

# 1) PERSONAL INFORMATION



**MARITAL STATUS:**  Single  Married  Separated  Divorced  Widowed  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

**DEPENDENTS:** Total Number of Dependents \_\_\_\_\_ Total Number of Dependents presently living **with** you \_\_\_\_\_  
 Names and Ages \_\_\_\_\_

## GENERAL INFORMATION:

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Spouse First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ How long? \_\_\_\_\_

Address you and/or spouse resided in the last two years:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ How long? \_\_\_\_\_

# 2) INCOME



## EMPLOYMENT INFORMATION:

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ How long? \_\_\_\_\_

### ANNUAL INCOME:

Wages/Salary/Tips in: **Current Year** \$ \_\_\_\_\_  
**Previous Year** \$ \_\_\_\_\_  
**2 Years Prior** \$ \_\_\_\_\_

### ANNUAL INCOME BREAKDOWNS:

<b>Current Year</b>	\$ _____	_____
	Amount	Employer/Source
	\$ _____	_____
	Amount	Employer/Source
<b>Previous Year</b>	\$ _____	_____
	Amount	Employer/Source
	\$ _____	_____
	Amount	Employer/Source
<b>2 Years Prior</b>	\$ _____	_____
	Amount	Employer/Source
	\$ _____	_____
	Amount	Employer/Source

Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ How long? \_\_\_\_\_

### SPOUSE'S ANNUAL INCOME:

Wages/Salary/Tips in: **Current Year** \$ \_\_\_\_\_  
**Previous Year** \$ \_\_\_\_\_  
**2 Years Prior** \$ \_\_\_\_\_

### SPOUSE'S ANNUAL INCOME BREAKDOWNS:

<b>Current Year</b>	\$ _____	_____
	Amount	Employer/Source
	\$ _____	_____
	Amount	Employer/Source
<b>Previous Year</b>	\$ _____	_____
	Amount	Employer/Source
	\$ _____	_____
	Amount	Employer/Source
<b>2 Years Prior</b>	\$ _____	_____
	Amount	Employer/Source
	\$ _____	_____
	Amount	Employer/Source

# 2) INCOME (CONTINUED...)



**MONTHLY GROSS INCOME:**

Pay Period  
 Weekly  Bi-Weekly  Bi-Monthly  Monthly

Gross Income Per Pay Period \$ \_\_\_\_\_

**Other Monthly Gross Income:**

Part-Time Employment \$ \_\_\_\_\_  
 Alimony/Child Support \$ \_\_\_\_\_  
 Social Security/Retirement \$ \_\_\_\_\_  
 Unemployment/Gov. Asst. \$ \_\_\_\_\_

**TO BE FILLED OUT BY ATTORNEY:**

Total Monthly Gross Income \$ \_\_\_\_\_

**SPOUSE'S MONTHLY GROSS INCOME:**

Pay Period  
 Weekly  Bi-Weekly  Bi-Monthly  Monthly

Gross Income Per Pay Period \$ \_\_\_\_\_

**Other Monthly Gross Income:**

Part-Time Employment \$ \_\_\_\_\_  
 Alimony/Child Support \$ \_\_\_\_\_  
 Social Security/Retirement \$ \_\_\_\_\_  
 Unemployment/Gov. Asst. \$ \_\_\_\_\_

**TO BE FILLED OUT BY ATTORNEY:**

Total Monthly Gross Income \$ \_\_\_\_\_

**TOTAL/COMBINED MONTHLY NET INCOME \$ \_\_\_\_\_**

**MUST ATTACH PAY STUB FOR EACH SOURCE OF INCOME LISTED**

# 3) MONTHLY EXPENSES



**PLEASE ACCURATELY PROVIDE MONTHLY EXPENSES:**

Rent/Home Mortgage Payments ..... \$ \_\_\_\_\_  
 Are real estate taxes included?  Yes  No (If No please enter amount) ..... \$ \_\_\_\_\_  
 Is property insurance included?  Yes  No (If No please enter amount) ..... \$ \_\_\_\_\_  
 Utilities: Electricity/Heating fuel ..... \$ \_\_\_\_\_  
 Water/Sewer ..... \$ \_\_\_\_\_  
 Telephone ..... \$ \_\_\_\_\_  
 Gas ..... \$ \_\_\_\_\_  
 Propane ..... \$ \_\_\_\_\_  
 Home Maintenance ..... \$ \_\_\_\_\_  
 Food ..... \$ \_\_\_\_\_  
 Clothing ..... \$ \_\_\_\_\_  
 Laundry/Dry Cleaning ..... \$ \_\_\_\_\_  
 Medical/Dental ..... \$ \_\_\_\_\_  
 Recreation/Entertainment ..... \$ \_\_\_\_\_  
 Charitable Contributions ..... \$ \_\_\_\_\_  
 Insurance: Home Owners or Renters Insurance ..... \$ \_\_\_\_\_  
 Life ..... \$ \_\_\_\_\_  
 Health (Out-of-pocket) ..... \$ \_\_\_\_\_  
 Auto (Monthly Amount) ..... \$ \_\_\_\_\_  
 Taxes: Income (Complete only if paying past-due taxes) ..... \$ \_\_\_\_\_  
 Personal Property ..... \$ \_\_\_\_\_  
 Real Estate (Do not complete if escrowed) ..... \$ \_\_\_\_\_  
 Automobile/Vehicle Payment (Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_) ..... \$ \_\_\_\_\_  
 (2nd) Automobile/Vehicle Payment (Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_) ... \$ \_\_\_\_\_  
 (3rd) Automobile/Vehicle Payment (Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_) ... \$ \_\_\_\_\_  
 (4th) Automobile/Vehicle Payment (Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_) ... \$ \_\_\_\_\_  
 Automobile Fuel ..... \$ \_\_\_\_\_  
 Automobile Maintenance ..... \$ \_\_\_\_\_  
 Alimony/Maintenance/Support ..... \$ \_\_\_\_\_  
 Payments for support of additional dependents not living at home ..... \$ \_\_\_\_\_  
 Regular Business Expenses ..... \$ \_\_\_\_\_  
 Daycare (Provide monthly amount) ..... \$ \_\_\_\_\_  
 Haircuts ..... \$ \_\_\_\_\_  
 Other: ..... \$ \_\_\_\_\_  
 ..... \$ \_\_\_\_\_  
 ..... \$ \_\_\_\_\_

**TOTAL/COMBINED MONTHLY NET EXPENSES \$ \_\_\_\_\_**

# 4) DEBT



## MORTGAGE-PRINCIPAL RESIDENCE:

1)

Lender Name	Address	Monthly Payment	Total Balance
Address of Property	Value of Property	Year Incurred	Arrearage (if any)

2)

Lender Name	Address	Monthly Payment	Total Balance
Address of Property	Value of Property	Year Incurred	Arrearage (if any)

## MORTGAGE-RENTAL PROPERTIES/OTHER:

1)

Lender Name	Address	Monthly Payment	Total Balance
Address of Property	Value of Property	Year Incurred	Arrearage (if any)

2)

Lender Name	Address	Monthly Payment	Total Balance
Address of Property	Value of Property	Year Incurred	Arrearage (if any)

## AUTOMOBILES/TRAILERS/BOATS:

1)

Lender Name	Address	Monthly Payment	Total Balance
Make and Model	Value of Vehicle	Year Incurred	Arrearage (if any)

2)

Lender Name	Address	Monthly Payment	Total Balance
Make and Model	Value of Vehicle	Year Incurred	Arrearage (if any)

3)

Lender Name	Address	Monthly Payment	Total Balance
Make and Model	Value of Vehicle	Year Incurred	Arrearage (if any)

## FINANCING COMPANIES:

1)

Company Name	Address	Monthly Payment	Total Balance
Collateral	Value of Collateral	Year Incurred	Arrearage (if any)

2)

Company Name	Address	Monthly Payment	Total Balance
Collateral	Value of Collateral	Year Incurred	Arrearage (if any)

3)

Company Name	Address	Monthly Payment	Total Balance
Collateral	Value of Collateral	Year Incurred	Arrearage (if any)

## STUDENT LOANS:

1)

Lender	Address	Monthly Payment	Total Balance
Guaranteeing Agency		Year Incurred	Arrearage (if any)

2)

Lender	Address	Monthly Payment	Total Balance
Guaranteeing Agency		Year Incurred	Arrearage (if any)

## TAXES:

1)

State/Federal (circle one) If state tax, please give state name	Year Incurred	Monthly Payment	Total Balance	Arrearage (if any)
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2)

State/Federal (circle one) If state tax, please give state name	Year Incurred	Monthly Payment	Total Balance	Arrearage (if any)
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# 4) DEBT (CONTINUED...)



