

**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
<b>REAL PROPERTY – Homestead</b> (The house in which you live) Property address: _____ _____		
<b>REAL PROPERTY – Rental or Vacation</b> 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
<b>LIVING ROOM</b>			
Sofa			
Chair			
Lamp			
Table			
Stereo Equipment			
Television			
DVD player			
Drapes			
Art			
<b>RECREATION ROOM</b>			
Desk			
Chair			
Lamp			
Bookcase			
Personal computer			
Printer			
Scanner			
<b>DINING ROOM</b>			
Table			
Chair			
Cabinet/Buffer			
Silver			
<b>KITCHEN</b>			
Table			
Chair			
Pots/Pans			
Dishes			
Oven/Range			
Fridge			
Microwave			
Small appliances			

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

**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.

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





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

**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:**

<b>Lender's Name and Address</b>	<b>Co-Borrower's Name &amp; Address</b>	<b>Amount owed</b>

**Is the borrower bankrupt?**  Yes  No



**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
<b>Life insurance company</b>		
<b>Name of beneficiary</b>		
<b>Cash surrender value</b>		

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