

Law Office of Charles J. Schneider, PC.
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Name of Debtor(Husband) (Last, First, Middle)	Name of Joint Debtor (Wife)(Last, First, Middle)
All other Names Used by the Debtor within last 8 yrs. (Include married, maiden, and trade names)	All other Names Used by the Joint Debtor within last 8 yrs (Include married, maiden, and trade names)
Soc. Sec./Tax I.D. No. (If more than one, state all)	Soc. Sec./Tax I.D. No. (If more than one, state all)
Street Address, City and Zip Code of Debtor Home ☎: () Work ☎: () Cell ☎: ()	Street Address, City and Zip Code of Joint Debtor Home ☎: () Work ☎: () Cell ☎: ()
Email :	Email :
County of Residence or of the Principal Place of Business	County of Residence or of the Principal Place of Business
Mailing Address, City and Zip Code of Debtor	Mailing Address, City and Zip Code of Joint Debtor
Driver's License No. of Debtor	Driver's License No. of Joint Debtor
Date of Birth of Debtor	Date of Birth of Joint Debtor

APPOINTMENT DATE AND TIME: _____

Staff Initials: _____

INCOME AND DEPENDENTS INFORMATION

Please provide the following information regarding current employer and dependents.

Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

Dependents of Debtor & Spouse

Name	Age	Relationship	Does dependent live w/you

Employment	Debtor	Spouse
Occupation		
Name of Employer		
How Long Employed		
Employer Address <small>(Please provide complete address)</small>		

MONTHLY EXPENSE BUDGET

Please fill in the **estimated monthly expenses** for you and your family. These amounts represent an **average monthly amount over an entire year (total year divided by 12)**. They should neither be winter or summer, but an average of both. The law does not require that you live on a meager average, but you should not appear to be pampering yourself either. This will assist the attorney in determining your qualifications for filing either a Chapter 7 or Chapter 13 Bankruptcy Case.

	<u>You</u>	<u>Spouse</u>
(Only if you live separately)		
Mortgage, Rent, Mobile Home Payment	\$ _____	\$ _____
Property Taxes (do not list if included in above payment)	\$ _____	\$ _____
Insurance: Homeowner's or Renter's (do not list if included in above payment)	\$ _____	\$ _____
Home Maintenance, Repair, Upkeep (light bulbs, lawnmower gas, minor repairs)	\$ _____	\$ _____
Homeowner's Association, Condominium Dues, or Lot fees	\$ _____	\$ _____
Second Mortgage Payment (home equity, home improvement, etc.)	\$ _____	\$ _____
Utilities:		
Electricity, Heat, Natural Gas	\$ _____	\$ _____
Water, Sewer, Garbage collection (billed monthly, 2 mos., 3 mos.?)	\$ _____	\$ _____
Telephone, Cell Phone, Internet, Satellite & Cable	\$ _____	\$ _____
Other Cellular Phone	\$ _____	\$ _____
Alarm System	\$ _____	\$ _____
Pager	\$ _____	\$ _____
Food and Housekeeping Supplies (groceries, work & school lunches, cleaning supplies)	\$ _____	\$ _____
Childcare and Children's Education Costs	\$ _____	\$ _____
Clothing, Laundry and Dry Cleaning	\$ _____	\$ _____
Personal Care Products and Services	\$ _____	\$ _____
Medical and Dental Expenses (eyeglasses/contacts, prescription/other medication, feminine hygiene, etc) .	\$ _____	\$ _____
Transportation (gasoline, oil changes, repairs, license/registration renewals) (not car payment)	\$ _____	\$ _____
Entertainment/Recreation (clubs, recreation, newspapers, magazines, books, including toys for kids at Christmas and Birthdays)	\$ _____	\$ _____
Charitable Contributions and Religious Donations	\$ _____	\$ _____
Insurance (if not deducted by employer from pay)		
Life Insurance	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Vehicle Insurance	\$ _____	\$ _____
Motorcycle Insurance	\$ _____	\$ _____
Other Insurance (please state) ex: Flood, RV, Disability	\$ _____	\$ _____
Other Taxes (not property & not deducted from wages)	\$ _____	\$ _____
Installment or Lease Payments		
Payment for Vehicle 1	\$ _____	\$ _____
Payment for Vehicle 2	\$ _____	\$ _____