## CHILD SUPPORT/ALIMONY:

Recipient Name	Monthly Payment	Arrearage (if any)	Method of Payment
Recipient Name	Monthly Payment	Arrearage (if any)	Method of Payment

## MEDICAL:

Provider Name	Address	City, State, Zip	Total Balance	Year Incurred
Provider Name	Address	City, State, Zip	Total Balance	Year Incurred
Provider Name	Address	City, State, Zip	Total Balance	Year Incurred
Provider Name	Address	City, State, Zip	Total Balance	Year Incurred
Provider Name	Address	City, State, Zip	Total Balance	Year Incurred
Provider Name	Address	City, State, Zip	Total Balance	Year Incurred
Provider Name	Address	City, State, Zip	Total Balance	Year Incurred
Provider Name	Address	City, State, Zip	Total Balance	Year Incurred
Provider Name	Address	City, State, Zip	Total Balance	Year Incurred

## CREDIT CARD COMPANIES:

Company Name	Address	City, State, Zip	Total Balance	Year Incurred
Company Name	Address	City, State, Zip	Total Balance	Year Incurred
Company Name	Address	City, State, Zip	Total Balance	Year Incurred
Company Name	Address	City, State, Zip	Total Balance	Year Incurred
Company Name	Address	City, State, Zip	Total Balance	Year Incurred
Company Name	Address	City, State, Zip	Total Balance	Year Incurred
Company Name	Address	City, State, Zip	Total Balance	Year Incurred
Company Name	Address	City, State, Zip	Total Balance	Year Incurred
Company Name	Address	City, State, Zip	Total Balance	Year Incurred

## OTHER:

Name	Address	City, State, Zip	Total Balance	Year Incurred
Name	Address	City, State, Zip	Total Balance	Year Incurred
Name	Address	City, State, Zip	Total Balance	Year Incurred
Name	Address	City, State, Zip	Total Balance	Year Incurred
Name	Address	City, State, Zip	Total Balance	Year Incurred
Name	Address	City, State, Zip	Total Balance	Year Incurred
Name	Address	City, State, Zip	Total Balance	Year Incurred
Name	Address	City, State, Zip	Total Balance	Year Incurred

**REMEMBER, YOUR EFFORT IN ACCURATELY COMPLETING THIS WORKSHEET WILL GREATLY IMPROVE YOUR CHANCES FOR A SMOOTH AND SUCCESSFUL RESOLUTION TO YOUR FINANCIAL DIFFICULTIES.**

# 5) ASSETS



PLEASE COMPLETE AS ACCURATELY AS POSSIBLE:

Cash on hand ..... Amount \$ \_\_\_\_\_

1) Checking Account ..... Amount \$ \_\_\_\_\_

Location: \_\_\_\_\_

2) Checking Account ..... Amount \$ \_\_\_\_\_

Location: \_\_\_\_\_

1) Savings Account ..... Amount \$ \_\_\_\_\_

Location: \_\_\_\_\_

2) Savings Account ..... Amount \$ \_\_\_\_\_

Location: \_\_\_\_\_

1) Credit Union ..... Amount \$ \_\_\_\_\_

Location: \_\_\_\_\_

2) Credit Union ..... Amount \$ \_\_\_\_\_

Location: \_\_\_\_\_

Other Financial Accounts i.e. CDs, Annuity, Life Insurance ..... Total Amount \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_

Interest in IRA, Erisa, Keogh, or other Pension ..... Total Amount \$ \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_

Other Assets ..... Total Value \$ \_\_\_\_\_

e.g. automobiles/vehicles, firearms, collections, accounts receivable, inventory, machinery, tax refund, alimony, rental property, security deposits, boats, trailers, tools, etc.

