

ATTORNEYS & DEBT COUNSELORS  
“The Bankruptcy People”  
Peter D. Carratt, Esq.

**WORKBOOK**

Dear Client(s):

Attached is a workbook for you to completely fill out in order for us to properly prepare your Bankruptcy Petition. The workbook is very simple and easy to follow. Be sure to read ALL of the information carefully and fill out everything completely. Put “N/A” if it does not apply to you. Please remember that we will need all of the information asked for in the workbook. If you have any questions, please do not hesitate to contact my office and we will be more than happy to answer them.

It is important to list ALL of your Creditors. We will also pull a credit report at your appointment; however the credit report may not reflect everyone you owe money to. You are responsible for listing in your Bankruptcy workbook all persons and companies to whom you owe money. If you fail to list ALL of your creditors, the Court may deny you discharge of your debts and/or confirmation of your Chapter 13 plan. (depending on which chapter of the Bankruptcy code that you file), and the Court may deny you the ability to re-file.

Remember that Bankruptcy Petitions are sworn under penalty of perjury and require full disclosure of all assets, liabilities, and creditors. All insider dealings must be listed. Anyone who is a relative or a member of your immediate family (or who is a partner, ex-spouse, close friend, etc), with whom you have had financial dealings, must be fully disclosed.

**Please note that the following information is REQUIRED in preparation of your petition in addition to, and/or accompanying the completed workbook. Please bring this information at your scheduled appointment. If you have any questions please call my office.**

1. Current personal information. Please provide current phone numbers and address in which we can reach you at during the Bankruptcy process. If any of this information changes, Please contact us as soon as possible to update your information.
2. A copy of your social security card and drivers license.
3. A copy of any deeds for any real estate owned by you or in which you had any interest in within the last 3 years.
4. Titles for any registrations for any Vehicles, boats, trailers, or any other personal property that is titled.
5. Pay stubs for the last 6 months.
6. Copies of your 2007 and 2008 tax return.
7. Statements or copies of last months bills from your creditors.
8. Statements from all retirement and non-retirement accounts such as 401K, IRA, mutual funds etc.
9. Closing statement and deeds for all real estate sold or transferred within one year.

**Attorneys and Debt Counselors**

**Peter D. Carratt, Esq.  
Phone: 813-876-3328**

**Interview Date:**

**Referred by or where did you find us?**

\_\_\_\_\_

**DEBTOR**

Name:	Other names:	
Security No.	Date of Birth	
Home Phone _____	Work Phone	
Cell Phone	Fax #:	
Street Address		City
County	State	Zip Code

Email: \_\_\_\_\_

Who can I contact if I cannot reach you? Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address (if different than address above)

\_\_\_\_\_  
\_\_\_\_\_

Married? Yes or No Will you and your spouse file together? Yes or No

**SPOUSE**

Name:	Other names:	
Security No.	Date of Birth	
Home Phone _____	Work Phone	
Cell Phone	Fax #	
Street Address		City
County	State	Zip Code

Email Address: \_\_\_\_\_

Who to contact if I cannot reach you? \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address (if different than address above)

\_\_\_\_\_  
\_\_\_\_\_

**Debtor Spouse PRIOR BANKRUPTCY** Please initial all that apply

<input type="checkbox"/>	<input type="checkbox"/>	No, I have never filed a bankruptcy case.
<input type="checkbox"/>	<input type="checkbox"/>	Yes, I filed a bankruptcy case more than 7 years

		ago.
		<b>*Yes, I have filed the following bankruptcies in the last 7 years:</b>
<b>* Date:</b>	<b>Chapter</b>	<b>Case No.</b>
		<b>Discharged or Dismissed</b>

**DEPENDENTS:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Employment Information:**

**Debtor**

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 How long have you worked here: \_\_\_\_\_  
 Pay Cycle: \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Twice a Month \_\_\_ Monthly

**Spouse**

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 How long have you worked here: \_\_\_\_\_  
 Pay Cycle: \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Twice a Month \_\_\_ Monthly

**GROSS INCOME PER PAYCHECK**

**Debtor**

**Spouse**

Average Gross Income PER CHECK: \_\_\_\_\_  
 Estimated Overtime: \_\_\_\_\_  
 Part-Time Job Income:\* \_\_\_\_\_  
 Total Gross Monthly Income: \_\_\_\_\_

