

**David J. Casey**

Attorney at Law

**CONFIDENTIAL**

**Bankruptcy Workbook**

**THIS IS A CONFIDENTIAL WORKBOOK WHICH CONTAINS VITAL PERSONAL INFORMATION ABOUT A SPECIFIC INDIVIDUAL(S). ONLY THOSE AUTHORIZED TO USE THE MATERIAL CONTAINED HEREIN IS PERMITTED. ANY UNAUTHORIZED USE OF ANY KIND WILL SUBJECT THE OFFENDER TO CRIMINAL AND CIVIL LIABILITIES UNDER FEDERAL AND STATE LAWS.**

**DO NOT PROCEED FURTHER UNLESS YOU HAVE SPECIFIC AUTHORITY.**

## INTRODUCTION

Unforeseen circumstances in your life have left you with a substantial debt burden and you made the right decision to relive this burden while it is still controllable.

This Workbook will enable Mr. Casey to prepare your Petition and streamline this process. At first glance, this Workbook appears to very long and intimidating, but once started you will see how quickly you can move through it.

Please answer each question as thoroughly as you can. The more thorough your answer is now, the less problems you will endure later. If the question asks for a value, please list what you think the item could sell for "as is". If the question does not pertain to you, If you do not know the answer, please write "*NA*" or 0.00.

Don't worry about making a mistake, they can be corrected, just let Mr. Casey know as soon as possible.

Glance through this Workbook first to familiarize yourself with it, this will make it less confusing and intimidating. You may find that you need to gather more information to properly answer the questions. Once this is done, then go back and answer all the questions.

## **BANKRUPTCY WORKBOOK CONTENTS**

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# I General Questions

**Debtor 1**

**Debtor 2**

A.	General Information	
<b>1</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> N/A - Not Married
<b>2</b>	<b>Currently</b>	
	<input type="checkbox"/> Married to Debtor 2 <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Separated	<input type="checkbox"/> Married to Debtor 1 Filing together? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Previously Divorced</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	<b>Your Name</b>	(If Married or Separated please list the information regarding your spouse below)
	First Name _____ <span style="float: right;"><input type="checkbox"/> None</span>	First Name _____ <span style="float: right;"><input type="checkbox"/> None</span>
	Middle Name (full) _____	Middle Name (full) _____
	Last Name _____	Last Name _____
	Social Security Number _____	Social Security Number _____
	Date of Birth (mm/dd/yy) _____	Date of Birth (mm/dd/yy) _____
	Prior Name(s) _____	Prior Name(s) _____
	When Used _____	When Used _____
B.	Contact Information	
<b>Tel/email Info</b>	<input type="checkbox"/> Same as Debtor 1	
Cell _____	Cell _____	
Home _____	Home _____	
email _____	email _____	

**Debtor 1**

**Debtor 2**

<b>C.</b>	<b>Your Home Address</b>	
	<input type="checkbox"/> Same as Debtor 1	
	Street Address 1 _____	Street Address 1 _____
	Street Address 2 _____	Street Address 2 _____
	City, State & Zip _____	City, State & Zip _____
	<b>How Many People Live at this Address</b> (including the fliers)? _____	
	<b>Prior Address (If above is less than 2 years)</b>	
	Street Address 1 _____	Street Address 1 _____
	Street Address 2 _____	Street Address 2 _____
	City, State & Zip _____	City, State & Zip _____
<b>D.</b>	<b>How long have You lived in Georgia?</b>	
	Debtor 1 _____	Debtor 2 _____
	(If you left and came back, the time starts from the last time you came back)	
	Prior State (If less that 2 years) _____	Prior State (If less that 2 years) _____
	Length of time there? _____	Length of time there? _____
	State before the Prior State? _____	State before the Prior State? _____
<b>E.</b>	<b>Dependents</b>	
	(As listed on Your Tax Returns)	
	Please list all of Your and Your Spouse's Dependents that Live in YOUR HOME.	
	<b>Name</b>	<b>Age</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Please list all of Your and Your Spouse's Dependents that DO NOT Live in YOUR HOME.		
<b>Name</b>	<b>Age</b>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
<b>F.</b>	Are either You or Your Spouse PAYING Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, Please Complete the Child Support Supplemental.	

**Debtor 1**

**Debtor 2**

**G. Important** - If You or Your Spouse has former spouse(s), or if You are Separated, please list their information below.

N/A

N/A

**First Ex-Spouse**

Name

Name

Street Address 1

Street Address 1

Street Address 2

Street Address 2

City, State & Zip

City, State & Zip

**Second Ex-Spouse**

Name

Name

Street Address 1

Street Address 1

Street Address 2

Street Address 2

City, State & Zip

City, State & Zip

**Third Ex-Spouse**

Name

Name

Street Address 1

Street Address 1

Street Address 2

Street Address 2

City, State & Zip

City, State & Zip

**H. Other Information**

Blank area for providing other information.

## II Vehicles

*(Everything that is NOT Land, Buildings and so forth)*

<b>A</b>	<b>Vehicles</b> (Automobiles, Trucks, SUVs, Motorcycles and so forth) Please complete for each vehicle you own.			
<b>1</b>	<b>1st Vehicle</b>	Year	Make & Model	LE, SE etc.      Mileage
	<i>Who Owns this Vehicle:</i>	<i>Lien Holder:</i>		<i>Other:</i>
	<input type="checkbox"/> Debtor 1 Only	<input type="checkbox"/> Paid For		Pymt: \$ _____
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Purchasing		Months Remain: _____
	<input type="checkbox"/> Both Debtor 1 & 2	<input type="checkbox"/> Lease		Who is Pymt made to: _____
	<input type="checkbox"/> One of you & another	<input type="checkbox"/> Other		Primary User: _____
	<input type="checkbox"/> Both of you & another			
<b>2</b>	<b>2nd Vehicle</b>	Year	Make & Model	LE, SE etc      Mileage
	<i>Who Owns this Vehicle:</i>	<i>Lien Holder:</i>		<i>Other:</i>
	<input type="checkbox"/> Debtor 1 Only	<input type="checkbox"/> Paid For		Pymt: \$ _____
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Purchasing		Months Remain: _____
	<input type="checkbox"/> Both Debtor 1 & 2	<input type="checkbox"/> Lease		Who is Pymt made to: _____
	<input type="checkbox"/> One of you & another	<input type="checkbox"/> Other		Primary User: _____
	<input type="checkbox"/> Both of you & another			
<b>3</b>	<b>3rd Vehicle</b>	Year	Make & Model	LE, SE etc      Mileage
	<i>Who Owns this Vehicle:</i>	<i>Lien Holder:</i>		<i>Other:</i>
	<input type="checkbox"/> Debtor 1 Only	<input type="checkbox"/> Paid For		Pymt: \$ _____
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Purchasing		Months Remain: _____
	<input type="checkbox"/> Both Debtor 1 & 2	<input type="checkbox"/> Lease		Who is Pymt made to: _____
	<input type="checkbox"/> One of you & another	<input type="checkbox"/> Other		Primary User: _____
	<input type="checkbox"/> Both of you & another			
<b>4</b>	If you have more vehicles, please complete the Vehicle Supplemental			<input type="checkbox"/> n/a
<b>B</b>	<b>If you have any Watercraft, aircraft, motor homes, ATVs and/or other recreational vehicles, other vehicles and accessories, registered or not, please complete the Vehicle Supplemental.</b>			<input type="checkbox"/> n/a
<b>C</b>	<b>Notes regarding vehicles.</b>			

### III Primary Residence

If you own or are buying your Primary Residence (the house you live in), please  n/a complete this Section.

*(If you own other Real Property, Please Complete the Real Property Supplemental)*

#### Primary Residence

Description

- Single-Family Home
- Duplex or Multi Unit
- Condo or Co-op
- Manufactured or Mobile
- Other

Who owns this property?

- Debtor 1 Only
- Debtor 2 Only
- Both Debtor 1 & 2
- One of you & another
- Both of you & another

If owned with another, please list their name(s): \_\_\_\_\_

Address:

Same as Home Address in Section I.

Street Address \_\_\_\_\_ Unit \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Value:

If you tried to sell this property today, what could you sell it for? \$ \_\_\_\_\_

- How did you value this property:
- Property Tax Statement
  - Compared to other homes in the neighborhood
  - Other: \_\_\_\_\_

Mortgages:

- 1st* What is the normal 1st Mortgage Monthly Pymt? \$ \_\_\_\_\_  
This payment is made to: \_\_\_\_\_
- 2nd* What is the normal 2nd Mortgage Monthly Pymt? \$ \_\_\_\_\_  
This payment is made to: \_\_\_\_\_
- 3rd* What is the normal 3rd Mortgage Monthly Pymt? \$ \_\_\_\_\_  
This payment is made to: \_\_\_\_\_

Insurance & Property Taxes

Included with the Payment

If NOT included in pymt: Amount Per Year

Insurance: \_\_\_\_\_

Property Tax: \_\_\_\_\_

EPA Issues: Any EPA issues regarding this property?  No

Foreclosure: Is this property being Foreclosed?  No

*(If the property is being foreclosure upon, please give a copy of the letter from the foreclosing law firm to Mr. Casey.)*  Yes

Scheduled date: \_\_\_\_\_

## IV Employment Info

**Debtor 1**

**Debtor 2**

<b>A.</b>	<b>Current Employment Status</b>			
	Check all that apply			
	Status	Complete Below		Status
	<input type="checkbox"/> Traditional Employment <small>(Primary &amp;/or 2nd Job)</small>	B		<input type="checkbox"/> Traditional Employment <small>(Primary &amp;/or 2nd Job)</small>
	<input type="checkbox"/> Self-Emp. (Either PT or FT)	C		<input type="checkbox"/> Self-Emp. (Either PT or FT)
	<input type="checkbox"/> Contract Worker	D		<input type="checkbox"/> Contract Worker
	<input type="checkbox"/> Retired with Retirement Pay	E		<input type="checkbox"/> Retired with Retirement Pay
	<input type="checkbox"/> Social Security/VA	E		<input type="checkbox"/> Social Security/VA
	<input type="checkbox"/> Unemployed	E		<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Real Estate Income	F		<input type="checkbox"/> Real Estate Income
	<input type="checkbox"/> Other - Explain			<input type="checkbox"/> Other - Explain
<b>B.</b>	<b>Traditional Employment</b>			
	Primary Employer			
	Employer's Name		Employer's Name	
	Position	Length of Emp.	Position	Length of Emp.
	Street Address 1		Street Address 1	
	Street Address 2		Street Address 2	
	City, State & Zip		City, State & Zip	
	Primary Employer's Payroll Address			
	Street Address 1		Street Address 1	
	Street Address 2		Street Address 2	
	City, State & Zip		City, State & Zip	
	Other Employment Information			

**Debtor 1****Debtor 2****Secondary Employment**

Employer's Name

Employer's Name

Position

Length of Emp.

Position

Length of Emp.

Street Address 1

Street Address 1

Street Address 2

Street Address 2

City, State &amp; Zip

City, State &amp; Zip

**C.****Self-Emp. (Either PT or FT)**

(Or Treated as Self-Employed)

Is Debtor 1 or Debtor 2 any of the following:

A Sole Proprietorship?

 Yes  No

"LLC", "PC", "Sub-Chapter S" (or Chapter "S"), Partnership?

 Yes  No

In a Partnership?

 Yes  No

Sell Real Estate, 1099 Employee, or similar employee?

 Yes  No

If Yes to any of the above, please complete the Self-Employed Supplemental.

**D.****Contract Worker**

Company Name

Company Name

Position

Position

Street Address 1

Street Address 1

Street Address 2

Street Address 2

City, State &amp; Zip

City, State &amp; Zip

Length of Contract

Months Remaining

Length of Contract

Months Remaining

Amount Paid

Weekly/Month/Lump Sum

Amount Paid

Weekly/Month/Lump Sum

Notes Regarding Contract Work

Debtor 1

Debtor 2

<b>E.</b>	<b>Retired/SS/VA/Unemployed</b>			
	<b>Social Security</b>			
	<input type="checkbox"/> n/a		<input type="checkbox"/> n/a	
	Gross Amount	Net Amount	Gross Amount	Net Amount
	When Started:	(mm/yy)	When Started:	(mm/yy)
	<input type="checkbox"/> n/a		<input type="checkbox"/> n/a	
	<b>Unemployment Received</b>			
	Gross Amount	Net Amount	Gross Amount	Net Amount
	Date Started (mm/yy)	End Date (mm/yy)	Date Started (mm/yy)	End Date (mm/yy)
	<input type="checkbox"/> n/a		<input type="checkbox"/> n/a	
	<b>Retirement Received</b>			
	Name of Company 1		Name of Company 1	
	Gross Amount	Net Amount	Gross Amount	Net Amount
	When Started:	(mm/yy)	When Started:	(mm/yy)
	Name of Company 2		Name of Company 2	
	Gross Amount	Net Amount	Gross Amount	Net Amount
	When Started:	(mm/yy)	When Started:	(mm/yy)
	Name of Company 3		Name of Company 3	
	Gross Amount	Net Amount	Gross Amount	Net Amount
	When Started:	(mm/yy)	When Started:	(mm/yy)
	<input type="checkbox"/> n/a		<input type="checkbox"/> n/a	
	<b>VA Disability</b>			
	Gross Amount	Net Amount	Gross Amount	Net Amount
	When Started:	(mm/yy)	When Started:	(mm/yy)
<b>F.</b>	<b>Real Estate Income</b> - If you have Real Estate Income, Please complete the Real Estate Income Supplemental.			<input type="checkbox"/> n/a
<b>G.</b>	<b>Notes Regarding Employment</b>			

## V

### Personal Property

*(Everything that is NOT Land, Buildings and so forth)*

<b>A</b>	<b>Personal and Household Items</b>	<b>None</b>	<b>Value</b>
	<p>(The Value of these items are what a person would pay for that item, not the purchase price or replacement price, but if someone wanted to buy the item from you in its current used condition.)</p>		
	<p><b>1 Household Goods and Furnishings:</b> (Major appliances, furniture, linens, china, kitchenware etc.)</p>	<input type="checkbox"/>	\$ _____
	<p><b>2 Electronics</b> (Televisions and radios, audio, video, stereo, and digital equipment: computers, printers scanners; music collections; electronic devices including cell phones, cameras, media players, games, and so forth.)</p>	<input type="checkbox"/>	\$ _____
	<p><b>3 Collectables of Value</b> (Antiques and figurines, paintings, prints, or other artwork; books, pictures or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectables and so forth.)</p>	<input type="checkbox"/>	\$ _____
	<p><b>4 Equipment for Sports and Hobbies</b> (Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks, carpentry tools; musical instruments and so forth.)</p>	<input type="checkbox"/>	\$ _____
	<p><b>5 Firearms</b> (Pistols, rifles, shotguns, ammunition, related equipment and so forth. Please list below)</p>	<input type="checkbox"/>	\$ _____
	<p><b>6 Clothes</b> (Everyday clothes, furs, leather coats, designer wear, shoes, accessories and so forth.)</p>	<input type="checkbox"/>	\$ _____
	<p><b>7 Jewelry</b> (Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver and so forth.)</p>	<input type="checkbox"/>	\$ _____
	<p><b>8 Non-Farm Animals</b> (Dogs, cats, birds, horses, pets and so forth. Please List)</p>	<input type="checkbox"/>	\$ _____
	<p><b>9 Other Personal &amp; Household Items not listed above</b> (Items of value not previously listed or characterized above. Please list below)</p>	<input type="checkbox"/>	\$ _____

<b>B Financial Assets</b>		<b>None</b>	<b>Value</b>
<b>Category</b>			
<b>1 Cash</b>		<input type="checkbox"/>	
	(Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your Bankruptcy and so forth.)	\$	_____
<b>2 Tax Refunds Owed to You</b>		<input type="checkbox"/>	
	Tax Year(s): _____ Federal	\$	_____
	State	\$	_____
<b>3 Deposits of Money</b>		<input type="checkbox"/>	
	(Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions and so forth. If multiple accounts at same institution, list		
	<i>Type</i> <i>Institution</i>		
	Checking Account 1 _____		_____
	Checking Account 2 _____	\$	_____
	Savings Account 1 _____	\$	_____
	Savings Account 2 _____	\$	_____
	Certificate of Deposit _____	\$	_____
	Other Financial Acct. _____	\$	_____
<b>4 Retirement and Pension Accounts</b>		<input type="checkbox"/>	
	(Interests in IRAs, ERISAs, Keoghs, 401(k)s, 403(b)s, thrift savings accounts, or other pension or profit sharing plans and so forth.)		
	<i>Type</i> <i>Institution Name</i>		
	401(k) or similar plan _____	\$	_____
	Pension Plan _____	\$	_____
	IRA _____	\$	_____
	ROTH IRA _____	\$	_____
	Retirement Account _____	\$	_____
	Keogh _____	\$	_____
	Other Retirement Acct. _____	\$	_____
	Other Retirement Acct. _____	\$	_____
<b>5 Security Deposits and Prepayments</b>		<input type="checkbox"/>	
	(Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies or others and so forth.)		
	<b>Institution Name or Individual</b>		
	Electric _____	\$	_____
	Gas _____	\$	_____
	Heating Oil _____	\$	_____

B	5 Security Deposits and Prepayments - Continued	None	Value
	Security on Rent	\$	
	Prepaid Rent _____	\$	_____
	Telephone _____	\$	_____
	Water _____	\$	_____
	Rented Furniture _____	\$	_____
	Other _____	\$	_____

<b>6</b>	<b>Interests in Insurance Policies</b>	<input type="checkbox"/>	
	(Health, disability, or life insurance; health savings accounts (HSA); credit, homeowner's or renters insurance and so forth.)		
	Company Name	Beneficiary	(Surrender or refund value)
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

<b>7</b>	<b>Family Support owed to Debtor 1 or 2</b>	<input type="checkbox"/>	
	(Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement and so forth.)		
		\$	_____

<b>8</b>	<b>Does Debtor 1 or 2 have any of the following:</b>	Yes	No
<b>a</b>	Bonds, Mutual Funds, or Publically Traded Stocks (Bond funds, investment accounts with brokerage firms, money market accounts and so forth.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Non-Publicly Traded Stock and Interests in Incorporated and Unincorporated Businesses, Including and interest in an LLC(s), Partnership(s), and Joint Venture(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Government and Corporate Bonds and other Negotiable and Non-Negotiable Instruments (Negotiable instruments include personal checks, cashiers checks, promissory notes and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Annuities (A contract for a periodic payment of money to you, either for life or for a number of years and so forth.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	Interests in an Educational IRS, in an Account in a Qualified ABLE Program, or under a Qualified State Tuition Program	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b>	Trusts, Equitable or Future Interests in Property (other than anything listed above), Rights or Powers Exercisable for Your Benefit.	<input type="checkbox"/>	<input type="checkbox"/>

<b>B</b>	<b>8</b>	<i>Does Debtor 1 or 2 have any of the following - Continued:</i>	Yes	No
	<b>g</b>	Patents, Copyrights, Trademarks, Trade Secrets, and Other Intellectual Property (Internet domain names, websites, proceeds from royalties and licensing agreements and so forth.)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>h</b>	Licenses, Franchises & Other Intangibles (Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses and so forth.)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>i</b>	Other Amounts Someone Owes You (Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, worker's compensation, Social Security benefits, unpaid loans you made to someone else and so forth.)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>j</b>	Any Interest in Property that is due You from Someone who has died (If you are a beneficiary of a living trust, expect proceeds from a life insurance policy, or are entitled to receive property because someone has died and so forth.)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>k</b>	Claims against Third Parties, whether or not You have Filed a Lawsuit or made a Demand for Payment  (Accidents, employment disputes, insurance claims, or rights to sue and so forth.)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>l</b>	Other Contingent and Unliquidated Claims of Every Nature, Including Counterclaims You may Have and Rights to Set Off Claims	<input type="checkbox"/>	<input type="checkbox"/>
<b>If "Yes" to any of the above questions, please complete the Financial Supplement.</b>				
<b>C</b>	<b>Any Financial Assets Not Listed previously</b>			<input type="checkbox"/> n/a

## VI

### Employment Income

Please Complete for Employment Income

<b>A.</b>	<b>Primary Employer</b> (if applicable, 2nd job info is listed at the end of this Section) <input type="checkbox"/> n/a		
<b>1</b>	<b>Payday</b> - Please complete the below regarding you Employment Income		
<b>a</b>	<b>How often are you paid?</b>	Debtor 1	Debtor 2
	a Weekly	<input type="checkbox"/>	<input type="checkbox"/>
	b Bi-Weekly (every two weeks)	<input type="checkbox"/>	<input type="checkbox"/>
	c Semi-Monthly (twice a month)	<input type="checkbox"/>	<input type="checkbox"/>
	d Monthly	<input type="checkbox"/>	<input type="checkbox"/>
	e Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	<b>Does your income vary or does it Remain the Same for each pay period?</b>		
	Varies	<input type="checkbox"/>	<input type="checkbox"/>
	Remains the Same	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If your income varies from pay period to pay period, please complete the Income Supplemental at the end of this Workbook. Please complete B next for the average current paycheck amounts</i>		
<b>2</b>	<b>CURRENT Paycheck Amounts</b>		
	Please respond to the below for EACH PAY PERIOD.		
	<i>If you are paid on Commissions, or your income varies from pay period to pay period or other similar format, list the averages for the past year.</i>		
<b>a</b>	The GROSS amount you are paid:		
<b>b</b>	Estimated Bonuses & Overtime:		
<b>c</b>	Taxes		
	<b>1</b> Federal	_____	_____
	<b>2</b> FICA/Social Security	_____	_____
	<b>3</b> State With holding	_____	_____
	<b>4</b> Medicare	_____	_____
	<b>5</b> Other	_____	_____
	<b>6</b> Other	_____	_____
<b>3</b>	<b>Deductions</b>		
<b>a</b>	<b>Insurance</b>		
	1 Health/Medical	_____	_____
	2 Life Individual	_____	_____
	Family	_____	_____
	3 Disability Long Term	_____	_____
	Short Term	_____	_____
	4 Vision	_____	_____
	5 Dental	_____	_____
	6 Other	_____	_____
	7 Union Dues	_____	_____
	8 401(k) Deductions	_____	_____

Debtor 1

Debtor 2

<b>A</b>	<b>3</b>	<b>b</b> 401(k) Loans	_____	_____	_____
		<b>c</b> Other Deductions	_____	_____	_____
<b>B. Support Income</b>					
	<b>1</b>	<b>Child Support</b> Child Support			
		1 Actually Received	_____	_____	_____
		2 Amount Ordered	_____	_____	_____
		3 Arrearage Amount	_____	_____	_____
	<b>2</b>	<b>Alimony/Spousal Support</b>			
		1 Actually Received	_____	_____	_____
		2 Amount Ordered	_____	_____	_____
		3 Arrearage Amount	_____	_____	_____
<b>C. "Second Job"</b> <span style="float:right;"><input type="checkbox"/> n/a</span>					
	<b>1</b>	<b>Payday</b> - Please complete the below regarding you Employment Income			
	<b>a</b>	<b>How often are you paid?</b>	Debtor 1	Debtor 2	
		a Weekly	<input type="checkbox"/>	<input type="checkbox"/>	
		b Bi-Weekly (every two weeks)	<input type="checkbox"/>	<input type="checkbox"/>	
		c Semi-Monthly (twice a month)	<input type="checkbox"/>	<input type="checkbox"/>	
		d Monthly	<input type="checkbox"/>	<input type="checkbox"/>	
		e Other	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>b</b>	<b>Does your income vary or does it Remain the Same for each pay period?</b>			
		Varies	<input type="checkbox"/>	<input type="checkbox"/>	
		Remains the Same	<input type="checkbox"/>	<input type="checkbox"/>	
		<i>If your income varies from pay period to pay period, please complete the Income Supplemental at the end of this Workbook. Please complete B next for the average current paycheck amounts</i>			
	<b>2</b>	<b>CURRENT Paycheck Amounts</b>			
		Please respond to the below for EACH PAY PERIOD.			
		<i>If you are paid on Commissions, or your income varies from pay period to pay period or other similar format, list the averages for the past year.</i>			
	<b>a</b>	The GROSS amount you are paid:			
	<b>b</b>	Estimated Bonuses & Overtime:			
	<b>c</b>	Taxes	Debtor 1	Debtor 2	
		<b>1</b> Federal	_____	_____	
		<b>2</b> FICA/Social Security	_____	_____	
		<b>3</b> State With holding	_____	_____	
		<b>4</b> Medicare	_____	_____	
		<b>5</b> Other	_____	_____	

		Debtor 1	Debtor 2
C	<b>3 Deductions</b>		
	<b>a Insurance</b>		
	1 Health/Medical	_____	_____
	2 Life Individual	_____	_____
	Family	_____	_____
	3 Disability Long Term	_____	_____
	Short Term	_____	_____
	4 Vision	_____	_____
	5 Dental	_____	_____
	6 Other	_____	_____
7 Union Dues	_____	_____	
8 401(k) Deductions	_____	_____	
	<b>b 401(k) Loans</b>		
	_____	_____	_____
	<b>c Other Deductions</b>		
	_____	_____	_____
<b>D. Notes regarding Employment Income</b>			

## VII Expenses

Please Complete regarding your **MONTHLY** Expenses  
(All Amounts, unless otherwise stated, are **MONTHLY** Amounts.)

*(Categories are determined by the Bankruptcy Court, not Mr. Casey)*

		Yes	No
<b>A.</b>	<b>Do Debtor 1 and Debtor 2 have separate households?</b> (Not just own another home, but actually live apart from each other) (If "Yes", please complete a separate Expense Section for Debtor 2)	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b>	<b>Primary Residence</b> (The Home You actually Live in)		
	<b>1 Do you Rent Your Primary Residence?</b> If Yes, please list the: Rent is due every: _____ amount: _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>2 Is Your Primary Residence a Mobile Home?</b> If yes, please complete the below: <b>1</b> Mobile Home Payment _____ <b>2</b> Lot Payment _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>3 Are you purchasing Your Primary Residence?</b> If "Yes", please complete the below	<input type="checkbox"/>	<input type="checkbox"/>
	<b>a House Payment(s)</b> _____ Amount		
	<b>1</b> 1st Mortgage Payment _____		
	<b>2</b> 2nd Mortgage Payment _____		
	<b>3</b> 3rd Mortgage Payment _____		
	<b>b HOA Payment</b> per: _____		
	<b>c Maintenance, repair &amp; upkeep</b> _____		
<b>d Taxes</b> (Not included in the house payment) _____			
<b>e Utilities</b>			
<b>1</b> Electricity, heat and natural gas _____			
<b>2</b> Water sewer and garbage collection _____			
<b>3</b> Telephone, "cell" phone, internet, satellite and cable services _____			
<b>4</b> Other _____			
<b>5</b> Other _____			
<b>C.</b>	<b>Food and housekeeping supplies</b>		
<b>D.</b>	<b>Unique Child Expenses</b> _____ (Per Wk/Mo/Yr)		
	<b>1 Child Care</b> _____		
	<b>2 Child Education costs</b> _____		
<b>E.</b>	<b>Clothing, laundry &amp; dry cleaning</b>		
<b>F.</b>	<b>Personal care products and services</b>		
<b>G.</b>	<b>Medical and Dental Expenses</b>		
	<b>1 Medical expenses</b> _____		
	<b>2 Dental expenses</b> _____		

Amount

<b>H.</b>	<b>Transportation</b> (including gas, maintenance, bus or train fare) (Do not include insurance and car payments)	
<b>I.</b>	<b>Entertainment, clubs, recreation, newspapers, magazines and books</b>	
<b>J.</b>	<b>Charitable contributions and religious donations</b>	
<b>K.</b>	<b>Insurance</b> (Do not include insurance deducted from your paycheck or for your	
	<b>1</b> Life Insurance	
	<b>2</b> Health Insurance	
	<b>3</b> Vehicle Insurance	
	<b>4</b> Other:	
<b>L.</b>	<b>Taxes</b> (Do not include taxes deducted from your pay or for your home(s))	
	Describe:	
<b>M.</b>	<b>Installment or Lease Payments</b>	
	<b>1</b> 1st Vehicle	
	<b>2</b> 2nd Vehicle	
	<b>3</b> 3rd Vehicle	
	<b>4</b> Other:	
	<b>5</b> Other:	
<b>N.</b>	<b>Support Payments Paid</b>	
		Dbtr:   1       or       2
	<b>1</b> Alimony	<input type="checkbox"/> <input type="checkbox"/>
	<b>2</b> Child Support	<input type="checkbox"/> <input type="checkbox"/>
	<b>3</b> Maintenance:	<input type="checkbox"/> <input type="checkbox"/>
	<b>4</b> Other:	<input type="checkbox"/> <input type="checkbox"/>
<b>O.</b>	<b>Other</b>	
	<b>1</b>	
	<b>2</b>	
	<b>3</b>	
	<b>4</b>	
	<b>5</b>	
	<b>6</b>	
	<b>7</b>	
<b>P.</b>	<b>Notes</b>	

## VIII General Financial Questions

<b>A</b>	<b>Annual Incomes for the last 3 Years</b>			<input type="checkbox"/> N/A
	<b>1</b>	<b>Income from Employment or Operating a Business</b>	Dbtr 1	Dbtr 2
	<b>a</b>	Year to Date Income		
	<b>b</b>	Last Year		
	<b>c</b>	2 Years Ago		
	<b>2</b>	<b>Income from Other Sources</b>		<input type="checkbox"/> N/A
	<b>a</b>	<b>Source 1 - List</b>		
	<b>1</b>	Year to Date Income		
	<b>2</b>	Last Year		
	<b>3</b>	2 Years Ago		
<b>b</b>	<b>Source 2 - List</b>			
<b>1</b>	Year to Date Income			
<b>2</b>	Last Year			
<b>3</b>	2 Years Ago			
<b>B. Payments within the last 60 days</b>				
Are you current on all your "secured debts" (house, vehicles and so forth, No Credit Cards)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Please List the debts you are behind:				
Creditor Name		Mthly Pymt	Months Behind	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
<b>C. Insiders</b> - Within 1 year, have you:				
<b>1</b>	I don't know what an Insider is? (If "Yes" stop)	Yes	No	
<b>2</b>	Paid an Insider on a debt?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b>	Paid a debt that benefited an Insider	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D. Lawsuits</b> - Within 1 year have you been involved in any Lawsuits, court actions, or administrative hearings? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If "Yes", please forward a copy of the court documents to Mr. Casey.				
<b>E. Seizure</b> - Within 1 year was any of your property repossessed, foreclosed, garnished, attached seized or levied? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If "Yes", please forward a copy of any documents to Mr. Casey.				
<b>F. Setoffs</b> - Within 90 days, did you get a setoff: <span style="float: right;">Yes No</span>				
<b>1</b>	I don't know what a Setoff is? (If "Yes" stop)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2</b>	Did you get a setoff within the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	
If "Yes", please forward a copy of any documents to Mr. Casey.				

