

INITIAL CONSULTATION WORKSHEET:

NAME: _____ PHONE: _____

APPOINTMENT DATE: _____ TIME: _____

APPOINTMENT LOCATION: FARGO GRAND FORKS CANDO DEVILS LAKE

DISTANCE CLIENTS: If you are not meeting us in person at one of our locations for a free bankruptcy consultation, please mail, email or fax your documentation to the following locations:

Attorney Ken Bulie:
Grand Forks, Cando & Devils Lake Offices

Bulie Law Office
217 S. 4th St.
Grand Forks, ND 58201
Email: traci@bulielaw.com
Fax: (701) 775-9101
Phone: (701) 738-1029

Attorneys Sara E. Diaz & Alan Sorensen:
Fargo, ND and Winona, MN Office:

Bulie Law Office
1790 32nd Ave. S. Suite 2B
Fargo, ND 58103
Email: sara@bulielaw.com or fargo@bulielaw.com
Fax: (701) 365-0740
Phone: (701) 298-8748

CREDIT COUNSELING: Under the current bankruptcy law, you must go through a credit counseling course prior to being eligible to file bankruptcy. This course is ABSOLUTELY required for all individuals filing any chapter of bankruptcy.

A list of approved providers by the United States Trustee's Office may be accessed at http://www.justice.gov/ust/eo/bapcpa/ccde/cc_approved.htm. This course will have to be completed on the phone or over the internet. If you have questions about this course be sure to talk to our office. The cost of this service is generally around \$50 or less. You must complete this course and provide our office with a certificate before your case can be filed.

YOUR INITIAL CONSULTATION: At your initial consultation, one of our attorneys will meet with you and analyze your financial situation and your possible qualification for Chapters 7 or 13 of the Bankruptcy Code. This evaluation is best completed when we have all of the information necessary to make a recommendation.

Upon filing a bankruptcy case, the law allows you to keep some money and most types of necessary property in bankruptcy. To receive this protection, it is necessary that you provide truthful, accurate and complete answers to all questions regarding your assets and your income. This document assists your attorney when drafting your bankruptcy petition. Your bankruptcy petition is filed under penalties of perjury.

You must list all assets you own or have an interest in. If you do not list all of your assets, you risk losing an asset to the bankruptcy trustee. You must also list everyone to whom you owe money. If you leave out one of your creditors, you may still owe that creditor or you may lose your right to a bankruptcy discharge. It may also be considered a crime if you intentionally give false information or leave out information.

Payments to unsecured creditors, certain transfers of property for less than full market value, transfers of property to close personal friends or relatives, or repayment of loans from close personal friends or relatives, receive special scrutiny from the court. The Bankruptcy Trustee may be able to recover assets transferred or money paid, in some cases, even if the transfer or payments were made as long as six years prior to the filing of your bankruptcy case. You must disclose these transfers and payments in your bankruptcy petition where applicable.

You will learn more about the differences between Chapters 7, 11, 12 and 13 during your consultation with the attorney.

DOCUMENTATION NEEDED TO PREPARE BANKRUPTCY PETITION:

- PICTURE IDENTIFICATION and SOCIAL SECURITY CARD
- INCOME INFORMATION FROM PAST 6 MONTHS FROM: _____ TO PRESENT
 - o Income information may include one or more of the following:

	X		X
PAY STUBS (<i>PAST 6 MONTHS</i>) <ul style="list-style-type: none"> • from ALL sources of employment • If married – from BOTH spouses 		ALIMONY/SPOUSAL SUPPORT	
PROOF OF SOCIAL SECURITY		PENSION OR RETIREMENT STATEMENTS	
CHILD SUPPORT STATEMENTS		UNEMPLOYMENT COMPENSATION	
REGULAR CONTRIBUTIONS TO HOUSEHOLD FROM: <ul style="list-style-type: none"> • SIGNIFICANT OTHER • OTHER FAMILY MEMBERS 		BUSINESS OWNERS/SELF-EMPLOYED INDIVIDUALS: <ul style="list-style-type: none"> ▪ Profit/Loss Statements for past 6 months ▪ Gross Revenue less Expenses over past 6 months Please see Business Worksheet (attached or provided at consultation)	

- FEDERAL & STATE TAX RETURNS FROM PAST TWO TAX YEARS _____
- ALL STATEMENTS FROM CREDITORS WITH NAME, ADDRESS, ACCOUNT NUMBER AND APPROXIMATE AMOUNT OWING.
 - o LEGAL/COLLECTION PROCEEDINGS: Please provide all legal pleadings, including summons, complaints, motions, garnishment summons, etc. for collection actions

Examples of types of debts to provide documentation of:			
Medical bills	Mail order bills	Condominium assessments	Schools/tuition
Credit card bills	Judgments	Student loans	Utility or telephone bills
Loans from relatives	Store charges	Loan companies	Welfare debts
Criminal restitution debts	Cable TV bills	Debts you cosigned	Payday loans
Bills owed to old landlords	Loans on your pension	Bills for goods or services	Mortgages
Back rent	Money owed to creditors that have repossessed property	Overpayment of Government Benefits	Auto/Boat/Trailer Loans

- IF YOU OWN A HOME AND/OR REAL ESTATE
 - PROPERTY TAX STATEMENT from the most recent year
 - APPRAISAL if you have had your property appraised within the past 4 years
 - TITLE CERTIFICATE to any MOBILE OR MODULAR HOME
 - MORTGAGE documents, contract for deed, or other mortgage/loan documents.
 - A copy of your recent mortgage statement
 - PROOF OF INSURANCE on real property (Preferably the policy declaration page)
- IF YOU RENT OR LEASE YOUR RESIDENCE: Bring a copy of your lease
- MOTOR VEHICLES
 - o COPY OF TITLE AND/OR REGISTRATION
 - o VEHICLE LOAN INFORMATION
 - Loan documents from purchase
 - Name, Address of Bank
 - Proof of Insurance Coverage
- BANK STATEMENTS FOR PAST 6 MONTHS from ALL checking, savings, money market or other financial accounts
- RECENT 401K, IRA OR RETIREMENT PLAN STATEMENTS
- LIFE INSURANCE: ANNUAL OR QUARTERLY STATEMENTS
- DIVORCE JUDGMENTS AND SUPPORT ORDERS- If you are divorced please provide a copy of your divorce decree. If you pay or receive child support or alimony, please bring a copy of such orders. Provide documentation that you are current on this obligation or documentation showing how much you are behind on your obligation(s).

DEBT ASSISTANCE CONSULTATION: DISCLOSURE STATEMENT

1. The client desires to obtain advice and assistance with debt issues and relief from debt. Client understands that in order for the attorney to give meaningful advice, certain detailed financial information must be provided fully and accurately.
2. Client agrees to give accurate, full and fair disclosure of financial information concerning average income over the previous 6 months from all sources, monthly living expenses, the type and amount of all debts (including names and addresses of all creditors), and a disclosure of all assets and property owned by the client.
3. A person may first choose to seek credit counseling before considering bankruptcy. Credit counseling is a service designed to assist a person with debts by budget counseling, negotiation with creditors and proposal of a debt management plan. In order to be successful with a debt management plan through a credit counselor, the person would need to make enough money to make regular and substantial payments on debts. With a debt management plan, debt payments may be reduced and interest may be reduced or waived, but bankruptcy relief is usually more dramatic and may be appropriate if a debt management plan with a credit counseling agency is not possible or will not benefit the client. A credit counseling briefing by an approved non-profit credit counseling agency is REQUIRED before a person may file bankruptcy.
4. The attorney agrees to interview the client, answer the client's questions and give advice and counsel to assist the client in making decisions about debt problems, the possibility of filing bankruptcy, selecting the appropriate chapter of bankruptcy, if any, and how a bankruptcy case may help or hurt the debt problems of the client. The interview may be terminated at any time by either the attorney or the client.
5. In the event that the client decides to file a bankruptcy case, another agreement and disclosure may be signed which may supplement or add to this agreement relating to attorney fees, expenses and other matters.
6. If the client does not re-establish contact with Bulie Law Office within 3 months after the initial consultation the client's file will be deemed closed. The Client will have to set up another consultation appointment and may be subjected to a change in the quoted fees to file their bankruptcy case.

11 U.S.C. §527(a)(1) Disclosure Statement:

If you decide to file bankruptcy:

- (A) all information you are required to provide with a petition and thereafter during your bankruptcy case is required to be complete, accurate, and truthful;
- (B) all assets and all liabilities are required to be completely and accurately disclosed in the documents filed to start the case, and the replacement value of each asset (as defined in section 506 of the Bankruptcy Code) must be stated in those documents; you must make reasonable inquiry to establish the value you place on your assets;
- (C) current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of this title, disposable income (determined in accordance with section 707(b)(2)), are required to be stated after reasonable inquiry; and
- (D) information that you provide during your case may be audited pursuant to bankruptcy law, and your failure to provide such information may result in dismissal of the case or other sanction, including a criminal sanction.
Reference: Bankruptcy Code § 527(a)(2).

I affirm that I have received & read this notice.

Dated: _____

Debtor

Joint Debtor (if any)

BULIE LAW OFFICE

11 U.S.C. § 527(b) Disclosure Statement

**IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES
FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER**

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney.

THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court.

You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge. If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

I affirm that I have received & read this notice.

Dated: _____

Debtor

Joint Debtor *(if any)*

Your Information:		Your Spouse's Information (if applicable):	
Full Name:		Full Name:	
Generation: Sr., Jr.		Generation: Sr., Jr.	
Social Security #		Social Security #	
Street Address:		Street Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
County:		County:	
Mailing Address:		Mailing Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Date of Birth:		Date of Birth:	
Other names used in past 8 years:		Other names used in past 8 years:	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed/Widower		

Where did you hear about us? (Online, YellowBook, Dex, referral, other): _____

If you are married – are you filing bankruptcy separately from your spouse? YES NO

If yes, please also fill in your spouse's name and also provide documentation of their monthly income & expenses

Have you or your spouse ever filed bankruptcy before? YES NO

If yes, list the bankruptcy case number, year of filing, and the state you filed in: _____

