

Nathan M. Hansen
Attorney at Law
Bankruptcy Intake Packet

INSTRUCTIONS: Please complete all 16 pages accurately and to the best of your knowledge. Mark *n/a* where questions do not apply to you. Bring this information to your confidential interview.

PERSONAL INFORMATION

Last Name		Social Sec. No.	
First & Middle Names		Birth Date (D/M/Y)	
Are you known by any other names?		Please Circle One:	Mr. / Ms. / Mrs.
Street Address:		Telephone (home):	
Town/City:		Telephone (work):	
State:		Telephone (cell):	
County:		Email:	
Zip Code:			

Marital Status

Single Married Common law Widowed Separated Divorced

Month/Year of marriage, divorce or death if it occurred in last five years _____

PERSONAL INFORMATION OF SPOUSE OR SIGNIFICANT OTHER

Last Name		Social Sec. No.	
First & Middle Names		Birth Date (D/M/Y)	
Are you known by any other names?		Please Circle One:	Mr. / Ms. / Mrs.
Street Address:		Telephone (home):	
Town/City:		Telephone (work):	
State:		Telephone (cell):	
County:		Email:	
Zip Code:			

DEPENDENTS

Those who rely upon you for financial support:

Name	Relationship	Birth Date	Address

CURRENT AND PRIOR BUSINESSES

Have you been self-employed* in the last six (6) years? Yes No

*If you have received compensation for work performed and have not received a W-2 for that job, you have been self-employed

	Business #1	Business #2	Business #3
Name			
Type (sole-proprietorship, partnership, S corporation, etc.)			
Dates of Operation			
What happened to business?			
Where are the books and records of the business?			

Names of Partners? _____

Place of business (city)? _____ Nature of Business? _____

Are you an officer or a director of a limited company? Yes No

If yes, please give details _____

For each current business, please provide:

- Monthly profit and loss (receipts/costs) statements for the last seven (7) months
- A list of all business assets and liabilities
- Corporate tax returns for the last two years

PRIOR BANKRUPTCIES

Have you ever file for bankruptcy before? Yes No

If yes, please give: Filing Date: _____

Location: _____

Date of Discharge _____

Is there a copy available? Yes No

(Please provide a copy)

PRIOR ADDRESSES

Please list prior addresses in the past three years (if more than two, please list on back of this page):

Name used	
Address	
City, State	
Zip	
Dates lived there	

Name used	
Address Line	
City, State	
Zip	
Dates lived there	

DEBTORS WHO RENT

If you rent your home, does a landlord hold a judgment (including eviction suit) against you? Yes No

Please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Lease terms: month-to-month yearly other (explain) _____

Date lease was signed: _____

EMPLOYMENT AND INCOME INFORMATION

Present occupation: _____

Full Name and Address of Present Employer (include zip code): _____

Employed since: _____

Is your income subject to seasonal change? Yes No

If yes, please explain: _____

Do you have a second job? Yes No

If yes, please provide Full Name and Address of Second Employer (include zip code): _____

Do you regularly work overtime at either job? Yes No

If yes, please explain: _____

Do you have any other regular sources of income? Yes No

If yes, please state the source, regularity and amount of that income (other sources of income could include unemployment, social security, pension income, veteran’s benefits, child support, alimony, trust income or regular contributions from family members):

SPOUSE/SIGNIFICANT OTHER’S EMPLOYMENT AND INCOME INFORMATION

Present occupation: _____

Full Name and Address of Present Employer (include zip code): _____

Employed since: _____

Is your income subject to seasonal change? Yes No

If yes, please explain: _____

Do you have a second job? Yes No

If yes, please provide Full Name and Address of Second Employer (include zip code): _____

Do you regularly work overtime at either job? Yes No

If yes, please explain: _____

Do you have any other regular sources of income? Yes No

If yes, please state the source, regularity and amount of that income (other sources of income could include unemployment, social security, pension income, veteran’s benefits, child support, alimony, trust income or regular contributions from family members):

CURRENT EXPENSES

Do you and your spouse maintain separate households? Yes No Not married

If yes, please fill out one monthly expense sheet (page 4) for you and another for your spouse.

