

Bankruptcy Worksheet

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THE FOLLOWING ITEMS MUST BE RETURNED WITH THE WORKSHEET:

- _____ Copy of **ALL** pay-stubs for the past **6 months**.
If work is seasonal we need **12 months** of pay stubs and a copy of unemployment benefits
(Need each and every paystub up until the day you file)
- _____ Proof of all other income, including, work comp, social security and unemployment.
- _____ Copy of Divorce Decree (If within the past 6 years)
- _____ Copy of Federal and state Tax Returns for the past 2 years. (Full Return)
- _____ Copy of vehicle titles for each vehicle owned
- _____ Copy of vehicle purchase agreement (only applies to vehicle with a loan)
- _____ Copy of drivers license.
- _____ Copy of your property tax statement for any real estate owned.
- _____ Copy of your Deed for any real estate owned. (Contact county recorder's office for the deed)
- _____ Credit Counseling Certificate.
- _____ Payment. (fee schedule on next page)

**** DO NOT PROVIDE US WITH THE ORIGINALS ****
****THEY WILL NOT BE RETURNED. WE REQUIRE COPIES ONLY ****

For Office Use Only:

Debtor(s) Name: _____ File No: _____

Date Received: _____ Amount Paid: \$ _____ Co-Signor yes No

Signing Date: _____

- Chapter 7
- Chapter 13
- Prep Signing
- Long Form Fee App
- Lien Strip
- * Income Review
- * Asset Review
- State Exemptions
- Federal Exemptions

Payment Terms

Chapter 13 Bankruptcy:

- A. We will file your chapter 13 with \$310.00 down. Our remaining fees and costs will be paid through your chapter 13 repayment plan.

Chapter 7 Bankruptcy:

A. Payment in full:

- Single or Joint filing: \$1,835.00 (Attorney's fees: \$1,500 plus court filing fee: \$335)

B. Partial payment with a co-signer:

- Single or Joint Filing: \$800.00, plus co-signer form completed, signed and notarized.
- Monthly payments of \$100.00, required after your bankruptcy is filed.

C. Retain:

- \$300.00 payment to open a file with office.
- Once your file is open you can refer creditors to us.

We will not file a chapter 7 bankruptcy case unless requirements of A or B are met.

NOTES

*** A credit counseling course must be completed by client(s) before bankruptcy case can be filed at additional cost. Heller & Thyen, P.A. does not conduct credit counseling course. A separate financial management course must be completed within 75 days of filing.**

Part C. Prior/Pending Bankruptcy Cases

Have you filed bankruptcy within the last 8 years? ___ No ___ Yes

If yes, which State was the case filed? _____

Case Number: _____ Date Filed: _____

Chapter Filed: 7 11 12 13 (Please circle one)

Did you receive a discharge? ___ No ___ Yes

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? _____

WHAT CHAPTER BANKRUPTCY ARE YOU FILING? (Please check one)

_____ CHAPTER 7

_____ CHAPTER 13

_____ UNKNOWN

Are you behind on your mortgage? ___ No ___ Yes If so, how much _____

Are you behind on any other secured loans, such as cars, recreational vehicles?
If so, please complete the following:

Name of Creditor: _____

Type of Collateral: _____

Amount past due: _____

Name of Creditor: _____

Type of Collateral: _____

Amount past due: _____

Name of Creditor: _____

Type of Collateral: _____

Amount past due: _____

*** List any additional past due loans on a separate sheet of paper.

SCHEDULE A – REAL PROPERTY

List all real estate which you own or a joint owner of, even if you still owe money on the property. If you do not have a full interest in the property, please provide the percentage of interest you own.

