

Federal Exemptions
State Exemptions



Chapter: _____
Fee: _____

ROSS & ASSOCIATES, P.A.

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BANKRUPTCY, CHAPTER 7 AND CHAPTER 13 CLIENT WORKSHEET

INSTRUCTIONS: At Ross & Associates, P.A., we assist our clients in deciding whether or not to file bankruptcy or other debt relief options under the bankruptcy code. An essential part of our case evaluation process involves our need to obtain required information about your individual and family financial circumstances.

Please supply the following information and then contact our office to set up a free initial consultation if you have not done so already. *It is very important that this worksheet is filled out completely and accurately.* If you are married, please be sure to answer all questions on behalf of both yourself and your spouse.

CLIENT INFORMATION

Full Name (First, Middle, Last): _____
Social Security No.: _____ Birthdate: _____
Current Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
E-mail: _____ Fax: _____
Preferred Method of Contact: _____
Employer Name: _____ Gross Earnings per year: _____
Employer Address: _____

SPOUSE INFORMATION

Full Name (First, Middle, Last): _____
Social Security No.: _____ Birthdate: _____
Current Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
E-mail: _____ Fax: _____
Preferred Method of Contact: _____
Employer Name: _____ Gross Earnings per year: _____
Employer Address: _____

1. Are you and your spouse filing this bankruptcy together? YES NO
2. Have you ever filed bankruptcy before? YES NO

If so, please list the location of the court in which you filed the case, the previous chapter type (ex. Chapter 7/13), the approximate date the case was filed, and the prior case result (Ex. dismissed, discharged):

3. List any dependent children or anyone else living in your household.

	NAME	AGE	RELATIONSHIP TO YOU
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

4. Name and telephone number of a friend or relative who can take messages for you:

5. Have you been involved in business with anyone or by yourself independently, in the past six (6) years? If so, fill in the following information.

	BUSINESS NAME	NATURE OF BUSINESS	LOCATION	DATES OF OPERATION	TAX ID/SOCIAL
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

6. Have you lived at any other addresses in the last three (3) years? If so, list the address(es) and dates of occupancy.

1.	_____
2.	_____

7. Have you gone by any other names in the past? (Ex. maiden name, business name, aliases, etc.)

8. Your adjusted GROSS income for the current and previous two (2) calendar years from tax returns:

Current YTD (Year-to-Date)	\$ _____ (Husband)	\$ _____ (Wife)
Last Year	\$ _____	\$ _____
Two Years Ago	\$ _____	\$ _____

9. Have you received income from any other source, other than wages, during the last two (2) years? (This includes cash jobs, 401(k) withdrawals, rental income, etc.)

Last Year: \$ _____ Where did this income come from?: _____
Two Years Ago: \$ _____ Where did this income come from?: _____

10. List all bank accounts that your name is listed on, whether open, closed or no balance for the past 12 months:

Name(s) on Account	Type of Account	Bank Name	Last 4 digits of account #	Open/Closed	Date Closed
1.	_____	_____	_____	_____	_____

2. _____
3. _____
4. _____

PLEASE NOTE: *This includes children's accounts, elderly parent's accounts, Health Savings accounts, etc.*

11. **Please list any safety deposits used in the past two (2) years. Include financial institution, address, name(s) of those with access to the safety deposit box and a description of the contents.**

12. **Has anyone garnished (or attempted to garnish) your wages, repossessed any of your property (voluntary or involuntary), or taken any similar action against you in the last year? If so, please provide the name of the creditor, date(s) this occurred, and describe the property taken.**

13. **Have any judgments been filed against you in the last year or are still currently pending? If so, provide name and address of who is suing you (creditor or individuals), and also the names of anyone you have sued (or could sue) in the last year.**

14. **Have you borrowed money from, or paid back any friends, family members, or acquaintances within the past 2 years? If so, please list the amounts borrowed and paid back. Please include names and addresses:**