INSTRUCTIONS: The following page will ask you to list your monthly expenses. If you purchase any item on a weekly basis, **remember there are 4.33 weeks in a month**. If you are unsure of the amount you pay per month, but know the amount you pay for a different period, list the amount and the frequency with which you pay it (example: sewer and water \$133 every three months OR childcare \$8,300 per year). For expenses such as groceries, gas, clothing, personal care, etc. it may be helpful to look at bank and credit card statements, but do not forget to add in the amounts you spend in cash. Keep in mind that we are interested in what you are actually spending. **Please do not list amounts you think you should be spending, list the amounts you actually spend.**

Please indicate how much you pay per month for each item . . .

Rent or home mortgage	\$ _____
Does that amount include real estate taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does it include property insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home owner's association dues	\$ _____
Electricity	\$ _____
Heating oil or gas	\$ _____
Water, sewage, garbage pick up	\$ _____
Telephone service/long distance	\$ _____
Cell phone	\$ _____
Cable	\$ _____
Internet	\$ _____
Other utilities including _____	\$ _____
Household goods (trips to Walmart/Target)	\$ _____
Home maintenance (include repairs and general upkeep)	\$ _____
Food & groceries (include dining out and convenience food)	\$ _____
Personal care & grooming (includes toiletries and haircuts)	\$ _____
Clothing & shoes	\$ _____
Laundry & dry cleaning	\$ _____
Postage	\$ _____
Medical & dental expenses (do not include insurance premiums)	\$ _____
Transportation (include gas & oil changes, but not car payments)	\$ _____
Gym memberships	\$ _____
Entertainment & recreation (birthdays, gifts, movie rentals, etc.)	\$ _____
Alcohol & tobacco	\$ _____
Newspapers, magazines, books, DVDs, video games	\$ _____
Charitable contributions	\$ _____
Pet care (include vet costs, food, grooming)	\$ _____
<u>Insurance not deducted from paycheck:</u>	
Homeowner's or renter's insurance	\$ _____
Life or disability insurance	\$ _____
Health insurance	\$ _____
Auto insurance	\$ _____
Disability insurance	\$ _____
Other insurance including _____	\$ _____
Health savings account contributions not deducted from paycheck	\$ _____
<u>Installment payments:</u>	
Car payments	\$ _____
Installment payments towards back taxes	\$ _____
Student loans including _____	\$ _____
Other installments including _____	\$ _____
<u>Court ordered payments:</u>	
Alimony	\$ _____
Child support	\$ _____
Other ordered payments including _____	\$ _____
Support for dependents not living home (not court ordered)	\$ _____
Home security services including _____	\$ _____
Taxes not deducted from paycheck (total tax you anticipate owing or back taxes not yet in repayment)	\$ _____
Tax preparation services	\$ _____
Total payroll deductions (list below if not indicated on paystub)	\$ _____
Non-mandatory contributions to retirement account (including loan repayments) not deducted from paycheck (list below)	\$ _____
Total expenses from operation business	\$ _____
Other expenses not listed above including _____	\$ _____
Foreseeable future expenses such as home or auto repair (list below)	\$ _____

ASSET INVENTORY

TYPE OF ASSET	LOCATION	BEST ESTIMATE OF PRESENT VALUE
Cash on hand		
Checking account Account # _____ Name of account holder _____		
Checking account #2 Account # _____ Name of account holder C		
Savings account Account # _____ Name of account holder _____		
Savings account #2 Account # _____ Name of account holder _____		
Retirement account Account type _____ Account # _____ Name of account holder _____		
Retirement account #2 Account type _____ Account # _____ Name of account holder _____		
Security deposits with landlords		
Security deposits with utility companies		
Medical Aids		
Interests in Insurance Policies (Cash surrender value or loan value) Policy # _____		
Mutual funds, stocks or savings bonds (list each)		
Estimated tax refund for current tax year (State/Federal/Homestead/Renter's Rebate)		

