CHAPTER 7 BANKRUPTCY

The decision to file Bankruptcy is not an easy one. Usually, Bankruptcy is the last resort for those suffering financial hardship.

Though it may be difficult to answer the personal questions in this worksheet, your Attorney needs your answers to complete the Bankruptcy documents and to properly advise you of your rights and responsibilities. As with all communication between you and your Attorney, the information you supply is **ABSOLUTELY CONFIDENTIAL**. Never keep information from your Attorney because you are afraid or embarrassed. To properly advise you, your Attorney must have all the facts.

You might view these questions as your second step towards financial recovery. The first step was contacting our office. The information and instructions you read while completing these questions are not meant to replace your Attorney, who is your advocate and counselor.

If you should have any questions while filling out this questionnaire, please contact RJ or Morgan at the Independence office Monday through Friday between the hours of 9:00 A.M. & 4:30 P.M.

Peters & Longmuir, PLC 309 1st St East Independence, IA 50644

Phone: 319-334-9992 Fax: 319-334-9993

Email: rjl@jtplawoffice.com; morgan.jtplaw@gmail.com

Thank you!

At the time you return the completed packet to our office, please include the following along with the packet:

- 1. Copies of all bills and collection letters.
- 2. Copies of your most recent 3 months bank statements.
- 3. Copies of the most recent 6 months paystubs.
- 4. Copies of the last 2 years' income tax returns.
- 5. Copies of any lawsuits filed against you in the last year.

We will run a current credit report with you either in person or by telephone after you have furnished us with the above information.

Once again, if you have any questions regarding this information, please feel free to contact us.

Bankruptcy Fees and Costs

The bankruptcy process has costs associated with it that are the client's responsibility to pay.

These include filing fees with the Bankruptcy Court, fees for a credit report, and fees for two required classes for bankruptcy petitioners. These fees may be subject to change depending on the time of filing.

The current fees are as follows:

- 1. Bankruptcy Clerk of Court
 - a. \$338
 - b. There may be additional fees for corrections or additions if we are not provided with all of the correct information at the time of filing.
- 2. Credit Report
 - a. \$45 for an individual
 - b. \$90 for a married couple filing jointly
- 3. Debtor Education and Credit Counseling Classes
 - a. Varies based on class provider
- 4. Fees for legal services are a flat fee of \$1,600 and must be deposited to our trust account before we begin working on your case. This amount will be applied as follows:
 - a. \$400 is deemed to be earned when we begin preparation of your bankruptcy petition. If it is determined that you do not qualify to file for bankruptcy or you choose not to proceed at this point, the remainder will be refunded to you.
 - b. After a draft bankruptcy petition is emailed to you for review, you will need to respond and schedule an appointment for final review and signature. If we do not hear from you within 14 days of the email, then your financial information will need to be updated. \$400 from your deposit will be deemed earned due to the added time in updating your petition.
 - c. The total \$1,600 will be deemed earned upon filing your bankruptcy petition with the bankruptcy court.
 - d. If we prepare a bankruptcy petition for you and do not hear from you within three months, then a refund of \$800 will be issued to you, and your file will be closed. If you decide to restart the bankruptcy process, then you will need to deposit an additional \$1,600.

BANKRUPTCY INFORMATION WORKSHEET

In order to properly evaluate and file for protection from creditors in the United States Bankruptcy Court, it is very important to have **accurate & timely** information. To assist you in providing this information, we ask that you take an opportunity to review and answer to the best of your knowledge and available information, the questions set forth below.

If you have questions concerning any of the information being requested, please feel free to contact our office.

I. GENERAL INFORMATION

A. Information regarding Debtor			
1. Full legal name:			
2. Social Security Number:			
3. Date of Birth:			
4. Address & City:			
County:			
5. Telephone #:			
6. Email:			
7. Place and address of employment & years w			
8. Do you participate in a legal services plan thr	ough your	employe	er? Y N
B. Debtor's Spouse			
1. Full legal name:			
2. Social Security Number:			
3. Date of Birth:			
4. Address:			
County:			
5. Telephone #:			
6. Email:			
7. Place and address of employment & years w	orked the	re:	
8. Do you participate in a legal services plan thr	ough your	employe	er? Y N
C. Dependents			
1. Name & Relationship:	Age:	M/F	Lives w/you: Y

2. Name & Relationship:	Age:	M/F	Lives w/you: Y N
3. Name & Relationship:	Age:	M/F _	Lives w/you: Y N
4. Name & Relationship:	Age:	M/F _	Lives w/you: Y N
D. Prior Bankruptcies.			
Please indicate if you or your spouse har past 8 years.	ve previously filed	an action	n in Bankruptcy Court in the
Yes: No: Year:			
If "Yes" in which district of which State v	was the case filed?	?	·····
Date filed:	Date Discharged:		
II. ASSETS			
A. Cash on hand: \$			
B. Checking, savings, or other financial ac	counts.		
Name of Financial Institution			
Type: Checking	Savings		
Balance: \$			
Name of Financial Institution			
Type: Checking	Savings		
Balance: \$			
Name of Financial Institution			
Type: Checking	Savings		
Balance: \$			
C. Household goods and furnishings.			
List every appliance or piece of furnitur \$500 at this time.	e in your home th	at you be	lieve would sell for more that
D. If you have any collectible items of sig	nificant value list	them be	low.
E. Firearms and sporting equipment.			
List all firearms & sporting equipment the excess of \$250:	nat you or your sp	ouse may	own having a current value i
Rifles, shotguns or pistols:		,	value:
Hobby equipment and sporting equipme	ent:		value:

F. Annuities. If you	have an interest	in an annuity, pl	lease list below.	
1. Name of annuit	У			
Current Value: \$	·			
2. Name of Annuit	<u> </u>			
Current Value: \$	·			
G. Pension, IRA, 40	LK Information			
1. Name of Pensio	n			
Type (IRA, 401k	etc.)	Estimated V	/alue: \$	
2. Name of Pensio	n			
Type (IRA, 401k	etc.)	Estimated V	/alue: \$	
3. Name of Pensio	n			
Type (IRA, 401k	etc.)	Estimated V	/alue: \$	
H. If any person or you below.	company owes	you money, list t	their name, address and the a	amount owed to
1. Name:		Am	nount Owed:	
Address:				
2. Name:		Am	nount Owed:	
Address:				
I. Alimony, Mainter	nance, Support,	Property Settlen	nent.	
If you are entitled Support or Property			t Order for Alimony, Mainten ormation below.	ance,
Amount: \$	per (fre	quency):	Purpose:	
Name/Address of	person receiving	g payment:		
Amount: \$	per (fre	quency):	Purpose:	
Name/Address of	person receiving	g payment:		
J. Motor Vehicles				
List all motor vehi	cles in which you	u have an interes	st.	
Year	Лаке	Model	Value	
Financial Institution	on, if any, owed	for this vehicle: _		_
Year	∕lake	Model	Value	

Year	Make	Model	Value
Year	Make	Model	Value
Financial Ir	nstitution, if any, ow	ved for this vehicle:	
K. Recreatio	nal Vehicles. Boats,	Motorcycles, Snowmol	oiles, etc.
Year	Make	Model	Value
Financial Ir	nstitution, if any, ow	ved for this vehicle:	
Year	Make	Model	Value
Financial Ir	nstitution, if any, ow	ved for this vehicle:	
Year	Make	Model	Value
Financial Ir	nstitution, if any, ow	ved for this vehicle:	
I. HISTORICA	L FINANCIAL INFOR	MATION	
A. If you hav	ve been a party to a	lawsuit within the pas	t 12 months provide info
i+k	a lawanit		
concerning th	ie iawsuit.		
_		·	
1. Describe			
 Describe Has the 	e the type of lawsuit matter been resolve		
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		Ct-
D.	GI	ITS.

If you have made a gift in excess of \$250 t	o any family mer	mber or other	person ir
the past 12 months indicate information reg	arding such gifts.	•	

E. If you have closed any financial accounts within the past 12 months indicate the type of account that was closed and the approximate date that you closed it.

F. Safe Deposit Boxes.

List the name of any financial institution in which you have had a safe deposit box in the past 12 months.

G. Prior Address.

Please indicate each and every address where you have presided for the past 3 years

H. Co-Signers.

Are any debts owed by you subject to co-signers? If so, indicate the name, address and obligation for which any person has co-signed for a debt owed by you.

III. DEBTS

Please provide a copy of all bills/debts that you owe at this time. If you do not have a copy of a bill or statement, please indicate the name and address of the creditor, the amount owed and a description of the indebtedness

IV. INCOME INFORMATION

A. Indicate and describe any business that you operate as an owner or co-owner.

- **B.** Provide copies of paystubs from your employment for the past 6 months. If you do not have 6 months of paystubs available to you, contact your employer and request a printout of this information. You will not be able to file an action for Bankruptcy without this information. **Also note that we need the complete paystub information showing all taxes and deductions. Screen shots from cell phones are not acceptable.**
- C. Provide statements indicating any other income that you may receive.

IE: Unemployment, Social Security, etc.

D. Income Tax Returns.

Please provide copies of Income Tax Returns filed by you for the past 2 years.

V. EXPENSES

A. Rent or home mortgage payment: \$	/monthly
If you make a mortgage payment do you want t	to reaffirm your mortgage?
If yes on reaffirming your mortgage, are any pa	yments delinquent?
What institution do you make your mortgage p	ayments to:
B. Real Estate Taxes if not included in mortgage p	payment: \$/annual
C. Property Insurance if not included in mortgage	e payment: \$/annual
D. Utilities:	
Electric: \$/monthly	
Heating Fuel: \$/monthly	
Water/Sewer: \$/monthly	
Telephone: \$/monthly	
Cable TV: \$/monthly	
Internet: \$/monthly	
E. Home Maintenance.	
Repair & Maintenance: \$/mor	nthly
F. Food: \$/monthly	
G. Clothing: \$/monthly	
H. Laundry & Dry Cleaning: \$/mo	onthly
I. Medical & Dental Expense not covered by insur	rance: \$/monthly
J. Transportation: Estimated repairs, gasoline & r	naintenance: \$/monthly
K. Recreation, Clubs & Entertainment: \$	/monthly
L. Childcare & children's education costs: \$	/monthly
M. Insurance premium payments.	
1. Life Insurance: \$/monthly	
2. Health Insurance \$/monthly	
3. Auto Insurance \$/monthly	
N. Child Support, alimony or settlement monies ;	paid by you: \$/monthly
Name & Address of Recipient:	
O. Car payments: \$/monthly	
What Institution are your payments to:	
Do you want to reaffirm your vehicle loan?	

If yes on reaffirming this loan, are any paym	ents delinquent?
P. Payments for Recreational Vehicles: \$	/monthly
Q. Other installment payments (describe): \$ _	/monthly