

Humble Law Offices

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Serving the
Communities of
Western New York
and
Northern Pennsylvania

Your Initial Consultation is on _____ at _____ in our office.

Telephone Consultation by _____ on ____/____/____ at _____:_____.

We know that no one wants to consider bankruptcy, but I can design a bankruptcy case to protect you and your property. However, you cannot make your best decision without knowing all of your options. Please help us help you. Please fill out this form. It should take you approximately 20 minutes to fill out. If the form is not filled out prior to your appointment, your appointment may need to be rescheduled. To get the best results, we must have the best information. This will be very helpful with any governmental audit.

APPLICATION

Name: _____
Last First Middle

Address: Home: _____ Mailing: Same _____

City State Zip City State Zip
Phone #: Home: _____ Work: _____ Other: _____

E-Mail address: _____

Social Security Number: _____ County: _____

City, State Born in : _____ Date of Birth: _____

Have you lived at this address for at least 91 days? Yes No

Last Address : _____

List all other former addresses used in the last 2 years:

City State Zip

City State Zip

Last Employer : _____ City State Zip

Spouse Name: _____
Last First Middle

Address: Home: Same as Spouse Mailing: Same as Spouse

City State Zip City State Zip
Phone #: Same as Spouse Home: _____ Work: _____
Other: _____

Social Security Number: _____ County: _____

City, State Born in : _____ Date of Birth: _____

Last Address : _____

Last Employer : _____

Your
identification will
be checked
throughout these
proceedings via
your driver's
license and social
security card.

Marital Status: Married Single Divorced* Separated*

**Please provide us with a copy of your divorce or separation papers.*

Do you and/or your spouse have any **prior bankruptcies**? No Yes

If yes, please list the state you filed in _____, the case number (if available) _____, court location _____, and, most importantly, the date of discharge _____.

BUSINESS SECTION

Do you, or have you, **operated a business** within the last year? If so, list name of business, the time period that the business was operational, the form of business, address and telephone number of business, type of business and last date of operation:

Is the Business a: Sole Proprietorship Partnership Corporation

Business Tax ID# _____

Is the business presently “making money”?

If you do have a business, list the approximate amount of money that could be obtained if the assets were sold at auction (i.e. not as an ongoing business): \$ _____

List all business assets and their “auction value”:

(To properly assess your financial and legal situation, all questions must be answered – even if you “don’t want to include” something in your bankruptcy (i.e. house, car, business, etc.)

****It is extremely likely that copies of your business records will need to be turned over to the trustee.****

Do you own your home or do you rent? N/A

What is your monthly rent or mortgage payment \$ _____

HOUSING SECTION

A-2. If you own your home, is it a mobile home? Yes No

If yes, do you own or rent the lot

What is your monthly rent or mortgage payment on the lot \$ _____

A-3 Please fill out the following tables (the first is information on your home(s) [i.e. real estate] and the second is on any mortgages against your home(s):

(If you are behind on mortgage payments or taxes, you need to meet all of our conditions immediately so that we may file a chapter 13 with the court immediately.)

Name(s) on Deed (i.e. H [Husband] or W [Wife])	Location (i.e. residence)	Your Intentions	Do you live there?	Land Contract	Fair Market Value (i.e. assessment or appraisal)
Property #1:	<input type="checkbox"/> same as home address	___ Keep ___ Surrender	___ Yes ___ No	___ Purchasing ___ Selling	Asses'd _____ Apprs'd _____
Property #2:		___ Keep ___ Surrender	___ Yes ___ No	___ Purchasing ___ Selling	Asses'd _____ Apprs'd _____
Property #3:		___ Keep ___ Surrender	___ Yes ___ No	___ Purchasing ___ Selling	Asses'd _____ Apprs'd _____

Property (above)	Name of Bank(s) that your mortgage(s) is/are through and year incurred.	Balance(s) (i.e. payoff amount) on mortgage(s)	If arrears on any mortgages (unpaid payments), please list total	Real Estate Taxes if unpaid, list total amount of unpaid
Property #1:	First: Second: Third: ___ None	First: Second: Third: ___ None	First: Second: Third: ___ None	___ None
Property #2:	First: Second: Third: ___ None	First: Second: Third: ___ None	First: Second: Third: ___ None	___ None
Property #3:	First: Second: Third: ___ None	First: Second: Third: ___ None	First: Second: Third: ___ None	___ None

A-4. Have you transferred any real property in the last 10 years? If yes, please state the location or distribution of the proceeds:

Location	Value	Date of Transfer	Net Proceeds from transfer

IF YOU OWN YOUR VEHICLE, FILL OUT THE FOLLOWING:

B Please fill out the following table for any vehicles including cars, trucks, motorcycles, ATV's, trailers, campers, motor homes, tractors, or boats, airplanes or anything else that you may have.

If you are behind on a vehicle payment, or if your vehicle has been repossessed and you want it back, you need to

Names on Title (ie. "H" for Husband and "W" for wife.)	Year/Make & Model	Mileage	Replacement Value	Lien Holder/Year Incurred	Date Incurred/Date Loan is Paid Off	Intentions	Balance on Lien
				<input type="checkbox"/> None Bank: _____ _____		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender	<input type="checkbox"/> None
				<input type="checkbox"/> None Bank: _____ _____		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender	<input type="checkbox"/> None
				<input type="checkbox"/> None Bank: _____ _____		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender	<input type="checkbox"/> None
				<input type="checkbox"/> None Bank: _____ _____		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender	<input type="checkbox"/> None
				<input type="checkbox"/> None Bank: _____ _____		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender	<input type="checkbox"/> None
				<input type="checkbox"/> None Bank: _____ _____		<input type="checkbox"/> Keep <input type="checkbox"/> Surrender	<input type="checkbox"/> None

B Please fill out the following table for any vehicles including cars, trucks, motorcycles, ATV's, trailers, campers, motor homes, tractors, or boats, airplanes or anything else that you may have.

If you are behind on a vehicle payment, or if your vehicle has been repossessed and you want it back, you need to meet all of our requirements so that we can file a Chapter 13 immediately to protect your vehicle.

	1	2	3		1	2	3		1	2	3
Dr.				Leather				Premium Wheels			
Dr				Power Seats				Wide Tires			
x4				Sun Roof				Oversize Off-road tires			
uto Trans				Power Sliding Door				Oversize Wheels 20"			
lanual Trans				Power Sliding Doors				Sport			
ir Cond.				Rear Air				Laramie			
ower Steering				Premium Sound				SLT			
ower Windows				Navigation System				Roof Rack			
ower Door Locks				Parking Sensors				Sliding Rear Window			
ilt Wheel				Video System				Step-side Bed			
ruise Control				Dual Power Seats				Running Boards			
M/FM stereo				Flip-Up Roof				Pickup Shell/cap			
assette				Moon Roof				Hard Tonneau Cover			
ingle CD				Running Boards				Bed Liner			
ulti CD				Custom Bumper Grille Guard				Snow Plow			
VD system				Winch				Alloy Wheels			
ual Front Air Bags				Optional Fuel Tank				Utility			
ront Side Air Bags				Towing Pkg.				Underbody Hoist			
& R side air bags				Custom Paint				Dump bed			
BS (4-wheel)				Two Tone Paint				Hydraulic Lift			

B-1 Do you have a cash, checking or savings account, or any other account? Yes No
(if yes, indicate each account below)

Bank Name _____ Balance \$ _____ *Type:* _____
 Bank Name _____ Balance \$ _____ _____
 Bank Name _____ Balance \$ _____ _____

MISC: _____

B-2. Do you have any frozen bank accounts? _____ None
 If so, list name, address, and telephone number of financial institutions:

B-3. Do you have any jewelry? Yes No

If yes, indicate pieces and your estimate of re-sale value:

Piece _____ Value \$ _____
 Piece _____ Value \$ _____
 Piece _____ Value \$ _____

B-4. Do you own any firearms? ___ N/A

___ Pistol – value \$ _____ Rifle – value \$ _____ Shotgun – value \$ _____

___ Pistol – value \$ _____ Rifle – value \$ _____ Shotgun – value \$ _____

B-5. Do you have any whole life insurance policies (i.e. you can borrow against it)? If so, please list the company name and present cash value for each: ___ None

Company: _____ Cash Value: \$ _____

Company: _____ Cash Value: \$ _____

B-6. Do you have any annuities (i.e. companies that owe you money)? If so, please list the company name and value for each: ___ None

Company: _____ Present Value: \$ _____

Company: _____ Present Value: \$ _____

B – 6.7. Do you have a personal injury case, settlement, a case with an attorney or any other chance of receiving money other than through employment? ___ None

List: _____

B-7. Do you have any pensions, 401(k), 403(b) or any other retirement fund? If so, please list the company name and value for each:

(Pennsylvania clients especially need to provide a recent summary statement and a copy of the plan)

___ None

Company: _____ Present Value: _____

Company: _____ Present Value: _____

B-8 Do you have any loan against your Retirement? ___ None

If so, List:

Total Amount: _____

Payment Amount: _____

Duration of Term: _____

Name of Company: _____

B-9. Do you have any stocks or bonds? ___ None - If so, please list name and value:

