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CHAPTER 13 WORKSHEET

BEFORE YOU BEGIN FILLING OUT THIS WORKSHEET, PLEASE TAKE A COUPLE OF MINUTES TO READ THIS COVER SHEET. IT OUTLINES WHAT YOU NEED PRIOR TO FILING AND MAY ANSWER SOME GENERAL QUESTIONS.

1. YOU MUST COMPLETE THIS WORKSHEET. The information you give us on this worksheet is the information that will be in your Chapter 13.
2. BANKRUPTCY LAW REQUIRES THAT YOU LIST ALL OF YOUR CREDITORS. You must provide the creditor's name and complete mailing address (with zip code). If you fail to list a creditor you may be liable to pay the debt, plus interest, at a later time. Additional attorney's fees will be charged to add forgotten creditors after your case has been filed with the Court.
3. THERE ARE CERTAIN KINDS OF DEBTS THAT CANNOT BE PAID THROUGH A CHAPTER 13 PLAN, SUCH AS CURRENT SUPPORT PAYMENTS OR CURRENT MORTGAGE PAYMENTS. The attorney needs to be aware of all debts in order to properly provide for them.
4. EVEN IF YOU ARE NOT DELINQUENT IN YOUR MORTGAGE PAYMENTS, YOU STILL MUST LIST THE DEBT. If you are delinquent and it is your intention to retain your real property, YOU MUST CONTINUE MAKING YOUR REGULAR MONTHLY MORTGAGE PAYMENT. Only delinquent payments will be paid through your plan. Failure to make timely post-petition payments, may result in the loss of your property.
5. THERE ARE CERTAIN PAYMENTS THAT MAY NOT BE INCLUDED IN YOUR PLAN. These excluded creditors are specifically listed in Paragraph 12 of your plan. You must make the payment to that creditor on your own. IT WILL NOT BE PAID THROUGH YOUR PLAN. If you are unsure about what payments need to be made, discuss this with your attorney.
6. IT IS IMPORTANT THAT WE KNOW WHAT YOUR MONTHLY INCOME AND EXPENSES ARE TO AVOID ANY POTENTIAL PROBLEMS WITH THE TRUSTEE. Be sure to list all of your regular monthly expenses. If there are expenses that are paid at intervals other than monthly, try to average them on a monthly basis. Do your best to estimate a monthly amount to cover overall costs for items you may not pay for every month. List all miscellaneous expenses - these can add up!
7. IT IS IMPORTANT THAT YOU ACCURATELY COMPLETE THE TWO PROPERTY PAGES. This allows us to properly assess your assets and determine whether or not there may be a problem with your keeping the real and personal property that you have. REMEMBER THAT IF THE ATTORNEY DOES NOT KNOW ABOUT CERTAIN PROPERTY, HE MAY NOT BE ABLE TO PROTECT IT. Use garage sale value for your property, rather than replacement or purchase value.
8. When you have completed your worksheet and are ready to return it, please gather the following documents and bring them with you so that we may copy them for our file. These documents will be needed in the preparation of your plan. It also allows the attorney the opportunity to verify that the information you have given him is accurate. Once again, this avoids potential problems with the trustee and additional hearings. You will need the following:
 - _____ A. COPIES OF RECENT PAY STUBS FOR YOU AND YOUR SPOUSE. (LAST 6 MONTHS)
 - _____ B. PROOF OF ANY OTHER SOURCES OF INCOME FOR YOU OR YOUR SPOUSE (SOCIAL SECURITY, DISABILITY, UNEMPLOYMENT, CHILD OR SPOUSAL SUPPORT).
 - _____ C. IF YOU ARE SELF-EMPLOYED, PROFIT AND LOSS STATEMENTS FOR YOUR BUSINESS (AT LEAST THE LAST 6 MONTHS)
 - _____ D. WRITTEN VERIFICATION/STATEMENT SHOWING BALANCE OWING ON MORTGAGE LOANS.
 - _____ E. PROOF OF HOMEOWNERS' INSURANCE.
 - _____ F. COPY OF FORECLOSURE NOTICE OR TRUSTEE SALE IF APPLICABLE.
 - _____ G. WRITTEN VERIFICATION/STATEMENT SHOWING THE BALANCE OWING FOR ANY VEHICLE WITH A LOAN
 - _____ H. COPIES OF REGISTRATIONS & PROOF OF INSURANCE (DECLARATION PAGE, NOT THE

DEBTOR NAME

(List the husband first if husband and wife are filing jointly)

FULL NAME: _____

OTHER NAMES USED WITHIN LAST 8 YEARS (including business names) Identify if a business is still operational (dba) or formerly doing business as (fdba)

SOCIAL SECURITY NO.: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): _____

Bankruptcies filed during the last 8 years:

City/State Where Filed: _____

Case No.: _____ Was it Chapter 7 or 13 _____

Date Filed: _____ Discharged or Dismissed: Circle one

CO-DEBTOR NAME

(Wife's information if husband and wife are filing jointly)