**Debtor**

**Spouse**

\*PT Job Address: \_\_\_\_\_  
 \_\_\_\_\_

**OTHER MONTHLY INCOME**

**Debtor**

**Spouse**

Rental Property \_\_\_\_\_  
 Interest or Dividends \_\_\_\_\_  
 Pension or Retirement \_\_\_\_\_  
 Social Security/Unemployment \_\_\_\_\_  
 Child Support/Alimony \_\_\_\_\_  
 Food Stamps \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL COMBINED INCOME (PER MONTH)** \_\_\_\_\_

**PAYROLL DEDUCTION (PER PAYCHECK)**

**Debtor**

**Spouse**

Payroll Taxes: \_\_\_\_\_  
 Federal Tax: \_\_\_\_\_  
 Medicare: \_\_\_\_\_  
 Social Security: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Other deductions from pay check \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL TAKE-HOME PAY**

\_\_\_\_\_

\_\_\_\_\_

**AVERAGE MONTHLY EXPENSES**

**Rent or Home Mortgage** \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \_\_\_\_\_

**Are real estate taxes included?** Yes or No.....\$ \_\_\_\_\_

**Is property insurance included?** Yes or No.....\$ \_\_\_\_\_

**Utilities:** Electricity and Gas: \$ \_\_\_\_\_

Water & Sewer: \$ \_\_\_\_\_

Telephone: \$ \_\_\_\_\_

Other - Cable: \$ \_\_\_\_\_ Garbage: \$ \_\_\_\_\_ Internet: \$ \_\_\_\_\_

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**Home Maintenance:** .....\$ \_\_\_\_\_

**Food (Groceries, meals out, lunch at work):**.....\$ \_\_\_\_\_

**Clothing:**.....\$ \_\_\_\_\_

**Laundry and Cleaning:**.....\$ \_\_\_\_\_

**Medical and Dental Expenses:**.....\$ \_\_\_\_\_

**Transportation (Gas, Oil, and Maintenance, NOT car payments):**\$ \_\_\_\_\_

**Recreation (clubs and entertainment):**.....\$ \_\_\_\_\_

**Charitable Contribution (church donations, etc.):**.....\$ \_\_\_\_\_

**Insurance (not deducted from wages or part of home mortgage):**

Homeowner's or Renter's.....\$ \_\_\_\_\_

Life.....\$ \_\_\_\_\_

Auto.....\$ \_\_\_\_\_

Other.(medical, legal, disability, etc).....\$ \_\_\_\_\_

**Taxes (not deducted from wages or included in mortgage, e.g., car tag):**\$ \_\_\_\_\_

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**Car Payment (answer only if this is a Chapter 7)**.....\$ \_\_\_\_\_

**Alimony, Maintenance and Support**.....\$ \_\_\_\_\_

**Regular Expenses from Operation of Business**.....\$ \_\_\_\_\_

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**Child Care**.....\$ \_\_\_\_\_

**Spouse's Separate Debts (if single filing) List Details**.....\$ \_\_\_\_\_

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**Student Loan Payments**.....\$ \_\_\_\_\_

**IRS Payment**.....\$ \_\_\_\_\_

**Other**.....\$ \_\_\_\_\_

**TOTAL PROJECTED MONTHLY EXPENSES** \$ \_\_\_\_\_

<b>INCOME</b>	<b>2006</b>	<b>2007</b>	<b>2008 TO DATE</b>
<b>Debtor</b>	_____	_____	_____
<b>Spouse</b>	_____	_____	_____

**YES AND NO QUESTIONS**

- YES or NO** Do either of you receive income from any source other than work?  
e.g. – food-stamps, social security, disability, lawsuit, rental income, etc.  
\_\_\_\_\_  
\_\_\_\_\_
  