B-10. Any other collections or antiques that have substantial value: ___ None

Item(s): _____ Value: _____

Item(s): _____ Value: _____

B-11. List any gambling winnings for year previous: _____

List any gambling losses for previous (1) year: _____

Are you holding any winning lottery tickets presently? Yes No

B-12. List all your property that has not already been listed and its amount:

Room/Description	Auction Value	Bedrooms	Auction Value
		Oriental Rugs	
Living Room		Beds	
Sofas, Chairs		Bureaus, Dressers	
Tables		Desk, Chairs, Tables	
Lamps		TV's, Stereos	
Pictures/Mirrors		Computer	
Window coverings		Sports Cards	
Other		Clothing	
Other		Other (list)	
Other			
Total Living Room	\$	Total Bedrooms	\$
Kitchen		Family Room/Den	
Appliances (<i>not attached</i>)		Sofas, Chairs	
Small Appliances (ie Toaster, coffeemaker)		Tables, Chairs	
Table, Chairs		TV's, Stereos	
Cookware		Other (list)	
Dishes, Utensils			
Other (list)		Total Family Room/Den	\$
Other			
Total Kitchen	\$	Garage/Car Port/Shed	
		Tools	
Dining Room		Lawn Mower	
Oriental Rugs		Grill	
Table, Chairs		Lawn Furniture	
Buffet, Sideboard		Hobby/Sport Equipment	
China, Glassware		Tractor	
Silver		Snowmobile	
Other		4 wheeler	
Other		Boat	
Other (list)		Trailer	
Total Dining Room	\$	Other	
		Total Garage/Car Port/Shed	\$
Other Property			
TV's			
Stereos			

B-13 Do you have a Ebay / Paypal account ? No _____

Do you Buy ? _____

Do you sell ? _____

B-14. List and value any assets not already disclosed:

B-15. If you have any **secured** accounts (i.e. the creditor can legally go after your assets if you don't pay) that have not been already listed with the following creditors, please fill in the required fields: _____ None

(These accounts may be considered secured accounts. You may be required to pay these accounts or surrender the items purchased)

B-16. Has anyone cosigned for you? _____ No

Name of Cosigner: _____

Debt: _____

Address of Cosigner: _____

Do you want them protected? _____ Yes _____ I Don't Care

Have you cosigned for anyone? _____ No

Person's Name: _____ Creditor

Name and Address: _____

Do you have any lawsuits or judgments pending? _____ None If yes, list name of action, status, and type of action. You will also need to provide us with copies. It is imperative that this information be listed and that copies are provided to us. If you fail to cooperate, we will not be held responsible.

1. Are your wages being garnished? Yes No
If so, we will need the name, address, and contact number of the company who has garnished your wages. You will need to file your bankruptcy A.S.A.P. in order to stop this wage garnishment.

1. Are there any pending actions, such as foreclosures or sheriff's sales? Yes No
If so, we will need the name, address, and contact number of the bank who is pursuing the foreclosure/sheriff's sale on your home.

2. Have you transferred any **real property** in the last 10 years? If yes, list location, value, date of transfer, and net proceeds of transfer. If within the last two years, state the location or distribution of the proceeds: _____ No

3. Have you transferred any **personal property** in the last year (cars, etc.)? If yes, list property, value, net proceeds, and date of transfer (include any vehicles traded in or "junked") _____ No

4. Have you had any foreclosures, repossessions, or returns within the last year? If yes, list property, date, and former lien holder. _____ None

5. Have you transferred any assets into Trusts? If yes, list asset(s), value of asset(s), and date of transfer. (You should provide a copy of the Trust paperwork for review at the time of your appointment)

6. Have you taken any cash advances over \$750.00 off your credit cards in the last 6 months? If yes, list card, account number, date, and amount of advance. _____ No

You will need to provide a copy of the statement(s) showing the account usage listed.

7. List any "Balance Transfers" within the last 6 months. _____ No

8. Have you used any one account for over \$500.00 in the last 6 months? If yes, list account, date, amount, and what the money was used for: _____ No

You will need to provide a copy of the statement(s) showing the account usage listed.

9. List any Luxuries purchased within the last 6 months: _____ None

10. Have you loaned, paid or given any monies to friends or family members of over \$500.00 in the last year? _____ No (If yes, please list)

11. Are you holding any property for anyone? Yes No
If yes, describe:

12. Is anyone holding any property for you? Yes No
 If yes, describe:

13. Have you closed any bank accounts in the last year? Yes No
 If yes, how much money was in the account when closed: \$ _____
 Date Account closed: ____/____/____

14. Do you have a safety deposit box? Yes No
 If yes, list inventory in box:

15. Do you expect an inheritance or gift worth over \$200 in the next 6 months? ___ No ___ If Yes, list:
 Item and Value: _____

16. Are you currently pursuing any personal injuries, medical malpractice, worker's compensation, etc. cases?
 _____ No If yes, list who you are suing, name, address, and phone number of your attorney, and
 approximate anticipated settlement amount:

People who live with you:			
Name	Age	Relationship to you	Amount of Money You Receive Each Month For this Person
Dependents who do not live with you:			
Name	Age	Relationship to you	Amount of Money You Pay out Each Month For this Person

DOMESTIC SUPPORT OBLIGATION DISCLOSURE FORM

Section 1: to be completed by all debtors:

Date: _____ Case No. _____

Debtor: _____ CoDebtor: _____

S.S. No. _____ S.S. No. _____

Are you responsible for any Domestic Support Obligations described in 11 U.S.C. § 101(14A) [debt owed to or recoverable by spouse, former spouse, child, child's guardian or governmental unit in the nature of alimony, maintenance or support]?

Debtor: Yes _____ No _____ CoDebtor: Yes _____ No _____

If your answer is "No" skip to Section 3 at the bottom of this form and sign.

If your answer is "Yes", please complete your answers to all questions in Section 2 and sign.

Section 2: to be completed only if you answered "Yes" above:

Debtor current marital status: _____ CoDebtor current marital status: _____

Married _____ Divorced _____ Married _____ Divorced _____

Separated _____ Widowed _____ Separated _____ Widowed _____

Single _____ Single _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____ Email: _____

Provide Support Recipient Information:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____ Email: _____

Are support payments deducted from your paycheck? Yes _____ No _____

If "Yes", **Provide State Agency Information:**

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____ Email: _____

Account No. _____

Identify your Employer Name: _____

Employer Address _____

City: _____ State _____ Zip _____

Identify your Employer Name: _____

Employer Address _____

City: _____ State _____ Zip _____

Identify your Employer Name: _____

Employer Address _____

City: _____ State _____ Zip _____

Section 3: to be signed by all debtors.

I swear under penalty of perjury pursuant to 28 USC §1748 that the information provided herein is true, correct, and complete. Page | 11

X _____
Debtor

X _____
CoDebtor

Income

	Debtor	Joint Debtor	3 rd Income	4 th Income
Name and address of employer				
Job Title				
How long employed				
Gross monthly pay				
Taxes Withheld				
Social Security you receive per month				
Are you paid weekly or bi-weekly	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly
How much is taken out for insurance?				
How much is taken out for union dues?				
Are there any other deductions? If so, how much?				
Alimony/Support				
Unemployment				
Social Security Disability				
Social Security Income				
Workers Comp.				
Unemployment Pension				
Pension				
Any other deductions				
Any other sources of income:				
Net Monthly Income:				

Expenses

	Debtor	Joint Debtor	3 rd	4 th
Rent/Mortgage Payment				
Electric and Heating				
Water and Sewer				
Telephone				
Cable/Satellite Dish				
Home Repair/Upkeep				
Food				
Clothing				
Laundry/Cleaning				
Childcare / Daycare				
Medical and Dental				
Recreation				
Charitable Contributions				
Homeowners Insurance				
Life Insurance				
Health Insurance				
Auto Insurance				
Real Estate Taxes				
Car Payment				
Alimony/Support				
Public Transportation				
Gas/Tires/Maintenance				
Miscellaneous				
Other				
Pension/Retirement Loan				
TOTAL EXPENSES:	\$	\$	\$	\$

List specifics for miscellaneous:

(If you and your spouse are separated, please list your gross incomes separately)

Please list any additional household income not already disclosed:

___ None

24. What did you receive for a tax refund two (2) years ago? \$ _____
25. What do you expect to receive (or have received) for a tax refund last year? \$ _____

26. If anyone else in the household received or will receive a tax refund, and you have not already listed this information on page 5 previously, list name and amounts for State and Federal:
Who: _____ State Refund: _____ Federal Refund: _____

27. Have you filed all of your tax returns for the last 6 years? Yes No
If no, list years not filed (in all likelihood, you will be forced to file any missing tax returns by the court)

28. If anyone else in your household expects to receive or has received a tax refund this year, list their first name and the amount of the refund: _____ None
Name: _____ Amount: \$ _____

Do you have any student loans? Yes No
If yes, list bank name and amount owed (Please note that student loans are **not** dischargeable in bankruptcy and may only be deferred for the life of a Chapter 13 Bankruptcy):

Bank Name: _____ Amount Owed: \$ _____
Bank Name: _____ Amount Owed: \$ _____

If yes, list name, address, payment amount, and date of last payment:

On your last tax return how many dependents did you list? _____
On your next tax return, how many dependents will you list? _____

30. If you add up all the unsecured debt, (ie. Credit cards and medical bills) how much do you believe would be the total? \$ _____