FULL NAME: _____

OTHER NAMES USED WITHIN LAST 8 YEARS (maiden name, former married name, business name, Identify if a business is still operational (dba) or formerly doing business as (fdba)

SOCIAL SECURITY NO.: _____

STREET ADDRESS (if different than husband): _____

CITY, STATE, ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): _____

Bankruptcies filed during the last 8 years (list if other than listed above):

City/State Where Filed: _____

Case No.: _____ Was it Chapter 7 or 13 _____

Date Filed: _____ Discharged or Dismissed: Circle one

The client(s) hereby acknowledge(s) that it is his/her/their responsibility to fully disclose to the attorney all of the information requested in this Worksheet and that the information listed herein is true and correct to the best of my/our belief.

DATED: _____ Client Client

PROPERTY/ASSETS

Exemptions: FOR ATTORNEY USE ONLY 703 _____ 704 _____ SP WAIVER _____

List Address of all real property that you own
Specify type of real property listed above (residence, rental, vacant lot, mobile home):

Property No. 1 _____ Value _____
Property No. 2 _____ _____

Cash (\$ in your possession, not on deposit in a bank account) _____

Bank Accounts: (List name of bank, type of account,
and amount on deposit)

_____ checking or savings (circle one) _____
_____ checking or savings (circle one) _____
_____ checking or savings (circle one) _____
_____ checking or savings (circle one) _____

Security Deposits (Rental, Utility, etc.) _____

=====
ESTIMATE SWAP MEET/GARAGE SALE VALUE FOR HOUSEHOLD GOODS, BOOKS, AND WEARING APPAREL.
DO NOT USE REPLACEMENT VALUE.

_____ Value _____
Household Goods & Furniture _____
(including computer equipment, unless used for business)
Books, Art, Collections _____
Wearing Apparel _____
Jewelry _____
Firearms and sports, photographic, hobby equipment _____
Cash Value in Insurance Policies _____
(amount you can borrow against a policy)
Annuities _____
Retirement, pension or profit sharing plans (husband) _____
Bank or Institution holding account: _____
Type (Circle One) IRA, 401K, PERS, TSP, OTHER

Retirement, pension or profit sharing plans (wife) _____
Bank or Institution holding account: _____
Type (Circle One) IRA, 401K, PERS, TSP, OTHER

THE FOLLOWING ARE SOME QUESTIONS THAT WILL BE ASKED OF YOU IN COURT. BE SURE TO ANSWER THEM TRUTHFULLY.

Have you charged more than \$500.00 on any one credit card in the last 3 months? Have you taken more than \$750.00 in cash advances on any one credit card in the last 2 months? If no, check here: _____ If yes, list below:

<u>Credit Card</u>	<u>Cash Advances Date</u>	<u>Purchase Dates</u>

Have you charged more than \$5,000.00 to any one creditor in the last 12 months? Yes No If yes, identify creditor: _____

Do you owe money to any creditor with whom you have a checking or savings account? If so, identify creditor: _____.

IT IS GENERALLY OUR RECOMMENDATION THAT YOU CLOSE THIS ACCOUNT PRIOR TO FILING TO AVOID POTENTIAL SETOFFS.

Do you have any rights to sue any person or entity? No _____ If yes:

Name of person: _____ Amount of Suit: \$ _____

Type of lawsuit: _____ Has suit been filed? _____

Are you entitled to receive a death benefit under a will or insurance policy for someone who has died? Yes _____ No _____

Are you the beneficiary, trustee or trustor of a trust? Yes _____ No _____

Do you now or have you had in the past year any interest in offshore accounts, i.e., accounts outside the borders of the United States? Yes _____ No _____

Have you refinanced any property within the last two years? Yes _____ No _____

Have you ever had an insurance claim denied? Yes _____ No _____

Have you transferred or sold any property to any third party in the last four years in which you did not receive full value for the the asset transferred? Yes _____ No _____

SECURED DEBTS

MORTGAGE - IF YOU DON'T OWN A HOUSE, SKIP THIS PAGE.

Is there a Cal Vet loan on this property? _____ a V.A. loan? _____
Is there any other government agency loan on your property? _____
Has a Notice of Default been filed? _____ If yes, when filed? _____
Is there a foreclosure sale scheduled? _____ Date: _____

PROPERTY NO.1: ADDRESS _____

1st Mortgage on Property No.1: When did you originally buy this property? _____

Is it your intention to keep this property? _____

Creditor Name/Address/Acct # Foreclosure Co./Collection Agent:

1. _____

_____ Loan Date: _____ Monthly payment: _____

Fair Market Value: _____ Amount of Debt: _____

Date of Last payment: _____ Total Amount of Arrearage: _____

Co-debtor (Name & Address): _____

Delinquent Property taxes: Amount: _____ Tax Year(s): _____

2nd Mortgage on Property No.1:

