <u>Joint Debtor/Spouse</u> |
| Operation of Business             |                       |                            |
| Standard Wages                    |                       |                            |
| Social Security                   |                       |                            |
| Disability                        |                       |                            |
| Workman's Compensation            |                       |                            |
| Veteran's Benefits                |                       |                            |
| Unemployment                      |                       |                            |
| Food Stamps                       |                       |                            |
| Retirement/Pension                |                       |                            |
| Child Support/Alimony             |                       |                            |
| Assistance from Family/Friend     |                       |                            |
| Stock Dividends                   |                       |                            |
| Oil/Mineral Royalty               |                       |                            |
| Rental Income                     |                       |                            |
| Any other income not listed above |                       |                            |





## UNSECURED CREDITOR / DEBTS OWED

Please list ALL debts below that were not listed earlier in this questionnaire, NO DEBT THAT YOU OWE CAN BE OMITTED. Debts include finance companies, medical bills, credit cards, credit unions, personal loans, lawsuits, judgments, garnishments, pay day loans, check cashing loans, etc. On any secured loan, list collateral.

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Debt (medical, credit card, etc.): \_\_\_\_\_

**HAVE YOU INCLUDED ALL DEBTS AND ASSETS?**

**Please initial by your answer.**      \_\_\_\_\_ Yes      \_\_\_\_\_ No