

**Please fill out the following information completely and bring with you to your appointment.**

**If you have any real estate property, such as a house, a mobile home or land, please fill out the page marked for that.**

**Also list each creditor you owe and how much you owe each one, even if you think it is someone who should not be listed in the bankruptcy. You may estimate if needed.**

# DROSE LAW FIRM

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DATE: \_\_\_\_\_

*You are going to be meeting with a bankruptcy attorney shortly. You will not be pressured to make any decisions at this time. Our policy is to treat this meeting as one that will enable you to better understand your options.*

**PLEASE ANSWER THE FOLLOWING:** *If unmarried, simply omit reference to your spouse.*

Your full name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Your spouse's  
full name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Do your creditors know you by another name? Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your spouse's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your mailing address \_\_\_\_\_  
(with zip code) \_\_\_\_\_

What county  
do you live in?  
\_\_\_\_\_

Phone numbers: **HOME** \_\_\_\_\_  
(if none please indicate)

**WORK** (yourself) \_\_\_\_\_

**WORK** (spouse) \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**E-mail address** if applicable: \_\_\_\_\_

Have you been living in South Carolina for the past 4 years? Yes No - If not where did you live prior and dates there: (from \_\_\_\_\_ to \_\_\_\_\_):

**WHERE DID YOU HEAR ABOUT US?** (Please circle as many as apply)

Other Attorney

Radio

Television

Client/Friend

Yellow Pages

Newspaper

Consumer Credit Counseling

Internet

## INCOME

Bring proof (paystubs, etc.) of **ALL** income received in the previous 6 months (This includes, social security, unemployment, retirement, disability and withdrawals from retirement plans or 401ks)

### YOUR Employment:

Place \_\_\_\_\_ Take Home Pay \$ \_\_\_\_\_ Per: wk/ 2 wks/ 2X month/ month

How long have you worked there? \_\_\_\_\_ Your position/title? \_\_\_\_\_

Do you make contributions to a retirement or 401K? Yes No If yes, how much? \_\_\_\_\_

Are contributions mandatory? Yes No Do you have any control over the amount you pay? Yes No

Do you owe any money for a loan against your 401K? Yes No If yes, how much? \_\_\_\_\_

Do you owe your Employer money? Yes No If yes, how much? \_\_\_\_\_

### YOUR SPOUSE'S Employment:

Place \_\_\_\_\_ Take Home Pay \$ \_\_\_\_\_ Per: wk/ 2 wks/ 2X month/ month

How long have you worked there? \_\_\_\_\_ Your position/title? \_\_\_\_\_

Do you make contributions to a retirement or 401K? Yes No If yes, how much? \_\_\_\_\_

Are contributions mandatory? Yes No Do you have any control over the amount you pay? Yes No

Do you owe any money for a loan against your 401K? Yes No If yes, how much? \_\_\_\_\_

Do you owe your Employer money? Yes No If yes, how much? \_\_\_\_\_

### **Please list all other sources of income:**

Military Retirement \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_

Other Retirement \$ \_\_\_\_\_ VA Education \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_

Child Support and/or Alimony \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

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Do you pay or owe child support? Yes No Are you current? Yes No

Do you owe any property taxes? Yes No

Has your property been sold by the county for unpaid taxes? Yes No

In the last year, have you received a notice from the tax collector that your property taxes were late? Yes No

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## ACCOUNT HISTORY

*If you answer "yes" to any of the below questions, the attorney will discuss these with you.*

Have you paid off any debts/accounts in the last year? Yes No

Have you made any payments to any creditor in the last six months, higher than \$600.00? Yes No

Have you paid off or made payments on any debts *cosigned by or for* family or friends in the last year? Yes No

Have you paid off or made payments towards any debts *owed to* family or friends in the last year? Yes No

Have you taken on any new debt(s) in the last three months? Yes No

When was the last time you used any credit card? \_\_\_\_\_ Which one(s)? \_\_\_\_\_

**VEHICLES:** These questions apply if you own or are paying on a vehicle.  
 If you do not drive a car, leave this page blank.

**I. Are you making payments on a vehicle to any creditor who is holding title to the vehicle as security for a loan? (If car is paid for, but you took a loan against the title, the questions below apply)**

**VEHICLE #1**

<u>Creditor</u>	<u>Year, Model</u>	<u>Monthly Payment</u>	<u>Are you Current?</u> Yes - No	<u>Day of Month Due</u>	<u>Approximate Mileage</u>
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Do you know which month and year you made the first payment? If so, please provide: \_\_\_\_\_, \_\_\_\_\_.

Loan was for \_\_\_\_\_ MONTHS.

Number of payments you think you have made: \_\_\_\_\_.