Creditor Name/Address/Acct # Foreclosure Co./Collection Agent:

2. _____

_____ Loan Date: _____ Monthly payment: _____

Fair Market Value: _____ Amount of Debt: _____

Date of Last payment: _____ Total Amount of Arrearage: _____

Co-debtor (Name & Address): _____

3rd TD on Mortgage on Property No.1:

Creditor Name/Address/Acct #

Foreclosure Co./Collection Agent:

3. _____

_____ Loan Date: _____ Monthly payment: _____

Fair Market Value: _____ Amount of Debt: _____

Date of Last payment made: _____ Delinquent Amount: _____

Co-debtor (Name & Address): _____

4. HOA NAME AND ADDRESS PROPERTY NO. 1 Collection Agent:

Monthly payment: _____ Delinquent Amount: _____

SECURED DEBTS

MORTGAGE - IF YOU DON'T OWN A SECOND PROPERTY, SKIP THIS PAGE.

Is there a Cal Vet loan on this property? _____ a V.A. loan? _____
Is there any other government agency loan on your property? _____
Has a Notice of Default been filed? _____ If yes, when filed? _____
Is there a foreclosure sale scheduled? _____ Date: _____

PROPERTY NO.2: ADDRESS _____

1st Mortgage on Property No.2: When did you originally buy this property? _____

Is it your intention to keep this property? _____

Creditor Name/Address/Acct #	Foreclosure Co./Collection Agent:
------------------------------	-----------------------------------

5. _____

_____ Loan Date: _____ Monthly payment: _____

Fair Market Value: _____ Amount of Debt: _____

Date of Last payment: _____ Total Amount of Arrearage: _____

Co-debtor (Name & Address): _____

Delinquent Property taxes: Amount: _____ Tax Year(s): _____

2nd Mortgage on Property No.2:

Creditor Name/Address/Acct #	Foreclosure Co./Collection Agent:
------------------------------	-----------------------------------

6. _____

_____ Loan Date: _____ Monthly payment: _____

Fair Market Value: _____ Amount of Debt: _____

Date of Last payment: _____ Total Amount of Arrearage: _____

Co-debtor (Name & Address): _____

3rd TD on Mortgage on Property No.2:

Creditor Name/Address/Acct #

Foreclosure Co./Collection Agent:

7. _____

_____ Loan Date: _____ Monthly payment: _____

Fair Market Value: _____ Amount of Debt: _____

Date of Last payment made: _____ Delinquent Amount: _____

Co-debtor (Name & Address): _____

8. HOA NAME AND ADDRESS PROPERTY NO.2 Collection Agent:

Monthly payment: _____ Delinquent Amount: _____

VEHICLE LOANS/LEASES

Creditor Name/Address/Acct # Creditor's Rep: (Attorney or Coll. Agency)

1. _____ Name: _____
_____ Address: _____
_____ DO YOU WANT TO KEEP THIS VEHICLE? _____

Year/Make of Vehicle: _____ Market Value: _____

Loan or lease? _____ Balance of Loan: _____

Date of loan/lease _____ Monthly payment: \$ _____

Amount of Missed Payments: _____ # of payments left: _____

Is there a co-signor on this loan? (Name & Address): _____

Creditor Name/Address/Acct # Creditor's Rep: (Attorney or Coll. Agency)

2. _____ Name: _____
_____ Address: _____
_____ DO YOU WANT TO KEEP THIS VEHICLE? _____

Year/Make of Vehicle: _____ Market Value: _____

Loan or lease? _____ Balance of Loan: _____

Date of loan/lease _____ Monthly payment: \$ _____

Amount of Missed Payments: _____ # of payments left: _____

Is there a co-signor on this loan? (Name & Address): _____

Creditor Name/Address/Acct # Creditor's Rep: (Attorney or Coll. Agency)

3. _____ Name: _____
_____ Address: _____
_____ DO YOU WANT TO KEEP THIS VEHICLE? _____

Year/Make of Vehicle: _____ Market Value: _____

Loan or lease? _____ Balance of Loan: _____

Date of loan/lease _____ Monthly payment: \$ _____

Amount of Missed Payments: _____ # of payments left: _____

Is there a co-signor on this loan? (Name & Address): _____

Creditor Name/Address/Acct #

Creditor's Rep: (Attorney or Coll. Agency)

4. _____ Name: _____

_____ Address: _____

_____ DO YOU WANT TO KEEP THIS VEHICLE? _____

Year/Make of Vehicle: _____ Market Value: _____

Loan or lease? _____ Balance of Loan: _____

Date of loan/lease _____ Monthly payment: \$ _____

Amount of Missed Payments: _____ # of payments left: _____

Is there a co-signor on this loan? (Name & Address): _____

OTHER SECURED DEBTS

SOME EXAMPLES OF SECURED DEBTS ARE FURNITURE, TOOLS, APPLIANCES, STEREOS, JEWELRY, ETC.)