Do you operate your own business or are you self-employed? YES NO

(2) Have you voluntarily returned any property to a creditor in the past year?				YES	NO
Property Sold/Repossessed	Value of Property:	Date of Return:	Creditor Name & Address:	Amount Owed to Creditor	
(3) Have you or your spouse lost any money from a bank account or from your paycheck? (Examples: Garnishment, bank levy or freeze) <i>Please provide related documentation.</i>				YES	NO
Creditor Name & Address:	Attorney Name:	Amounts Taken:	Date(s) Taken:		
D. GIFTS AND TRANSFERS TO THIRD PARTIES					
(1) Have you or your spouse sold, gifted or transferred any property of substantial value within the past 6 years?				YES	NO
Name of Buyer/Transferee:	Property Transferred/Sold	Date of Sale:	Relationship to you:		
(2) Have you or your spouse made any gifts of property or cash of more than \$600.00 in value to any person or charity in the past 2 years? This includes church or other charitable giving.				YES	NO
Name of Buyer/Transferee:	Property Transferred	Date of Gift	Relationship to you:		
E. LOSSES					
(1) Have you or your spouse lost money due to fire, theft, property damage, or gambling during the last year?				YES	NO
Type of Loss:	Date of Loss	Value of Property Damaged	Insurance received:		
F. DEBT SETTLEMENT COMPANIES OR CREDIT COUNSELING AGENCIES					
(1) Have you paid any other attorneys for assistance with bankruptcy or debt in the last year?				YES	NO
Name of Attorney/Firm:	Date Paid	Describe the Services Provided:	Amount Paid:		
(2) Have you paid a DEBT SETTLEMENT COMPANY to help you settle your debts?				YES	NO
How much have you paid into the agency or company in the past 2 years? _____					
G. TRANSFERS/SALES OF PROPERTY					
(1) Have you or your spouse sell, trade, or otherwise transfer any asset in the last two years?				YES	NO
Name of Buyer/New Owner	Property Transferred/Sold	Value Received/Asset Purchased	Date of Sale:		
(2) Have you or your spouse allowed a security interest, such as a mortgage or lien on a car or other property in the last two years?				YES	NO
Name of Buyer/New Owner	Property Transferred/Sold	Value Received/Asset Purchased	Date of Sale:		
(3) Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices)				YES	NO

<u>H. BANKING AND SAFE DEPOSIT BOX INFORMATION</u>			
(1) Have you or your spouse closed (involuntarily or voluntarily) any bank account (checking, savings, CD's, money market, etc) in the past year?			YES NO
Bank Name & Address:	Type of Account:	Date of Closure:	Balance:
(2) Have you or your spouse had a safe deposit box in the past year?			YES NO
Bank Name & Address:	Contents:	Date Closed (if Applicable)	
<u>I. PROPERTY & LEASING</u>			
(1) Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?			YES NO
Name & Address of Storage Location:	Others with Access:	Contents of Storage Unit	Date Closed (if Applicable)
(2) Do you or your spouse have possession of any money or property that belongs to another person?			YES NO
Owner's Name/Relationship	Location of Property (Your home, etc)	Description of Property	Value of Property:
(3) Do you or your spouse currently have rent-to-own or other rental-purchase agreement?			YES NO
Landlord/Store Name & Address: (Rent-A-Center, Aaron's, etc.)	Description of Property	Contract Terms: (EX: \$24/week for 52 weeks, etc.)	Do you wish to retain property?
<u>J. CHILD SUPPORT, SPOUSAL SUPPORT & PROPERTY SETTLEMENTS</u>			
(1) Does anyone owe you or your spouse child support or spousal support?			YES NO
Name and Address of Party Obligated to Pay Support:	How much are you owed (in default)?	Ordered Monthly Support Amount:	Owed to you or spouse?
(2) If yes, do you receive the amount owed on a regular basis?			YES NO
(3) Are you or your spouse currently under an order to pay child support?			YES NO
(4) Are you or your spouse current on your payments on this obligation?			YES NO
Name and Address of Party paid: (custodial parent)	Monthly Amount Required:	Amount of Default (if any)	State Enforcing Order:
(5) Are you or your spouse currently under an order to pay spousal support?			YES NO
(6) Are you or your spouse current on your payments on this obligation?			YES NO
Name and Address of Party paid: (ex-spouse)	Monthly Amount Required'	Amount of Default (if any)	State Enforcing Order:

(7) Are you or your spouse owed anything pursuant to a divorce decree?		YES	NO
(8) Are you or your spouse obligated to pay any debt pursuant to a divorce decree?		YES	NO
(9) Do you or your spouse owe a former spouse anything pursuant to a divorce decree?		YES	NO
K. <u>CO-SIGNERS/DEBTS INCURRED FOR OTHERS</u>			
(1) Did anyone cosign any of the debts you or your spouse has provided?		YES	NO
(2) Have you or your spouse co-signed a loan or debt that has not been paid in full?		YES	NO
(3) Have you borrowed money for someone else's benefit?		YES	NO
L. <u>CREDIT CARD USAGE & OTHER DEBTS</u>			
(1) Have you or your spouse obtained cash advances of more than \$750 in the last 70 days or used any credit card to purchase more than \$500 worth of goods or services in the past 90 days?		YES	NO
Name of Credit Card:	Amount Charged:	Goods Purchased:	
(2) Have you or your spouse used your credit cards or cash advances at a gambling institution in the past 12 months?		YES	NO
Name of Credit Card:	Amount Charged:	Name of Gambling Institution:	
(3) Do you or your spouse owe money on a payday loan, auto title loan or a check cashing service?		YES	NO
Lender	Address	Amount Owed	Date Obligation Incurred
M. <u>SELF-EMPLOYMENT HISTORY</u>			
(1) Have you been self-employed in the past 6 years? If no, please skip to next section.		YES	NO
(2) If yes, please describe your business/self-employment below & fill out our Business Worksheet			
Type of Business:	Name of Business <i>If applicable</i>	Dates of Operation:	Business Formation: LLC, S Corp, C Corp, etc.
(3) Are you still actively pursuing this employment/business activity?		YES	NO
L. <u>FUTURE INTERESTS & INHERITANCES</u>			
(1) Are you a beneficiary under a trust or other future interest of property from a friend or family member?		YES	NO
(2) Do you expect to inherit any property, life insurance, retirement account, or other property in the near future?		YES	NO
(3) Have you ever inherited life insurance benefit or retirement account?		YES	NO
M. <u>PERSONAL INJURY, CLASS ACTION, OTHER LAW SUITS OR CLAIMS:</u>			
(1) Do you have any reason to sue someone for damaging your property or for any injuries to you or any member of your family?		YES	NO
(2) Have you joined a class action lawsuit, or any other lawsuit, in regards to a defective medical device, prescription drug, or other medically related lawsuit?		YES	NO