Have you had a loan extended? (circle one) YES (how many \_\_\_\_\_) NO

IF you know payoff on loan, please put here: \$\_\_\_\_\_.

Have you given any other creditor the title to this vehicle as security for a loan?

If yes, which creditor: \_\_\_\_\_.

**VEHICLE #2**

<u>Creditor</u>	<u>Year, Model</u>	<u>Monthly Payment</u>	<u>Are you Current?</u> Yes-No	<u>Day of Month Due</u>	<u>Approximate Mileage</u>
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Do you know which month and year you made the first payment? If so, please provide: \_\_\_\_\_, \_\_\_\_\_.

Loan was for \_\_\_\_\_ MONTHS.

Number of payments you think you have made: \_\_\_\_\_.

Have you had a loan extended? (circle one) YES (how many \_\_\_\_\_) NO

IF you know payoff on loan, please put here: \$\_\_\_\_\_.

Have you given any other creditor the title to this vehicle as security for a loan?

If yes, which creditor: \_\_\_\_\_.

**II. Do you own a vehicle that is paid for with no creditor holding title?**

IF YES:	<u>Year, Model</u>	<u>Mileage</u>	<u>Value</u>	<u>Title in name of</u>
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1.

2.

3.

**MISCELLANEOUS INFORMATION**

- a. Do you have a checking, savings, or other account with any bank, savings and loan association, or credit union? Yes \_\_\_ No \_\_\_. In what bank(s)? \_\_\_\_\_.
- b. Have you given a security deposit to any landlord, utility, or anyone else? Yes \_\_\_ No \_\_\_\_\_. If yes, provide the name of the person or company and the amount: \_\_\_\_\_.
- c. Do you participate in a pension, profit sharing, or employee stock ownership plan. Yes \_\_\_ No \_\_\_. Do you have any money from past employment in such an account? Yes No
- d. How much cash (including funds in any checking or savings account) do you have?\_\_\_\_\_.
- e. Do you anticipate, or have you already received, a tax refund for the 2009 year? (tax return due by 4/15/10)  
Yes \_\_\_ No \_\_\_\_.  
If so, how much? IRS \$\_\_\_\_\_ S.C. or other state \$ \_\_\_\_\_  
**Have you filed all required tax returns in the past 4 years? Yes\_\_\_ No\_\_**  
**Do you owe taxes? Yes\_\_\_ No\_\_.**
- f. If you have been divorced or separated, did a family court order you to assume responsibility for marital debts incurred during that marriage? Yes \_\_\_ No \_\_\_\_ When? \_\_\_\_\_
- g. Have any of your debts been cosigned or guaranteed by someone other than your current spouse? Yes \_\_\_ No \_\_\_. If yes, please provide name(s) of cosigner(s) and creditor. \_\_\_\_\_  
\_\_\_\_\_
- h. Do you own any of the following?
  - (1) stocks? Yes \_\_\_ No \_\_\_\_.
  - (2) bonds, including United States Savings Bonds? Yes \_\_\_ No \_\_\_\_.
  - (3) machinery, or fixtures used in a business or work? Yes \_\_\_ No \_\_\_\_.
  - (4) animals of value (other than pets)? Yes \_\_\_ No\_\_.
  - (5) firearms? Yes \_\_\_ No \_\_\_. Type \_\_\_\_\_ Value \$\_\_\_\_\_
  - (6) boats? Yes \_\_\_ No \_\_\_\_.
  - (7) books, prints, pictures, stamps, coins, or sports equipment of value? Yes \_\_\_ No \_\_\_\_.
  - (8) IRA/other retirement? Yes \_\_\_ No \_\_\_\_ If yes, amount in account \$\_\_\_\_\_.
  - (9) tools? Yes \_\_\_ No \_\_\_\_ Please give a general description \_\_\_\_\_.
- i. Does anyone owe you any money? Yes \_\_\_ No \_\_\_\_.
- j. Do you have any pending lawsuits or right to bring a suit for bodily injuries? Yes \_\_\_ No \_\_\_\_.  
Have you consulted with any attorney about any other matter within the last year? Yes \_\_\_ No \_\_\_. If you answered yes to either of these questions, please provide additional information and/or explanation: \_\_\_\_\_.
- k. Other than these items, do you own anything that this form did not address? Yes \_\_\_ No \_\_\_\_\_. If yes, describe:\_\_\_\_\_.
- l. Have you ever filed bankruptcy before? Yes \_\_\_ No \_\_\_\_\_. If yes, indicate location of court, the type of case filed, and approximately when filed. \_\_\_\_\_.