Type of Property	Street address (copy of deed is required)	Name(s) of Parties on Deed	Current Market Value (most recent appraisal or property tax statement)
<p>Home-</p> <p>Are you planning on keeping your home or surrendering?</p> <p>Circle one:</p> <p>Keeping/Surrendering</p>			
<p>2nd Home-</p> <p>Are you planning on keeping this home or surrendering?</p> <p>Circle one:</p> <p>Keeping/Surrendering</p>			
<p>Timeshare</p> <p>Are you Planning on keeping or surrendering?</p> <p>Circle One:</p> <p>Keeping/Surrendering</p>			

Land			
Home or Land that a relative or other person may have transferred an interest to you (commonly done in estate planning)			
Rental Property #1 Circle One: Keeping/Surrendering			
Rental Property #2 Circle One: Keeping/Surrendering			
Rental Property #3 Circle One: Keeping/Surrendering			

****IF YOU HAVE ADDITIONAL RENTAL PROPERTIES, PLEASE LIST ON A SEPARATE SHEET AND ATTACH****

SCHEDULE B – PERSONAL PROPERTY

For each type of property listed below, indicate whether you own any property of that category, and if you do, fill in the remaining information. Market value should be listed as **Goodwill, Salvation Army or Auction value**.

Type of Property	Description	Owner: Husband, Wife, or N/A
1. Cash on hand <small>(most clients have cash on hand)</small>		\$ _____
2.1 Checking / Savings Account, Certificates of Deposits, Other bank accounts	Account #	
	Name & Address of Bank:	
	Type of Account: (CIRCLE: Checking or Savings)	
2.2 Checking / Savings Account, Certificates of Deposits, Other bank accounts	Account #	
	Name & Address of Bank:	
	Type of Account (CIRCLE: Checking or Savings)	
2.3 Checking / Savings Account, Certificates of Deposits, Other bank accounts	Account #	
	Name & Address of Bank:	
	Type of Account (CIRCLE: Checking or Savings)	
2.4 Checking / Savings Account, Certificates of Deposits, Other bank accounts (list all accounts, including accounts for minor children, if more than space allows, please list on separate sheet of paper and attach)	Account #	
	Name & Address of Bank:	
	Type of Account: (CIRCLE: Checking or Savings)	
2.5 Health Savings Accounts		
3. Damage deposits held by landlords, utility companies etc.	Who has deposit? Landlord name and address:	\$ _____
4. Household Goods & Furniture:		
	Market Value	
Furniture.....	\$ _____
Appliances.....	\$ _____
Television(s).....	How Many _____.....	\$ _____
DVD Player(s), Blueray Player.....	How Many _____.....	\$ _____
Stereo Equipment.....	How Many _____.....	\$ _____
Push Mower.....	\$ _____
Snowblower.....	\$ _____
Ipod/Video Game Systems.....	\$ _____
iPhone/Smart Phone.....	\$ _____

SCHEDULE B – PERSONAL PROPERTY continued

For each type of property listed below, indicate whether you own any property of that category, and if you do, fill in the remaining information. Market value should be listed as **Goodwill or Salvation Army value**.

Type of Property	Description	Owner: Husband, Wife, or N/A	Market Value
5. Assorted Items	Hardcover Books Pictures (not family photos)..... DVDs/Blu-ray How many?..... Compact Discs..... How many?..... Collectibles..... What kind?..... Antiques.....What kind?..... Other		\$ \$ \$ \$ \$ \$
6. Clothing			\$
7. Furs and Jewelry	Wedding bands..... Rings..... Watches..... Furs..... Costume Jewelry.....		\$ \$ \$ \$ \$
8. Hobby Equipment:	Bikes..... Golf Clubs..... Fishing reel(s), rod(s) and tackle..... Piano/Musical Instruments..... Digital Camera/Camcorder..... Camping Equipment..... Hunting Equipment..... Ice House..... Guns- Make & Model:		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
9. Life Insurance	Account No: Name of Financial Institution: Term or Whole (circle one) (Only Whole Life has a cash value)		Cash Surrender Value \$
10. Annuities (Typically a form of a retirement account)	Account No: Name & Address of Financial Institution		\$

SCHEDULE B – PERSONAL PROPERTY continued

For each type of property listed below, indicate whether you own any property of that category, and if you do, fill in the remaining information. Market value should be listed as **Goodwill or Salvation Army value**.

