



Law Offices of

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CREDIT COUNSELING WORKSHEETS

Thank you for consulting with this office concerning your financial problems. We appreciate your business and will endeavor to do all we can to make the legal process understandable and less frightening. The attached forms are designed to gather together all of the information necessary for an attorney to advise you of your credit options concerning strained financial situations.

Included in this questionnaire is a budget, a discussion of financial affairs, a property inventory and valuation, and a debt inventory.

Please fill these forms out completely and legibly. A secretary will use these forms to prepare a petition in Bankruptcy if that is necessary, or they may be used by your attorney to negotiate debt workouts. In either case, they will be used when you are not here to interpret them.

If you have any questions filling out these forms, please complete what you can, then call the office, and speak with the secretary for assistance on the questions you are having problems with.

Income Information

All questions must be answered for you and if you are married, your spouse, even if you are separated and living apart. Income must also be provided for all persons living in your household, unless the person living with you pays all of their own expenses and do not contribute to your expenses.

1. List all persons who live with you:

NAME	AGE	RELATIONSHIP
		Spouse

2. List all sources of income for each person above **over the last six months** and the gross amount:

	You	Spouse	-----	-----	-----
weekly	\$_____ weekly \$_____ last 6 months ----- -- source	\$_____ weekly \$_____ last 6 months ----- --- source	\$_____ weekly \$_____ last 6 months ----- - source	\$_____ weekly \$_____ last 6 months ----- - source	\$_____ weekly \$_____ last 6 months ----- - source
bi-weekly	\$_____ Bi-weekly \$_____ last 6 months ----- -- source	\$_____ Bi-weekly \$_____ last 6 months ----- --- source	\$_____ Bi-weekly \$_____ last 6 months ----- source	\$_____ Bi-weekly \$_____ last 6 months ----- source	\$_____ Bi-weekly \$_____ last 6 months ----- source
semi-monthly	\$_____ Semi-Monthly \$_____ last 6 months ----- source	\$_____ Semi-Monthly \$_____ last 6 months ----- source	\$_____ Semi-Monthly \$_____ last 6 months ----- source	\$_____ Semi-Monthly \$_____ last 6 months ----- source	\$_____ Semi-Monthly \$_____ last 6 months ----- source

monthly	\$_____	\$_____	\$_____	\$_____	\$_____
	Monthly	Monthly	Monthly	Monthly	Monthly
	\$_____	\$_____	\$_____	\$_____	\$_____
	last 6	last 6 months	last 6 months	last 6 months	last 6 months
	months	months	months	months	months
	_____	_____	_____	_____	_____
	source	source	source	source	source
other	\$_____	\$_____	\$_____	\$_____	\$_____
	last 6	last 6 months	last 6 months	last 6 months	last 6 months
	months	months	months	months	months
	_____	_____	_____	_____	_____
	source	source	source	source	source

BUDGET

INCOME: (Estimate of average future monthly income)		Debtor	Spouse
Current monthly gross wages, salary and commissions)			
SUBTOTAL			
LESS PAYROLL DEDUCTIONS			
a.	Payroll taxes		
b.	Social security		
c.	Insurance		
d.	Credit Union		
e.	Union Dues		
f.	Other:		
(1)			
(2)			
SUBTOTAL PAYROLL DEDUCTIONS			
TOTAL NET MONTHLY TAKE HOME PAY			
Regular income from operation of business or farm			
Income from real property			
Interest and dividends			
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependants listed above			
Social Security or other government assistance.			
Disability & Social Security & Veterans Compensation			
Pension or retirement income			
Other monthly income (Specify)			
a.			
b.			
c.			
Total Monthly Income From Other Sources Than Payroll			

EXPENSES

Complete this schedule by estimating the average future monthly expenses of the debtor and the debtor's family. Prorate any payments made weekly, bi-weekly, quarterly, semiannually, or annually to show monthly rate. If Debtor & Spouse live apart complete the separate column of expenditures labeled "Spouse"