**MOBILE HOME:** If you own a mobile home, please answer these questions. If not, leave blank.

**WHERE IS MOBILE HOME?**

Street Address: \_\_\_\_\_  
\_\_\_\_\_ (include city and ZIP)

**DESCRIPTION OF MOBILE HOME:**

Year \_\_\_\_\_ Make and Model \_\_\_\_\_ Width/Length \_\_\_\_\_

**PURCHASE OF MOBILE HOME** (use best guesses - please tell us if you are guessing)

MONTH, YEAR BOUGHT \_\_\_\_\_, \_\_\_\_\_

PURCHASE PRICE \$ \_\_\_\_\_

NEW LOAN/ASSUMPTION? (circle one) New Loan Assumption

CASH DOWN PAYMENT (not counting closing costs) If \$0, put that \$ \_\_\_\_\_

VA or FHA? (circle one) VA FHA NO

IN WHOSE NAME IS MOBILE HOME TITLED? \_\_\_\_\_

**VALUE OF MOBILE HOME**

Estimate Present Value \$ \_\_\_\_\_

If you know what County appraisal is, please provide. \$ \_\_\_\_\_

Do you plan to keep or surrender the mobile home? KEEP SURRENDER (circle one)

If you do not live in the mobile home, do you receive rent for it? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_, per \_\_\_\_\_.

**LOAN PAYMENTS:** Please list all lienholders and information requested.

<u>Name of Lienholder</u>	<u>Monthly Payment</u>	<u>Current? (Yes-No)</u>	<u>Due Date</u>	<u>Best Estimate of Payoff Balance</u>
1st lien _____	\$ _____	_____	_____	\$ _____

TAXES, INSURANCE INCLUDED? YES - NO

2nd Lien _____	\$ _____	_____	_____	\$ _____
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**HOUSE:** If you own a house, please answer these questions. If not, leave blank.

**WHERE IS HOUSE LOCATED?**

Street Address: \_\_\_\_\_  
\_\_\_\_\_ (Include city, ZIP)

Subdivision, if one \_\_\_\_\_

County \_\_\_\_\_

**PURCHASE OF HOUSE** (use best guesses - please tell us if you are guessing)

MONTH, YEAR BOUGHT \_\_\_\_\_, PURCHASE PRICE \$ \_\_\_\_\_  
CASH DOWN PAYMENT (not counting closing costs) If \$0, put that - - \$ \_\_\_\_\_

VA or FHA? (circle one)    VA    FHA    NO

IN WHOSE NAME IS HOUSE TITLED? \_\_\_\_\_

VALUE OF HOUSE - Estimate Present Value \$ \_\_\_\_\_

If you know what County appraisal is, please provide. \$ \_\_\_\_\_

**MORTGAGE PAYMENTS:** Please list all mortgage holders, listing first mortgage holder first. Please fill out all information requested..

Name of Mortgage Holder	Monthly Payment	Current ? (Yes - No)	If you are not current, what month do you owe for ?	Best Estimate of Payoff Balance
1st Mortgage _____	\$ _____	_____	_____	\$ _____
2nd Mortgage _____ (if one)	\$ _____	_____	_____	\$ _____
3rd Mortgage _____	\$ _____	_____	_____	\$ _____

Do your mortgage payments include:    Escrow    Taxes    Insurance    None

**OTHER REAL ESTATE OWNED:** If you own other real estate, please answer these questions.

- a. Describe and give the location of all other real estate (lot, building/house, land, or burial plot) in which you hold an interest:

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- b. How is property titled? \_\_\_\_\_

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- c. Outstanding mortgage balance(s) (if any): \_\_\_\_\_

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- d. Name of mortgage holder(s): \_\_\_\_\_

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- e. Purchase price: \$ \_\_\_\_\_ Year purchased: \_\_\_\_\_

- f. Present value of the property: \$ \_\_\_\_\_

## EXPENSES

Estimated average MONTHLY expenses:

*(These are not intended to be complete -- for now give rough estimates.)*

Mortgage - Rent      \$ \_\_\_\_\_  
*(circle one)*

Utilities                      \$ \_\_\_\_\_  
*(include electric, water & phone)*

Food                      \$ \_\_\_\_\_

Medical                      \$ \_\_\_\_\_

Vehicle Insurance      \$ \_\_\_\_\_

Medical Insurance      \$ \_\_\_\_\_  
*(if not taken out of pay)*

Life Insurance          \$ \_\_\_\_\_  
*(if not taken out of pay)*

Auto Gas and  
Maintenance              \$ \_\_\_\_\_

Homeowners/Renters \$ \_\_\_\_\_  
Insurance *(if not included in mortgage payment)*

Religious/Charitable  
Contributions              \$ \_\_\_\_\_

Child Support and/or  
Alimony                      \$ \_\_\_\_\_

Child Care                \$ \_\_\_\_\_

Names & Ages of Dependents *(other than spouse)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