Type of Property	Description	Owner: Husband, Wife, or N/A	Market Value
11.1 Interest in pension, profit sharing plans, 401(k), IRA, Roth IRA, or Educational IRA	Type of Acct:	Acct#:	\$ _____
	Financial Institution: (name & address)		
11.2 Interest in pension, profit sharing plans, 401(k), IRA, Roth IRA, or Educational IRA	Type of Acct:	Acct#:	\$ _____
	Financial Institution: (name & address)		
11.3 Interest in pension, profit sharing plans, 401(k), IRA, Roth IRA, or Educational IRA	Type of Acct:	Acct#:	\$ _____
	Financial Institution: (name & address)		
12. Stocks/Investments not part of a retirement plan			\$ _____
13. Bonds			\$ _____
14. Alimony / child support arrears to which you are entitled.			\$ _____
15. Are you expecting to receive money from any of the following:	a. Federal Tax Return..... b. State Tax Return..... c. Property Tax Return..... d. Other _____	\$ _____ \$ _____ \$ _____ \$ _____	
16. Life estates and remainder _____ Yes _____ No interest in other real property. (A remainder interest typically occurs when a parent lists their child on their property for estate planning. Therefore, a child will actually be on the deed of property. When the parent passes away, the property will be turned over to the child. If you checked yes above, please discuss with attorney.)			
17. Interests in estate if decedent or life insurance plan or trust (inheritance)			\$ _____

SCHEDULE B – PERSONAL PROPERTY continued

For each type of property listed below, indicate whether you own any property of that category, and if you do, fill in the remaining information. Market value should be listed as **Goodwill or Salvation Army value**.

Type of Property	Description	Husband, Wife, or N/A	Market Value
18. Are you currently involved in any Work Comp and/or Personal Injury Claims or have a right to bring a claim for injuries	List Attorney name, address and phone number:		\$ _____
19. Patents, Copyrights, other intellectual property			\$ _____
20. Licenses, Franchises			\$ _____
21. Computers, Printer, Monitors, IPad, tablet (include Year, Make of each)			\$ _____
22. Animals-including dogs & cats (must list if claiming pet care expenses)			\$ _____
23. Farm supplies, chemicals, feed, equipment and implements crops.			\$ _____
24. Tools – including hand tools, power tools, garden & lawn tools.			\$ _____
25. List anybody, including family members that owes you money			\$ _____
26. Other Personal Property of any kind not listed above.			\$ _____

FOR BUSINESS OWNERS ONLY

Type of Property		Description	Husband, Wife, or N/A	Market Value
27. Business owned by you (Name, Address, Tax ID #, Ownership Interest)				\$ _____
28. Business Equipment & Supplies				\$ _____
29. Inventory				\$ _____
30. Accounts Receivable				\$ _____
31. Deposit or down payment on a Bond?				\$ _____

Is the majority of your debt business related? ____ Yes ____ No

If yes: Total amount of Business Debt \$ _____ Total amount of Personal Debt \$ _____

SCHEDULE B – PERSONAL PROPERTY *continued*

For each type of property listed below, indicate whether you own any property of that category, and if you do, fill in the remaining information.

32. Automobiles:

1. Year	Make	Model/Type (XLE, SE, CX)	Value	Condition
Mileage:	Do you plan to keep the property: Y or N	BE SPECIFIC: Ford Taurus XLE Is there a loan on this vehicle? Y or N	\$ _____ Estimated Value or Purchase Price	_____ Fair _____ Good _____ Excellent
2. Year	Make	Model/Type (XLE, SE, CX)	Value	Condition
Mileage:	Do you plan to keep the property: Y or N	BE SPECIFIC: Ford Taurus XLE Is there a loan on this vehicle? Y or N	\$ _____ Estimated Value or Purchase Price	_____ Fair _____ Good _____ Excellent
3. Year	Make	Model/Type (XLE, SE, CX)	Value	Condition
Mileage:	Do you plan to keep the property: Y or N	BE SPECIFIC: Ford Taurus XLE Is there a loan on this vehicle? Y or N	\$ _____ Estimated Value or Purchase Price	_____ Fair _____ Good _____ Excellent
4. Year	Make	Model/Type (XLE, SE, CX)	Value	Condition
Mileage:	Do you plan to keep the property: Y or N	BE SPECIFIC: Ford Taurus XLE Is there a loan on this vehicle? Y or N	\$ _____ Estimated Value or Purchase Price	_____ Fair _____ Good _____ Excellent

