

CHAPTER 7 BANKRUPTCY INFORMATION FORM

DEBTOR INFORMATION:

Last _____ **First** _____ **Middle** _____

Cell Phone _____ **Home Phone** _____

Work Phone _____ **Email** _____

Work Days & Hours _____

Other Names Used In Past 6 Years (Include All Business Names):

Social Security Number _____

Debtor's STREET ADDRESS:

Street _____ City _____ State _____ Zip _____

County of Residence _____

Mailing Address If Different From Street Address

Prior Bankruptcy Within Past 8 Years? Yes _____ No _____

Where Filed _____ Case No. _____ Date Filed _____

CO-DEBTOR INFORMATION (Only if spouse is filing as Joint Debtor)

Spouse's FULL NAME:

Last First Middle

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Work Days & Hours _____

Other Names Used In Past 6 Years (Include All Business Names):

Social Security Number _____

Spouse's STREET ADDRESS:

Street City State Zip

County of Residence _____

Mailing Address If Different From Street Address

Prior Bankruptcy Within Past 8 Years? Yes _____ No _____

Where Filed Case No. Date Filed

ASSETS

List the following information about your assets. If you are in business as a sole proprietorship or partnership, list the assets of the business. If a creditor holds a lien on any item, list the name of the creditor. If you are renting or leasing an item, list it, including the name of the owner/creditor.

RENTED OR LEASED PROPERTY

If you are leasing vehicles, renting furniture, appliances, musical instruments, etc., LIST BELOW:

Name of Rental/Lease Co.	Item Rented	Cost per Week/Month
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Name of Rental/Lease Co.	Item Rented	Cost per Week/Month
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Name of Rental/Lease Co.	Item Rented	Cost per Week/Month
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REAL ESTATE

List all real estate you are purchasing or own, including real estate you rent to others:

Address #1	Assessed Value	Mortgage Co./Balance Due	Mortgage Entry Date
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Address #2	Assessed Value	Mortgage Co./Balance Due	Mortgage Entry Date
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If there is a 2ND MORTGAGE on properties listed above, indicate Name/Balance:

Address #1	Assessed Value	Mortgage Co./Balance Due	Mortgage Entry Date
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Address #2	Assessed Value	Mortgage Co./Balance Due	Mortgage Entry Date
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If property is owned jointly with someone else, indicate names of other owners: _____

REAL ESTATE (cont'd)

If your real estate loan is guaranteed by the VA, FHA, FELA, or other, provide:

Address of Guarantor, including Street, City, State and Zip Code (include on List of Creditors)

If you are **buying** real estate by agreement for deed, provide the following and **BRING A COPY OF YOUR CONTRACT:** Address of real estate_____

No. of Bedrooms____ No. of Bathrooms____ Sq. Footage of Home_____ Lot Size_____

Name/Address of Seller	Name of Escrow Agent	Terms of Repayment	Balance Owed
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If you are **selling** real estate by agreement or deed, provide the following and **BRING A COPY OF YOUR CONTRACT:** Address of real estate_____

No. of Bedrooms____ No. of Bathrooms____ Sq. Footage of Home_____ Lot Size_____

Name/Address of Seller	Name of Escrow Agent	Terms of Payment	Balance They Owe
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Do not list your escrow agent as a creditor on your bankruptcy if you are buying by agreement for deed. List the person you are buying from, along with their address and balance due on the contract.

ALL OTHER ASSETS

TYPE OF PROPERTY

MARKET VALUE

Cash on Hand	How much cash do you have in your pocket now?	_____
		Cash on Hand
Account #1	_____	_____
	Acct. Type & Name of Bank	Current Balance
Account #2	_____	_____
	Acct. Type & Name of Bank	Current Balance
Account #3	_____	_____
	Acct. Type & Name of Bank	Current Balance
Security Deposits With Landlords or Others	_____	_____
	Acct. Type & Name of Bank or Individual	Current Balance