- YES or NO** Have any of your creditors received a total of more than \$600 from you in the last 90 days?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **YES or NO** Have you made any payments to creditors who are "insiders" in the last year? e.g. - relatives, good friends, business partners, etc. \_\_\_\_\_  
\_\_\_\_\_
4. **YES or NO** Have you been a party to a **lawsuit** or an administrative proceeding in the last year? Do you have any Judgments entered against you? \_\_\_\_\_  
\_\_\_\_\_
5. **YES or NO** Do you have a right to sue anybody for money damages? e.g. - car wreck, racial discrimination, sexual harassment, etc. \_\_\_\_\_
6. **YES or NO** Garnishment in the last year? \_\_\_\_\_
7. **YES or NO** Repossession in the last year? \_\_\_\_\_
8. **YES or NO** Foreclosure in the last year? \_\_\_\_\_
9. **YES or NO** Have you given gifts in the past year worth more than \$200? \_\_\_\_\_
10. **YES or NO** Have you donated more than \$100 to any charity? \_\_\_\_\_
11. **YES or NO** Have you experienced any loss from fire, theft, casualty or gambling in the last year? \_\_\_\_\_
12. **YES or NO** Have you made any payments or transferred any property for debt counseling in the past year? \_\_\_\_\_
13. **YES or NO** Have you transferred any property, other than in the ordinary course of business, in the last year? \_\_\_\_\_
14. **YES or NO** Have you closed any financial accounts in the last year?  
e.g. - checking, savings, pension funds, certificates of deposit, etc. \_\_\_\_\_
15. **YES or NO** Do you have a safe deposit box? \_\_\_\_\_
16. **YES or NO** Has a bank setoff against your account in the last 90 days? \_\_\_\_\_
17. **YES or NO** Are you in possession of someone else's property? \_\_\_\_\_
18. **YES or NO** Do you have student loans? \_\_\_\_\_
19. **YES or NO** Do you have Medical bills? \_\_\_\_\_
20. **YES or NO** Do you have IRS or other tax debt? \_\_\_\_\_

**PRIOR ADDRESSES**

Please list all past addresses for the last 2 years

		<u>Period of Time</u>	
		<u>From</u>	<u>To</u>
_____		/	/
_____		/	/

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Do you own or rent (please specify)? \_\_\_\_\_

Do you own any land or interest in real property? \_\_\_\_\_

Are you leasing any property? \_\_\_\_\_

Have you used your credit cards for purchases or cash advances in the last 90 days?  
\_\_\_\_\_  
\_\_\_\_\_

## **Worksheet: Your Property**

**This worksheet is used to show your assets. Please list all assets that you have in order for us to exempt them.**

### **Real Property:**

#### Real Estate

1. Location: \_\_\_\_\_

Ownership: Debtor \_\_\_\_ Spouse \_\_\_\_ Joint \_\_\_\_ Other \_\_\_\_

If joint, who? \_\_\_\_\_

How long have you lived/owned this residence: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

Lien on Property: yes or no Lien Value: \$ \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

2. Location: \_\_\_\_\_

Ownership: Debtor \_\_\_\_ Spouse \_\_\_\_ Joint \_\_\_\_ Other \_\_\_\_

If joint, who? \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

Lien on Property: yes or no Lien Value: \$ \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

### **Personal Property:**

#### Cash on Hand

1. Do you have any cash on hand? \_\_\_\_\_ how much? \$ \_\_\_\_\_

#### Bank Accounts and Deposits of Money

**List all banking accounts that you have.**

1. The debtor has a (checking or savings) account with \_\_\_\_\_.

Account number \_\_\_\_\_.

Balance: \_\_\_\_\_

This account is owned by \_\_\_\_\_.

The account is for? personal or commercial use

2. The debtor has a (checking or savings) account with \_\_\_\_\_.  
 Account number \_\_\_\_\_.  
 Balance: \_\_\_\_\_  
 This account is owned by \_\_\_\_\_.  
 The account is for? personal or commercial use
  
3. The debtor has a (checking or savings) account with \_\_\_\_\_.  
 Account number \_\_\_\_\_.  
 Balance: \_\_\_\_\_  
 This account is owned by \_\_\_\_\_.  
 The account is for? personal or commercial use
  
4. The debtor has a (checking or savings) account with \_\_\_\_\_.  
 Account number \_\_\_\_\_.  
 Balance: \_\_\_\_\_  
 This account is owned by \_\_\_\_\_.  
 The account is for? personal or commercial use

### Personal Belongings/Household Goods

**In your personal residence put the number of the following items that you have in your house that belong to you. If you have belongings that are not on this list please list them in the space provided.**