33. Motorcycles, 3-Wheelers, 4-Wheelers, etc. (Please circle one)

Year	Make	Model	Condition	Value
Mileage:	Do you plan to keep the property: Y or N	Is there a loan for this item? Y or N	_____ Poor _____ Fair _____ Good _____ Excellent	\$ _____ Estimated Value
Year	Make	Model	Condition	Value
Mileage:	Do you plan to keep the property: Y or N	Is there a loan for this item? Y or N	_____ Poor _____ Fair _____ Good _____ Excellent	\$ _____ Estimated Value
Year	Make	Model	Condition	Value
Mileage:	Do you plan to keep the property: Y or N	Is there a loan for this item? Y or N	_____ Poor _____ Fair _____ Good _____ Excellent	\$ _____ Estimated Value

SCHEDULE B – PERSONAL PROPERTY continued

For each type of property listed below, indicate whether you own any property of that category, and if you do, fill in the remaining information.

34. Snowmobiles:

Year	Make	Model	Condition	Value
Mileage:	Do you plan to keep the property: Y or N	Is there a loan for this item? Y or N	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	\$ _____ Estimated Value
Year	Make	Model	Condition	Value
Mileage:	Do you plan to keep the property: Y or N	Is there a loan for this item? Y or N	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	\$ _____ Estimated Value

35. Mobile Home:

Year	Make	Model	Condition	Market Value
	Do you plan to keep the property: Y or N	Who is listed on the Title? _____	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	\$ _____ Estimated Value

36. Boats, Motors, Trailers, Jetskis:

Year	Make	Model	Condition	Market Value
		Do you plan to keep this property: Y or N		\$ _____
Year	Make	Model	Condition	Market Value
		Do you plan to keep this property: Y or N		\$ _____

37. Campers:

Year	Make	Model	Condition	Market Value
	Do you plan to keep the property: Y or N		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	\$ _____

38. Riding Lawn Mower

Year	Make	Model	Condition	Market Value
			<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	\$ _____

SCHEDULE D – SECURED DEBTS

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address	Amount Owed	Interest Rate	Collection Agency and/or Law Firm Name & Address (company collecting for original creditor)	Co-Debtor Name & Address (Other people who are on the loan with you)
1 st Mortgage Acct #		\$ _____	_____ %		
2 nd Mortgage Acct #:		\$ _____	_____ %		
Home Equity Loan Acct #		\$ _____	_____ %		
Vehicle Loan Acct #		\$ _____	_____ %		
Vehicle Loan Acct #		\$ _____	_____ %		
Vehicle Loan Acct #		\$ _____	_____ %		
Rental Property		\$ _____	_____ %		

<p>Other Secured Loan</p> <p>Acct #</p>	<p>Collateral: (i.e., computer, furniture, camper, boat, ATV, snowmobile, rental mortgage)</p>	<p>\$ _____</p>	<p>_____ %</p>		
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SCHEDULE E – PRIORITY DEBTS

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)
Unpaid Federal Taxes		Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____	
Unpaid State Taxes		Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____	
Unpaid Property Taxes		Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____	
Court Fines			
Court Ordered Restitution			

Do you owe child support, maintenance or alimony: Y or N

Name and Address of parent receiving support:	Monthly Payment	Amount Behind (Back Pay)	Name and Address of child support agency:
	\$ _____	\$ _____	