Please make a list of all your assets. "Assets" mean all of the things commonly considered your personal property, such as cash money/coins, bank accounts, cars, real estate, clothes, jewelry, furniture, snowmobiles, boats, motors, campers, four-wheeler, etc. Assets may also include items not commonly considered personal property such as life insurance policies, security deposits, pension rights, debts owed to you, or claims you might have against another personal for property damage or personal injury. List the fair market value for each asset, which is the value you could obtain if you sold the item (not the replacement value). **ORDINARILY YOU WILL NOT LOSE OR HAVE TO SELL YOUR LISTED ASSETS AS PART OF YOUR CASE. THIS VARIES FROM CASE TO CASE.**

15. **Do you own any real estate?** YES NO
(This includes any property with your name listed on the title)

What is the most recent tax assessed value? \$ _____

Have you recently had an appraisal done by a private party? \$ _____

If so, what did they value it at?

What is the complete legal description? (This can be found on the deed, abstract, or certification of title. Tax statement does not include correct legal description)

Name(s) Listed on Title: _____

First Mortgage Company: _____

Address of Mortgage Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Mortgage was Obtained: _____

Monthly payment amount: \$ _____ Current "Pay-Off" Amount: \$ _____

Are you currently behind in payments? _____ If so, amount to catch up: \$ _____

Second Mortgage Company: _____

Address of Second Mortgage Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Mortgage was Obtained: _____

Monthly payment amount: \$ _____ Current "Pay-Off" Amount: \$ _____

Are you currently behind in payments? _____ If so, amount to catch up: \$ _____

IS THE PROPERTY IN FORECLOSURE? YES NO

Is this property currently in foreclosure? If so, include date of Mortgage Foreclosure Sale and attorney for mortgage company:

ARE YOU PLANNING TO KEEP OR SURRENDER YOUR HOME? KEEP SURRENDER

Do you own any additional real estate? YES NO

16. Do you own any vehicles? Please include RV/campers, motorcycles, ATVs, Snowmobiles, etc. (This includes any vehicles you are on title to, even if they are not currently in your possession) YES NO

1. Vehicle Make: _____ Model: _____ Year: _____

Vehicle Condition: (Ex. good, fair, not running) _____ Mileage: _____

Name(s) on title: _____

Name of Financing Company: _____

Address of Financing Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Loan was Established: _____

Monthly Payment: \$ _____ Current "Pay-Off" Amount: \$ _____

Are you currently behind in payments? _____ If so, amount to catch up: \$ _____

Is this vehicle leased? _____ If so, when is the lease up? _____

ARE YOU PLANNING TO KEEP OR SURRENDER THIS VEHICLE? KEEP SURRENDER

2. Vehicle Make: _____ **Model:** _____ **Year:** _____

Vehicle Condition: (Ex. good, fair, not running) _____ Mileage: _____

Name(s) on title: _____

Name of Financing Company: _____

Address of Financing Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Loan was Established: _____

Monthly Payment: \$ _____ Current "Pay-Off" Amount: \$ _____

Are you currently behind in payments? _____ If so, amount to catch up: \$ _____

Is this vehicle leased? _____ If so, when is the lease up? _____

ARE YOU PLANNING TO KEEP OR SURRENDER THIS VEHICLE? KEEP SURRENDER

3. Vehicle Make: _____ **Model:** _____ **Year:** _____

Vehicle Condition: (Ex. good, fair, not running) _____ Mileage: _____

Name(s) on title: _____

Name of Financing Company: _____

Address of Financing Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Loan was Established: _____

Monthly Payment: \$ _____ Current "Pay-Off" Amount: \$ _____

Are you currently behind in payments? _____ If so, amount to catch up: \$ _____

Is this vehicle leased? _____ If so, when is the lease up? _____

ARE YOU PLANNING TO KEEP OR SURRENDER THIS VEHICLE? KEEP SURRENDER

4. Vehicle Make: _____ **Model:** _____ **Year:** _____

Vehicle Condition: (Ex. good, fair, not running) _____ Mileage: _____

Name(s) on title: _____

Name of Financing Company: _____

Address of Financing Company: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Loan was Established: _____

Monthly Payment: \$ _____ Current "Pay-Off" Amount: \$ _____

Are you currently behind in payments? _____ If so, amount to catch up: \$ _____

Is this vehicle leased? _____ If so, when is the lease up? _____

ARE YOU PLANNING TO KEEP OR SURRENDER THIS VEHICLE? KEEP SURRENDER

17. Check the items below that you currently own. Then, provide the yard sale value of each item, not the replacement cost. Please also include a description of the item(s) where asked.

