



Susie Hill, Esq. Attorney at Law, PLLC.

P.O. Box 7554
Cross Lanes, WV 25356
susiehillsq@yahoo.com
susie@susiehill.net

Phone: (304) 776-4226

Fax: (304) 769-5133

WE ARE A LAW FIRM PROVIDING DEBT RELIEF SERVICES TO INDIVIDUALS FILING FOR BANKRUPTCY PROTECTION

Your Full Legal Name:

(First) (Middle) (Last) Age: _____ SSN: _____ - _____ - _____
(Social Security Number)

Spouse's Full Legal Name:

(First) (Middle) (Last) Age: _____ SSN: _____ - _____ - _____
(Social Security Number)

Marital Status: single married divorced separated widow(er)

All other names you or your spouse have used in the last 6 years _____

Residential Address:

Mailing Address:

What state did you live in 27 months ago? _____ What county? _____

Have you lived there the last 90 days? _____

Home Phone No. (_____) _____ Cell Phone No. (_____) _____

Your Work Phone No. (_____) _____

Spouse's Work No. (_____) _____ Spouse's Cell No. (_____) _____

All other addresses either you or your spouse (if filing jointly) have lived in the last 6 years:

Have you or your spouse ever filed for bankruptcy before? _____ If yes:

Who? _____ When? _____ Where? _____

please bring your discharge papers with you to our meeting.

Do you and/or your spouse own any real estate (including cemetery plots)? _____ If yes, describe it: (include the size of the land, location, what type of buildings and the current use of the property)

Do you and/or your spouse owe for the purchase of this real estate? _____

If yes, what bank(s) or person(s) hold the mortgage? _____

If yes, what is the bank(s) or person(s) address? _____

What year did you and/or your spouse buy or begin paying for this property? _____

What was the purchase price? _____

When was the last appraisal? _____

What was the appraisal value? _____

How much, if any, is owed on the property? _____

How much do you believe the property is worth? _____

Are there any other liens on the real estate besides the mortgage? _____

Do you and/or your spouse own any other real estate? _____ If yes, describe it: (include the size of the land, location, what type of buildings and the current use of the property): _____

Do you and/or your spouse owe for the purchase of this real estate? _____

If yes, what bank(s) or person(s) hold the mortgage? _____

If yes, what is the bank(s) or person(s) address? _____

What year did you and/or your spouse buy or begin paying for this property? _____

What was the purchase price? _____

When was the last appraisal? _____

What was the appraisal value? _____

How much, if any, is owed on the property? _____

How much do you believe the property is worth? _____

Are there any other liens on the real estate besides the mortgage? _____

Do you and/or your spouse own any motor vehicles? _____ If yes, list each one and its Kelly Blue Book value (KBB.com; bring the printed value with you):

_____ \$ _____ \$ _____
(year) (make) (model) (value) (amount owed) (account number)

_____ \$ _____ \$ _____
 (year) (make) (model) (value) (amount owed) (account number)

_____ \$ _____ \$ _____
 (year) (make) (model) (value) (amount owed) (account number)

Which of the above vehicle(s), if any, are owned free and clear of any liens? _____

Do you have the title(s)? _____ If yes, bring it. If not, bring your car loan papers with you.

Do you and/or your Spouse own any mobile homes? _____ If yes, list the year, make, model and value:

_____ \$ _____ \$ _____
 (year) (make) (model) (value) (amount owed)

Is/are the mobile home(s) owned free and clear of any liens? _____

If not, what bank or person holds the lien(s)? _____

List below everything that you and/or your spouse own and what each item's current market value is in used condition. "Market Value" means what you could buy it for now, as if you wanted to from a merchant selling the item of like age and like condition. You must include every item you own right now even if you still owe money on it. You may group items together such as living room suite, bedroom suite, etc., so you do not have to list each and every table, lamp, etc., but we must have a complete list of everything in your house. You do not have to list each small item such as garbage can, hair dryer, etc., as these items can be listed as miscellaneous household goods or miscellaneous personal possessions. However, anything in the below list must be itemized.

- | | | |
|----------------------------------|---------------------------------|-----------------------------|
| Bank Accounts | Inventory | Office Equipment & Supplies |
| Exercise Equipment | Farm Supplies | Motorcycles/ATV's |
| Cash Value of Insurance Policies | Sporting Equipment & Implements | Collections |
| Utility & Rent Deposits | Clothing | Jewelry |
| Boats, Etc. | Guns, Etc. | Stocks & Bonds |
| Household Goods & Furniture | Art Objects | Pension/Retirement Plans |
| Pets, Farm Animals | | |

Items	Values	Items	Values
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone else have anything that belongs to you and/or your spouse or that you and/or your spouse own some interest in? _____ If yes, explain: _____

Are you and/or your spouse holding any property or money that belongs to someone else? _____
If yes, explain: _____

Do you and/or your spouse own a time share? _____
If yes, list the property and it's address, and the name of the lien holder with the address where you send payments, and the last four digits of the account number: _____

Are you obligated to a cell phone contract, a gym membership, country club membership, or do you own any season tickets? _____