SCHEDULE F – UNSECURED DEBTS

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address (company collecting for original creditor)	Co-Debtor Name and Address
Student Loan (not dischargeable, but must be listed)		\$ _____		
Student Loan (not dischargeable, but must be listed)		\$ _____		
Personal Loan (i.e. to family or friends)		\$ _____		
Personal Loan Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		

SCHEDULE F – UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)	Co-Debtor Name and Address
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		

SCHEDULE F – UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address (company collecting for original creditor)	Co-Debtor Name and Address
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		
Credit Card Acct #:		\$ _____		

SCHEDULE F – UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)	Co-Debtor Name and Address
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		

SCHEDULE F – UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)	Co-Debtor Name and Address
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		
Unpaid Medical Bill Acct #:		\$ _____		

SCHEDULE F – UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. **REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.**

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)	Co-Debtor Name and Address
Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #:		\$ _____		
Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #:		\$ _____		
Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #:		\$ _____		
Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #:		\$ _____		
Unpaid Rent or past due rent		\$ _____		
Repo'd car & other secured property (i.e. foreclosed home)		\$ _____		
Repo'd car & other secured property (i.e. foreclosed home)		\$ _____		

SCHEDULE F – UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address (company collecting for original creditor)	Co-Debtor Name and Address
Bank Loans Acct #:		\$ _____		
Bank Loans Acct #:		\$ _____		
Beneficial or Citi Financial Loans Acct #:		\$ _____		
Ready Reserves at Bank Acct #:		\$ _____		
Unpaid Service Fees (i.e. plumbers, attorneys, mechanic) Acct #:		\$ _____		
PayDay Loans Acct #:		\$ _____		
Misc. Debt (magazine subscriptions, mail order, etc.) Acct #:		\$ _____		
Misc. Debt (magazine subscriptions, mail order, etc.) Acct #:		\$ _____		

SCHEDULE F – UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT WILL NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)	Co-Debtor Name and Address
Bad Checks Acct #:		\$ _____		
Bad Checks Acct #:		\$ _____		
Bad Checks Acct #:		\$ _____		
Attorney Fees (not including bankruptcy fees) Acct #:		\$ _____		
Other Debt Acct #:		\$ _____		
Other Debt Acct #:		\$ _____		
Other Debt Acct #:		\$ _____		
Other Debt Acct #:		\$ _____		

SCHEDULE G – UNEXPIRED LEASES AND CONTRACTS

List below any leases or contracts that are still current that you are a party to. Include residential leases, car leases, business and service leases or contracts, gym contracts, satellite, TV contracts, supplier contracts, insurance contracts, partnership agreements, franchise agreement, repurchase options, software licenses, settlement agreements, employment contractors, escrow for the sale of land and collective bargaining agreements. A debtor can keep such contracts or leases if they choose.

Type of Lease	Nature & Address of Party Holding Lease/Contract	Lease/Contract Length	Expiration Date of Lease/Contract
Apartment lease or other residential lease (provide even if month to month)		Keeping: Y or N	
Contract for Deed		Keeping: Y or N	
Vehicle Lease		Keeping: Y or N	
Vehicle Lease		Keeping: Y or N	
Cell Phone Contract		Keeping: Y or N	
Cell Phone Contract		Keeping: Y or N	
Other Lease/Contract (including, business contracts or business commercial lease)		Keeping: Y or N	
Gym Contract		Keeping: Y or N	
Other Lease/Contract		Keeping: Y or N	
Satelite TV		Keeping: Y or N	
Storage Unit		Keeping: Y or N	

SCHEDULE I – CURRENT INCOME

Debtor's Income

Marital Status (**circle one**): Married Single Divorced Widowed Married but Separated

Are you not married but living as a family with another person? Y/N

List all children of you and your spouse, do not include those over age 18 unless they are a full-time student under the age of 24, or are disabled.