- Stove/Cooking Unit \$ _____
- Refrigerator \$ _____
- Washer/Dryer \$ _____
- Microwave \$ _____
- Cooking Utensils \$ _____
- Silverware/Flatware \$ _____
- Cookware (Pots/Pans) \$ _____
- Living Room Furniture \$ _____
- Dining Room Furniture \$ _____
- Tables and Chairs \$ _____
- Television(s) \$ _____
- VHS(s) \$ _____
- DVD(s) \$ _____
- Compact Discs \$ _____
- Other Stereo Equipment \$ _____
Describe Item(s): _____

- Bedroom Furniture \$ _____
- Dressers/Night Stands \$ _____
- Lamps and Accessories \$ _____
- Jewelry (Wife/Hers) \$ _____
Describe Item(s): _____

- Jewelry (Husband/His) \$ _____
Describe Item(s): _____

- Furs \$ _____
- Computer(s) \$ _____
- Computer Printer(s) \$ _____
- Other Computer Equipment \$ _____
Describe Item(s): _____

- Desks/Office Furniture \$ _____
- Photography Equipment \$ _____
- Clothing \$ _____
(including shoes, coats, hats, etc.)
- Collectibles \$ _____
Describe Item(s): _____
- _____
- Paintings/Art \$ _____
Describe Item(s): _____

- Carpenters Tools \$ _____
Describe Item(s): _____

- Mechanical Tools \$ _____
Describe Item(s): _____

- Guns and Firearms \$ _____
Describe Item(s): _____

- Lawnmower \$ _____
- Snow Blower \$ _____
- Swimming Pool \$ _____
- Yard Tools/Equipment \$ _____
- Cell Phone(s) \$ _____
- Rent Deposit with Landlord \$ _____
Name of landlord: _____
Address: _____
City/State/Zip: _____
- Government Bond \$ _____
- Certificate of Deposit \$ _____
- Copyright/Patent \$ _____
- 401(k) \$ _____
- IRA \$ _____
- Pension \$ _____
- Cash on Hand \$ _____
- Checking Account(s) \$ _____
- Savings Account(s) \$ _____
- Children's Bank Account(s) \$ _____
- Estimated Federal Tax Refund \$ _____
- Estimated State Tax Refund \$ _____
- Estimated Property Tax Refund \$ _____
- Aircraft(s) \$ _____
- Boat(s) \$ _____
Describe Item(s): _____

- Trailer(s) \$ _____
Describe Item(s): _____

- Business Inventory \$ _____
Describe Item(s): _____

- Equipment/Supplies Used \$ _____
for Business
Describe Item(s): _____

- Other \$ _____
Describe Item(s): _____

Life Insurance Policy (Wife) Cash Surrender Value \$ _____
(Insurance company, beneficiary, payable upon death amount)

Life Insurance Policy (Husband) Cash Surrender Value \$ _____
(Insurance company, beneficiary, payable upon death amount)

Expected Inheritance Funds *(Do you expect to inherit anything in the near future?)* \$ _____
(Describe)

Debts owed to you *(Does anyone owe you money?)* \$ _____
(Describe)

Expected lawsuit settlements *(car accident, workers compensation, etc.)* \$ _____
(Describe)

Plaintiff in lawsuit *(Are you suing anyone?)* \$ _____
(Describe)

Received any money for an insurance policy \$ _____
(Describe)

Sustained a loss due to theft, fire or gambling \$ _____
(Describe)

18. **Have you sold, transferred or given away any property in the last two (2) years? Please describe:**

19. **Have you sold, transferred or given anything to a family member or friend in the last six (6) years? Please describe:**

20. **EMPLOYMENT** *(provide employer information for husband and wife, even if not filing jointly)*

Employer Name/Title	Address	Phone#	Length of Employment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Please indicate your pay period frequency	Husband	Wife
<i>(weekly, semimonthly, biweekly, monthly)</i>	_____	_____
Alimony/Child support you receive monthly	\$ _____	\$ _____
Any other payment you receive monthly	\$ _____	\$ _____
Government Assistance (Unemployment, Social Security)	\$ _____	\$ _____
Retirement 401K, Pension, etc.)	\$ _____	\$ _____
Other Source(s) of Income	\$ _____	\$ _____
Describe: _____		
Are you a member of the Armed Forces of National Guard?	_____	_____

21. Please list your monthly budget including ALL of your living expenses. Include everything you consider a normal expense. Do not include payments on past debts or credit cards, except where indicated. If you and your spouse are living separately, please each fill out your own monthly budget.

Rent/Mortgage	\$ _____	Home Repairs	\$ _____
Second Mortgage	\$ _____	Medical/Drug Expenses	\$ _____
Association Dues	\$ _____	Club Memberships	\$ _____
Property Taxes	\$ _____	Charitable Contributions	\$ _____
(If not escrowed)		Union Dues or Taxes	\$ _____
Car Payment #1	\$ _____	(not withheld from wages)	
Car Payment #2	\$ _____	Entertainment, Books,	\$ _____
Other Installment Payments	\$ _____	Newspapers, Magazines	
Student Loans	\$ _____	Renter/Homeowners	\$ _____
Food	\$ _____	Insurance	
Clothing	\$ _____	Other Insurance (not withheld from wages)	
Utilities: Heat	\$ _____	Health	\$ _____
Electricity	\$ _____	Disability	\$ _____
Phone	\$ _____	Life	\$ _____
Water	\$ _____	Daycare	\$ _____
Garbage	\$ _____	Pet Expenses	\$ _____
Cable TV	\$ _____	Children's Activities	\$ _____
Internet	\$ _____	School Lunch	\$ _____
Cell Phone	\$ _____	Housekeeping/Personal	\$ _____
Transportation (monthly car	\$ _____	Items	
repairs, gas, parking, bus)		Laundry/Dry Cleaning	\$ _____
Auto Insurance	\$ _____	Other	\$ _____

I (We) hereby attest that the above information is true, correct and complete to the best of my (our) knowledge and belief.

Dated: _____ Signed: _____

Dated: _____ Signed: _____

In order for us to be able to give you good advice, you also need to provide us with the following information and documentation.

1. **Copies of all pay stubs received in the last six (6) months.** If you do not keep those records, the payroll department at your work probably can provide them to you. We need this information to determine your average income for the means test. The Court requires that your last 60 days of pay stubs be filed with your case. We need evidence of all sources of income in the past six (6) months including, wages, rental income, interest income, cash jobs, etc.
2. **The correct legal description to any real estate you have interest in.** The deed, contract for deed, abstract or certificate title will have the correct legal description, your real estate tax statement will not. In addition, we may also need a copy of your current mortgage and note. If you have the wrong legal description you will have title problems with the real estate in the future and it will be costly to straighten out. Please bring the most recent tax statement.
3. **Copies of your tax returns for the past two (2) years along with all your schedules and W-2's.** We also need to know your total individual gross income for the past two years. Your W-2's or 1099 forms are a good source of information for that information.
4. **A list of creditors along with a copy of each of the monthly statements.** If collection agencies or attorneys are involved, please bring all correspondence and/or other documentation from them. This also includes student loans or tax statements.
5. **A list of any co-signers names and addresses.**
6. **Copies of all 401K, Pension, or Profit Sharing statements.** Please also bring any outstanding loan balance totals.
7. **Copies to all titles to vehicles, boats, ATV, etc.**

HOW DID YOU FIND OUT ABOUT US AND CHOOSE OUR OFFICE?