If yes, list who the contract is with, the address and any account number (last four digits only):

Please state the name and age of any minor children or dependents you and/or your spouse have:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Do you and/or your spouse receive any child support or government assistance income for any of these children or dependents? _____ If yes, state what kind of income and amount received:

Source of Income: _____ Amount per Month: _____

Are you working now? _____ What is your job title? _____

Who is your employer? _____

Your employer's address: _____

If payroll checks are issued from an address other than above, please list name and address of payroll department. You must list this address if you want to stop a wage garnishee:

(Company Name)

(Street or PO Box)

(City & State)

(Zip Code)

How many years have you worked there? _____ How often are you paid? _____

_____ Weekly _____ Every two weeks _____ Twice a Month _____ Monthly

AT YOUR INITIAL APPOINTMENT YOU WILL NEED TO BRING COPIES OF EVERY PAY STUB YOU RECEIVED IN THE PAST 7 MONTHS

GROSS PAY PER PERIOD.....\$ _____

PAYROLL TAXES & SOCIAL SECURITY PER PERIOD \$ _____

INSURANCE PER PERIOD \$ _____

UNION DUES PER PERIOD \$ _____

RETIREMENT PER PERIOD \$ _____

OTHER DEDUCTIONS PER PERIOD \$ _____

TAKE HOME PAY PER PERIOD \$ _____

If you are not working now, please state what type of income, if any, you are receiving now and the monthly amount you are receiving. Example: Unemployment - \$500; Welfare - \$200

Source of Income: _____ Amount per month: _____

Please list an estimate of your yearly income from employment for the past two years.

20 _____ \$ _____
(Gross Amount) (List Employers)

20 _____ \$ _____
(Gross Amount) (List Employers)

20 _____ \$ _____
(Gross Amount) (List Employers)

(NOTE: WE WILL NEED A COPY OF THE PAST TWO YEARS IRS TAX RETURNS IF YOU HAVE THEM. IF NOT, YOU CAN REQUEST COPIES FROM IRS.GOV)

What amount of income have you received from other sources during each of the past two years? Example: Unemployment, Welfare, Workers' Compensation, PART-TIME EMPLOYMENT.

20 _____ \$ _____
(Gross Amount) (Source)

20 _____ \$ _____
(Gross Amount) (Source)

20 _____ \$ _____
(Gross Amount) (Source)

Is your spouse working now? _____ What is his/her job title? _____

Who is your spouse's employer? _____

Employer's address: _____

If payroll checks are issued from an address other than above, please list name and address of payroll department. You must list this address if you want to stop a wage garnishee:

(Company Name)

(Street or PO Box)

(City & State)

(Zip Code)

How long has your spouse worked there? _____ How often is your spouse paid? _____
_____ Weekly _____ Every two weeks _____ Twice a Month _____ Monthly

AT YOUR INITIAL APPOINTMENT YOU WILL NEED TO BRING COPIES OF EVERY PAY STUB YOUR SPOUSE RECEIVED IN THE PAST 7 MONTHS

How often do you receive paystubs? Monthly Twice a Month Bi-Weekly Weekly

GROSS PAY PER PERIOD.....	\$ _____
PAYROLL TAXES & SOCIAL SECURITY PER PERIOD	\$ _____
HEALTH INSURANCE PER PERIOD	\$ _____
UNION DUES PER PERIOD	\$ _____
RETIREMENT PER PERIOD	\$ _____
OTHER DEDUCTIONS PER PERIOD	\$ _____
TAKE HOME PAY PER PERIOD	\$ _____

If your spouse is not working now, please state what type of income, if any, he/she is receiving now and the monthly amount you are receiving. Example: Unemployment- \$500; Welfare- \$200

Source of Income: _____ Amount per month: _____

Please list an estimate of your spouse's yearly income from employment for the past two years.

20 _____ \$ _____
(Gross Amount) (List Employers)

20 _____ \$ _____
(Gross Amount) (List Employers)

20 _____ \$ _____
(Gross Amount) (List Employers)

(NOTE: WE WILL NEED YOU TO PROVIDE A COPY OF SPOUSE'S PAST TWO YEARS IRS TAX RETURNS. YOU CAN REQUEST COPIES FROM IRS.GOV)

What amount of income has your spouse received from other sources during each of the past two years? Example: Unemployment, Welfare, Workers' Compensation.

20 _____ \$ _____

(Gross Amount) (Source)
20__ \$ _____
(Gross Amount) (Source)

20__ \$ _____
(Gross Amount) (Source)

Have you or your spouse been self-employed or in business for yourself or with a partner in the last 6 years? _____ If yes, please list the name and address of the company or person:

(Company Name) (Street or PO Box)

(City & State) (Zip Code)

When month/year was the business started? _____ When did it end? _____

What was the nature of the business? _____

Who was involved in the business? _____
(You?) (Your spouse?)

Please state the name and address of the person or company that kept the records on your business: _____

Who has possession of these records? _____

What tax refunds have or your spouse received in the past year?