(3) Do you have any possible claim against another party that could give rise to a lawsuit?	YES	NO
<i>N. TAXES AND OTHER GOVERNMENT DEBTS</i>		
(1) Have you filed income taxes every year in the last seven years?	YES	NO
(2) Do you know if anyone intends to take or intercept your next tax refund?	YES	NO
(3) Do you owe any taxes to the IRS or the State?	YES	NO
(4) Are you aware of any tax liens that have been filed against you or your spouse?	YES	NO
(5) Do you owe any other obligation to the Federal or State government?	YES	NO

CURRENT EMPLOYMENT INFORMATION

What is your current employment status? EMPLOYED UNEMPLOYED RETIRED DISABLED

What is your *spouse's* current employment status? EMPLOYED UNEMPLOYED RETIRED DISABLED

UNEMPLOYED/DISABLED/ RETIRED INDIVIDUALS: How long have you or your spouse been without employment? _____

INCOME OTHER THAN WAGES: *Please list your monthly income (if any) from the following:*

	YOU:	SPOUSE:
Social Security Income		
Social Security Disability Income:		
Social Security Income for Dependent(s)		
Child Support Income:		
Workers Compensation:		
Unemployment Compensation		
Pension/Retirement Income		
TANF/Government Assistance		
Housing Assistance		
Food Stamps		
Other Income (Please describe):		

IF EMPLOYED, PLEASE COMPLETE THE FOLLOWING:

Primary Occupation: _____

Primary Employer: _____

How often are you paid? Monthly Twice a month Weekly Every 2 Weeks

Primary Employer Address: _____

Primary Employer Telephone: _____ Length of Employment: _____

Part Time Employment (if applicable)

Secondary Occupation: _____

Secondary Employer: _____

How often are you paid? Monthly Twice a month Weekly Every 2 Weeks

Secondary Employer Address: _____

Secondary Employer Telephone: _____ Length of Employment: _____

Spouse- Employment Information (if applicable)

Primary Occupation: _____

Primary Employer: _____

How often are you paid? Monthly Twice a month Weekly Every 2 Weeks

Primary Employer Address: _____

Primary Employer Telephone: _____ Length of Employment: _____

(Spouse) Part Time Employment (if applicable)

Secondary Occupation: _____

Secondary Employer: _____

How often are you paid? Monthly Twice a month Weekly Every 2 Weeks

Secondary Employer Address: _____

Secondary Employer Telephone: _____ Length of Employment: _____

Are you or your spouse anticipating any changes in your income in the next 12 months? YES NO

If yes, please explain:

Please list any previous employers in the past five years:

<u>EMPLOYER</u>	<u>CITY:</u>	<u>STATE:</u>	<u>Debtor/Spouse</u>	<u>Date Started</u>	<u>Date Ended</u>

DEPENDENTS - List additional dependents on back of the page, if necessary.

<u>Dependent's Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Does this Dependent reside with you?</u>	<u>Child/Dependent Support Pmt: (If applicable)</u>	<u>Do you pay or receive support?</u>

Please indicate your average monthly living expenses and any expenses you reasonably anticipate to have over the next 12 months.

MONTHLY LIVING EXPENSES	
MONTHLY HOUSING EXPENSES	
_____ Rent _____ Home Mortgage Payment <i>(check one):</i>	
Are Real Estate Taxes Included? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please indicate amount paid monthly:	
Is Property Insurance Included <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please indicate amount paid monthly:	
Second Mortgage Payment:	
Mobile Home Lot Rent:	
Homeowner Association Fees/Condo Fees:	
MONTHLY UTILITIES	
Electricity	
Heating Fuel/Natural Gas	
Water and Sewage	
Refuse Disposal	
Telephone	
Internet	
Cable/Satellite	
Cell Phone	
MONTHLY HOME MAINTENANCE EXPENSES	
Plumbing & Electrical	
Replacement of Shingles, Windows, Doors, etc.	
Appliance Repair	
Lawn Care	
Snow Removal	
Carpet Cleaning	
Household Cleaning	
Household Supplies	
FOOD, CLOTHING, PERSONAL CARE ITEMS	
Groceries	
Special Diets	
Meals Eaten Out Because of Job Requirements	
Dining Out	
Clothing	
Uniforms or Specialty Clothing Required for Work	
Laundry and Dry Cleaning	
Alterations & Repair	
Personal Care Products	
Hair Cuts	
MONTHLY MEDICAL AND DENTAL EXPENSES	
Insurance Deductibles	
Office Visit Co-Pays	
Prescription Co-Pays	
Uninsured Medical Expenses	
Uninsured Medical for Children not living with you	