<b>G.</b>	<b>Assignment</b> - Within 1 year was any of your property in possession of an assignee for the benefit of a creditor?	Yes	No
	<b>1</b> I don't know what this means? (If "Yes" stop)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>2</b> Was there an assignment within the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes", please forward a copy of any documents to Mr. Casey.		
<b>H.</b>	<b>Gifts of more than \$600</b> - within 2 years, have you given gifts that total \$600 or more to:	Yes	No
	<b>1</b> To an individual?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>2</b> To a Charity?	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, please list: Amt: _____ Name _____ Street Address _____ City, State & Zip _____		
	If "Yes", please forward a copy of any documents to Mr. Casey.		
<b>I.</b>	<b>Losses</b> - Within 1 year did you lose anything because of:	Yes	No
	<b>1</b> Theft?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>2</b> Fire?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>3</b> Other Disaster?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>4</b> Gambling?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please forward a copy of any documents to Mr. Casey.			
<b>J.</b>	<b>Credit Repair</b> - Within 1 year have you used a credit repair company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please forward a copy of the documents to Mr. Casey.			
<b>K.</b>	<b>Transfer Property</b> - Within 2 years have you sold or transferred any property to anybody else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please forward a copy of the documents to Mr. Casey.			
<b>L.</b>	<b>Trusts</b> - Within <b>10</b> years have you transferred any property to a self-settled trust (such as a Revocable Living Trust)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please forward a copy of the documents to Mr. Casey.			
<b>M.</b>	<b>Closed Bank Accounts</b> - Within 1 year were any of your bank accounts closed by you or the bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please forward a copy of the documents to Mr. Casey.			
<b>N.</b>	<b>Safe Deposit Box(es)</b> - Within 1 year do you have, or have had, a safe deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please forward a copy of the documents to Mr. Casey.			
<b>O.</b>	<b>Storage Unit(s)</b> - Within 1 year do you have, or have had, a storage unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please forward a copy of the documents to Mr. Casey.			
<b>P.</b>	<b>Other Peoples Property</b> - Do you have or have control of somebody else's property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please forward a copy of the documents to Mr. Casey.			
<b>Q.</b>	<b>Notes:</b>		

## VII Additional Creditors

Mr. Casey will "pull" your Credit Report, this is a 3 in 1 Report with the 3 major reporting agencies on 1 report. This Report should show all your credit cards, mortgages, car loans, collection agencies and so forth. Generally, it will not show any doctor, hospital, apartment leases, personal loans and so forth.

With regards to your Local debts, you may list those doctors, hospitals, apartment leases, personal loans or other "local" debts below that may not be on your Credit Report. If you need more pages, just copy the page 18 as many times as needed.

**Please Note: Please list the FULL address of the creditor!!!** If you do not list the FULL address, that creditor will not be listed. If a creditor is not listed, that creditor may be exempt from discharge. Exempted from discharge means you still owe that creditor. So it is very important that you get the correct name and address of the creditor!!!

<b>1</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>2</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>3</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____

<b>4</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>5</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>6</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>7</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____

<b>8</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>9</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>10</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>11</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____

<b>12</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>13</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>14</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>15</b>	<b>Creditor Name:</b> _____ Address: _____ _____ Who Incurred this debt?: <input type="checkbox"/> Debtor 1 Only <input type="checkbox"/> Debtor 2 Only <input type="checkbox"/> Both Debtor 1 & 2 <input type="checkbox"/> One of you & another <input type="checkbox"/> One or both of you & another	Amount Owed: _____ When Incurred: _____ Purpose of Debt: _____ _____ Other's Name _____ Address _____ _____
<b>16</b>	<b>Do you have more creditors to add?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>