Dex Media East / West	_____	Lexis Nexis	_____
Verizon Wireless	_____	Martindale Hubble	_____
Yellow Book	_____	Crow River Directory	_____
Nova Directories	_____	Integra	_____
Colorlyne Directories	_____	Personal Referral	_____
Yellow Pages.com	_____	Name of referring party:	_____
www.Ross-and-Associates.com	_____	Other:	_____

DEBT SHEET 1 OF 5

Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for? (Credit card, personal loan, medical) _____

Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

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Name of creditor: \_\_\_\_\_

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

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_

Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: \_\_\_\_\_

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

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Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for? (Credit card, personal loan, medical) _____

Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

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Name of creditor: \_\_\_\_\_

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

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_

Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: \_\_\_\_\_

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

DEBT SHEET 2 OF 5

Name of creditor: \_\_\_\_\_

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

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_

Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: \_\_\_\_\_

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

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Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for? (Credit card, personal loan, medical) _____

Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

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Name of creditor: \_\_\_\_\_

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

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_

Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: \_\_\_\_\_

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

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Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for? (Credit card, personal loan, medical) _____

Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

DEBT SHEET 3 OF 5

Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for? (Credit card, personal loan, medical) _____

Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

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Name of creditor: \_\_\_\_\_

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

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_

Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: \_\_\_\_\_

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

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Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for? (Credit card, personal loan, medical) _____

Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

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Name of creditor: \_\_\_\_\_

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

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_

Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or Attorney: \_\_\_\_\_

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

DEBT SHEET 4 OF 5

Name of creditor: \_\_\_\_\_
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_
Date you established this credit/debt: \_\_\_\_\_
If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_
What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_
Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or Attorney: \_\_\_\_\_
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
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Name of creditor: _____
Address: _____ City/State: _____ Zip: _____
Amount Owed: \$ _____ Account Number: _____
Date you established this credit/debt: _____
If this debt is for a credit card, please list the date or year of your last purchase: _____
What is this debt for? (Credit card, personal loan, medical) _____
Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or Attorney: _____
Address: _____ City/State: _____ Zip: _____
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Name of creditor: \_\_\_\_\_
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_
Date you established this credit/debt: \_\_\_\_\_
If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_
What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_
Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or Attorney: \_\_\_\_\_
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
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Name of creditor: _____
Address: _____ City/State: _____ Zip: _____
Amount Owed: \$ _____ Account Number: _____
Date you established this credit/debt: _____
If this debt is for a credit card, please list the date or year of your last purchase: _____
What is this debt for? (Credit card, personal loan, medical) _____
Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or Attorney: _____
Address: _____ City/State: _____ Zip: _____

DEBT SHEET 5 OF 5

Name of creditor: _____
Address: _____ City/State: _____ Zip: _____
Amount Owed: \$ _____ Account Number: _____
Date you established this credit/debt: _____
If this debt is for a credit card, please list the date or year of your last purchase: _____
What is this debt for? (Credit card, personal loan, medical) _____
Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or Attorney: _____
Address: _____ City/State: _____ Zip: _____
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Name of creditor: \_\_\_\_\_
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_
Date you established this credit/debt: \_\_\_\_\_
If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_
What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_
Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or Attorney: \_\_\_\_\_
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
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Name of creditor: _____
Address: _____ City/State: _____ Zip: _____
Amount Owed: \$ _____ Account Number: _____
Date you established this credit/debt: _____
If this debt is for a credit card, please list the date or year of your last purchase: _____
What is this debt for? (Credit card, personal loan, medical) _____
Who is financially responsible for this debt?: Self _____ Husband _____ Wife _____ Both _____ Other _____
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or Attorney: _____
Address: _____ City/State: _____ Zip: _____
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Name of creditor: \_\_\_\_\_
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_
Date you established this credit/debt: \_\_\_\_\_
If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_
What is this debt for? (Credit card, personal loan, medical) \_\_\_\_\_
Who is financially responsible for this debt?: Self \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or Attorney: \_\_\_\_\_
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_