TYPE OF ASSET	LOCATION	BEST ESTIMATE OF PRESENT VALUE
REAL PROPERTY – Homestead (The house in which you live) Property address: _____ _____		
REAL PROPERTY – Rental or Vacation Property address: _____ _____		
Mobile Home Serial # or VIN #		
Automobile Model: _____ VIN#: _____ Mileage: _____		
Automobile #2 Model: _____ VIN#: _____ Mileage: _____		
Automobile #3 Model: _____ VIN#: _____ Mileage: _____		
Boat/Trailer/Camper Model: _____ Serial # or VIN #: _____		
Tools/assets used in profession: (list each)		
Any business assets not included in your corporate documents		
Any other money owed to you or major assets not yet listed		

ASSET INVENTORY: HOUSEHOLD AND PERSONAL EFFECTS

INSTRUCTIONS: Value refers to the cost of replacement. That means the price a retail merchant would charge for your property **considering its age and condition**. Some of your items may not be sold by a retail merchant. In that case, **provide a value based on your ability to privately sell that item at a garage sale or second hand store**. List all items worth over \$475 separately.

	QTY	PURCHASE YEAR	CURRENT VALUE
LIVING ROOM			
Sofa			
Chair			
Lamp			
Table			
Stereo Equipment			
Television			
DVD player			
Drapes			
Art			
RECREATION ROOM			
Desk			
Chair			
Lamp			
Bookcase			
Personal computer			
Printer			
Scanner			
DINING ROOM			
Table			
Chair			
Cabinet/Buffer			
Silver			
KITCHEN			
Table			
Chair			
Pots/Pans			
Dishes			
Oven/Range			
Fridge			
Microwave			
Small appliances			

	QTY	PURCHASE YEAR	CURRENT VALUE
MASTER BEDROOM			
Bed			
Dresser			
Night table			
Drapes			
OTHER BEDROOMS			
Bed			
Dresser			
Night table			
Drapes			
OTHER HOUSEHOLD ITEMS			
Washer/Dryer			
Freezer			
Other appliances			
RECREATION AND OUTDOOR ITEMS			
Children's toys			
Bicycles			
Sports equipment			
Camping equipment			
Firearms			
Lawnmower			
Barbeque grill			
Lawn furniture			
Power tools			
Musical instruments			
iPod			
Collections (coins, etc)			
PERSONAL EFFECTS			
Clothing			
Jewelry (wedding bands & watches)			
ANY ASSETS NOT LISTED ABOVE			

CREDITORS

INSTRUCTIONS: List all of your debts including secured debts (house and car payments), debts to family and friends, credit cards, medical bills, student loans, payday loans, back taxes, past due utilities, debts to employers, domestic support obligations (past due and current), and any other debt of which you are aware.

COLUMN 1: Provide a complete correspondence address NOT a billing address. If you have received mail from the creditor or collection agency in the last three months, please provide the address on that mail. List primary creditors first and any collection agencies directly underneath the primary creditor. A fee may later be charged for any incomplete or incorrect addresses.

COLUMN 2: Please provide the date you opened the account as well as the account number.

COLUMN 3: Indicate whether the account is Individual (I), Joint (J), or guaranteed by a co-signor (C). If you are married and filing jointly, please indicate who holds the account by marking (W) for wife or (H) for husband. Provide the name of any co-signors on page 10.

COLUMN 4: Please list the total amount due if you paid the account in full today. Do not list your monthly payment amount.

If you need additional space please copy this sheet or list on back of page.