Age:	Relationship:

1. What is your occupation? _____
2. Name of your employer: _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. How long have you been employed there? _____ Years _____ Months
5. **Are you paid weekly, bi-weekly, semi-monthly**
6. Do you get yearly, monthly, quarterly bonuses? Yes ____ No ____
7. Do you have a 401K Loan? Yes ____ No ____ When does it expire? _____

YOU ARE REQUIRED TO PROVIDE 6 MONTHS OF PAYSTUBS. If you have not provided us with six months of paystubs, please state why. (example: I was unemployed from _____ to _____. Or I am as seasonal employee and worked only from _____ to _____.) If you received unemployment compensation, you must provide us copies of this compensation.

2nd Job (if applicable):

1. What is your occupation? _____
2. Name of your employer: _____
3. Address: _____ City: _____ State: _____ Zip: _____

4. How long have you been employed there? _____ Years _____ Months

5. **Are you paid weekly, bi-weekly, semi-monthly**

Other Income:

1. Social Security: Amount per month \$ _____
2. Disability: Amount per month \$ _____
3. Social Security Disability: Amount per month \$ _____
4. Retirement or Pension money: Amount per month \$ _____
5. Income from Rental Property: Amount per month \$ _____
6. Income from Interest or Dividends: Amount per month \$ _____
7. Unemployment Benefits: Amount per month \$ _____
8. Child Support: Amount per month \$ _____
9. Any other sources of income not listed above: Amount per month \$ _____

Explain Source: _____

10. Has there been an increase or decrease in your income in the past year: ___ No ___ Yes

If yes, explain: _____

Part B – Spouse’s or Significant Other’s Income

1. What is your occupation? _____
2. Name of your employer: _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. How long have you been employed there? _____ Years _____ Months
5. **Are you paid weekly, bi-weekly, semi-monthly**
6. Do you get yearly, monthly, quarterly bonuses? Yes ____ No ____
7. Do you have a 401K Loan? Yes ____ No ____ When does it expire? _____

YOU ARE REQUIRED TO PROVIDE 6 MONTHS OF PAYSTUBS. If you have not provided us with six months of paystubs, please state why. (example: I was unemployed from _____ to _____). Or I am a seasonal employee and worked only from _____ to _____). If you received unemployment compensation, you must provide us copies of this compensation.

2nd Job (if applicable):

1. What is your occupation? _____
2. Name of your employer: _____
3. Address of your employer: _____
City: _____ State: _____ Zip: _____
4. How long have you been employed there? _____ Years _____ Months
5. **Are you paid weekly, bi-weekly, semi-monthly**

Other Income:

- | | |
|--|---------------------------|
| 1. Social Security: | Amount per month \$ _____ |
| 2. Disability: | Amount per month \$ _____ |
| 3. Social Security Disability: | Amount per month \$ _____ |
| 4. Retirement or Pension money: | Amount per month \$ _____ |
| 5. Income from Rental Property: | Amount per month \$ _____ |
| 6. Income from Interest or Dividends: | Amount per month \$ _____ |
| 7. Unemployment Benefits: | Amount per month \$ _____ |
| 8. Child Support: | Amount per month \$ _____ |
| 9. Any other sources of income not listed above: | Amount per month \$ _____ |

Explain Source: _____

10. Has there been an increase or decrease in your income in the past year: ___ No ___ Yes

If yes, explain: _____

SECTION 6 – CURRENT EXPENSES

SCHEDULE J

Do you and your spouse maintain separate households? ___Yes ___No If yes, provide amounts for your household and an amount for your spouse's household.

The following questions ask for your average expenses per month. If the expense is not paid monthly, please explain.