- |   |   |
|---|---|
| _____ Beds<br>_____ Dressers<br>_____ Night stands<br>_____ Mirrors<br>_____ Alarm clocks<br>_____ Phones<br>_____ TVs<br>_____ VCRs<br>_____ Video Cassettes<br>_____ DVD player<br>_____ DVDs<br>_____ Stereos<br>_____ Playstation<br>_____ Gamecube<br>_____ Nintendo<br>_____ X-Box<br>_____ Video Games<br>_____ Desk with chair<br>_____ Computer<br>_____ Printers<br>_____ Fax<br>_____ Clocks<br>_____ Chests<br>_____ Toy chests | _____ Bookshelves<br>_____ Tables<br>_____ Kitchen/Dinning tables with _____ Chairs<br>_____ Entertainment center<br>_____ Sofa<br>_____ Love seat<br>_____ Recliner<br>_____ Coffee table<br>_____ End tables<br>_____ Rugs<br>_____ Fans (not ceiling fans)<br>_____ Decorative paintings<br>_____ Throw rugs<br>_____ Decorative Pillows<br>_____ Candles and votives<br>_____ Small decorative items<br>_____ Refrigerator<br>_____ Stove<br>_____ Microwave<br>_____ Can opener (manual or electric)<br>_____ Toaster<br>_____ Patio tables with _____ chairs<br>_____ Lawn mover<br>_____ Books |
|---|---|

Other items: \_\_\_\_\_

**The following is a list of common items found within a household. These items will be added to your list of personal property. If you do not have any of these items, mark through that item.**

Misc. kitchen utensils, Forks, Knives, Pots, Pans, Baking pans, Tupperware, Plates, Dishes, Bowls, Mugs, Glasses, Bathroom knick knacks, Grooming supplies, Vacuum, Broom, Mop, Cleaning gadgets, Misc. hand tools. Misc. garage tools

Ownership of belongings: Debtor \_\_\_\_\_ Spouse \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

If Joint, Who? \_\_\_\_\_

Market Value? (Please use Garage Sale Value) \_\_\_\_\_

### Books, Coins Collections Etc:

Describe collection - \_\_\_\_\_ Value? \_\_\_\_\_

### Firearms, Sports Equipment, other Hobby Equipment?

Describe collection - \_\_\_\_\_ Value? \_\_\_\_\_

### Clothing, Jewelry, and Furs

The debtor owns an assortment of clothing.

Males: Shirts, Pants, suits, ties, hats, sweaters, jackets, shoes, and undergarments. Etc. - Market Value?

\_\_\_\_\_

Females: Shirts, pants, suits, dresses, hats, sweaters, jackets, shoes, and undergarments. Etc. - Market Value?

\_\_\_\_\_

The debtor has an assortment of jewelry which includes, costume jewelry and accessories and the following :

\_\_\_\_\_ Rings          \_\_\_\_\_ Necklaces          \_\_\_\_\_ Glasses

\_\_\_\_\_ Bracelets          \_\_\_\_\_ Anklets          \_\_\_\_\_ Earrings

\_\_\_\_\_ Watch          \_\_\_\_\_ Assorted Costume Jewelry

### Insurance Policies

1. The debtor has (Term life or Whole life) insurance policy with \_\_\_\_\_.

Policy number \_\_\_\_\_.

This account is owned by \_\_\_\_\_.

Benefit amount \$ \_\_\_\_\_.

Cash surrender Value? \_\_\_\_\_

2. The debtor has (Term life or Whole life) insurance policy with \_\_\_\_\_.

Policy number \_\_\_\_\_.

This account is owned by \_\_\_\_\_.

Benefit amount \$ \_\_\_\_\_.

Cash Surrender Value? \_\_\_\_\_.

### Stocks, retirement plans, or annuities:

The debtor has an (IRA or 401 K or Pension and Profit sharing accounts) with \_\_\_\_\_.

Account number \_\_\_\_\_.

This account is owned by \_\_\_\_\_.

Amount \$ \_\_\_\_\_.

Security Deposits

Do you have any security deposits? Yes or No How much?\_\_\_\_\_  
Who holds this deposit?\_\_\_\_\_.

Stock and Interests in Incorporated and Unincorporated Companies

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interests in Partnerships

Describe \_\_\_\_\_  
\_\_\_\_\_

Government and Corporate Bonds and Other Negotiable and Non-negotiable Instruments

Describe \_\_\_\_\_  
\_\_\_\_\_

Accounts Receivable

Describe \_\_\_\_\_  
\_\_\_\_\_

Family Support (you may be entitled to)

Describe \_\_\_\_\_

\*Your Tax Return\*

Amount back \_\_\_\_\_ When did you file? \_\_\_\_\_ Amount Back? \_\_\_\_\_

Equitable and Future Interests Life Estates and Rights or Powers

Describe \_\_\_\_\_

Interest in an Estate of a Debtor, Including Tax Refunds

Describe \_\_\_\_\_

Other Contingent and Unliquidated Claims

Describe \_\_\_\_\_

Patents, Copyrights and Other Intellectual Property

Describe \_\_\_\_\_

Licenses, Franchises and Other General Intangibles

Describe \_\_\_\_\_

Vehicles

**If you have a vehicle please list the following information:**

The debtor has a motor vehicle. Year \_\_\_\_\_, make \_\_\_\_\_, model \_\_\_\_\_, Style \_\_\_\_\_ color \_\_\_\_\_.

The vehicle has \_\_\_\_\_ miles.

VIN # \_\_\_\_\_

Is this vehicle paid for in full? Yes or No

If no: The loan for this car is with \_\_\_\_\_.

Their address: \_\_\_\_\_.

I still owe \$ \_\_\_\_\_ for this vehicle.

Ownership: Debtor \_\_\_\_ Spouse \_\_\_\_ Joint \_\_\_\_ Other \_\_\_\_

Describe the condition of the vehicle: example. Scratches, need brakes, spots on carpet.

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The debtor has a motor vehicle. Year \_\_\_\_\_, make \_\_\_\_\_, model \_\_\_\_\_ style \_\_\_\_\_ color \_\_\_\_\_.

The vehicle has \_\_\_\_\_ miles.

VIN # \_\_\_\_\_

The loan for this car is with \_\_\_\_\_.

Their address: \_\_\_\_\_.

I still owe \$ \_\_\_\_\_ for this vehicle.

Describe the condition of the vehicle: example. Scratches, need brakes, spots on carpet.

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Boats, Motors, and Accessories and/or Aircraft and Accessories

Describe \_\_\_\_\_

Office Equipment, Furnishings and Supplies

Machinery, Fixtures, Equipment and Supplies

Inventory

Livestock, Poultry and Other Animals

Crops

Farming Equipment and Implements

Farm Supplies, Chemicals and Feed

Other Personal Property

**\*\* IF you have copies of your ACTUAL bills and/or statements that you will be bringing in with you to your meeting with us, you do not need to fill this section out\*\***

# 1	# 2
Statement Provided? Yes or No ADD Credit Report #'s -	Statement Provided? Yes or No ADD Credit Report #'s -
1) Name	1) Name
2) Address	2) Address
3) Zip	3) Zip
4) Account #	4) Account #
5) Amount Owed \$	5) Amount Owed \$
6) What for:	6) What for:
7) Name(s) on account:	7) Name(s) on account:

# 3	# 4
Statement Provided? Yes or No ADD Credit Report #'s -	Statement Provided? Yes or No ADD Credit Report #'s -
1) Name	1) Name
2) Address	2) Address
3) Zip	3) Zip
4) Account #	4) Account #
5) Amount Owed \$	5) Amount Owed \$
6) What for:	6) What for:
7) Name(s) on account:	7) Name(s) on account:

# 5	# 6
Statement Provided? Yes or No ADD Credit Report #'s -	Statement Provided? Yes or No ADD Credit Report #'s -
1) Name	1) Name
2) Address	2) Address
3) Zip	3) Zip
4) Account #	4) Account #
5) Amount Owed \$	5) Amount Owed \$
6) What for:	6) What for:
7) Name(s) on account:	7) Name(s) on account:

**# 7**

<b>Statement Provided? Yes or No ADD Credit Report #'s -</b>
1) Name
2) Address  3) Zip
4) Account #
5) Amount Owed \$
6) What for:
7) Name(s) on account:

**# 8**

<b>Statement Provided? Yes or No ADD Credit Report #'s -</b>
1) Name
2) Address  3) Zip
4) Account #
5) Amount Owed \$
6) What for:
7) Name(s) on account:

**# 9**

<b>Statement Provided? Yes or No ADD Credit Report #'s -</b>
1) Name
2) Address  3) Zip
4) Account #
5) Amount Owed \$
6) What for:
7) Name(s) on account:

**# 10**

<b>Statement Provided? Yes or No ADD Credit Report #'s -</b>
1) Name
2) Address  3) Zip
4) Account #
5) Amount Owed \$
6) What for:
7) Name(s) on account:

**# 11**

<b>Statement Provided? Yes or No ADD Credit Report #'s -</b>
1) Name
2) Address  3) Zip
4) Account #
5) Amount Owed \$
6) What for:
7) Name(s) on account:

**# 12**

<b>Statement Provided? Yes or No ADD Credit Report #'s -</b>
1) Name
2) Address  3) Zip
4) Account #
5) Amount Owed \$
6) What for:
7) Name(s) on account: