

## HERNANDEZ LAW GROUP INC. NEW CLIENT BANKRUPTCY INFORMATION PACKET

Putting together a bankruptcy case is a detailed process requiring information about the property you own and the debts you have. The attached questionnaire is designed for both Chapter 7 and 13 bankruptcy clients to make sure that your financial situation can be evaluated thoroughly by your attorney and reported accurately to the court.

Please fill out the questionnaire truthfully and to the best of your ability. Leave blank any sections that you feel are inapplicable to you. If you are not sure about your responses to a question, the attorney can assist you in answering it at your next appointment.

### CREDIT COUNSELING:

Prior to filing a bankruptcy all filers must take the court-mandated credit counseling course. You may use any approved counseling provider, though if you enter our firm code with the providers listed below, your certificate of completion will automatically be sent to this office:

Cricket Credit Counseling Firm Code:258870 Online Only: <a href="http://www.cricketdebt.com">www.cricketdebt.com</a> Cost \$36 for singles or joint	Solid Start Financial Firm Code 258870 Second Course Only Online: <a href="http://www.Solidstartfinancial.com">www.Solidstartfinancial.com</a> Phone 866-467-4147 Cost \$24 per household
CC Advising No Firm Code Needed Only Offer First Course Online Only <a href="http://www.ccadvising.com">www.ccadvising.com</a> Cost \$14 per person	Access Counseling INC. FIRM CODE: HL21487 Online: <a href="http://accesshpe.net">accesshpe.net</a> Phone: 800-788-7857 Cost: \$25 for each course Course is also in Spanish
1 <sup>st</sup> Choice Credit Counseling FIRM CODE 1 <sup>st</sup> Course : 9215URAQ FIRM CODE 2 <sup>nd</sup> Course : 8816CBZC Online: <a href="http://www.mybknow.com">www.mybknow.com</a> Phone: 877-692-5669 Cost \$25 for first course Cost \$12 for second course	Green Path Debt Solutions FIRM CODE: Hernandez Online: <a href="http://GreenPathBK.org">GreenPathBK.org</a> Phone : 866-332-8434 <a href="http://www.greenPathBK.org">www.greenPathBK.org</a> Cost:1 <sup>st</sup> Course \$25 Cost 2 <sup>nd</sup> Course \$15

**ADDITIONAL DOCUMENTS:** In addition to filling in the questionnaire, all clients must provide this office copies of the following documents

- **Copy** of last **2 years most recent filed tax returns**, including w2 forms
- Last **6 months of wage stubs** for each party (\*includes both spouses' wage stubs regardless if one spouse is not filing)
- Last **6 month Profit and Loss Statement** (by individual month) for self-employed clients
- Last **6 months of bank statements** for all accounts

- List of your Creditors (See Section 3 below)
- **Deed** to each piece of Real Property you own
- Copy of most recent **mortgage statement** (all mortgages)
- Copy of most recent **auto loan statement** (all auto loans)
- Copy of most recent **life insurance policy statement**, if applicable
- Copy of any **lawsuit** you have been a party to within the past 1 year

**CONTACT INFO:** Once you have completed the questionnaire, you can remit the completed questionnaire to our office by mail, fax or e-mail and contact us to set up an appointment with the attorney, if one has not been scheduled already.

Hernandez Law Group  
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Ph:(510) 456-7400 Fax:(510) 456-7411

## Section 1 Basic Information

### Part A. Name and Address

Name: \_\_\_\_\_  
*Last First Middle*

DOB: \_\_\_\_\_

Spouse Name: \_\_\_\_\_  
*Last First Middle*

Spouse DOB: \_\_\_\_\_

Telephone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Have you used any other names in the past eight years? ☐ No ☐ Yes **If yes, list other names:**

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Spouse Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Have you lived at this address for at least 180 days? ☐ No ☐ Yes

Have you lived at this address for at least 3 years? ☐ No ☐ Yes

If you answered no to either of the questions above, please list your previous address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates of occupancy: \_\_\_\_\_

If you have a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If your spouse maintains a separate address, please list:

Spouse Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Part B. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years? ☐ No ☐ Yes

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? ☐ No ☐ Yes

If yes, name of debtor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

## Section 2 Property

### Part A. Real Estate

List all real estate (including timeshares) which you own or are a joint owner of, even if you still owe money on the property.

Address of property	Value	List all mortgages, home equity loans, and liens

If you rent, provide the name and address of your landlord: \_\_\_\_\_

### Part B. Personal Property

List all vehicles you own or are a joint owner of, even if you still owe money on the vehicle. Include cars, trucks, boats, etc.

Vehicle Year, Make and Model	Condition	Lender Name	Mileage	Keep or Surrender?

List all bank accounts (checking, savings) you own or are a co-signer on.

Bank Account	Type of Account	Amount

**Cash on hand.** State the amount of cash you currently have other than monies in bank accounts. \$\_\_\_\_\_. This figure will be updated to reflect what you have on the date of filing.

**Security Deposits with Public Utilities, Telephone Companies, Landlords and Others.** Do you have any security deposits? \_\_\_\_Yes \_\_\_\_No. If yes, identify the name of the entity holding the deposit, the amount, and whether it's a lease or month-to-month tenancy.

\_\_\_\_\_

\_\_\_\_\_

**NOTE: VALUING PERSONAL PROPERTY:** When you answer questions, 3-7, give your best estimate of the current value of the property, not the price you paid. Use the value you think a stranger would pay you for each item if you sold it at a garage sale, or ebay. Please state "None" if you have no property described by the sub-category. If you have some property, but it is of little or no value, you must give a dollar amount, even if it is \$1.00.

1. **Household Goods and Furnishings, Including Audio, Video, and Computer Equipment.**

Bedroom Furniture_____	sewing machine_____
Living room furniture_____	satellite dish_____
Family room furniture_____	patio furniture_____
Dining room furniture_____	barbeque_____
Refrigerator_____	gardening equipment_____
Kitchen appliances (non-"built-in")_____	tools_____
Kitchen table & chairs_____	pool table_____
Kitchen equipment (i.e. pots, pans, dishes, flatware utensils, glasses)_____	piano/organ_____
china_____ silver_____	computer equipment (not for business)_____
TV(s)_____ how many? _____	luggage_____
VCR(s)_____ how many? _____	linens, bedding, towels_____
Video games & player_____	stereo equipment_____
Vacuum cleaner_____	children's toys_____
Washer_____ Dryer_____	Other_____

Please list any single item in any category above that is clearly worth more than \$550 at a garage sale or auction by describing the item and its value below:

\_\_\_\_\_

\_\_\_\_\_

2. **Books, Pictures, and Other Art Objects, Antiques, Stamp, Coin, Record, Tape, Compact Disc and Other Collections or Collectibles.** List the value on the blank space to the right of each sub-category where applicable.

Books_____	computer discs_____
Records_____	pictures_____
DVDs_____	original paintings_____

Video Tapes\_\_\_\_\_ if so, how many? \_\_\_\_\_  
Stamp Collection\_\_\_\_\_ coin collection \_\_\_\_\_  
Antiques, other art objects, other collections—identify and state value \_\_\_\_\_

3. **Wearing Apparel.** List the value of all clothes and footwear. \_\_\_\_\_  
4. **Furs & Jewelry.** List the value on the blank space to the right of each sub-category where applicable.

Furs \_\_\_\_\_ wedding rings \_\_\_\_\_  
Watches \_\_\_\_\_ how many? \_\_\_\_\_ all other jewelry \_\_\_\_\_  
If any piece of jewelry is worth \$1,000 or more, please describe the item and its value: \_\_\_\_\_

5. **Firearms & Sports, Photographic and Other Hobby Equipment.** List the value of each  
hand gun(s) \_\_\_\_\_ how many? \_\_\_\_\_ bicycle(s) \_\_\_\_\_ how many? \_\_\_\_\_  
rifle(s) \_\_\_\_\_ how many? \_\_\_\_\_ exercise equipment \_\_\_\_\_  
camera(s) \_\_\_\_\_ make, model \_\_\_\_\_ camping equipment \_\_\_\_\_  
sports equipment (golf, tennis, skiing, fishing) \_\_\_\_\_ musical instrument(s) \_\_\_\_\_  
other \_\_\_\_\_

6. **Insurance Policies.** Name on insurance company of each policy and itemize surrender or refund value of each policy. Do you have any life insurance policies? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is it a **term policy** (one that only pays if you pass away) or a **whole life policy** (one that returns cash to you if you cancel the policy)? \_\_\_\_\_ If whole life, state the cash surrender value and the date that you have confirmed it with your agent or the insurance company. \$ \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_

Do you have a disability insurance policy? If yes, name the insurance company \_\_\_\_\_

If there is any other policy in your name, please provide a separate sheet with an explanation.

7. **Annuities.** Itemize and name each issuer. Do you have any annuities **other than your retirement plan**? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Name & address of annuity company \_\_\_\_\_  
Current cash surrender value \_\_\_\_\_  
Describe when you can withdraw the funds and in what amounts \_\_\_\_\_

\_\_\_\_\_  
Please bring a copy of the contract.

8. **Interest in an Education IRA or Under a State Qualified Tuition Plan.** Do you have any such plans? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide particulars and all records. \_\_\_\_\_

9. **Interests in IRA, ERISA, Keogh, or other Pension or Profit Sharing Plan (Including Retirement, Employee Stock Ownership and Deferred Compensation Plans).** Do you have any such plan? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the most recent statement from each account.

10. **Interests in Partnerships or Joint Ventures.** Do you have any interest in any partnership or joint ventures? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete Section 7.

11. **Government and Corporate Bonds (including Savings Bonds).** Do you have any bonds or financial instruments? Yes \_\_\_\_\_ No \_\_\_\_\_

12. **Accounts Receivable.** If you are operating, or have operated, a business, do you have any money owed for goods sold or services provided, even if not yet billed? Yes \_\_\_\_\_ No \_\_\_\_\_

13. **Alimony, Maintenance, Support, and Property Settlement.** Have you ever been divorced? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, please bring us a copy of any Court orders finalizing your divorce and the division and distribution of all property between parties.**

Are you in a divorce proceeding that is not final? Yes \_\_\_\_\_ No \_\_\_\_\_ Filing date: \_\_\_\_\_  
**If yes, please bring us a copy of any temporary orders and the latest proposed property settlement agreement, if any.**

Identify the name and address of any spouse or ex-spouse who is delinquent on support payments to you. \_\_\_\_\_

14. **Other Liquidated Debts Owed to Debtor (including Tax Refunds).** Does any person or entity owe you money for any reason other than accounts receivable? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state the name & address of the person/entity, reason, and amount. Include any tax refund not yet received where the return has already been filed. If you are paid on a commission basis, confirm the amount of earned, but unpaid commissions.

\_\_\_\_\_

\_\_\_\_\_

15. **Machinery, Fixtures, Equipment and Supplies used in Business.** Describe:

\_\_\_\_\_

\_\_\_\_\_

16. **Animals.** Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

17. **Other Personal Property of Any Kind Not Already Listed.**

\_\_\_\_\_

\_\_\_\_\_

Do you have any accrued vacation credits from your employment that you can cash in?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the current cash in value? \_\_\_\_\_

Do you receive Social Security, general assistance, AFDC, or unemployment benefits?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, identify the source, when benefits are paid, and how much you receive.

\_\_\_\_\_

\_\_\_\_\_

### Section 3 Debts

This office needs information on all debts that you owe. Please provide a copy of a bill for every debt that is owed. If you do not have a bill, please make a list of the creditor's name, address, amount owed, and account number so that we can include the debt in your case.

## Section 4 ➦ Current Income

Provide this office with copies of your last 6 months wage stubs.

