

CHAPTER 7 / 13 WORKSHEET

Please answer each question completely. If you fail to do so it will delay the filing of your petition. If you have any questions about the worksheet, please call our office at (336) 229-4466.

GENERAL INFORMATION

1. **Male Debtor:** _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ County: _____
Length of time at above address: _____
List other addresses used in the last two (2) years and give dates.

List any other names used in the last six (6) years.

Social security number: _____

2. **Female Debtor:** _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ County: _____
Length of time at above address: _____
List other addresses used in the last two (2) years and give dates.

List any other names used in the last six (6) years.

Social security number: _____

Have you ever consulted with an attorney about filing bankruptcy? (List names and dates.)

EMPLOYMENT

1. Male Debtor:

Employer's Name: _____

Address: _____

Phone: _____

Position with employer: _____

Length of time employed: _____

Are you self-employed or in business? _____

Have you ever filed bankruptcy? _____

Income this year: _____ Source: _____

Income last year: _____ Source: _____

Income previous year: _____ Source: _____

2. Female Debtor:

Employer's Name: _____

Address: _____

Phone: _____

Position with employer: _____

Length of time employed: _____

Are you self-employed or in business? _____

Have you ever filed bankruptcy? _____

Income this year: _____ Source: _____

Income last year: _____ Source: _____

Income previous year: _____ Source: _____

INCOME

Attach your last paycheck stub.

	<u>Debtor</u>	<u>Spouse</u>
a. How often do you get paid ? (monthly, weekly, twice a month or every 2 weeks)	_____	_____
b. How much are you paid per period?	_____	_____
c. If overtime is not included above, estimate overtime each period:	_____	_____
d. Deductions per pay period:		
Payroll taxes and social security:	_____	_____
Insurance:	_____	_____
Union Dues:	_____	_____
Other deductions:	_____	_____
e. Other income per month:		
If self-employed, regular income:	_____	_____
Income from property:	_____	_____
Interest and Dividends:	_____	_____
Social Security or other government assistance:	_____	_____
Pension or retirement income:	_____	_____
Child support received: (list child's name, age & relationship)	_____	_____
Other income:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MONTHLY EXPENSES

a. List the name, age and relationship of all dependents living with you:

b. List how much you spend each month on the following:

Rent/Mortgage payments _____

Are property taxes included? _____

Home maintenance: _____

Electricity & heating fuel: _____

Water & Sewer: _____

Telephone: _____

Garbage: _____

Security: _____

Cable: _____

Other utilities: _____

Food: _____

Clothing: _____

Laundry/Dry cleaning: _____

Medical/Dental: _____

Transportation: _____

Recreation/clubs/entertainment/
newspaper/periodicals/books: _____

Charitable contributions: _____

Homeowners/renter's insurance: _____

Life insurance: _____

Health insurance: _____

Auto insurance: _____

Other insurance: _____

Real estate/property taxes: _____

Other taxes: _____

Auto installment payment: _____

Other installment payment: _____

Child support paid: _____

(list name, age and relationship of child)

Spousal support paid: _____

(list name, age and relationship of (ex)spouse)

Payments for dependents not living
at home: _____

(list name, age and relationship of dependent)

Child care: _____

Other expenses not previously listed:

SECURED DEBTS

(Debts in which property is collateral - such as a **car, mobile home, or real estate**)

Attach a copy of financing papers for each. If additional space is needed, use the back of this page.

1. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

2. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

3. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

UNSECURED DEBTS

(Debts such as **charge accounts, medical bills** or **loans from family or friends**)

Attach the last bill from each creditor. If additional space is needed, use the back of this page.

1. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

2. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

3. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

4. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

5. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

6. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

7. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

8. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

9. Creditor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact Person (if any): _____
Account number: _____
Description of property (what you purchased): _____
Amount owed: _____ Date of purchase: _____
Payments: _____ Who incurred debt (husband/wife/joint)? _____
Are payments current? _____ Is anyone else responsible for the debt? _____

ASSETS:

(Property or things that are in your name or that you have an interest in. Please list your property, even if you owe something on the property.)

1. Real Property:

Do you own real estate or a mobile home? _____ If so, provide the following information:

Description: _____

Present market value: _____ How titled: _____

a. Name and Address of Lienholder: _____

Amount owed: _____ Payments: _____

How many payments are behind? _____

b. Name and Address of Second Lienholder: _____

Amount owed: _____ Payments: _____

How many payments are behind? _____

c. Is any of your property involved in foreclosure or repossession proceedings? _____

If so, identify the property and the person foreclosing. _____

2. Autos or Other Vehicles (Give year, make, and value):

Please list all vehicles in your name, even if there is a lien against the vehicle.

3. Personal Property:

List all items of personal property and their value (how much money you could get for the item if you sold it today).

<u>Item</u>	<u>Value</u>
Clothing	_____
Stove	_____
Refrigerator	_____
Freezer	_____
Other kitchen appliances	_____
Washing Machine	_____
Dryer	_____
China	_____
Silver	_____
Jewelry	_____
Living room furniture	_____
Den Furniture	_____
Bedroom furniture	_____
Dining room furniture	_____
Lawn furniture	_____
Television	_____
Stereo equipment	_____
Musical instruments / Piano / Organ	_____
Air conditioner	_____
Paintings / Art	_____
Lawn mower	_____
Tools	_____
Firearms (list): _____	_____
Other (list): _____	_____
_____	_____
_____	_____

4. Bank Accounts and Safe Deposit Boxes:

a. Checking Account:

Name of Bank: _____

Address: _____

Current Balance: _____

Name of each person authorized to make withdrawals: _____

b. Savings Account:

Name of Bank: _____

Address: _____

Current Balance: _____

Name of each person authorized to make withdrawals: _____

c. Safe Deposit Box:

Name of Bank: _____

Address: _____

Current Balance: _____

Name of each person authorized to make withdrawals: _____

5. Life Insurance Policies or Retirement Accounts

Name of Bank: _____

Address: _____

Current Balance: _____

Name of each person authorized to make withdrawals: _____

Beneficiaries: _____