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ON: _____

CHAPTER 7 WORKSHEET

BEFORE YOU BEGIN FILLING OUT THIS WORKSHEET, PLEASE TAKE A COUPLE OF MINUTES TO READ THIS COVER SHEET. IT OUTLINES WHAT YOU NEED TO BRING WITH YOU WHEN YOU RETURN THE WORKSHEET TO OUR OFFICE 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 bankruptcy.

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, that debt may not be discharged. Additional attorney's fees will be charged to add forgotten creditors after your case has been filed with the Court. YOU SHOULD STOP USING YOUR CREDIT CARDS NOW!

3. LISTING A DEBT DOES NOT NECESSARILY MEAN IT WILL BE DISCHARGED. There are certain kinds of debts that cannot be discharged, such as student loans, support payments, and many taxes. THEY STILL MUST BE LISTED ON YOUR WORKSHEET. The attorney will advise you whether they can be discharged.

4. IF YOU WISH TO KEEP YOUR HOUSE OR CAR OR ANY OTHER SECURED PROPERTY, YOU MAY DO SO BY CONTINUING TO MAKE YOUR REGULAR PAYMENT. It may also be necessary for you to sign a Reaffirmation Agreement with that particular creditor after your case has been filed. Discuss this option with the attorney, but remember that YOU STILL MUST LIST THE DEBT.

5. 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!

6. 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. You should use garage sale value for your property, rather than replacement or purchase value.

7. 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 for your hearing and it is easier to locate them now rather than at the last minute. 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, 6 MONTHS PROFIT AND LOSS STATEMENTS FOR YOUR BUSINESS
- _____ D. COPIES OF REGISTRATIONS & PROOF OF INSURANCE (DECLARATION PAGE, NOT THE INSURANCE CARD) FOR ALL VEHICLES.
- _____ E. WRITTEN VERIFICATION/STATEMENT SHOWING THE BALANCE OWING FOR ANY VEHICLE WITH A LOAN (YOU MAY HAVE TO REQUEST THIS FROM CREDITOR)
- _____ F. WRITTEN VERIFICATION/STATEMENT SHOWING BALANCE OWING ON MORTGAGE LOANS.
- _____ G. COPY OF LATEST BANK STATEMENT(S).
- _____ H. PROOF OF HOMEOWNERS' INSURANCE.

CLIENT NAME

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

FULL NAME: _____

OTHER NAMES USED WITHIN LAST 6 YEARS (including business names) Identify if a business is still operational (dba) or formerly doing business as (fdb)

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 (fdb)

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

PROPERTY/ASSETS

Exemptions: FOR ATTORNEY USE ONLY 703 _____ 704 _____

List Address of all real property:

Specify type of real property listed above (residence, rental, vacant lot, mobile home):

Value

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

Bank Accounts: (List name of bank, type of account, 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 (include computer equip. unless for business) _____
(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

Stocks and interests in incorporated & un-incorp. businesses _____

Asset

Value

Partnerships or joint ventures _____

Government & Corporate Bonds _____

Accounts Receivable _____

Alimony, maintenance, support, property settlements debtor is or may be entitled to (if issues still pending) _____

Other Liquidated Debts Owing Debtor including tax refunds _____

Equitable & Future Interests, Life Estates _____

If you anticipate receiving an inheritance within next 6 months list the name of party and the anticipated amount. _____

Contingent & Unliquidated Claims (Disputed) _____
(lawsuits that may result in you being paid \$)

Patents, Copyrights, Licenses, franchises, domain names _____

Vehicles: (List all vehicles you own or use) To determine value Go to KBB.com and use fair condition, trade in value.

PRINT OUT THE KBB REPORT FOR EACH VEHICLE.

<u>Year</u>	<u>Make & Model</u>	<u>Mileage</u>	<u>Overall Condition</u> (good, fair, non-op)	<u>Trade In Value</u>
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Boats, Motors, Accessories _____

Aircraft and Accessories _____

Office Equipment, furnishings & supplies _____

Machinery, fixtures, equip. used in business _____

Inventory _____

Livestock/Valuable animals (excluding household pets) _____

Farming Equipment, supplies _____

Other Personal Property of any kind not already listed _____

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 yes, list below:

<u>Credit Card</u>	<u>Cash Advances</u>	<u>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? _____

SECURED DEBTS

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

Is there a Cal Vet loan on your property? _____ a V.A. loan? _____
Is there any other government agency loan on your property? _____
Is there a Homestead on your residence? _____ If yes, provide a copy.

Is any of your real estate involved in a foreclosure proceeding? If so, identify foreclosing party:
_____ and bring in a copy of the foreclosure notice.

1st TD on Residence: When did you originally buy this property? _____

Is it your intention to retain or surrender this property? _____
Has a Notice of Default been filed? _____ If yes, when filed? _____

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): _____

Are property taxes paid by you directly or through your mortgage?

How much are your property taxes per year? _____

2nd TD on Residence:

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): _____

Name/Address of HOA Foreclosure Co./Collection Agent:

3. _____

_____ Monthly payment: _____ Arrearage: _____

If you have a 3rd or 4th TD on your residence, list on the next page.