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	List all dependents of you and your spouse, their ages, and their relationship to you:		
	Name	Age	Relationship

**How many people live in your home? \_\_\_\_\_**  
 (\*Include those living with you part time)

### Part A. Debtor's Income

- What is your occupation? \_\_\_\_\_
- Name and address of your employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How long have you been employed there? \_\_\_\_\_
- How often are you paid? \_\_monthly \_\_twice/month  
 \_\_every other week \_\_weekly \_\_other
- Gross income paid per pay period? \$\_\_\_\_\_

*Complete the below questions with your estimate of monthly averages.*

Do you receive

- income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?
- income from real estate property? If so, how much per month? ☐No ☐Yes \$\_\_\_\_\_
- alimony or family support payments for your use or for the care of your dependents? If so, how much per month? ☐No ☐Yes \$\_\_\_\_\_
- social security or other forms of monetary government assistance? ☐No ☐Yes \$\_\_\_\_\_
- retirement or pension money? ☐No ☐Yes\$\_\_\_\_\_

Do you have any other sources of income not listed?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

### Part B. Joint Debtor's Income

- What is your spouse's occupation? \_\_\_\_\_
- Name and address of your spouse's employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How long employed there? \_\_\_\_\_
- How often are you paid? \_\_monthly \_\_twice/month  
 \_\_every other week \_\_weekly \_\_other
- Gross income paid per pay period? \$\_\_\_\_\_

*Complete the below questions with your estimate of monthly averages.*

Does your spouse receive

- income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
- income from real estate property? If so, how much per month? ☐No ☐Yes \$\_\_\_\_\_
- alimony or family support payments for spouse's use or for care of dependents? If so, how much per month? ☐No ☐Yes \$\_\_\_\_\_
- social security or other forms of monetary government assistance? ☐No ☐Yes \$\_\_\_\_\_
- retirement or pension money? ☐No ☐Yes\$\_\_\_\_\_

Does your spouse have any other income not listed?



## Section 5 ➤ Current Expenses

Do you and your spouse maintain separate households? ☐ No ☐ Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

### Indicate how much you pay for each item each month...

1. your rent or your home mortgage \$1<sup>st</sup>/rent \_\_\_\_\_  
Does that amount include real estate taxes? ☐ No ☐ Yes \$2<sup>nd</sup> \_\_\_\_\_  
Does it include property insurance? ☐ No ☐ Yes
2. electricity and heating \$ \_\_\_\_\_
3. water and sewage \$ \_\_\_\_\_
4. telephone service/long distance \$ \_\_\_\_\_
5. Do you have any other utility bills (cable, internet, garbage)? If so, what, and how much per month?  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
6. home maintenance, including repairs and general upkeep \$ \_\_\_\_\_
7. food \$ \_\_\_\_\_
8. clothing \$ \_\_\_\_\_
9. laundry and dry cleaning \$ \_\_\_\_\_
10. medical and dental expenses (not covered by insurance) \$ \_\_\_\_\_
11. transportation (not including car payments) \$ \_\_\_\_\_
12. entertainment, recreation, newspapers, magazines \$ \_\_\_\_\_
13. charitable contributions \$ \_\_\_\_\_
14. insurance not deducted from paycheck \$ \_\_\_\_\_
  - a) homeowner's or renter's insurance \$ \_\_\_\_\_
  - b) life insurance \$ \_\_\_\_\_
  - c) health insurance \$ \_\_\_\_\_
  - d) auto insurance \$ \_\_\_\_\_
  - e) other insurance \_\_\_\_\_ \$ \_\_\_\_\_
15. taxes not deducted from paycheck (i.e. property tax, self-employed tax) \$ \_\_\_\_\_
16. installment payments for car, furniture, etc. (Specify)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
17. alimony, child support, maintenance, support paid to others \$ \_\_\_\_\_
18. payments for support of dependents not living at home \$ \_\_\_\_\_
19. expenses from operation of business \$ \_\_\_\_\_
20. court ordered payments not already listed \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
21. education necessary to maintain employment \$ \_\_\_\_\_
22. education for a physically or mentally challenged child \$ \_\_\_\_\_

23. childcare	\$ _____
24. care for elderly, chronically ill, or disabled family members	\$ _____
25. education expense for your children under 18	\$ _____
26. public transportation expense to/from work	\$ _____
28. public transportation expense for children to/from school	\$ _____
27. other expenses not listed above _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## Section 6 Financial History

If you are filing jointly with your spouse, include information about both you and your spouse. If you have no information to report for a question, check the "NONE" box.

### 1. Payments of Cash or Transfers of Property to Family and Friends

In the last **one year**, have you made a payment or transferred any item of property to a family member or friend? If yes, please explain below. If you have not, check this box:

☐ NONE

### 2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case (i.e. gambling winnings, unemployment):

☐ NONE

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
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### 3. Payments to creditors

List all payments on loans, installment purchases of goods or services, and other debts, adding up to more than \$600 to any one creditor made within **90 days** immediately preceding the commencement of this case.

☐ NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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### 4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

☐ NONE

<u>Caption of Suit and Case Number</u>	<u>Nature of Proceeding</u>	<u>Court or Agency and Location</u>	<u>Status or Disposition</u>
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- b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

☐ NONE

Name and Address of Person/Company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property
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## 5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

☐ NONE

Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property
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## 6. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

☐ NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift
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## 7. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case**.

☐ NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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## 8. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case.

☐ NONE

Name and Address of Transferee and Relationship to you	Date of Transfer	Description of Property Transferred and Value Received
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### 9. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

☐ NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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### 10. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

☐ NONE

Name and Address of Bank or Other Depository	Name and Address of Those With Access to Box or Depository	Description of Contents	Date of Transfer, if Any
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### 11. Spouses and Former Spouses

If you were married to anyone other than your current spouse in the last **eight-year period**, identify the name of your former spouse.

☐ NONE    Name: \_\_\_\_\_

## Section 7 Business Owners

**Have You Owned a Business in the last 6 Years?**    ☐ NONE

If yes, please provide the following information for each business you have owned (Attach separate pages, if needed):

- A. Business Name
- B. Business Address
- C. Date Business Began Operating and Stopped Operating (if Closed)
- D. Name and address of Business Bookkeeper
- E. Name and address of Business Tax Preparer
- F. Name of all Partners or Shareholders of Business and percentage owned by each

- G. If the business is a sole proprietorship, please provide a list of the business assets and the value of these assets.
- H. If the business is a sole proprietorship, please provide a list of the business inventory and the value of this inventory.
- I. If you still own the business, please estimate the amount of the fair market value of the business is (if anything) if you were to try and sell it.

## Section 8 Secured Debts

When your agreement with a creditor allows the creditor to take certain property from you if you do not pay, the debt is “secured” by the property, which is called “collateral.” Below is a list of common Secured Creditors. Please indicate if you owe any debts to the following creditors:

- **Best Buy**..... ☐ Yes ☐ No
- **Kay Jewelers**..... ☐ Yes ☐ No
- **Ashley Furniture**..... ☐ Yes ☐ No
- **Busy Body Home Fitness**..... ☐ Yes ☐ No
- **RC Willie**..... ☐ Yes ☐ No
- **Ford Motor Credit**..... ☐ Yes ☐ No
- **Any other Debts you know to be a Secured Debt**..... ☐ Yes ☐ No

*\*If you checked “yes” to any of the above debts, you may be required to complete a Reaffirmation Agreement to keep the collateral after your case is filed. Please see the “Reaffirmation Agreements: What Is It and Do I Need to Enter Into One?” Disclosure provided in the Information Folder provided to you at your consultation.*

## Section 9 Tax Debt

**Do you owe debt to the IRS?** ☐ Yes ☐ No

*If Yes, what tax year is the debt from?* \_\_\_\_\_

*\*How much do you owe in total?* \_\_\_\_\_

**Do you owe debt to the State Franchise Tax Board?** ☐ Yes ☐ No

*If Yes, what tax year is the debt from?* \_\_\_\_\_

*\*How much do you owe in total?* \_\_\_\_\_

*\*It is very important that we have the exact amount you owe to each tax agency before we file your case. If you are unsure of the amount owed and/or tax year, please contact the respective agency and obtain this information.*

*State Franchise Tax Board—916-845-4750*

*IRS: \*please contact your local IRS office*

*-Oakland—510-637-2487*

*-Sacramento—916-974-5225*

*-San Francisco—415-522-4061*

**My signature below verifies that I/we have completed the above “New Client Bankruptcy Information Packet” containing 14 pages including this page to the best of my/our knowledge, and all information contained is true, complete and accurate.**

\_\_\_\_\_  
**Client 1 Signature                      Date**

\_\_\_\_\_  
**Client 2 Signature                      Date**

\_\_\_\_\_  
**Client 1 Print Name**

\_\_\_\_\_  
**Client 2 Print Name**