Alimony / Child Support Payments (not reported as deducted from pay)	\$ _____	\$ _____
Other Payments you make to support others who do not live with you	\$ _____	\$ _____
Other Real Property not previously listed above:		
Mortgage on Other Property	\$ _____	\$ _____
Real Estate Taxes	\$ _____	\$ _____
Property, Homeowner's, Renter's Insurance	\$ _____	\$ _____
Maintenance, Repair and Upkeep expenses	\$ _____	\$ _____
Homeowner's Association or Condominium Dues	\$ _____	\$ _____
Other Expenses:		
Cigarettes / Tobacco	\$ _____	\$ _____
Tool Purchases	\$ _____	\$ _____
Professional License Fees	\$ _____	\$ _____
New Baby Expenses (formula, diapers, wipes, etc.)	\$ _____	\$ _____
After School Activities	\$ _____	\$ _____
Private / Parochial School Tuition	\$ _____	\$ _____
Student Loan Payments	\$ _____	\$ _____
Pet Expenses	\$ _____	\$ _____
Furniture Rental	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Storage Facility Payments	\$ _____	\$ _____
Other Expenses (please state)	\$ _____	\$ _____

SUPPLEMENTAL LIST FOR SCHEDULE B-4: Household goods and furnishings, including audio, video and computer equipment

<u>LIVING RM/ FAMILY RM/ DEN/ OFFICE:</u>		<u>KITCHEN/ DINING RM:</u>		<u>GARAGE/ SHED/ PATIO:</u>	
	Quantity		Quantity		Quantity
Sofa	_____	Tables	_____	Lawn Mowers	_____
Chairs	_____	Chairs	_____	Hand Tools	_____
End/Coffee Tables	_____	Small Appliances	_____	Garden Tools	_____
Desks	_____	Refrigerators	_____	Power Tools	_____
Lamps	_____	Stoves	_____	Patio Furniture	_____
Televisions	_____	Dishwashers	_____	Other:	_____
Stereos	_____	Freezers	_____	_____	_____
DVD/VCR	_____	Dishes	_____	_____	_____
Computers	_____	Silverware	_____	_____	_____
Scanners	_____	Glasses	_____	_____	_____
Printers	_____	Cooking Utensils	_____	<u>MISCELLANEOUS:</u>	
DVD Players	_____	Microwave Oven	_____	(detail anything not previously shown):	
Cellular Phones	_____	Toaster	_____	_____	_____
Bookshelves	_____	Waffle Iron	_____	_____	_____
Entertainment Center	_____	Other:	_____	_____	_____
TV Stand	_____	_____	_____	_____	_____
Laptop	_____	_____	_____	_____	_____
IPad/Tablet	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____
_____	_____	<u>BEDROOMS:</u>		_____	_____
_____	_____	Beds	_____	_____	_____
_____	_____	Dressers	_____	_____	_____
<u>BATHROOM/ UTILITY RM/ BASEMENT:</u>		Chairs	_____	_____	_____
Towels	_____	Lamps	_____	_____	_____
Scales	_____	Other:	_____	_____	_____
Washers	_____	_____	_____	_____	_____
Dryers	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SUPPLEMENTAL LIST FOR SCHEDULE B-6: Wearing Apparel

<u>MEN'S CLOTHING AND PERSONALS:</u>		Quantity	<u>WOMEN'S CLOTHING AND PERSONALS:</u>		Quantity
Pairs shoes/boots	_____	_____	Pairs shoes / boots / sandals	_____	_____
Pairs socks	_____	_____	Pairs socks / nylons / tights	_____	_____
Undergarments	_____	_____	Undergarments	_____	_____
Pants / Jeans	_____	_____	Dresses	_____	_____
Shirts	_____	_____	Blouses / Dress Shirts	_____	_____
Tee-Shirts	_____	_____	Tee-Shirts	_____	_____
Suits	_____	_____	Pants / Jeans	_____	_____
Sport Coats	_____	_____	Blazers	_____	_____
Coats / Jackets	_____	_____	Coats / Jackets	_____	_____
Belts	_____	_____	Belts	_____	_____
Hats	_____	_____	Hats	_____	_____
Ties	_____	_____	Ties	_____	_____
Handkerchiefs	_____	_____	Handkerchiefs / Scarves	_____	_____
Sunglasses	_____	_____	Sunglasses	_____	_____
Other:	_____	_____	Other:	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<u>JEWELRY:</u>	Quantity	<u>JEWELRY:</u>	Quantity
Watches	_____	Watches	_____
Rings	_____	Rings	_____
Necklaces/Bracelets	_____	Necklaces/Bracelets	_____
Earrings	_____	Earrings	_____