		Debtor	Spouse
Rent or home mortgage payment (include lot rented for mobile home)			
Are taxes included? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is property insurance included? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Utilities			
	Electricity and heating fuel		
	Water and sewer		
	Telephone		
	Other:		
Home maintenance (repairs and upkeep)			
Food			
Clothing			
Laundry & Dry Cleaning			
Medical and drug expenses			
Transportation (not including car payment)			
Recreation, clubs and entertainment, newspapers, magazines, etc.			
Charitable contributions			
Insurance (not deducted from wages or included in home mortgage payments)			
	Homeowners or renters		
	Life		
	Health		
	Auto		
	Other		
Taxes (not deducted from wages or included in home mortgage payments)			
Specify Type of Tax & Agency			
	a.		
	b.		
	c.		
Installment payments on Secured Debt			
	Furniture Payments		
	Auto Payments		
	2nd Mortgage payment		
	Other		
Alimony, maintenance, and support paid to others			
Payments for support of additional dependants not living at home			
Regular expenses from operation of business, profession or farm			
Other			
	a.		
	b.		
	c.		
Total Expenses			

STATEMENT OF FINANCIAL AFFAIRS

I. GENERAL AND FAMILY INFORMATION

A. NAME. Please state your full name, aliases, address & mailing address here:

Debtor:

Spouse {if filing}:

Name

Name

Street Address

Street Address

Mailing Address

Mailing Address

City, State zip City, State zip

list any names that you have used in the past six years other than those listed above:

B. DEPENDANTS: List here all children or other dependents for whom you have a responsibility to or do support:

Name	Date of Birth	Relationship	Reside with you	
			Yes	No

NONE C. PRIOR ADDRESSES: List all previous addresses where you have resided in the last two years:

Debtor, Spouse or Both	Dates of residence	Street Address	City	State	Zip

C. Have you ever Filed Bankruptcy Before? Yes No

If so Provide the:

Case Number _____, District _____, Date:_____

2. INCOME: Please provide income information from all sources for the current year and the previous two years.

NONE A. FROM EMPLOYMENT:

FOR DEBTOR

	Employer Name	Employer Address	Employer City, State Zip	Position with Employer	Gross Annual Salary
Current Year					
Last Year					
2 Years Ago					

FOR SPOUSE {IF FILING}:

	Employer Name	Employer Address	Employer City, State Zip	Position with Employer	Gross Annual Salary
Current Year					
Last Year					
2 Years Ago					

NONE B. FROM OPERATION OF BUSINESS

FOR DEBTOR:

	Business Name	Business Address	City, State Zip	Nature of Business	Net Annual Business Income
Current Year					
Last Year					
2 Years Ago					

FOR SPOUSE (IF FILING):

	Business Name	Business Address	City, State Zip	Nature of Business	Net Annual Business Income
Current Year					
Last Year					
2 Years Ago					

NONE C. OTHER INCOME (Spousal & Child Support, Retirement, Welfare or other Federal Entitlements, Income on Debts owed to you, Investments, Royalties, etc.)

	Name of the Source of Income	Business Address	City, State Zip	Nature of Income	Net Annual Income
Current Year					
Last Year					
2 Years Ago					

	Name of the Source of Income	Business Address	City, State Zip	Nature of Income	Net Annual Business Income
Current Year					
Last Year					
2 Years Ago					

	Name of the Source of Income	Business Address	City, State Zip	Nature of Income	Net Annual Business Income
Current Year					
Last Year					
2 Years Ago					

NONE

3. PAYMENTS TO CREDITORS: List all payments to creditors other than those regular payments which have been made in the last year:

Name of Creditor	Creditor Address, City State & Zip	Dates Paid	Amount Paid	Amount still owing	✓ if Insider (relative or business Associate)

4. LEGAL ACTIONS

NONE **A. SUITS.** List all suits that you have been involved with as a party within the last year, or in which a judgment has been granted and is not paid.

Caption of Suit and Case No.	Nature of Action	Court and Location	Status or Disposition
Example: <i>Doe v. Debtor</i> Case No. CV94073	<i>Collection of debt</i>	<i>County Court - Natrona County</i>	<i>Served 2/14/94 Pending</i>

NONE B. GARNISHMENTS OR ATTACHMENTS: List all property which has been taken, in the last year, as a result of a garnishment, or legal seizure. Do not include repossession or foreclosures.

Name & Address of Creditor	Date Taken	Description of Property	Value of Property

NONE C. REPOSSESSIONS, FORECLOSURES & RETURNS. If, in the last year, you have lost property due to returning the property to the creditor who had a security interest in the property please set forth the following:

Name & Address of Creditor	Date Taken	Description of Property	Value of Property

NONE D. ASSIGNMENTS. If you have pledged or transferred any property within the last year to a creditor please list here:

Name & Address of Creditor	Date Taken	Description of Property	Value of Property

NONE E. RECEIVERSHIPS. Has any property of yours been in the hands of someone holding the property for sale or for the collection of rents or income within the last year? if so list here:

Name & Address of Creditor	Date Taken	Description of Property	Value of Property

NONE F. PRIOR BANKRUPTCIES. Have you ever filed a Bankruptcy previously? if so list here:

Name of Case (In re: John Doe and Mary Doe)	Date Filed	Case Number and Court (District of _____, Case No. _____)	Did you receive a discharge?

NONE 5. GIFTS. Please list all gift made within the last year. (other than typical birthday, Christmas & wedding presents valued at less than \$100.00.)

Name and Address of Person Receiving Gift	Relationship to the Debtor	Date of Gift	Description of the Property Gifted	Value of the Property Gifted

NONE 6. LOSSES. List all property which has been lost due to theft, fire, other casualty or gambling within the last year.

Description of Circumstances	Description of the Property Lost	Value of the Property Lost	Insurance Policy # if any	Date of Loss

NONE **7. PAYMENTS TO ATTORNEYS.** Please list all payments to attorneys or other debt counselors other than Patrick M. Hunter within the last year.

Name of Attorney	Address of Attorney	Date of Payment	Amount Paid

NONE 8. OTHER TRANSFERS: Please list all transfers of property by you within the last year, except those which occurred in the ordinary course of business.

Name of Recipient	Address of Recipient	Date of transfer	Description of Property Transferred	Value of Property Transferred	Description of Property Received	Value of property Received

NONE 9. FINANCIAL ACCOUNTS. List all financial or bank accounts which you have held for the last year.

Name & Address of Institution	Type of Account	Account #	Current Balance or Balance when Closed	If not open Date Closed

NONE BANK BOXES. List all safe deposit boxes that you have kept cash or other valuables in the last year.

Name & Address of Bank of other Depository	Names & Address of Those with Access	Description of Contents	Date transfer or Surrender

NONE D. SETOFFS. If any creditor has set off (traded) any claims you had against them for claims which they had against you with-in the last year please list here:

Creditor Name	Creditor Address	Date of Setoff	Amount of Setoff

NONE 10. PROPERTY HELD FOR ANOTHER. Do you hold property which belonging to someone other than yourself? If so list here.

Owner's Name	Owner's Address	Description of Property	Value of Property	Location of Property

NONE 11. EXECUTORY CONTRACTS. Please list all contracts to which you are a party where either you or another has to perform some act, such a leases, cell phone contracts, business contracts, purchase contracts, rentals, etc.

Date of Contract	Type of Contract	Name of Other Parties	Address of Other Parties

NONE **12. BUSINESSES.** If you have been in business at any time within the last two years, a business questionnaire (Questions 12-18) should be filled out for each such business. For this questionnaire “in business” means you owned more than 5% of a business (whether sole proprietorship, partnership, Limited Liability Company, or corporation). If none skip to question #19 on page 11.

Please copy pages 11 and 12 and complete for each business

12. BUSINESS List the name, address, nature of business and the beginning and ending dates of operation, of the business, if in the last two years you owned a business, were a partner in a business, or were greater than a 5% owner of any business. *{If none skip to Question 19 page 11}*

Name & Address of Business	Nature of Business	Dates of Operation

NONE 13. BOOKS & RECORDS: List all bookkeepers and accountants, who within the last six years kept or supervised the keeping of the books and records of the business OR who audited records of the business OR who is in possession of any of the books or records.

Name and Address	Dates of Service	Nature of

NONE 14. FINANCIAL STATEMENTS. If you have provided Financial Statements to any one within the last two years, please provide the name, address and the date issued.

Name	Address	Dates Issued

NONE 15. INVENTORIES: List the dates of the last two inventories taken of your property.

Date of Inventory	Supervisor	\$ Amount of Inventory	Type of Inventory {cost, market, other}

- NONE** **16. CURRENT PARTNERS, OFFICERS, DIRECTORS & SHAREHOLDERS.** If the debtor is a partnership, limited liability company or corporation, list all current owners and directors of the business, including address, percentage of interest, and/or title.

Name & Address	% Ownership	Nature of Interest	Position/Title with the Company

- NONE** **17. FORMER PARTNERS, OFFICERS, DIRECTORS & SHAREHOLDERS.** List each partner, officer or director of a partnership, limited liability company, or corporation who have resigned or withdrawn within the last year.

Name & Address	% Ownership	Nature of Interest	Position/Title with the Company

- NONE** **18. WITHDRAWALS OR DISTRIBUTIONS.** Please list all distributions from the business in the form of bonuses, withdrawals, dividends, stock redemptions, or options exercised for the previous year.

Name & Address of Recipient	Relationship with	Date and	Amount of Money or

19. THE FOLLOWING PROPERTY LISTING SHEETS AND DEBT LISTING SHEETS MUST BE FULLY COMPLETED. AS YOU FILL THESE OUT PLEASE REMEMBER:

- A. REAL PROPERTY INTERESTS MUST ALL BE LISTED, EVEN IF YOU ARE SELLING OR BUYING ON A CONTRACT FOR DEED OR SOME OTHER PURCHASE ARRANGEMENT. YOU SHOULD ALSO LIST ANY CIRCUMSTANCES IN WHICH YOU MAY BE LISTED ON THE TITLE AS AN OWNER, EVEN THOUGH YOU HAVE NO REAL OWNERSHIP INTEREST, SUCH AS JOINT TENANTS WITH PARENTS FOR INHERITANCE PURPOSES.**
- B. VALUES NEEDED ARE MARKET VALUES AND FOR MOST PERSONAL PROPERTY THIS IS GARAGE SALE VALUE. MARKET VALUE IS THE AMOUNT WHICH YOU COULD GET FOR THE PROPERTY IN ITS CURRENT CONDITION AND LOCATION.**
- C. ON THE DEBT LISTING SHEET DO NOT FORGET TO LIST COLLECTION AGENCIES AND ATTORNEYS, AND DO NOT FORGET TO LIST THE ORIGINAL CREDITOR. ALSO BE SURE TO LIST DEBTS WHICH YOU DO NOT THINK YOU OWE OR WHICH MAY BE OLD**
- D. CONTINGENT CREDITORS MUST ALSO BE LISTED - THESE ARE CREDITORS THAT YOU DO NOT OWE AT THE PRESENT TIME, BUT MAY OWE IN THE FUTURE BECAUSE OF AN AGREEMENT WHICH YOU HAVE PRESENTLY AGREED TO.**
- E. LIQUIDATED DEBTS ARE THOSE WHERE THE AMOUNT DUE MAY BE CALCULATED, UNLIQUIDATED DEBTS CAN NOT BE CALCULATED, SUCH AS PAIN AND SUFFERING CLAIMS.**

Property Listing Sheets

A. REAL PROPERTY:

NONE

Address	Legal Description	Nature of Interest (Joint, Entireties, Partner, etc.)	Fair Market Value	Payoff on Mortgage	Creditor Name

Address	Legal Description	Nature of Interest (Joint, Entireties, Partner, etc.)	Fair Market Value	Payoff on Mortgage	Creditor Name

B. Cash on Hand \$_____

C. Deposits (*Banks and other Financial Institutions, Utilities, Landlords, etc.*)

Name	Address	Reason	Amount

D. Household Goods (if the garage sale value of an item is more than \$100 please itemize, other wise build groups of items with garage sale values of between \$50 and \$150)

Description	Location	Value

E. Books, Pictures, Art Objects and Collections.

Description	Location	Value

F. Wearing Apparel, jewelry, firearms, sporting goods and other personal possessions.

Description	Location	Value

G. Automobiles, trucks, trailers and other vehicles.

Description	VIN #	Location	Value

H. Boats Motors & Accessories.

Description	Registration #	Location	Value

I. Livestock and all animals.

Description	Location	Value

J. Farming Supplies & Implements.

Description	Location	Value

K. Office Equipment, Furnishings & Supplies

Description	Location	Value

L. Machinery, Fixtures Equipment & Other supplies (not listed above).

Description	Location	Value

M. Inventory held for sale.

Description	Location	Value

N. Tangible (items that you can touch) personal property not listed above.

Description	Location	Value

O. Patents, copyrights, franchises and other intangibles

Description	Location	Value

P. Government & Corporate Bonds.

Description	Location	Value

Q. Debts owing Debtor.

Description	Obligor Name & Address	Estimated value

R. Contingent of unliquidated claims of debtor.

Description	Obligor Name & Address	Estimated value

S. Insurance Policies

Type of Policy	Insurance Co. Name & Address	Face Value	Cash Value

T. Annuities

Description (Annuity Co. & Address)	Location	Value

U. Stock & other Interests in Companies

Description	Location	Value

V. Interests in Partnerships

Description	Location	Value

W. Equitable and Future Interests.

Description	Location	Value

X. Retirement Interests, 401K Plans, Profit Sharing Plans and IRAs.

Description	Entity Holding	Value

Z. Other Property not listed above

Description	Location	Value

Creditor's Name, Mailing Address, Zip Code & Account No.	Approximate date(s) the Claim was Incurred	Please check the appropriate box if the debt is contingent, unliquidated, disputed or is a co-debtor is obligated	Total amount of Creditor's Claim	If Disputed, how much you claim you owe	Reason Claim was Incurred	Description of property pledged assure payment of the debt	Market Value of Property Pledged	List of other persons & their addresses who also owe this debt
Account # _____		<input type="checkbox"/> Contingent (not owed today) <input type="checkbox"/> Unliquidated (can not be calculated) <input type="checkbox"/> Disputed (I don't owe this amount) <input type="checkbox"/> Codebtor (another also owes) <input type="checkbox"/> None of the above			<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical Debt <input type="checkbox"/> General Loan <input type="checkbox"/> Property Purchase <input type="checkbox"/> Collection Agency			
Account # _____		<input type="checkbox"/> Contingent (not owed today) <input type="checkbox"/> Unliquidated (can not be calculated) <input type="checkbox"/> Disputed (I don't owe this amount) <input type="checkbox"/> Codebtor (another also owes) <input type="checkbox"/> None of the above			<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical Debt <input type="checkbox"/> General Loan <input type="checkbox"/> Property Purchase <input type="checkbox"/> Collection Agency			
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Creditor's Name, Mailing Address, Zip Code & Account No.	Approximate date(s) the Claim was Incurred	Please check the appropriate box if the debt is contingent, unliquidated, disputed or is a co-debtor is obligated	Total amount of Creditor's Claim	If Disputed, how much you claim you owe	Reason Claim was Incurred	Description of property pledged assure payment of the debt	Market Value of Property Pledged	List of other persons & their addresses who also owe this debt
Account # _____		<input type="checkbox"/> Contingent (not owed today) <input type="checkbox"/> Unliquidated (can not be calculated) <input type="checkbox"/> Disputed (I don't owe this amount) <input type="checkbox"/> Codebtor (another also owes) <input type="checkbox"/> None of the above			<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical Debt <input type="checkbox"/> General Loan <input type="checkbox"/> Property Purchase <input type="checkbox"/> Collection Agency			
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Collector's Name, Mailing Address, Zip Code & Account No.	Original Creditors' Name (and Address - if address is not provided on the creditor list)	Total amount of Creditors' Claims	If Disputed, how much you claim you owe
Account # _____			
Account # _____			
Account # _____			
Account # _____			
Account # _____			