Creditor Name/Address/Acct #	Creditor's Rep: (Attorney or Coll. Agency)
1. _____	Name: _____
_____	Address: _____
_____	_____

DO YOU WANT TO KEEP THIS MERCHANDISE? _____

Descrip. of Property: _____ Fair Market Value: _____

Date of purchase: _____ Amount of Debt: _____ Monthly pmt: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #	Creditor's Rep: (Attorney or Coll. Agency)
2. _____	Name: _____
_____	Address: _____
_____	_____

DO YOU WANT TO KEEP THIS MERCHANDISE? _____

Descrip. of Property: _____ Fair Market Value: _____

Date of purchase: _____ Amount of Debt: _____ Monthly pmt: _____

Co-debtor (Name & Address): _____

CHILD SUPPORT OBLIGATIONS (Fill out even if you are current):

Are you obligated to pay child support or spousal support pursuant to a court order, property settlement agreement or other government unit?

AGENCY COLLECTING ON BEHALF OF (NAME OF CHILD): _____

_____ Child's or custodial parent's address:

Case No. _____

Amount of Delinquency, if any: _____

Does your child support payment come out of your paycheck? Yes No (Circle One)

CHILD SUPPORT: CHILD SUPPORT IS NEVER DISCHARGEABLE. CURRENT SUPPORT MAY CONTINUE TO BE LEVIED FROM YOUR PAY. DELINQUENT SUPPORT MUST BE PAID AS A PRIORITY DEBT.

IMPORTANT NOTE: Please initial that you have read and understood above: _____

TAXES OWED

FEDERAL TAXES:

INTERNAL REVENUE SERVICE:

Income tax: For Tax year(s) _____ \$ _____

It is a requirement that all tax returns be filed. If the returns were filed, when? _____

If the returns have not been filed, when do you expect for them to be filed? _____

Employer taxes: For Tax year(s) _____ \$ _____

STATE TAXES:

CALIFORNIA FRANCHIS TAX BOARD:

Income tax: For Tax year(s) _____ \$ _____

It is a requirement that all tax returns be filed. If the returns were filed, when? _____

If the returns have not been filed, when do you expect for them to be filed? _____

Employer tax: \$ _____ Tax year(s) _____

Employer taxes: For Tax year(s) _____ \$ _____

EDD: For Tax year(s) _____ \$ _____

Board of Equalization: For Tax year(s) _____ \$ _____

TAXES OWING TO ANY OTHER STATE:

<u>Name/Address</u>	<u>Type of Tax</u>	<u>Tax Year(s)</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attorney notes RE tax dischargeability for the following years: _____

TAXES: ALL TAXES MUST BE LISTED IN YOUR BANKRUPTCY; HOWEVER, UNLESS THEY ARE SPECIFICALLY IDENTIFIED BY THE ATTORNEY AS DISCHARGEABLE, YOU WILL REMAIN RESPONSIBLE FOR YOUR TAXES. PLEASE DISCUSS ANY TAX QUESTIONS WITH THE ATTORNEY.

IMPORTANT NOTE: Please initial that you have read and understood above: _____

LIST ALL LAWSUITS IN WHICH A JUDGMENT HAS BEEN OBTAINED AGAINST YOU OR IN WHICH A JUDGMENT AGAINST YOU COULD RESULT.

1. Case Title: _____ V. _____ Case Number: _____

Name of Creditor (Suing Party): _____

Address of Creditor or Representative (Attorney for Suing Party):

Amount of Suit: \$ _____ Date _____

Is there a Judgment? _____ Was an Abstract Recorded? _____

2. Case Title: _____ V. _____ Case Number: _____

Name of Creditor (Suing Party): _____

Address of Creditor or Representative (Attorney for Suing Party):

Amount of Suit: \$ _____ Date _____

Is there a Judgment? _____ Was an Abstract Recorded? _____

3. Case Title: _____ V. _____ Case Number: _____

Name of Creditor (Suing Party): _____

Address of Creditor or Representative (Attorney for Suing Party):

Amount of Suit: \$ _____ Date _____

Is there a Judgment? _____ Was an Abstract Recorded? _____

STUDENT LOANS - YOURS OR IF YOU HAVE COSIGNED FOR SOMEONE ELSE'S - LIST THEM BELOW:

Creditor Name/Address/Acct#

Collection Agent/Attorney Name & Address

1. _____

Date of Loan: _____ Amount of Debt: _____ Deferred? _____

Creditor Name/Address/Acct#

Collection Agent/Attorney Name & Address

2. _____

Date of Loan: _____ Amount of Debt: _____ Deferred? _____

FEDERALLY INSURED STUDENT LOANS ARE NOT DISCHARGEABLE. THEY MUST BE LISTED IN YOUR BANKRUPTCY, BUT IT IS YOUR RESPONSIBILITY TO MAKE PAYMENT ARRANGEMENTS AT THE CONCLUSION OF YOUR BANKRUPTCY. IF YOU ARE FILING A CHAPTER 13, PLEASE BE AWARE THAT THERE MAY BE A BALANCE FOR INTEREST REMAINING ON YOUR STUDENT LOAN AT THE CONCLUSION OF YOUR CASE.