ITEM	DESCRIPTION (age, condition)	VALUE OF ITEM
Television	_____	_____
VCR	_____	_____
Microwave	_____	_____
Stereo	_____	_____
Stove	_____	_____
Refrigerator	_____	_____
Washer	_____	_____
Dryer	_____	_____
Couch	_____	_____
Loveseat	_____	_____
Chair(s)	_____	_____
Recliner(s)	_____	_____
End Tables	_____	_____
Coffee Table	_____	_____
Lamps	_____	_____
Kitchen Table/Chairs	_____	_____
Dining Table/Chairs	_____	_____
Bookcase	_____	_____
Sewing Machine	_____	_____
Waterbed	_____	_____
Full/Queen/King Bed	_____	_____
Twin or Bunk Beds	_____	_____
Dressers	_____	_____

ITEM	DESCRIPTION (age, condition)	VALUE OF ITEM
Night Stands	_____	_____
Piano/Organ	_____	_____
Vacuum Sweeper	_____	_____
Books, Pictures, Art	_____	_____
Antiques	_____	_____
Music tapes, CDs, DVDs	_____	_____
Coin/Stamp Collections	_____	_____
Jewelry, Watches	_____	_____
Wedding Bands	_____	_____
Computer Equipment	_____	_____
Cameras (Video & Still)	_____	_____
Firearms	_____	_____
Exercise Equipment	_____	_____
Sports Equipment	_____	_____
Clothing	What is the RESALE value of your clothing?	_____
Cash Value in Whole Life Insurance Policy (not face value)	_____	_____
Pensions/Profit Sharing 401K Plans, Retirement Accts or Annuities	_____	_____
Stock or interests in Corp. or Partnership	_____	_____
Government or other Bonds	_____	_____
Accounts Receivable	_____	_____
Divorce Property Settlements to which you are entitled	_____	_____
Tax refunds owed you by IRS or Illinois for last year or upcoming year	_____	_____
Life Estates in any real estate	_____	_____

ITEM	DESCRIPTION (age, condition)	VALUE OF ITEM								
Interest in Estate of Decedent or Trust	_____	_____								
Worker's Comp claims, Personal Inj. Claims or Other claims	_____	_____								
Patents, Copyrights, Franchises, Licenses	_____	_____								
Autos, Trucks, campers, motor homes, motorcycles, semi trucks, snowmobiles, boats, motors, trailers or aircraft owned by you or jointly with someone else	<table border="1"> <thead> <tr> <th data-bbox="472 695 618 722">Year/Make/Model</th> <th data-bbox="683 695 753 722">Mileage</th> <th data-bbox="829 695 883 722">Owner</th> <th data-bbox="951 695 1040 722">Lienholder</th> </tr> </thead> <tbody> <tr> <td data-bbox="472 785 618 806">_____</td> <td data-bbox="683 785 753 806">_____</td> <td data-bbox="829 785 883 806">_____</td> <td data-bbox="951 785 1040 806">_____</td> </tr> </tbody> </table>	Year/Make/Model	Mileage	Owner	Lienholder	_____	_____	_____	_____	_____
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Year/Make/Model	Mileage	Owner	Lienholder							
_____	_____	_____	_____							
Office Equipment, Supplies	_____	_____								
Business Machinery, Supplies	_____	_____								
Business Inventory	_____	_____								
Purebred Animals, Livestock, Harvested/growing Crops	_____	_____								
	_____	_____								
Farming Equipment Supplies or Feed	_____	_____								
	_____	_____								
Hand or Power Tools, Tools Used in Business	_____	_____								
Mobile Homes, Utility Sheds, Swimming Pools	_____	_____								
	_____	_____								
Garden Tools or Equipment	_____	_____								
Other Personal Property	_____	_____								

INTENTIONS REGARDING PROPERTY SUBJECT TO LIENS

List below the SECURED DEBTS you intend to pay, such as loans secured by vehicles, real estate, furniture or jewelry, etc.

_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Description of Collateral	Monthly	Weekly	Other
_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Description of Collateral	Monthly	Weekly	Other

List below the UNSECURED DEBTS you intend to pay, such as medical bills, credit cards, etc.

_____	_____	_____
Name of Creditor	Type of Debt	Monthly Payment
_____	_____	_____
Name of Creditor	Type of Debt	Monthly Payment

List all property you intend to surrender, such as real estate, vehicles, jewelry, furniture, etc.

_____	_____
Name of Creditor	Description of Property
_____	_____
Name of Creditor	Description of Property

DEBTOR'S GROSS INCOME FROM:

JOINT DEBTOR'S INCOME FROM:

20 _____

20 _____

20 _____

20 _____

20 _____

20 _____

Debtor's income from Unemployment, Social Security, Public Aid, Food Stamps, Worker's Comp., Child Support, Retirement Income, Other:

Year	Type of Income	Amount
20__:	_____	_____

20__:	_____	_____

20__:	_____	_____

Debtor's income from Unemployment, Social Security, Public Aid, Food Stamps, Worker's Comp., Child Support, Retirement Income, Other:

Year	Type of Income	Amount
20__:	_____	_____

20__:	_____	_____

20__:	_____	_____

List all payments greater than \$200.00 per month made to creditors within the past 90 days:

Name & Address of Creditor	Dates & Payment Amounts	Balance Owing
_____	_____	_____
_____	_____	_____

List all payments made to a relative or friends for any reason within the past 12 months:

Name & Address of Relative/Friend	Dates & Payment Amounts	Balance Owing
_____	_____	_____

List any lawsuits to which you are or were a party within the past 12 months, and bring a copy of the lawsuit.

Case Caption	Case No.	Court Location	Their Atty	Status of Case
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have there been any court judgments against you within the past 10 years. Was the judgment paid in full?
Y N

If you have a pending court date for any case, complete the following and bring a copy of the lawsuit:

Caption & Case No.	Court Date	County	Opposing Attorney
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Caption & Case No.	Court Date	County	Opposing Attorney
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If a wage garnishment or wage assignment is in effect or pending, bring a copy of the garnishment papers and provide the following information:

Name & Address of Creditor	Amounts Garnished & Garnishment Dates	Plaintiff's Attorney
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List all vehicles you voluntarily surrendered or had repossessed within the past 12 months:

Name & Address of Creditor	Date Repossessed or Surrendered	Description & Value
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List all gifts, charitable or church contributions greater than \$100 made within past 12 months:

Name & address of Church/Organization	Relationship	Date of Gift	Value
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List all losses you suffered from fires, thefts, auto accidents or gambling within past 12 months:

Description & Value of Property	Circumstances of Loss	Date of Loss
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If the above loss was covered by insurance, state the following:

Name & Address of Insurance Co.	Amount Paid by Company	Date Paid
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If you have sold or transferred vehicles, personal property or real estate within the past 12 months, complete the following:

Name & Address of Person Receiving Property	Date	Description of Property & Amount You Received
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If you have closed any bank accounts, certificates of deposit, pension funds, IRAs or transferred accounts to others, sold stock or cashed in bonds in the past 12 months, complete the following:

Name of Bank/Type of Account	Account No.	Date Closed	Amount You Received
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Do you have a safe deposit box? If YES state:

Name of Bank	Name(s) of Persons Having Access	Description of Contents
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Are you storing, using or holding property for someone else? If YES, state:

Name & Address or Owner	Description & Value	Location of Property
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List all addresses where you have resided during the past two years and state:

Address	Name Used	Dates of Occupancy
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Address	Name Used	Dates of Occupancy
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SCHEDULE I – CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "spouse" must be completed in all cases filed by joint debtors and by married debtor in a Chapter 7 or 13 case, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status S M D W (circle one)	Dependents of Debtor & Spouse	Ages	Son/Daughter (indicate which)
Debtor's Age _____ Spouse's Age _____	Names _____ _____ _____ _____	Age(s) _____ _____ _____ _____	_____ _____ _____ _____

DEBTOR EMPLOYMENT INFORMATION	SPOUSE EMPLOYMENT INFORMATION
Occupation:	
Name of Employer:	
How Long Employed: How often are you paid?:	How Long Employed: How often are you paid?:
Complete Address of Employer:	Complete Address of Employer:

INSTRUCTIONS FOR CONVERTING WEEKLY INCOME TO MONTHLY: Multiply by 52 weeks and divide by 12.

INSTRUCTIONS FOR CONVERTING BI-WEEKLY INCOME TO MONTHLY: Multiply by 26 and divide by 12.