1. Rent or Mortgage payment..... 1. \$ _____
If not included in line 1:
 - a. Real estate taxes..... a. \$ _____
 - b. Property, homeowner's or renter's insurance..... b. \$ _____
 - c. Home maintenance, repair, and upkeep expenses..... c. \$ _____
 - d. Homeowner's association or condominium dues..... d. \$ _____
2. Additional mortgage payments for your residence (2nd mortgage, home equity loan)..... 2. \$ _____
3. Utilities:
 - a. Electricity, heat, natural gas..... a. \$ _____
 - b. Water, sewer..... b. \$ _____
 - c. Home telephone..... c. \$ _____
 - d. Cell phone..... d. \$ _____
 - e. Cable Bundle (cable, internet, phone)..... e. \$ _____
 - f. Cable (not bundled)..... f. \$ _____
 - g. Internet (not bundled)..... g. \$ _____
 - h. Garbage..... h. \$ _____
4. Food..... 4. \$ _____
5. Childcare and Children's education (daycare, tuition)..... 5. \$ _____
6. Clothing, laundry and dry cleaning..... 6. \$ _____
7. Personal care products/services (toiletries)..... 7. \$ _____
8. Medical and dental expense (co-pays, medication, etc)..... 8. \$ _____
9. Transportation (fuel, maintenance-but not car payment)..... 9. \$ _____
10. Entertainment, recreation, newspapers, magazines..... 10. \$ _____
11. Charitable contributions..... 11. \$ _____
12. Insurance (**not deducted from paychecks**)
 - a. Life insurance..... a. \$ _____

- b. Health insurance..... b. \$ _____
- c. Auto insurance..... c. \$ _____
- d. Other insurance (specify)..... d. \$ _____
- 13. Taxes not deducted from paycheck (if you pay in for income taxes)..... 13. \$ _____
- 14. Car payment #1..... 14. \$ _____
- 15. Car payment #2..... 15. \$ _____
- 16. Student loan payments..... 16. \$ _____
- 17. Alimony, maintenance support (**not deducted from paychecks**)..... 17. \$ _____
- 18. Payments for support of dependents not living at home..... 18. \$ _____
- 19. Other Expenses:
 - a. Diapers/formula/baby supplies..... a. \$ _____
 - b. School lunches or activities for dependents..... b. \$ _____
 - c. Pet food/vet..... c. \$ _____
 - d. Tabs..... d. \$ _____
 - e. Tax preparation fees..... e. \$ _____
 - f. License fees..... f. \$ _____
 - g. Alarm system..... g. \$ _____

Do not list credit card payments or other payments to creditors that will be discharged in the bankruptcy. This is a look at what your monthly expenses will be without your dischargeable debt.

STATEMENT OF FINANCIAL AFFAIRS

If you are filing jointly with your spouse, include information for both you and your spouse. If you are filing under Chapter 13, and you are married and not separated, you **must** provide information about your spouse.

If you have no information to report for a question, state “**NONE.**”

1. Gross income (before taxes are taken) from employment or operation of business: Refer to your W-2 forms.

2014 (Year to date): You \$ _____ Spouse \$ _____
 2013: You \$ _____ Spouse \$ _____
 2012: You \$ _____ Spouse \$ _____

2. Income other than from employment or operation of business (including income from Social Security, Pension, Child Support, Disability, Cashing out 401k or other pension, and/or Unemployment) If an amount is listed below, please specify source of income:

2014 (Year to date): You \$ _____ Spouse \$ _____
 2013: You \$ _____ Spouse \$ _____
 2012: You \$ _____ Spouse \$ _____

3. Payments to creditors:

a. List all payments more than \$600 made to any “one” unsecured creditor within the last 90 days, including credit card payments. (For example, a payment of \$601 or three payments of \$200, \$200, and \$201).

_____NO

Who you paid: Name and Address	Dates of Payments	Amount paid	Amount still owed

b. Have you repaid any family members or friends within the last year? If so, please list below:

_____NO

Who you paid: Name and Address	Dates of Payments	Amount paid	Amount still owed

4. Lawsuits, executions, garnishments, and attachments:

a. List all suits in which you are or were a party to within last year.