Dental Expenses		
Orthodontia		
Dental and Orthodontia for Children not living with you		
Vision Expenses		
Alternative Health Expenses/Natural Health Expenses		
Chiropractor Visits		
Over the Counter Medications		
MONTHLY TRANSPORTATION EXPENSES		
Public Transportation Fees:		
Number of Motor Vehicles Driven on a Regular Basis		
Number of Miles Driven Monthly for Work		
Number of Miles Driven Monthly for Purposes Other Than Work		
Parking Fees:		
Gas Expenses:		
Oil Changes and Routine Maintenance		
Repairs Other Than Routine Maintenance (<i>Describe</i>)		
Health Club or Other Memberships		
Movie Attendance or Rentals		
Newspaper & Magazine Subscriptions		
MONTHLY CHARITABLE CONTRIBUTIONS		
Contributions to Church		
Contributions to Other Charitable Organizations		
MONTHLY INSURANCE (NOT DEDUCTED FROM WAGES OR INCLUDED IN MORTGAGE)		
Homeowner's or Renter's Insurance		
Personal Property Insurance		
Term Life Insurance		
Whole-Life Insurance		
Health Insurance		
Automobile Insurance		
Short-Term Disability Insurance		
Long-Term Disability Insurance		
Cancer Insurance		
Insurance of Type Not Listed Above		
MONTHLY TAX OBLIGATIONS NOT DEDUCTED FROM WAGES OR INCLUDED IN MORTGAGE PAYMENTS		
Property Taxes (if NOT escrowed)		
State Income Taxes:		
Federal Income Taxes:		
Other Taxes:		
MONTHLY LOAN INSTALLMENT OBLIGATIONS		
	Monthly Payment	# Payments Remaining
Auto 1		
Auto 2		
Boat		
Snowmobile		
ATV		

	Monthly Payment	# Payments Remaining
Motorcycle		
Campers/Recreational Trailers		
Student Loans		
Rent-To-Own Payments		
Timeshare		
Payments on additional real property/Third Mortgages:		
Other (Describe)		
MONTHLY SUPPORT OR OTHER COURT-ORDERED PAYMENTS		
Child Support		
Spousal Support		
Other (Describe)		
OTHER MONTHLY EXPENSES		
Diapers		
Baby Formula		
Child Care		
Preschool Tuition		
School Supplies		
School Lunches		
School Activity Fees		
School Athletics Expenses		
School Uniforms		
Support & Educational Expenses for Children Not Living at Home		
Pet Food		
Veterinary Expense		
Storage Unit		
Non-Reimbursed Work Related Expenses Please describe:		
Other Monthly expenses not already indicated: Please describe:		

Do you currently have medical insurance, either through an employer, or self-paid?

Yes No

Do you have any existing medical or dental problems which you have not addressed because you have not had enough money to do so? If yes, please describe _____

ASSET DECLARATION WORKSHEET

PART 1: REAL ESTATE:

- (1) Do you own real estate that you use as your home? YES ____ NO ____.
- (2) Address: _____

- (3) Co-owners: _____
- (4) Purchase price: _____ Date purchased: _____
- (5) Original mortgage amount: _____ Down payment amount: _____
- (6) Present value of your house from property tax statement _____
- (7) Estimated market value of your house from recent (within 4 years) appraisal _____
- (8) When was your home last valued or appraised? _____
- (9) Is there a mortgage on your home? YES NO
 If yes: *please provide a copy of your mortgage statement*
 What do you owe? \$ _____
 Name of Mortgage Company or Creditor: _____
 Address: _____
 City, State, Zip Code _____
 Account Number: _____ Monthly Payment _____
- (10) Is there a second mortgage on your home? YES NO
 If yes: *please provide a copy of your mortgage statement*
 What do you owe? \$ _____
 Name of Mortgage Company or Creditor: _____
 Address: _____
 City, State, Zip Code _____
 Account Number: _____ Monthly Payment _____

(11) Are there any other debts secured by your home?	YES	NO
(12) Do you wish to keep paying the debt(s) and keep the home?	YES	NO
(13) Are you <u>current</u> on your mortgage payments? <i>If NO, how much are you in default?</i> _____	YES	NO
(14) Are you <u>current</u> on your real estate taxes? <i>If NO, how much are you in default?</i> _____	YES	NO
(15) Do you own any other real property? <i>If YES, please provide: (1) property tax statement, (2) mortgage statement for the additional real estate</i>	YES	NO
(16) Do you own a Life Estate or a Remainder Interest in any real property? <i>If YES, please provide documentation of the interest</i>	YES	NO
(17) Do you own mineral rights, water rights, hunting rights, or any special easements in any real property owned by anyone else? <i>If YES, please provide documentation of the interest</i>	YES	NO
(18) Do you own a mobile home? If yes, please describe (Year, Make, Model): Date Purchased: _____ Purchase Price: _____	YES	NO
Is the mobile home located on a rented lot? YES NO		
(19) Are you purchasing any real estate on a Contract for Deed? YES NO If yes, provide a copy of the contract.	YES	NO

PART 2: Automobiles, Trucks & SUVs, Boats, Personal Watercraft, Recreational Vehicles, Motorcycles, & Trailers