Automobiles/Vehicles/Boats/Trailers (Make, Model, Year)	Fair Market Value

Other Assets Description	Fair Market Value

Jewelry ..... Total Value \$ \_\_\_\_\_

Description: \_\_\_\_\_

Household Goods ..... Total Value \$ \_\_\_\_\_

e.g. furniture, appliances, video, audio, computer equipment, etc.

Household Goods Description	Fair Market Value

Household Goods Description	Fair Market Value

# 6) LEGAL CONSIDERATIONS



PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING YES  OR NO .

YES NO

- 1) Have you or your spouse transferred any money or property to a relative within one year of today?
- 2) Have you or your spouse had a loss either through gambling, theft or fire within one year of today?
- 3) Are you or your spouse current on **filing all** of your federal and state tax returns?
- 4) Do you or your spouse currently have a claim for personal injury pending against anyone?
- 5) Do you or your spouse currently have a Workmen's Compensation claim pending against anyone?
- 6) Are you or your spouse entitled to a tax refund which you have not received?
- 7) Do you or your spouse anticipate a tax refund for this calendar year?
- 8) Have you or your spouse received a lump sum distribution from a 401K, IRA or other pension plan within one year of today?
- 9) Have you or your spouse either divorced or married within the last six months?
- 10) Do you or your spouse anticipate a divorce or marriage within the next six months?
- 11) Are you or your spouse currently being sued?
- 12) Are you or your spouse currently being garnished?
- 13) Have you or your spouse filed bankruptcy before?
- 14) Do you or your spouse have student loans?
- 15) Do you or your spouse have tax liabilities?
- 16) Are you or your spouse behind on child support or spousal maintenance?
- 17) Have you or your spouse had **any** cash advances within the last six months?
- 18) Have you or your spouse, within the last year, sold any property which you previously pledged as collateral for another loan?
- 19) Are you or your spouse behind on house payments for a home you wish to keep?
- 20) Have you or your spouse lived in either Kansas or Missouri for a **full** six months prior to today?
- 21) Are all vehicles you or your spouse own insured?
- 22) Do you or your spouse currently have a repossession pending on a car you own?
- 23) Do you or your spouse currently have a foreclosure pending on property you own?
- 24) Have you or your spouse purchased a large ticket item from a department or electronics store within the last year (example: Sears, Best Buy)?
- 25) Do you or your spouse have more than \$100.00 in shares with a credit union?
- 26) Do you or your spouse have co-signers on any loans other than each other?
- 27) Are you or your spouse self-employed?
- 28) Are you married but living separate from your spouse?
- 29) Are you or your spouse entitled to child support but do not receive it?
- 30) Are you or your spouse anticipating becoming entitled to any form of inheritance within the next 300 days?
- 31) Are you or your spouse in the process of suing someone or do you or your spouse currently have litigation pending against someone?
- 32) Is your family's income going to increase more than 20% in the next four to five months?
- 33) Have you or your spouse borrowed money from finance companies within the last year (example: ITT, Household)?
- 34) Do you or your spouse have more than \$1,000.00 in any given checking or savings account?
- 35) Have you or your spouse paid any unsecured creditor more than \$600.00 within the last 90 days?
- 36) Have you or your spouse consulted with another bankruptcy attorney in regard to your financial condition?
- 37) Do you or your spouse anticipate being incarcerated or otherwise unable to appear in court within the next 120 days?
- 38) Do you or your spouse have any outstanding bad checks?
- 39) Have you or your spouse been to Consumer Credit Counseling prior to today?
- 40) Do you, your spouse or your dependents receive any government benefits or assistance (example: Social Security, AFDC)?

PLEASE DO NOT WRITE BELOW THIS LINE - TO BE FILLED OUT BY ATTORNEY ONLY

I / J	District	_____	FF	\$ _____
7 / 13	Division	_____	PF	\$ _____
KS / MO	PDF	_____	AF	\$ _____

GENERAL CONSIDERATIONS:

PRE-PETITION CONSIDERATIONS:

OTHER NOTES: