

BANKRUPTCY DOCUMENT LIST

Michael P. Kelly, Esquire
Suite 202 - Penn's Square
402 Middletown Boulevard
Langhorne, PA 19047
(215) 741-1100
FAX (215) 741-4029

Please complete this questionnaire the best that you can and return it to my office with the following:

1. Copy of last six (6) months stubs or other proof of income for the last six (6) months.
2. Copy of tax returns for the last four (4) years.
3. Copy of social security card and photo driver's license.
4. Copy of all life insurance policies.
5. Copy of all auto insurance policies.
6. Copy of homeowners insurance policy.
7. Copy of all deeds to real estate.
8. Copy of any real estate appraisals that you may have.
9. Copy of your real estate bill.
10. Copy of statements indicating mortgage balances.
11. Copy of statements indicating any auto balances.
12. Copies of all bills.
13. Copies of all retirement and 401(k) plan restrictions and balance in account.
14. Copies of all financial account statements for the past three (3) months.
15. Copies of titles or registration to all vehicles.
16. Copies of financial information submitted to Credit Counseling Agency.

COWAN & KELLY, P.C.
ATTORNEYS AT LAW
PENN'S SQUARE
SUITE 202
402 MIDDLETOWN BOULEVARD
LANGHORNE, PA 19047

Telephone Number _____ (Home)

_____ (Work)

BANKRUPTCY QUESTIONNAIRE

FAX 215/741-4029

215/741-1100

1. Name: _____ S.S.# _____

Name of Spouse: _____ S.S.# _____

All other names used by debtor(s) in the last 6 years,
including married, maiden, and trade names: _____

Marital Status: _____

Name of Business: _____

EIN # _____

2. Address: _____

Address of Spouse: _____

Address of Business: _____

3. Prior Bankruptcy Case Filed _____ Yes _____ No

When _____ Where _____ Case # _____

4. Do you own any real estate? _____ Yes _____ No

If so, where: _____

Co-Owners: _____

Market Value: \$ _____

1st Mortgage Name & Amount: _____

2nd Mortgage Name & Amount: _____

Home Equity Loan Name & Amount: _____

Other Liens: _____

5. Personal Possessions:

Bank Name & Address

- A. Cash _____ Total \$ _____
- B. Checking _____ Total \$ _____
- C. Savings _____ Total \$ _____
- D. Credit Union _____ Total \$ _____
- E. C.D. _____ Total \$ _____

F. Household Goods (List only those items individually worth more than \$400.00 at a yard sale)

Total \$ _____

G. Books, pictures, art, antiques, collectibles:

Total \$ _____

H. Clothing: _____ Total \$ _____

I. Furs and Jewelry: _____

Total \$ _____

J. Life Insurance: _____

Cash surrender Value: \$ _____

K. IRA, ERISA, 401K, Pension or Profit Sharing: _____

Total \$ _____

L. Stock & Bonds: _____

Total \$ _____

M. Tax Refunds Due: _____
_____ Total \$ _____

N. Automobile, Trucks, Trailers: _____
_____ Total \$ _____

O. Boats, motors: _____
_____ Total \$ _____

P. Tools, office equipment, supplies: _____

_____ Total \$ _____

OFFICE USE ONLY
Exemptions:
11 USC 522 (b) (1) - 522 (d) or
11 USC 522 (b) (2) - State

6. List all creditors having secured claims. (Mortgages, Liens on automobiles, etc.)

Name & Address: _____

Account # _____ Co-Debtor: _____

Husband/Wife/Joint Property Liened: _____

Amount: \$ _____ Value of Property: \$ _____

Name & Address: _____

Account # _____ Co-Debtor: _____

Husband/Wife/Joint Property Liened: _____

Amount:\$ _____ Value of Property:\$ _____

* * * * *

Name & Address: _____

Account # _____ Co-Debtor: _____

Husband/Wife/Joint Property Liened: _____

Amount:\$ _____ Value of Property:\$ _____

* * * * *

7. PRIORITY DEBTS

A. Do you owe any employee wages, salaries, or commissions?

B. Has anyone left a deposit with you for goods not delivered or services not performed? _____

C. Do you owe any taxes? _____

i. Type: _____

ii. Year: _____

iii. Balance:\$ _____

8. List all other debts on the following page. (Credit cards, loans, medical bills, law suits):

Name & Address Account # Co-Debtor Husband, Wife or Joint What Debt Was For Amount

	Name & Address	Account #	Co-Debtor	Husband, Wife or Joint	What Debt Was For	Amount
0)						
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						

In re _____ / Debtor Case No. _____ (if kno)

SCHEDULE I-CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE		
	NAMES	AGE	RELATIONSHIP
EMPLOYMENT: DEBTOR		SPOUSE	
Occupation			
Name of Employer			
How Long Employed			
Address of Employer			
Income: (Estimate of average monthly income)		DEBTOR	SPOUSE
Current Monthly gross wages, salary, and commissions (pro rate if not paid monthly)		\$	\$
Estimated Monthly Overtime		\$	\$
SUBTOTAL		\$	\$
LESS PAYROLL DEDUCTIONS			
a. Payroll Taxes and Social Security		\$	\$
b. Insurance		\$	\$
c. Union Dues		\$	\$
d. Other (Specify):		\$	\$
SUBTOTAL OF PAYROLL DEDUCTIONS		\$	\$
TOTAL NET MONTHLY TAKE HOME PAY		\$	\$
Regular income from operation of business or profession or farm (attach detailed statement)		\$	\$
Income from Real Property		\$	\$
Interest and dividends		\$	\$
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.		\$	\$
Social Security or other government assistance		\$	\$
Specify:		\$	\$
Pension or retirement income		\$	\$
Other monthly income		\$	\$
Specify:		\$	\$
TOTAL MONTHLY INCOME		\$	\$
TOTAL COMBINED MONTHLY INCOME		\$ _____	
(Report also on Summary of Schedules)			

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

In re _____ / Debtor

Case No. _____
(if known)

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$
Are real estate taxes included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is property insurance included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Utilities: Electricity and heating fuel	\$
Water and sewer	\$
Telephone	\$
Other	\$
Home maintenance (Repairs and upkeep)	\$
Food	\$
Clothing	\$
Laundry and dry cleaning	\$
Medical and dental expenses	\$
Transportation (not including car payments)	\$
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
Charitable contributions	\$
Insurance (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's	\$
Life	\$
Health	\$
Auto	\$
Other	\$
Taxes (not deducted from wages or included in home mortgage)	
Specify:	\$
Installment payments: (in chapter 12 and 13 cases, do not list payments to be included in the plan)	
Auto	\$
Other:	\$
Alimony, maintenance, and support paid to others	\$
Payments for support of additional dependents not living at your home	\$
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
Other:	\$
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$

9. List all leases and/or other executory contracts entered into.

10. List name and address of all co-signers or ex-spouses who may be liable for your debts.

11. Complete attached Income and Expense Sheet.

FINANCIAL AFFAIRS

1. How much money have you earned this year?

\$ _____ Husband \$ _____ Wife

How much money did you earn last year?

\$ _____ Husband \$ _____ Wife

How much money did you earn the year before that?

\$ _____ Husband \$ _____ Wife

2. How much money have you received during the last two years from:

Welfare \$ _____ Social Security \$ _____

Pension \$ _____ Unemploy. Comp. \$ _____

Workers Comp. \$ _____

3. (a) Have you paid any one creditor for more than \$600.00 in the past three months?

(b) Have you paid any money to relatives or friends within the last year exceeding \$600.00?

4. (a) List all law suits you are involved in: _____

(b) List all property attached or garnished: _____

5. List all property repossessed, foreclosed upon or returned:

6. (a) Have you assigned any property to creditors?

(b) Is any of your property in the hands of a custodian?

7. Have you given anyone or a charity a gift in excess of \$200.00 in the last year?

8. Have you suffered any loss within one year from fire, theft, or gambling?

9. How much have you paid attorneys for bankruptcy within the past year?

10. Have you transferred any other property in excess of \$500.00 within the past year?

11. List all bank accounts closed within the last year including account number, date of closing and balance at closing:

12. List all safety deposit boxes and contents: _____

13. Do you owe any bank money in which you have a checking or savings account?

14. Do you hold any property that belongs to someone else?

15. List all prior addresses of last two years: _____

OFFICE USE ONLY

Total Fee - \$ _____

Fee Paid - \$ _____

Fee Owning - \$ _____

\$ _____ of filing fee paid.

16. Property to be Retained. YES _____ NO _____