____NO

Caption of Suit (i.e. Visa V. Jane Doe)	Court Case Number (Some don't have this)	Court County	Status (i.e. Judgment, pending)
1.			
2.			
3.			
4.			

b. Have you had any garnishments or levies from your wages or bank account within the past year? If so, please list below:

____NO

Creditor/Attorney Name & Address	Date of Seizure/Garnishment	Amount Taken
1.		\$ _____
2.		\$ _____

5. Repossessions, Foreclosures, and Returns:

Have you had any items foreclosed, returned, repossessed, or transferred through a deed in lieu of foreclosure within last year? If so, please list below:

____NO

Creditor Name & Address	Date of Repossession, Foreclosure, Transfer, or Return	Description and Value of Property

6. Assignments and Receiverships:

a. Describe any assignment of property for the benefit of creditors made within last 120 days.

____NO

Assignee Name & Address	Date of Assignment	Terms and Set Amount

b. List all property, which has been held by a custodian, receiver, or court-appointed official within last year.

____NO

Custodian Name & Address	Court Location, Caption & Court File Number	Date of Order	Description and Value of Property

7. Gifts:

List all gifts or charitable contributions made within the last year. Do not include ordinary and usual gifts to family members less than \$200 per individual and charitable contributions less than \$100 per recipient.

____NO

Recipient Name & Address	Relationship to you	Date of Gift	Description and Value of Gift

8. Losses:

List all losses from fire, theft, gambling or other casualty (insurance claims) typically from a car accident, storm damage or theft within last year.

____NO

Describe Property	Value of Loss	Circumstances & Amount Covered by Insurance	Date(s) of Loss
	\$ _____		_____
	\$ _____		_____

9. Payments related to debt counseling or bankruptcy

List all payments made to any attorneys, and debt consolidation companies within the last year. Also include your credit counseling course that you are required to complete.

____NO

Recipient Name & Address	Date of Payment	Amount of Paid or Description & Value of Property
HELLER & THYEN, P.A. 606 25 TH AVE SOUTH, STE 110 ST. CLOUD, MN 56301		\$ _____
(LIST COUNSELING AGENCY HERE)		\$ _____

10. Other transfers, including sale of any property:

a. List all property sold, transferred or given away anything within the past **2 years** to non-family members (i.e. Sold a car, home, boat, snowmobile, camper, traded in a car, land)

____NO

Who did you sell it to?	Relationship to you	Date of Sale	Description and Value of Property

b. List all property sold, transferred or given away within the past **6 years** to family members or close friends.

____NO

Who did you sell it to?	Relationship to you	Date of Sale	Description and Value of Property

11. Closed financial accounts:

List all financial accounts, including checking, savings, safe deposit boxes, IRA's and/or 401k accounts, held in your name or for your benefit that were closed, sold, or otherwise transferred within last year.

____NO

Bank Name & Address	Account Type and Number	Closing Balance	Date of Closing

12. Safe Deposit Boxes:

List each safe deposit or other box or depository in which you have securities, cash, legal documents or other valuables within last year.

____NO

Bank/Depository Name & Address	Name & Address of those with Access	Description of Contents

13. Setoffs:

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within last 90 days.

____NO

Creditor Name & Address	Date of Setoff	Amount of Setoff

14. Property held for another person:

List all property that you are holding or control that is owned by another person. (ie Cars, boats, trailer)

____NONE

Owner's Name & Address	Relationship to you	Property Description & Value	Property Location

15. Prior addresses:

List all address during the last **three years**. Do not include your current address.

____NONE

Address	Name(s) Used	Dates of Residency	
		From _____	To _____
		From _____	To _____
		From _____	To _____
		From _____	To _____

16. Nature, Location and Name of Business:

If you are or were self-employed within the last six years list the nature, location, and name of your business.

____NONE

Business Name & Address	Tax ID Number or SS#	Nature of Business	Dates of Operation	
			From _____	To _____
			From _____	To _____

AFTER YOU HAVE COMPLETED THE WORKSHEET, PLEASE RETURN IT TO OUR OFFICE ALONG WITH THE REQUIRED DOCUMENTS AND DEPOSIT. YOU DO NOT NEED TO MAKE AN APPOINTMENT TO DROP OFF THE WORKSHEET.