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Date of Meeting: _____

Chapter: _____

CLIENT INFORMATION PACKET

DEBTOR: _____

JOINT DEBTOR: _____

Full Name: _____

List any other personal names you have
used in the last 8 years: _____

Marital Status: _____

Street Address: _____

Mailing Address: _____

County: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Social Security #: _____

E-mail Address: _____

REAL ESTATE

PROPERTY #1:

Date Property was purchased: _____

Names on Property Title: _____

Names on Mortgage: _____

Current Value: \$ _____ Balance Owed: \$ _____

Is this your homestead, yes or no? _____ Surrender or Keep? _____

If you want to keep the property, are you behind in payments? _____

If yes, when is the last month that you paid the mortgage? _____

1ST MORTGAGE NAME AND ADDRESS:

Account #: _____

Balance Owed: \$ _____ Monthly Payment: \$ _____

Taxes Escrowed, yes or no? _____ Amount: \$ _____

Property Insurance Escrowed, yes or no? _____ Amount: \$ _____

Interest Rate: _____

2ND MORTGAGE NAME AND ADDRESS:

Account #: _____ Home Equity Line? _____

Balance Owed: \$ _____ Monthly Payment: \$ _____

Interest Rate: _____

ADDITIONAL PROPERTIES?

Please use a second page for any additional properties. Be sure to include all the information on this sheet for all additional as well.

PERSONAL PROPERTY

Once in a while people are audited. The Trustee could send someone to your home to evaluate and price property. Be as thorough as possible in listing your property and assessing your property using garage sale value.

1. CASH ON HAND: \$ _____
(This includes money that you typically keep in your wallet, any money you store at your home, any change you have connected, etc.)

2. CLOTHING: \$ _____

3. JEWELRY:
(List all pieces individually and what you think you could get for them if you were to resell them privately or at a pawn shop. Include rings, watches, bracelets, broaches, necklaces, etc.)

- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
- d. _____ \$ _____

4. FIREARMS, SPORTS EQUIPMENT:
(List individually with resale value.)

- a. _____ \$ _____
- b. _____ \$ _____

5. LAWN EQUIPMENT:

- a. _____ \$ _____
- b. _____ \$ _____

6. Do you have any interest in any WHOLE LIFE insurance policies?
Cash surrender value: \$ _____

7. Do you have any annuities, pension, profit-sharing plans, 401(k), IRAs?
With who? _____
What amount? _____
(Please bring our office the last two statements of each.)

8. Is any of your property at anyone else's home or in storage?

9. Is there any other personal property of value that you have not listed?

HOUSEHOLD GOODS & FURNISHINGS

List only what belongs to you and your family. There will be a separate section for you to list any property that belongs to friends or relatives.

For each item please list the number you own, and the garage sale value of each.

	<u>QUANTITY</u>	<u>VALUE</u>
<u>BEDROOM FURNITURE</u>		
Beds	_____	_____
Dressers	_____	_____
Nightstands	_____	_____
Armoires	_____	_____
Vanities	_____	_____
<u>LIVING ROOM FURNITURE</u>		
Couches	_____	_____
Chairs	_____	_____
Loveseats	_____	_____
Tables	_____	_____
Lamps	_____	_____
Entertainment Centers	_____	_____
TV Stands	_____	_____
<u>KITCHEN FURNITURE</u>		
Table	_____	_____
Chairs	_____	_____
<u>OFFICE FURNITURE</u>		
Bookcases	_____	_____
Desks	_____	_____
<u>MISCELLANEOUS FURNITURE</u>		
Hutch	_____	_____
China Cabinet	_____	_____
Chest	_____	_____

ELECTRONICS

Computers	_____	_____
Laptops	_____	_____
Printers	_____	_____
Fax Machines	_____	_____
Scanners	_____	_____
Televisions	_____	_____
DVD Players	_____	_____
VCRs	_____	_____
Stereos	_____	_____
Video Game Consoles	_____	_____

APPLIANCES

Washers	_____	_____
Dryers	_____	_____
Stoves	_____	_____
Refrigerators	_____	_____
Microwaves	_____	_____

MISCELLANEOUS GOODS

Tools	_____	_____
Books	_____	_____
DVDs	_____	_____
CDs	_____	_____
Collections	_____	_____
Paintings/Pictures	_____	_____

OTHER

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK ACCOUNTS

This list should include all checking, savings, and retirement accounts that you have had one year prior to filing – both open and closed accounts. On the date of filing saving and checking account balances should be low, and all checks should be cleared.

<u>NAME/ADDRESS OF BANK</u> _____ _____ _____ _____	ACCOUNT # _____ ACCOUNT TYPE _____ AVG. MONTHLY BALANCE _____ IF CLOSED, DATE CLOSED _____
--	---

<u>NAME/ADDRESS OF BANK</u> _____ _____ _____ _____	ACCOUNT # _____ ACCOUNT TYPE _____ AVG. MONTHLY BALANCE _____ IF CLOSED, DATE CLOSED _____
--	---

<u>NAME/ADDRESS OF BANK</u> _____ _____ _____ _____	ACCOUNT # _____ ACCOUNT TYPE _____ AVG. MONTHLY BALANCE _____ IF CLOSED, DATE CLOSED _____
--	---

<u>NAME/ADDRESS OF BANK</u> _____ _____ _____ _____	ACCOUNT # _____ ACCOUNT TYPE _____ AVG. MONTHLY BALANCE _____ IF CLOSED, DATE CLOSED _____
--	---

VEHICLES

(This includes: cars, trucks, boats, RVs, campers, and trailers)

VEHICLE #1

YEAR: _____

VALUE: \$ _____

MAKE: _____

(This can be NADA retail value only. You may visit the website at www.NADA.com)

MODEL: _____

BALANCE OWED: \$ _____

MILEAGE: _____

MONTHLY PAYMENT: \$ _____

CONDITION: Good/Fair/Bad

NAME OF PERSONS ON THE

WHEN DID YOU PURCHASE THE

VEHICLE TITLE: _____

VEHICLE? _____

NAME/ADDRESS OF LIENHOLDER

KEEP or **SURRENDER?** _____

ACCOUNT #

INTEREST RATE: _____

DATE OF LAST PAYMENT: _____

VEHICLE #2

YEAR: _____

VALUE: \$ _____

MAKE: _____

(This can be NADA retail value only. You may visit the website at www.NADA.com)

MODEL: _____

BALANCE OWED: \$ _____

MILEAGE: _____

MONTHLY PAYMENT: \$ _____

CONDITION: Good/Fair/Bad

NAME OF PERSONS ON THE

WHEN DID YOU PURCHASE THE

VEHICLE TITLE: _____

VEHICLE? _____

NAME/ADDRESS OF LIENHOLDER

KEEP or **SURRENDER?** _____

ACCOUNT #

INTEREST RATE: _____

DATE OF LAST PAYMENT: _____

*** Please use a second page for any additional vehicles. Be sure to include all the information on this sheet for all additional as well.

UNSECURED CREDITOR LIST

(Medical Bills, Credit Cards, Services Rendered)

Please use the creditor's Billing Address.

<u>NAME/ADDRESS</u> _____ _____ _____	<u>ACCOUNT #</u> _____ <u>BALANCE OWED:</u> \$ _____	<u>Collection</u> <u>Agency/Address</u> _____ _____
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<u>NAME/ADDRESS</u> _____ _____ _____	<u>ACCOUNT #</u> _____ <u>BALANCE OWED:</u> \$ _____	<u>Collection</u> <u>Agency/Address</u> _____ _____
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<u>NAME/ADDRESS</u> _____ _____ _____	<u>ACCOUNT #</u> _____ <u>BALANCE OWED:</u> \$ _____	<u>Collection</u> <u>Agency/Address</u> _____ _____
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<u>NAME/ADDRESS</u> _____ _____ _____	<u>ACCOUNT #</u> _____ <u>BALANCE OWED:</u> \$ _____	<u>Collection</u> <u>Agency/Address</u> _____ _____
---	---	--

<u>NAME/ADDRESS</u> _____ _____ _____	<u>ACCOUNT #</u> _____ <u>BALANCE OWED:</u> \$ _____	<u>Collection</u> <u>Agency/Address</u> _____ _____
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NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