Creditor's Name & Address (List complete mailing address & zip code – please verify address with creditor if unsure.)	Date account opened & Account # (List only original account, not collection accounts)	Individual/Joint/Co-signors (I/J/C) Wife/Husband (W/H)	Best Estimate of Amount Owing

Creditor's Name & Address (List complete mailing address & zip code – please verify address with creditor if unsure.)	Date account opened & Account # (List only original account, not collection accounts)	Individual/Joint/ Co-signors (I/J/C) Wife/Husband (W/H)	Best Estimate of Amount Owning

Creditor's Name & Address (List complete mailing address & zip code – please verify address with creditor if unsure.)	Date account opened & Account # (List only original account, not collection accounts)	Individual/Joint/ Co-signors (I/J/C) Wife/Husband (W/H)	Best Estimate of Amount Owing

Have any of the above debts arisen from your guarantee or co-signing of debts for another individual or corporation? Yes No

If yes, please indicate:

Lender's Name and Address	Co-Borrower's Name & Address	Amount owed

Is the borrower bankrupt? Yes No

RECENT PAYMENTS TO CREDITORS

INSTRUCTIONS:

List payments made to all creditors in the last three (3) months.

List payments made to family members or friends in the last twelve (12) months.

DATE(S)	CREDITOR NAME AND ADDRESS	AMOUNT PAID

DEBTORS WHO ARE MARRIED

Will your spouse be filing bankruptcy with you? Yes No Not married

If no, please list **all** of your spouse’s monthly debt payments including payments on secured debts (car or house payments), credit cards, medical bills, student loans, debts to family or friends, back taxes, etc.

Nature of debt	Name of Creditor	Monthly payment amount

CREDIT COUNSELING REQUIREMENT

Before we file your case, you must complete a Credit Counseling certificate course. After filing your case, you will need to complete a Debtor Education course. These can be completed from by phone or Internet.

It's easy to complete your Credit Counseling course:

- 1) If you have already retained Nathan Hansen, call his office to obtain his account code.
- 2) Go to <https://www.acdcas.com/> and follow the instructions to complete the first course.
- 3) Allen Credit Counseling’s Number is 1-888-415-8173.

Have you completed the Credit Counseling course? Yes No

If you have not yet taken the course, it will need to be completed before your case can be filed.

REQUIRED DOCUMENTS

INSTRUCTIONS: Check the items you have included with your packet. If you need time to gather certain items, please make a note of that.

- _____ Photo Identification
- _____ Proof of Social Security Number
- _____ Completed Bankruptcy Intake Packet
- _____ Complete Credit Counseling Course at DebtorWise.org
- _____ *NOTE: You will need to complete a second course AFTER we file your case
- _____ Remaining Attorney's Fees

Please bring **COPIES** of the following:

Income Documents

- _____ 7 months of bank statements of any open account
- _____ ***If self-employed, 12 months of bank statements**
- _____ The final statement for any account that has been closed in the last 12 months
- _____ 7 months of pay stubs or any other income documents including unemployment or Social Security payments
- _____ The final pay stub of any job at which you were employed during the last year
- _____ Tax returns and W2 forms for the last two filing years
- _____ Statement of all child support income received in the last 12 months

Personal Asset Documents

- _____ Life insurance policies
- _____ Stock certificates and statements regarding stock accounts
- _____ Statements for retirement accounts and summary plan descriptions
- _____ Title to any vehicle you own (this includes boats and recreational vehicles)
- _____ Finance Agreements for any current auto loans or leases
- _____ Proof of insurance for vehicles that are currently financed

Real Estate Documents

- _____ Mortgages Statement and Note
- _____ Settlement Statement
- _____ Real Estate Appraisals
- _____ Deed to any property or home that you currently own
- _____ Records of Transfers of Property
- _____ Papers relating to Foreclosure

Other Documents

- _____ Copies of correspondence from creditors within the last 3 months
- _____ Judgment Papers (in favor of you OR against you)
- _____ Papers for any pending lawsuit
- _____ Papers from any prior bankruptcy
- _____ State court orders for child support or spousal maintenance (received or paid)
- _____ Statement of Child Support Arrearages