INSTRUCTIONS FOR CONVERTING SEMI-MONTHLY INCOME TO MONTHLY: Divide semi-monthly income by 2.

YOU MUST SUPPLY PAY STUBS AS VERIFICATION OF CURRENT INCOME

	<u>Debtor</u>	<u>Spouse</u>
Current <u>monthly</u> gross wages, salary and commissions:	\$ _____	\$ _____
Estimated <u>monthly</u> overtime:	\$ _____	\$ _____
SUBTOTAL:	\$ _____	\$ _____
LESS <u>MONTHLY</u> PAYROLL DEDUCTIONS:		
a. Payroll taxes and Social Security	\$ _____	\$ _____
b. Health/Dental/Life/Optical/Disability Insurance	\$ _____	\$ _____
c. Union Dues	\$ _____	\$ _____
d. 401K or 401K Loans	\$ _____	\$ _____
e. Child Support Payments	\$ _____	\$ _____
f. Vehicle Loans	\$ _____	\$ _____
g. Other	\$ _____	\$ _____
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	\$ _____
TOTAL NET MONTHLY TAKE HOME PAY	\$ _____	\$ _____
Regular income from operation of business, profession or farm (attach detailed statement)	\$ _____	\$ _____
Income from rental property	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Child Support Payments Received	\$ _____	\$ _____
Disability Income	\$ _____	\$ _____
Social Security or Government Assistance (specify SSI, SSD or other)	\$ _____	\$ _____
Pension or retirement income and name of source	\$ _____	\$ _____
Military Retirement	\$ _____	\$ _____

Unemployment Compensation (indicate when it ends)	\$ _____	\$ _____
Workers Compensation Payments	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Public Aid	\$ _____	\$ _____
TOTAL MONTHLY INCOME:	\$ _____	\$ _____

**DESCRIBE ANY ANTICIPATED INCREASE OR DECREASE IN YOUR INCOME
OF MORE THAN 10% WITHIN THE NEXT 12 MONTHS**

SCHEDULE J – ESTIMATED CURRENT MONTHLY EXPENSES OF INDIVIDUAL DEBTOR(S)

If joint petition is filed, but spouse maintains a separate household, make separate column labeled “Spouse”.

Rent or home mortgage payment (include lot rental for mobile home) \$ _____

Are Real estate taxes included in mortgage payment? Yes No

Is property insurance included in mortgage payment? Yes No

UTILITIES

Electricity & Heating Fuel: \$ _____

Water & Sewer \$ _____

Home Phone \$ _____

Cell Phone \$ _____

Internet Service \$ _____

Cable or Satellite TV \$ _____

Garbage Service \$ _____

Other \$ _____

GENERAL LIVING EXPENSES

Home Maintenance \$ _____

Food \$ _____

Clothing \$ _____

Laundry & Dry Cleaning \$ _____

Medical, Dental, Prescriptions \$ _____

Transportation \$ _____

Recreation (entertainment, meals) \$ _____

Charitable Contributions \$ _____

INSURANCE (not deducted from wages or mortgage payments)

Homeowner/Renter \$ _____

Life \$ _____

Health \$ _____

Auto \$ _____

Other \$ _____

TAXES (not taken from wages or paid w/mortgage)

Real Estate \$ _____

IRS \$ _____

Illinois Dept. of Revenue \$ _____

INSTALLMENT PAYMENTS (not taken from wages)

Auto #1 \$ _____

Auto #2 \$ _____

Second Mortgage \$ _____

Boat \$ _____

Appliances \$ _____

Furniture \$ _____

Other \$ _____

OTHER MONTHLY EXPENSES

Alimony, maintenance and support paid to others \$ _____

Child Support **not** deducted from paycheck \$ _____

Regular expenses from operation of business, profession or farm (attached detailed statement) \$ _____

Child care \$ _____

Student Loans \$ _____

School Lunches & Activities \$ _____

Meals at Work \$ _____

Miscellaneous (haircuts, household supplies, emergencies, etc.) \$ _____

Other \$ _____

ESTIMATED MONTHLY TOTAL EXPENSES: \$ _____