IMPORTANT NOTE: Please initial that you have read and understood above: _____

UNSECURED DEBTS

LIST ALL UNSECURED DEBTS, INCLUDING CREDIT CARDS, PERSONAL LOANS, MEDICAL BILLS, NSF CHECKS, NON-CURRENT PHONE AND UTILITY BILLS. DO NOT LIST YOUR LAST STATEMENT DATE WHERE WE ASK FOR "DATE." PLEASE INDICATE THE DATE OF A LOAN OR ONE-TIME PURCHASE, OR ESTIMATE THE TIME PERIOD IN WHICH YOU CHARGED THE BALANCE YOU NOW OWE ON AN ACCOUNT OR WHEN THE ACCOUNT LAST HAD A ZERO BALANCE. IDENTIFY IF THIS IS A BALANCE TRANSFER.

Creditor Name/Address/Acct #

Collection Agent/Attorney:

1. _____ Address: _____

_____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

2. _____ Address: _____

_____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, nsfer: _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

3. _____ Address: _____

_____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

4. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

5. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

6. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

7. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

8. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

9. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

10. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

11. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

12. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

13. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSf, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

14. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSf, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney:

15. _____ Address: _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSf, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

IF YOU HAVE MORE CREDITORS, ATTACH EXTRA PAGES WITH THE SAME INFORMATION.

MONTHLY INCOME

Marital Status:

Single _____ Married _____ Separated _____ Widowed _____ Divorced (MO/YR final) _____

Debtor (or single debtor)

Spouse

Name of Employer: _____

Employer's Address: _____

Occupation: _____

How Long Employed: _____

Work Phone Number: _____

Dependents:

Relationship
(son/daughter/parent)

Age

Relationship
(son/daughter/parent)

Age

1 _____

3 _____

2 _____

4 _____

How many of the dependants listed above do you claim on your tax return? _____

How often are you paid? (check one)
Weekly _____
Every 2 Weeks _____
2/Month _____
Monthly _____

Debtor _____

Wife _____

Gross paycheck per pay period: _____

Take Home Pay Per Pay Period: _____

PAYROLL DEDUCTIONS PER CHECK:

Taxes and Social Security _____

Insurance (Medical/dental) _____

Union Dues _____

Current Child Support Deducted _____

Retirement _____

Loan Repayment _____

Other (Describe): _____

Take Home Pay Per Pay Period: _____

Take Home Pay Per Pay Period: _____

ADDITIONAL INCOME

Self-Employment Income (monthly avg)	_____	_____
Child Support/Alimony <u>Received</u> :	_____	_____
SS Retirement:	_____	_____
SS Disability:	_____	_____
VA Disability:	_____	_____
Other Retirement from: _____	_____	_____
Unemployment/WC	_____	_____
PT/Second Job:	_____	_____
Rental Income/Contribution	_____	_____
MONTHLY TOTALS:	_____	_____

FOR ATTORNEY ONLY:

Combined Monthly Net Income:	_____
Less Expenses:	_____
Net Disposable Income:	_____

PLEASE LIST AND IDENTIFY ANY UNUSUAL DEDUCTIONS FROM YOUR PAYCHECKS. THIS WILL HELP US IN DETERMINING WHICH DEDUCTIONS CAN BE USED TO ACCURATELY CALCULATE YOUR INCOME.

ESTIMATED MONTHLY EXPENSES (Do not include credit card debts)

Mortgage 1st TD: _____

2nd TD: _____

or

Rent _____

Are your real estate taxes included in your mortgage payment? _____ No _____ Yes

Is your homeowner's insurance paid in your mortgage payment? _____ No _____ Yes

Electricity & Heating Fuel _____

Water/Sewer _____

Phone _____

Cable TV (indicate if combined with phone or internet) _____

Other Utilities _____

cell_____, trash_____, internet_____, pager_____

Home Maintenance:

HOA fees, if applicable_____ pool/yard service _____

Food _____

Clothing _____

Laundry & Cleaning _____

Medical/Dental/Drug expenses not covered by insurance _____

Transportation (gas, DMV, repairs) _____

Recreation, clubs, newspaper, magazines, gym membership) _____

Religious/Charitable Contributions _____

Renter's or Homeowner's insurance (if not in mortgage) _____

Life insurance(if not deducted from pay) _____

Health insurance(if not deducted from pay) _____

Auto Insurance _____

Other Insurance not deducted from pay

Specify type (dental, liability, add'l health) _____

Taxes:(income tax if self-employed; property tax

if not included in mortgage) _____

Auto Installment Payments _____

Other Installments (student loans, reaffirmations): _____

Alimony and/or support (If not levied from pay) _____

Payment to dependents not living at home
(child in college, elderly parent) _____