 _____ Name and address of any domestic support recipients
 _____ Divorce decrees within the last 5 years

Business Documents

 _____ Monthly profit and loss (receipts/costs) statements for the last seven (7) months
 _____ Corporate balance sheet (a list of all business assets and liabilities)
 _____ Corporate tax returns for the last two years
 _____ Profit and loss statement from prior tax year
 _____ All business loan documents
 _____ All incorporation papers
 _____ Corporate stock certificates
 _____ Records of transfers of assets to and from the company

FINAL QUESTIONS

1. For which year did you file your last income tax return? _____

Did you receive a refund? Yes No
 Are there arrears owing? Yes No
 Is there a copy available? Yes No

2. Within the last twenty-four (24) months, have you sold, disposed of, drawn on, or transferred **any** of your assets? (e.g. vehicles, real property, stocks/bonds, 401Ks, IRAs, cash, jewelry, etc.) Yes No

Within the last ten years, have you sold, disposed of, drawn on, or transferred any asset worth more than \$1,000? (e.g. vehicle, real property, etc.) Yes No

Have you closed any bank accounts in the last year? Yes No

If you answer Yes to any of the above, please describe:

DESCRIPTION OF ASSET	DATE DISPOSED	TO WHOM	PROCEEDS	STATUS OF PROCEEDS

3. Within the last three (3) months, have you made any payments to any single unsecured creditor? Yes No

Within the last twelve (12) months, have you paid back any loans from family members or friends? Yes No

If you answer Yes to any of the above, please list these payments on page 11.

4. Within the last twelve (12) months, have you had any assets seized, garnished or repossessed by a creditor? Yes No
 If yes, please provide:
 Asset seized _____
 Date seized _____
 Name of party seized by _____
 Was the party who made the seizure a secured creditor? Yes No
 If yes, what type of loan was it? _____
5. Do you expect to receive any sums of money, or any other property within the next 12 months which are not related to your normal income? Yes No
 If yes, please explain:

6. Do you have an ownership interest in real property or any other assets held in trust, life estate, "family" LLC or other LLC? Yes No
 If yes, please explain:

7. Do you have a safety deposit box? Yes No
 If yes, at which bank? _____
 What are the specific contents? _____
8. Does anyone owe you any money? (e.g. personal loans, accounts receivable, agreements for sale, etc). Yes No
 If yes, please describe: _____
9. Do you have gambling losses incurred within the last 12 months? Yes No
 If yes, please state the amount: _____
10. Do you own any of the following?
 (a) Valuable collectibles (coins, precious metals, antiques, art, etc?) Yes No
 (b) Savings bonds (owned presently or being purchased on a payroll savings plan)? Yes No
 (c) Shares (owned presently or being purchased on a payroll savings plan?) Yes No
 If yes to any of the above, please provide details: _____

11. Do you own a personal life insurance policy? Yes No
 If yes, please include a copy of your policy and provide details below:

	Policy #1	Policy #2
Life insurance company		
Name of beneficiary		
Cash surrender value		

12. Are you a beneficiary of a will or will you receive an inheritance? Yes No

13. Has anyone started legal proceedings against you? Yes No

14. Do any of your debts arise from?

A court ordered fine or penalty? Yes No

Credit purchases of luxury goods or services within the last 90 days? Yes No

Loans or cash advances within the last 120 days? Yes No

Debts from willful injury to another person or another person's property? Yes No

Child support or alimony? Yes No

Student loans? Yes No

Recent income tax debts or other tax debts? Yes No

Fraud, embezzlement, or misappropriation? Yes No

Debts from personal injury or death caused by your intoxicated driving? Yes No

Obtaining property by false pretense or misrepresentation? Yes No

15. Are you paying or receiving any child support or alimony? Yes No

If yes, to/from whom? _____

Amount paid/received since January 1? _____

Please provide a copy of the court order or separation agreement?

16. Please briefly describe the circumstances that led to your financial difficulties:

I HEARBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHED DOCUMENTS IS A TRUE, CORRECT AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

Your Signature

Date

Your Signature

Date