3rd TD on Residence or 1st TD on other property:

Address, if not residence: _____

Is it your intention to retain or surrender this property? _____

Has a Notice of Default been filed? _____ If yes, when filed? _____

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

4. _____

_____ 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: _____

Are property taxes paid by you directly or through your mortgage?

How much are your property taxes per year? _____

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): _____

Name/Address of HOA Foreclosure Co./Collection Agent:

6. _____

_____ Monthly payment: _____ Arrearage: _____

VEHICLE LOANS/LEASES

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

1. _____ Name: _____

_____ Address: _____

_____ (Retain or Surrender?): Circle One

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: _____

Co-debtor (Name & Address): _____

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

2. _____ Name: _____

_____ Address: _____

_____ (Retain or Surrender?): Circle One

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: _____

Co-debtor (Name & Address): _____

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

3. _____ Name: _____
_____ Address: _____

_____ (Retain or Surrender?): Circle One

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: _____

Co-debtor (Name & Address): _____

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

4. _____ Name: _____
_____ Address: _____

_____ (Retain or Surrender?): Circle One

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: _____

Co-debtor (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: _____
_____	_____
_____	(Retain or Surrender?): Circle One

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: _____
_____	_____
_____	(Retain or Surrender?): Circle One

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):

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

_____ Child's or custodial parent's address:

Case No. _____

Amount of Arrears, 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: _____

TAX DEBTS

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) _____ \$ _____

TAXES OWING TO STATE OF CALIFORNIA:

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: _____

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 Judgment: _____ Date _____
Was an Abstract Recorded: _____ If yes, provide a copy.

2. Case Title: _____ V. _____ Case Number: _____
Name of Creditor (Suing Party): _____
Address of Creditor or Representative (Attorney for Suing Party):

Amount of Judgment: _____ Date _____
Was an Abstract Recorded: _____ If yes, provide a copy.

3. Case Title: _____ V. _____ Case Number: _____
Name of Creditor (Suing Party): _____
Address of Creditor or Representative (Attorney for Suing Party):

Amount of Judgment: _____ Date _____
Was an Abstract Recorded: _____ If yes, provide a copy.

IF YOU HAVE ANY STUDENT LOANS, 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

1. _____

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, nsfer: _____

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, nsfer: _____

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

Creditor Name/Address/Acct #

Collection Agent/Attorney:

4. _____ Address: _____

Amount of Debt: \$ _____

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

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, nsfer: _____

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, nsfer: _____

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, nsfer: _____

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, nsfer: _____

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, nsfer: _____

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

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, nsfer: _____

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, nsfer: _____

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, nsfer: _____

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, nsfer: _____

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, nsfer: _____

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, nsfer: _____

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

Client's Marital Status:

Single _____ Married _____ Separated _____ Widowed _____ Divorced (date)_____

Debtor (or single debtor)

Spouse

Name of Employer: _____

Employer's Address: _____

Occupation: _____

How Long Employed: _____

Work Phone Number: _____

Dependents:

Relationship _____ Age _____

Relationship _____ Age _____

1 _____

3 _____

2 _____

4 _____

How many dependants do you claim on your tax return? _____

Income:

Debtor

Wife

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

Gross paycheck 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 Month: _____

Other Income:

Self-Employment Income (monthly) _____

Child Support/Alimony Received: _____

SS Retirement: _____

SS Disability: _____

State or VA Disability _____

Other Retirement: _____

Unemployment/WC _____

Second Job: _____

Did you receive a tax refund last year? If yes, how much: _____

Tax Prorate: _____

MONTHLY TOTALS: _____

FOR ATTORNEY ONLY:

Combined Monthly Net Income: _____

Less Expenses: _____

Net Disposable Income: _____

ESTIMATED MONTHLY EXPENSES (Do not include credit card debts)

Mortgage 1st TD: _____
or 2nd TD: _____
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 (Please itemize) _____

trash _____, cell _____, internet _____, pager _____

Home Maintenance:
HOA fees, if applicable _____ pool/yard service _____

Food _____

Clothing _____

Laundry & Cleaning _____

Medical/Dental/Drugs _____

Transportation (gas, DMV, repairs) _____

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

Religious/Charitable Contributions _____

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

Life _____

Health (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 or taxes in arrears to
be paid back) _____

Property tax (List even if paid through 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)

Suggested possible miscellaneous expenses

Child Care:

pet expenses

haircuts, postage, parking

children's activities, allowances

tuition/school expenses

work-related expenses

uniforms

storage unit

rental property expenses

TOTAL EXPENSES:

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

1. STATE GROSS AMOUNT OF INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS:

	<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 EXTRAORDINARY GIFTS 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

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 BY ANY CREDITOR, INCLUDING A BANK, WITHIN THE PAST 90 DAYS

Creditor: _____ Address: _____

Setoff Date: _____ Amount: _____

14. LIST PROPERTY OWNED BY ANOTHER PERSON THAT IS IN POSSESSION OF DEBTOR

Owner: _____ Address: _____

Property Description: _____ Value: _____

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

15. LIST PRIOR ADDRESSES DEBTOR RESIDED WITHIN 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.

Site Name and Address Governmental Unit Date Law

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: _____