Child Care: _____

Suggested possible miscellaneous expenses

pet expenses (number and type of pet) _____

haircuts, postage, parking _____

children's activities, allowances _____

work-related expenses (DO NOT LIST BUSINESS EXPENSES
THAT ARE ON YOUR P&L) _____

uniforms required by your work _____

rental property expenses: (mortgage, property taxes) _____

TOTAL EXPENSES: _____

STATEMENT OF FINANCIAL AFFAIRS - DON'T STOP NOW! KEEP GOING!

1. STATE GROSS AMOUNT OF INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS IF SELF-EMPLOYED:

	<u>HUSBAND</u> (or single client)	<u>WIFE</u>
Year to Date:	_____	_____
Last Year:	_____	_____
Year Before:	_____	_____
Source:	Employment/Self Employment)	Employment/Self Employment)

2. OTHER INCOME: STATE AMOUNT OF INCOME RECEIVED OTHER THAN EMPLOYMENT:
(SSI; unemployment; disability; support; retirement) Identify source below

	<u>HUSBAND</u> (or single client)	<u>WIFE</u>
Year to Date:	_____	_____
Last Year:	_____	_____
Year Before:	_____	_____
Source:	_____	_____

3a. LIST ALL PAYMENTS OVER \$600.00 MADE TO ANY CREDITOR WITHIN PAST 90 DAYS

	Mortgage 1/	Mortgage 2	/Auto 1	/	Auto 2	/	Other
Creditor:	_____						
Address:	_____						
Amount Paid:	_____						
Payment Dates:	_____						
Amount Owing:	_____						

b. LIST ALL PAYMENTS WITHIN PAST YEAR TO CREDITORS WHO ARE RELATIVES OR BUSINESS ASSOCIATES

Creditor:	_____	Relationship:	_____
Address:	_____		
Amount Paid:	_____		
Payment Dates:	_____		
Amount Still Owing:	_____		

4a. LIST ALL LAWSUITS WHICH DEBTOR IS OR WAS A PARTY WITHIN PAST YEAR (INCLUDING DIVORCE)

(a) Case Title: _____
Case Number: _____

Court Location: SMALL CLAIMS; FAMILY; SUPERIOR CT; ARBITRATION
(CIRCLE ONE) SAN DIEGO; EL CAJON; SOUTH BAY; NORTH COUNTY; OTHER

Type of Case: CIVIL SUIT FOR \$; DIVORCE; SUPPORT; WORKERS COMP; UD

Suit Status: PENDING; JUDGMENT RENDERED

(b) Case Title: _____

Case Number: _____

Court Location: SMALL CLAIMS; FAMILY; SUPERIOR CT; ARBITRATION
(CIRCLE ONE) SAN DIEGO; EL CAJON; SOUTH BAY; NORTH COUNTY; OTHER

Type of Case: CIVIL SUIT FOR \$; DIVORCE; SUPPORT; WORKERS COMP; UD

Suit Status: PENDING; JUDGMENT RENDERED

b. DESCRIBE ALL PROPERTY THAT HAS BEEN ATTACHED, GARNISHED OR SEIZED WITHIN PAST YEAR

Creditor: _____

Address: _____

Seizure Date: _____

Property Description: WAGES; BANK ACCOUNT; OTHER

Value: _____

5. LIST ALL PROPERTY THAT HAS BEEN REPOSSESSED, SOLD AT A FORECLOSURE SALE, OR RETURNED TO THE SELLER WITHIN THE PAST YEAR

1. Creditor/Seller: _____

Address: _____

Property Description: _____

Value: _____ Date: _____

2. Creditor/Seller: _____

Address: _____

Property Description: _____

Value: _____ Date: _____

6a. HAVE YOU "GIVEN" ANY OF YOUR PROPERTY TO ANY CREDITOR IN THE PAST 120 DAYS?

Assignee: _____

Address: _____

Date: _____ Terms: _____

b. LIST ALL PROPERTY IN HANDS OF ANY RECEIVER OR COURT-APPOINTED OFFICIAL WITHIN THE PAST YEAR

Receiver/Official: _____
Address: _____ Court: _____
Case Title: _____ Case No: _____
Date of Order: _____
Property Description: _____ Value: _____

7. LIST ALL CASH OR CHARITABLE CONTRIBUTION OVER \$200.00 MADE WITHIN PAST YEAR (not regular Xmas/Birthday Gifts)

Recipient: _____ Address: _____
Relationship to Debtor: _____ Date of gift: _____
Description: _____ Value: _____