AUTOMOBILES		
Year Purchased	Year Purchased	Year Purchased
Year	Year	Year
Make:	Make:	Make:
Model	Model	Model
Body Style (XT, SE, SLT, etc):	Body Style (XT, SE, SLT, etc):	Body Style (XT, SE, SLT, etc):
Engine Auto or Manual:	Engine: Auto or Manual:	Engine: Auto or Manual:
Mileage	Mileage	Mileage
Name(s) on Title:	Name(s) on Title:	Name(s) on Title:
OPTIONS	OPTIONS	OPTIONS
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Power Steering	<input type="checkbox"/> Power Steering	<input type="checkbox"/> Power Steering
<input type="checkbox"/> Power Windows	<input type="checkbox"/> Power Windows	<input type="checkbox"/> Power Windows
<input type="checkbox"/> Moon Roof <input type="checkbox"/> Sun Roof	<input type="checkbox"/> Moon Roof <input type="checkbox"/> Sun Roof	<input type="checkbox"/> Moon Roof <input type="checkbox"/> Sun Roof
<input type="checkbox"/> Power Seats	<input type="checkbox"/> Power Seats	<input type="checkbox"/> Power Seats
<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Power Door Locks
<input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Cruise Control	<input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Cruise Control	<input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Cruise Control
<input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> Cassette	<input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> Cassette	<input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> Cassette
<input type="checkbox"/> CD Player <input type="checkbox"/> Multiple <input type="checkbox"/> Single	<input type="checkbox"/> CD Player <input type="checkbox"/> Multiple <input type="checkbox"/> Single	<input type="checkbox"/> CD Player <input type="checkbox"/> Multiple <input type="checkbox"/> Single
<input type="checkbox"/> Premium Sound System	<input type="checkbox"/> Premium Sound System	<input type="checkbox"/> Premium Sound System
<input type="checkbox"/> Navigation System	<input type="checkbox"/> Navigation System	<input type="checkbox"/> Navigation System
<input type="checkbox"/> ABS	<input type="checkbox"/> ABS	<input type="checkbox"/> ABS
<input type="checkbox"/> Leather Seats	<input type="checkbox"/> Leather Seats	<input type="checkbox"/> Leather Seats
<input type="checkbox"/> Custom Wheels	<input type="checkbox"/> Custom Wheels	<input type="checkbox"/> Custom Wheels
Pickups and SUVs		
<input type="checkbox"/> 1500/2500/3500: _____	<input type="checkbox"/> 1500/2500/3500: _____	<input type="checkbox"/> 1500/2500/3500: _____
<input type="checkbox"/> Towing Package	<input type="checkbox"/> Towing Package	<input type="checkbox"/> Towing Package
<input type="checkbox"/> Off-Road Package	<input type="checkbox"/> Off-Road Package	<input type="checkbox"/> Off-Road Package
<input type="checkbox"/> Four Wheel Drive	<input type="checkbox"/> Four Wheel Drive	<input type="checkbox"/> Four Wheel Drive
<input type="checkbox"/> Bed Liner	<input type="checkbox"/> Bed Liner	<input type="checkbox"/> Bed Liner
<input type="checkbox"/> Oversize Wheels	<input type="checkbox"/> Oversize Wheels	<input type="checkbox"/> Oversize Wheels
<input type="checkbox"/> Dual Rear Wheels	<input type="checkbox"/> Dual Rear Wheels	<input type="checkbox"/> Dual Rear Wheels
<input type="checkbox"/> Heavy-Duty Package	<input type="checkbox"/> Heavy-Duty Package	<input type="checkbox"/> Heavy-Duty Package
<input type="checkbox"/> Club Cab <input type="checkbox"/> Crew Cab	<input type="checkbox"/> Club Cab <input type="checkbox"/> Crew Cab	<input type="checkbox"/> Club Cab <input type="checkbox"/> Crew Cab
<input type="checkbox"/> Long Bed	<input type="checkbox"/> Long Bed	<input type="checkbox"/> Long Bed
<input type="checkbox"/> Short Bed	<input type="checkbox"/> Short Bed	<input type="checkbox"/> Short Bed
<input type="checkbox"/> Custom Accessories (Please list)	<input type="checkbox"/> Custom Accessories (Please list)	<input type="checkbox"/> Custom Accessories (Please list)
Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
KBB Private Party Value:	KBB Private Party Value:	KBB Private Party Value:
Financed Through: Name & Address	Financed Through: Name & Address	Financed Through: Name & Address
Current Balance on Loan:	Current Balance on Loan:	Current Balance on Loan:
Are you current on your payments?	Are you current on your payments?	Are you current on your payments?
If no, how much are you behind?	If no, how much are you behind?	If no, how much are you behind?
Do you wish to keep the vehicle?	Do you wish to keep the vehicle?	Do you wish to keep the vehicle?

MOTOR CYCLES, ATVs, SNOWMOBILES		CAMPERS
Year Purchased	Year Purchased	Year Purchased
Name(s) on Title:	Name(s) on Title	Name(s) on Title:
Year	Year	Year
Make	Make	Make
Model	Model	Model
Number Cylinders	Number Cylinders	
Engine Displacement	Engine Displacement	
Mileage	Mileage	Mileage
Condition	Condition	Condition
Special Features:	Special Features:	Special Features:
NADA Value:	NADA Value:	NADA Value:
Financed Through: Name & Address	Financed Through: Name & Address	Financed Through: Name & Address
Current Balance on Note:	Current Balance on Note:	Current Balance on Note:
Are you current on your payments?	Are you current on your payments?	Are you current on your payments?
Do you wish to keep the asset?	Do you wish to keep the asset?	Do you wish to keep the camper?
BOATS AND PERSONAL WATERCRAFT		
Year Purchased	Year Purchased	Year Purchased
Name(s) on Title:	Name(s) on Title	Name(s) on Title:
Year	Year	Year
Make	Make	Make
Model Number	Model Number	Model Number
Length	Length	Length
<input type="checkbox"/> Inboard/Outboard Eng. HP	<input type="checkbox"/> Inboard/Outboard Eng. HP	<input type="checkbox"/> Inboard/Outboard Eng. HP
<input type="checkbox"/> Outboard Eng. HP	<input type="checkbox"/> Outboard Eng. HP	<input type="checkbox"/> Outboard Eng. HP
Hours Usage	Hours Usage	Hours Usage
Condition	Condition	Condition
Special Features:	Special Features:	Special Features:
NADA Value	NADA Value	NADA Value
Financed Through	Financed Through	Financed Through
Are you current on your payments?	Are you current on your payments?	Are you current on your payments?
<p>TRAILERS: Please list below License Number, Make, Model Number, and Year Purchased of any trailer that you own. Also include trailers for hauling boats, RVs, motorcycles, ATVs, personal watercraft, or general utility trailers.</p>		

PART 3: HOUSEHOLD FURNISHINGS & ELECTRONICS: Please describe each item and estimate a value for each. For used, worn or hand-me-down personal property items, use "garage sale" or "yard sale" prices, not replacement value. If you owe money on any of the items listed, please indicate the name and address of the holder of the loan on the item and the amount owed. Ignore any numbers after each category such as (6) – they are for office use only.

<i>Household Furnishings (6)</i>	Do you own? Yes – No		<i>Quantity & Description</i>	<i>Market Value</i>
Couch	<input type="checkbox"/>	<input type="checkbox"/>		
Chairs (Recliners, Lay Z Boy)	<input type="checkbox"/>	<input type="checkbox"/>		
Entertainment Center:	<input type="checkbox"/>	<input type="checkbox"/>		
Dressers:	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen Table:	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen Chairs:	<input type="checkbox"/>	<input type="checkbox"/>		
China Hutch or Other Types of Display Cabinets	<input type="checkbox"/>	<input type="checkbox"/>		
Beds:	<input type="checkbox"/>	<input type="checkbox"/>		
End Tables:	<input type="checkbox"/>	<input type="checkbox"/>		
Computer/Office Desk:	<input type="checkbox"/>	<input type="checkbox"/>		
Appliances:	<input type="checkbox"/>	<input type="checkbox"/>		
Sm. Kitchen Appliances: (Toaster, etc)	<input type="checkbox"/>	<input type="checkbox"/>		
Microwave:	<input type="checkbox"/>	<input type="checkbox"/>		
Refrigerator/Range	<input type="checkbox"/>	<input type="checkbox"/>		
Freezer	<input type="checkbox"/>	<input type="checkbox"/>		
Washer/Dryer:	<input type="checkbox"/>	<input type="checkbox"/>		
Please list any other household furniture or appliances not already listed:				
ELECTRONICS (7)	Do you own? Yes – No		<i>Quantity & Description</i>	<i>Market Value</i>
Televisions	<input type="checkbox"/>	<input type="checkbox"/>		
DVD & CD Players	<input type="checkbox"/>	<input type="checkbox"/>		
Other Video Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
X-Box, Playstation, or other gaming hardware	<input type="checkbox"/>	<input type="checkbox"/>		
Tablets, Cell Phones, iPods, and other handheld electronics	<input type="checkbox"/>	<input type="checkbox"/>		

Cameras and related equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Computers	<input type="checkbox"/>	<input type="checkbox"/>		
Computer Printers & Other Accessories	<input type="checkbox"/>	<input type="checkbox"/>		
Computer Software	<input type="checkbox"/>	<input type="checkbox"/>		
DVDs	<input type="checkbox"/>	<input type="checkbox"/>		
CDs	<input type="checkbox"/>	<input type="checkbox"/>		
Gaming Software	<input type="checkbox"/>	<input type="checkbox"/>		
Books, Antiques, Collections, Art, and Family Heirlooms (8)	Do you own? Yes – No			
Books	<input type="checkbox"/>	<input type="checkbox"/>		
Antiques:	<input type="checkbox"/>	<input type="checkbox"/>		
Stamp and/or coin collections:	<input type="checkbox"/>	<input type="checkbox"/>		
Signed Numbered Prints, or Original Artwork	<input type="checkbox"/>	<input type="checkbox"/>		
Other collections or collectibles:	<input type="checkbox"/>	<input type="checkbox"/>		
Sports & Hobby Equipment (9)	Do you own? Yes – No			
Exercise Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Bicycles	<input type="checkbox"/>	<input type="checkbox"/>		
Camping Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Fishing Gear	<input type="checkbox"/>	<input type="checkbox"/>		
Canoes, Kayaks, Water Toys	<input type="checkbox"/>	<input type="checkbox"/>		
FIREARMS: (10) (List Manufacturer, Caliber, Value and Year of Manufacturer or Purchase for each) NOTE: ITEMIZE EACH FIREARM WITH DETAIL	<input type="checkbox"/>	<input type="checkbox"/>		
Wearing Apparel (11)	<input type="checkbox"/>	<input type="checkbox"/>		
Furs and Jewelry (12)	<input type="checkbox"/>	<input type="checkbox"/>		
Wedding Rings (12)	<input type="checkbox"/>	<input type="checkbox"/>		
Any other personal items and accessories not listed above:	<input type="checkbox"/>	<input type="checkbox"/>		

Animals, non-farm (13):	<input type="checkbox"/>	<input type="checkbox"/>		
Other household items (14):				
Lawn Mowers	<input type="checkbox"/>	<input type="checkbox"/>		
Snow Blowers	<input type="checkbox"/>	<input type="checkbox"/>		
Tools used at home or at work <i>Note: If you own a substantial amount of tools, please itemize each tool separately in a separate document</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Outdoor or Indoor Power Equipment of Any Kind:	<input type="checkbox"/>	<input type="checkbox"/>		

PART 4: FINANCIAL ASSETS

Cash on Hand (16): _____

Change Jars or Cash at your residence, please describe: _____

Deposits of Money: (17) Checking & Savings Accounts, Certificates of Deposit, Green Dot, Wal-Mart Money card, Debit Card accounts, PayPal, Money Market, and any other accounts at financial institutions: Please list below. Note: We are **REQUIRED** to provide copies of statements showing the balances of all financial accounts on the day your bankruptcy petition is filed.

Check here if you **do not** have **any** checking or savings accounts at any financial institution _____.

Name(s) On Account:	TYPE OF ACCOUNT	NAME OF INSTITUTION	ADDRESS OF INSTITUTION	LAST FOUR DIGITS OF ACCOUNT #	ACCOUNT BALANCE

HEALTH SAVINGS ACCOUNTS: Please list any interest in a health savings account or flex benefits account through your employer:

NAME OF ACCOUNT/BENEFIT	NAME(S) ON ACCOUNT	LAST FOUR DIGITS OF ACCOUNT #	ACCOUNT BALANCE

<i>Type of Financial Asset</i>		<i>Do you own? Yes - No</i>		<i>Description</i>	<i>Market Value</i>
Bond Funds, Mutual Funds, or Stock in incorporated and unincorporated businesses (18):		<input type="checkbox"/>	<input type="checkbox"/>		
Business Interests: Interests in partnerships, joint ventures and non-publically traded stock such as LLCs (19)		<input type="checkbox"/>	<input type="checkbox"/>		
BONDS: Government and corporate, other negotiable and non-negotiable instruments (i.e., <i>Savings Bonds (20)</i>):					
RETIREMENT ACCOUNTS (21):		<input type="checkbox"/>	<input type="checkbox"/>		
Debtor/ Spouse	<i>Name & Address of Institution:</i>	Acct #:	TYPE OF ACCOUNT: (401K, 403B, TSP, IRA, ESOP, etc)	ACCOUNT BALANCE	
Security Deposits – Landlords, Utilities, etc. (22)		<input type="checkbox"/>	<input type="checkbox"/>		Deposit Amount:
<i>List the name & Address of <u>each</u> landlord, utility or other entity holding a cash deposit</i>					
Annuities (23):		<input type="checkbox"/>	<input type="checkbox"/>		
<i>Name each company and value:</i>					
Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). (24)		<input type="checkbox"/>	<input type="checkbox"/>		
Trusts, Equitable or Future Interests, Beneficial Rights or Powers: (25)		<input type="checkbox"/>	<input type="checkbox"/>		
Patents, copyrights, trademarks, trade secrets or other intellectual property: (26)		<input type="checkbox"/>	<input type="checkbox"/>		
Licenses, franchises, or other general intangibles (27):		<input type="checkbox"/>	<input type="checkbox"/>		
Tax Refunds not yet received: <i>Please describe what year, Federal or State</i>		<input type="checkbox"/>	<input type="checkbox"/>		
Back Child Support or Alimony not yet received:		<input type="checkbox"/>	<input type="checkbox"/>		
Other Amounts owed to you or your spouse: Accounts receivable, loans made to third parties, settlements, workers compensation benefits or back pay, social security back pay, etc.		<input type="checkbox"/>	<input type="checkbox"/>		

PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS, BANKING, AND OTHER PRIVATE INFORMATION:

This information will only be used in the event you hire the firm to represent you in filing for bankruptcy protection, and then only when necessary in limited use during the course of your case.

- Social Security numbers are collected by the law firm from the client and all clients provide such information to the firm in writing.
- Social Security numbers are most often used to positively identify parties and provide information securely to the Clerk of the Bankruptcy Court.
- All information received from a client is confidential. Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein.
- Employees of Bulie Law Office have access to this personal information. Every step is taken to protect your privacy. This information is kept secure within the offices of the firm in file folders and file drawers until the files are securely shredded after the time designated by the Bankruptcy Code or the State Bar Association, which is presently 6 years.
- Digital files and images are also maintained by Bulie Law Office. These files are securely stored on our main server and are password protected. After 6 years, any digital files will be permanently deleted.
- Social Security numbers are also kept in firm software programs that are protected by password in our system which is further protected by extensive firewalls.

Bulie Law Office will access credit reports from Transunion and Experian Credit Bureaus. In addition, we will conduct a public record search for judgments and tax liens. These reports are accessed through CIN Legal Group. Bulie Law Office uses information provided on this worksheet to securely access this information. By signing below, the client authorizes Bulie Law Office to access these reports for the purpose of providing additional information to complete their bankruptcy petition. Client understands that a credit report is never a complete listing of all debt obligations and the Client should make sure that all creditors and obligations are provided to the attorney drafting their bankruptcy petition.

I hereby acknowledge that I have reviewed the above policy regarding Bulie Law Office’s handling of my private information and documentation.

Dated: _____

Debtor

Joint Debtor

STATEMENT REGARDING ACCURACY OF INFORMATION

I acknowledge that my attorneys and their support staff rely on the information provided in this questionnaire in order to assist and advise me and that it is my responsibility to provide my attorneys with a full, complete and accurate financial disclosure. I further agree to update my attorneys with regard to any incomplete information in this document and also, if changes need to be made. I understand that changes needed to the bankruptcy schedules and statements may require additional attorney fees if this worksheet was not completed thoroughly.

I hereby certify that the above worksheet is a complete, comprehensive account of all of the assets that I own, and that the above is true and correct to the best of my knowledge.

Dated: _____

Debtor

Joint Debtor