NAME/ADDRESS

ACCOUNT #

BALANCE OWED:
\$ _____

Collection

Agency/Address

OCCUPATION

DEBTOR

Age: _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Length of Employment: _____

How do you get paid? Weekly / Bi-weekly / Semi-monthly / Other _____

JOINT DEBTOR

Age: _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Length of Employment: _____

How do you get paid? Weekly / Bi-weekly / Semi-monthly / Other _____

DEPENDENTS

1. Relationship: _____ Age: _____

2. Relationship: _____ Age: _____

3. Relationship: _____ Age: _____

Do you pay child support? _____

Are you current? _____

To who: _____

Do you receive child support? _____

From who: _____

INCOME

	DEBTOR	JOINT DEBTOR
Current monthly gross wages, salary, commissions (Pro-rate if not paid monthly)		
Estimated monthly overtime		
Payroll taxes/Social Security deducted		
Insurance deducted		
Union Dues deducted		
Other payroll deductions (specify)		
Regular monthly income from business, profession, or farm (Attach a retail statement)		
Monthly income from Real Property		
Monthly interest and dividends		
Alimony, maintenance, or support payments (amount received monthly for debtor's or debtor's dependents' use)		
Social security or Government assistance		
Pension or retirement		
Other monthly income		
Describe any significant increase or decrease in any category anticipated to occur in the year following the filing		

If you are receiving Rental Income, please provide the following tenant information:

Name: _____

Address: _____

Term of Lease Agreement: _____

Amount Paid: _____

EXPENSES

***The amounts listed should be the average, monthly amounts.

	DEBTOR
Rent or home mortgage	\$ _____
Does this include real estate taxes?	yes or no
Does this include property insurance?	yes or no
Electricity and heating fuel	
Water and Sewer	
Telephone	
Other Utilities:	
Cell	\$ _____
Internet	\$ _____
Cable	\$ _____
Alarm System	\$ _____
Natural gas/propane	\$ _____
Home Maintenance	
Food	
Clothing	
Laundry and dry cleaning	
Medical and Dental (out-of-pocket)	
Transportation (not including car payments – gas, oil change, car maintenance)	
Recreation, clubs and entertainment, newspapers, etc.	
Charitable Contributions	
Homeowner's or Renter's Insurance	
Life Insurance	
Health Insurance (not provided for by employer)	

Auto Insurance	
Other Insurance (specify)	
Taxes not deducted from wages or in home mortgage payments	
Installment Auto Payments	
Other Installment Payments	
Alimony, maintenance, and support paid to others	
Payments for dependents not living at your home	
Operation expenses of business, profession, or farm	
Other Expenses (specify)	

FINANCIAL AFFAIRS

1. Have you paid a creditor over \$600 in the last 3 months? If so, who is the creditor, how much did you pay them, when did you pay them?

2. Have you paid back any friends or family members in the last year? If so, who, when, and how much?

3. Have you taken any cash advances in the last 3 months?

4. List all residences for the last 3 years. Give the dates of each occupancy.

5. List any property in your possession or on you property that is not yours (do not include belongings of small children).

6. List all property you have sold in the past year.

7. Were you sued in the last year? If so, please provide documentation.

8. List any property garnished, repossessed, foreclosed, or voluntarily returned during the last year.

9. List all people you have borrowed money from and the amount. List when you paid them back and the amount on which dates.

10. List any businesses you have been a part of in the last 6 years. List an EIN# if you have one. (Include DBA's, sole proprietor, corporations, etc.)

11. Have you been injured in an accident or do you have the right to sue anybody for money at this time?

12. Have you transferred or given any monies away over \$600 or personal or real property within the last 2 years?

13. Have you resided in the state of Florida for the last 24 months? If not, which state did you reside in between 24 and 30 months ago?

14. Have you owned your homestead for at least 40 months? _____

15. Have you filed bankruptcy within the last 8 years? If yes, when?

16. Does anyone owe you any money? If yes, who? And how much?

17. Are you aware of any money judgments being entered against you?
