



DAVID J. KLANN

ATTORNEY AT LAW

Leesville Office: 607 South 5th Street • Leesville, LA 71446

Lake Charles Office: 3226 Lake Street • Lake Charles, LA 70601

Leesville: (337) 238-1111 • Lake Charles: (337) 426-1500 • Fax: (337) 238-2638 • Email: bankruptcy@klannlaw.com

David Klann, Bankruptcy Attorney

Michael Sanders, Bankruptcy Paralegal

Dusty Fracasso, 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: _____

DAVID J. KLANN

ATTORNEY AT LAW

Leesville Office: 607 South 5th Street • Leesville, LA 71446

Lake Charles Office: 3226 Lake Street • Lake Charles, LA 70601

Leesville: (337) 238-1111 • Lake Charles: (337) 426-1500 • Fax: (337) 238-2638 • Email: bankruptcy@klannlaw.com

David Klann, Bankruptcy Attorney

Michael Sanders, Bankruptcy Paralegal

Dusty Fracasso, Legal Assistant

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)

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

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

| Source of Income | Monthly Amount | |
|-----------------------------------|-----------------------|----------------------------|
| | <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 | | |

EXPENSES

Approximate Monthly Expenses: Please estimate to the best of your knowledge your monthly expenses.

| | |
|--|----|
| Mortgage | \$ |
| Rent | \$ |
| Homeowner's / Rental Insurance | \$ |
| Electricity / Gas | \$ |
| Water / Sewer | \$ |
| Home Telephone | \$ |
| Cable / Internet | \$ |
| Cell Phones | \$ |
| Home Maintenance | \$ |
| Food | \$ |
| Clothes | \$ |
| Laundry / Dry Cleaning | \$ |
| Medical / Dental Expenses | \$ |
| Transportation (gas, oil changes, etc..) | \$ |
| Recreation | \$ |
| Charitable Contributions / Tithes | \$ |
| Life Insurance | \$ |
| Car Insurance | \$ |
| Child Support / Alimony | \$ |
| Daycare | \$ |
| | \$ |
| List any other monthly expenses: | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

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