8. LIST ALL LOSSES FROM FIRE, THEFT OR GAMBLING WITHIN THE PAST YEAR

Property: _____ Value: _____
Circumstances: _____
Insurance Coverage? _____ Date of loss: _____

9. PAYMENTS MADE TO ANY ATTORNEY (OTHER THAN LOCKHART & BRITTON) FOR DEBT CONSULTATION WITHIN THE LAST YEAR:

Name: _____
Address: _____
Date of Payment: _____ Amount: _____

10a. LIST ANY PROPERTY SOLD OR TRANSFERRED WITHIN THE PAST TWO YEARS

1) Transferee Name and Address: _____
Relationship to Debtor: _____ Date Sold: _____
Property Description: _____ Sale Price: _____
Net Proceeds: _____

2) Transferee Name and Address: _____
Relationship to Debtor: _____ Date Sold: _____
Property Description: _____ Sale Price: _____
Net Proceeds: _____

10b. DO YOU HAVE A FAMILY TRUST? YES NO (CIRCLE ONE)

Are you a beneficiary of this trust? Yes No

Have you transferred property into that trust in the last 10 years? Yes No

1. Date of transfer: _____

Property Description: _____ Value: _____

2. Date of transfer: _____

Property Description: _____ Value: _____

11. LIST ALL BANK OR OTHER FINANCIAL ACCOUNTS CLOSED WITHIN THE PAST YEAR

1. Bank/Credit Union: _____ Branch: _____

Type of Account: _____ Final Balance: _____ Date Closed: _____

2. Bank/Credit Union: _____ Branch: _____

Type of Account: _____ Final Balance: _____ Date Closed: _____

12. LIST ANY SAFE DEPOSIT BOXES YOU HAVE OR HAD WITHIN THE PAST YEAR

Institution: _____ Branch: _____

Access: Debtor; Spouse; Other: _____ Still open? _____

Contents (Describe if other than documents): _____

13. LIST SETOFFS WITHIN THE PAST 90 DAYS. HAS ANY CREDITOR OR TAXING AGENCY TAKEN MONEY FROM YOUR ACCOUNT WITHOUT A COURT ORDER?

Creditor: _____ Address: _____

Setoff Date: _____ Amount: _____

14. LIST PROPERTY OWNED BY ANOTHER PERSON THAT IS IN POSSESSION OF DEBTOR (i.e. are you using someone else's car)

Owner: _____ Address: _____

Property Description: _____ Value: _____

Location of property if not at Debtor's residence: _____

15. LIST YOUR PRIOR ADDRESSES FOR THE PAST THREE YEARS.

Address: _____

Name(s) On lease or loan if other than Debtor and/or spouse _____

Dates you lived here: _____

Address: _____

Name(s) On lease or loan if other than Debtor and/or spouse _____

Dates you lived here: _____

Address: _____

Name(s) On lease or loan if other than Debtor and/or spouse _____

Dates you lived here: _____

16. NAME OF ALL SPOUSES WITHIN THE LAST 8 YEARS. (DO NOT LIST SPOUSE FILING WITH YOU)

IF YOU ARE SELF-EMPLOYED OR FILING UNDER A BUSINESS NAME:

1. Business Name:_____ Address:_____

Type of Business: _____ Date Business started/ended:_____

Any other owners or operators of this business?_____

IRS Tax ID#_____ State ID #_____

Name & Address of Bookkeeper or Accountant:_____

Any records unavailable?_____

2. Business Name:_____ Address:_____

Type of Business: _____ Date Business started/ended:_____

Any other owners or operators of this business?_____

IRS Tax ID#_____ State ID #_____

Name & Address of Bookkeeper or Accountant:_____

Any records unavailable?_____

ENVIRONMENTAL INFORMATION. For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environment Law.

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice and, if known, the Environmental Law.

<u>Site Name and Address</u>	<u>Governmental Unit</u>	<u>Date</u>	<u>Law</u>
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b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material.

Site Name and Address Governmental Unit Date Law

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which you are or were a party.

Government Unit Docket Number Status/Disposition

LIST ALL FIRMS OR INDIVIDUALS WHO HAVE AUDITED BOOKS AND RECORDS OF DEBTOR OR HAS PREPARED A FINANCIAL STATEMENT OF THE DEBTOR

Name: _____ Address: _____

Dates: _____

LIST ALL FIRMS OR INDIVIDUALS WHO ARE IN POSSESSION OF BOOKS OF ACCOUNT OF DEBTOR. IF BOOKS ARE UNAVAILABLE, EXPLAIN

Name: _____ Address: _____

Unavailable Records: _____

LIST ALL FINANCIAL INSTITUTIONS, CREDITORS, AND OTHER PARTIES TO WHOM A FINANCIAL STATEMENT WAS ISSUED WITHIN THE PAST TWO YEARS

Name: _____ Address: _____

Date Statement Issued: _____

LIST THE DATES OF THE LAST TWO INVENTORIES TAKEN OF YOUR PROPERTY, THE NAME OF THE PERSON WHO SUPERVISED THE TAKING OF EACH INVENTORY, AND THE DOLLAR AMOUNT AND BASIS OF EACH INVENTORY

Last Inventory Date: _____ Prior Inventory Date: _____

Supervisor: _____ Supervisor: _____

Inventory Value: _____ Inventory Value: _____

Valuation Basis: _____ Valuation Basis: _____

LIST THE NAME AND ADDRESS OF THE PERSON HAVING POSSESSION OF THE RECORDS OF EACH OF THE LAST TWO INVENTORIES REPORTED ABOVE.

Last Inventory Date: _____ Prior Inventory Date: _____

Custodian of Records: _____ Custodian of Records: _____

IF THE DEBTOR IS A PARTNERSHIP, LIST THE NATURE AND PERCENTAGE OF PARTNERSHIP INTEREST OF EACH MEMBER OF THE PARTNERSHIP

Partner: _____

Address: _____

Nature of Interest: _____

Percentage Ownership: _____

IF THE DEBTOR IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS OF THE CORPORATION, AND EACH STOCKHOLDER WHO DIRECTLY OR INDIRECTLY OWNS, CONTROLS, OR HOLDS 5 PERCENT OR MORE OF THE VOTING SECURITIES OF THE CORPORATION

Name: _____

Address: _____

Title: _____

Percentage Ownership: _____

IF THE DEBTOR IS A PARTNERSHIP, LIST EACH MEMBER WHO WITHDREW FROM THE PARTNERSHIP WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE

Name: _____

Address: _____

Withdrawal Date: _____

IF THE DEBTOR IS A CORPORATION, LIST ALL OFFICERS OR DIRECTORS WHOSE RELATIONSHIP WITH THE CORPORATION TERMINATED WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE

Name: _____

Address: _____

Title: _____

Termination Date: _____

IF THE DEBTOR IS A PARTNERSHIP OR CORPORATION, LIST ALL WITHDRAWALS OR DISTRIBUTIONS CREDITED OR GIVEN TO AN INSIDER, INCLUDING COMPENSATION IN ANY FORM, BONUSES, LOANS, STOCK REDEMPTIONS, OPTIONS EXERCISED AND ANY OTHER PERQUISITE DURING ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE

Insider's Name: _____

Address: _____

Relationship to Debtor: _____

Purpose of Withdrawal: _____

Date: _____ or Amount: _____

TO BE COMPLETED BY ATTORNEY

CHAPTER 13 PLAN

1. PLAN: _____ per month; _____% or a pr-rata share of \$ _____, whichever is greater, plus _____% A.P.R. to unsecured creditors.

3. Paragraph 3 Administrative Claims: Attorney fees paid at rate of \$ _____ per month prior to other claims.

4. Paragraph 4 (Specified leases, personal property) elect to assume existing lease.

A - regular lease payments:

<u>Creditor</u>	<u>Current thru</u>	<u>Monthly Installment</u>
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B - lease arrears:

<u>Creditor</u>	<u>Regular monthly</u>	<u>Estimated Arrears</u>	<u>Installment</u>
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5. Paragraph 5 (Specific Secured Claims; personal property) CAR LOAN OVER 910 DAYS

<u>Creditor</u>	<u>FMV</u>	<u>Installment</u>	<u>% Interest</u>
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6. Paragraph 6 (Specified Secured Claims, PMS interest in vehicles purchased within 910 days of filing or other secured debt within one year of filing.

<u>Creditor</u>	<u>ESTIMATED CLAIM</u>	<u>Installment</u>	<u>% Interest</u>
-----------------	------------------------	--------------------	-------------------

7. Paragraph 7 (Support claims)

Domestic Support - to be paid 100% plus 10% or other indicated below)

<u>Creditor</u>	<u>Estimated Arrears</u>	<u>Installment</u>	<u>% Interest</u>
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Assigned Domestic Support - not to be paid in full.

<u>Creditor</u>	<u>Estimated Claim</u>	<u>Installment</u>
-----------------	------------------------	--------------------

8. Paragraph 8 (Secured Co-Debtor Claims- 100% plus 12% or other indicated below)

CHAPTER 13 PLAN - 100% - 5 years

Atty Fee: \$ _____
Taxes: _____
Secured: _____
Interest: _____*
RE Arrears: _____
Support: _____
"Undersecured": _____
Unsecured: _____

SUBTOTAL: _____
x 1.075

TOTAL: \$ _____

Divided by 60 months: \$ _____/mo.

Full Payment: _____

Partial Payment: _____

Plan:
100% _____ 25% _____
70% _____ 10% _____
50% _____ 0% _____

Interest at 7%:

INSTALLMENTS

24 mos. - .04448	48 mos. - .1496
36 mos. - .11168	60 mos. - .188