Federal: \$ _____ State: \$ _____

Do you owe taxes now? _____ If yes:

How much do you owe the IRS? \$ _____
(Amount) (year(s) owed)

How much do you owe the State? \$ _____
(Amount) (year(s) owed)

Are you expecting to receive a tax refund the next time you file your tax returns? _____

If so, how much? Federal: \$ _____ State: \$ _____

Please list all checking and savings accounts you and/or your spouse have had in the past two years (whether open or closed).

NAME OF BANK	TYPE OF ACCOUNT (CHECKING/SAVINGS/OPEN/CLOSED)	NAMES ON ACCT., ACCT #
--------------	---	------------------------

_____	_____	_____
_____	_____	_____

Have you had any safe deposit boxes in the last two years? _____

If yes, please state the name of the bank(s) and their addresses:

(Name of Bank)

(Address of Bank)

Do you still have the box? _____ What is in it? _____

Do you and/ or your spouse have any lawsuits or claims pending against anyone? _____ If yes, explain; _____

Who is your lawyer on this claim? _____ Phone: _____

Have any lawsuits been filed against you and/or your spouse in the last 12 months? _____ If yes, please bring in any papers you have received on it as well as answering the following:

Who sued you? _____

In what court & county was the claim filed? _____

Why were you sued? (money owed, car, etc.): _____

Was judgment rendered? _____ If yes, what was the outcome? _____

Is there any other real estate or personal property that you and/or your spouse own or have an interest in that you have not told us about? _____ If yes, explain:

Has any of your and/or your spouse's property been attached or taken by the sheriff in the last four months? _____ If yes, list what was attached or taken:

Has anything been repossessed from you and/or your spouse in the last year? _____

If yes, what was it? _____

When was it taken? _____

Name and Address of the lender/bank who took it? _____

PLEASE PROVIDE COPIES OF ALL PAPERWORK ON CAR PURCHASES THAT WERE FINANCED

Have you and/or your spouse's wages been garnished in the past three months? _____

If the garnishee was with a former employer, please list the name and address of the former employer: _____

(Note: If your wages were garnished within the last three months, please bring to the office appointment any documents you have regarding the garnishee, including the notice for the court, plus pay stubs showing the sums deducted.)

Besides normal Christmas gifts, birthday gifts, etc., have you and/or your spouse made any gifts to anyone in the past year? _____ If yes, please explain:

YOU MUST ANSWER THIS QUESTION IN WRITING:

Have you and/or your spouse sold or transferred anything valuable to anyone in the last year?

If yes, explain fully:

YOU MUST ANSWER THIS QUESTION IN WRITING:

Have you and/or your spouse sold or transferred anything valuable to any relative or family member in the last four years? _____

If yes, explain fully. If real estate, bring a copy of the deed:

Have you and/or your spouse lost anything by fire, theft or gambling in the last year? _____

If yes, explain fully:

Was the loss covered by insurance? _____ If yes, list the name of the insurance company and amount paid to you and/or your spouse for the loss:

Have you and/or you spouse given anything or any money to an attorney in the past year? _____
 If yes, explain to whom and how much, and if you still owe the attorney:

PLEASE COMPLETE MONTHLY BUDGET FORM ON THE FOLLOWING PAGE(S)

Your monthly take-home pay:	\$ _____
Spouse's monthly take-home pay:	\$ _____
Rent/Mortgage payment(s):	\$ _____
Utilities: Electric:	\$ _____
Gas/Heating Oil:	\$ _____
Water & Sewer:	\$ _____
Garbage:	\$ _____
Land phone: \$ _____ Cell phone(s): \$ _____	\$ _____ (total)
TV Cable: \$ _____ Internet: \$ _____	\$ _____ (total)
Home Maintenance (yearly divided by 12):	\$ _____
Food:	\$ _____
Clothing:	\$ _____
Misc. Expenses: Daycare/babysitting:	\$ _____
continued on next page	
Haircuts/grooming:	\$ _____
Pet expenses (food/meds/vet):	\$ _____
Tobacco:	\$ _____
Home Security System:	\$ _____
Storage unit fee:	\$ _____
Laundry & dry cleaning:	\$ _____
OTHER: _____	\$ _____
Medical & Dental (yearly divided by 12):	\$ _____
Transportation (gas/oil/repair):	\$ _____
Recreation, clubs & entertainment:	\$ _____
Charitable contributions (church, etc.):	\$ _____
Insurance: Homeowners:	\$ _____ (Put NA if in escrow)
Life:	\$ _____
Health:	\$ _____
Auto:	\$ _____
Other (dental/optical/etc.):	\$ _____
Taxes: Real estate (yearly divided by 12):	\$ _____ (Put NA if in escrow)

Personal (vehicles, yearly divided by 12): . \$ _____

OTHER MONTHLY PAYMENTS:

		Which Vehicle?	How Many Payments Remaining?
Auto #1	\$ _____	_____	_____
Auto #2	\$ _____	_____	_____
Auto #3	\$ _____	_____	_____
Furniture/appliances:	\$ _____		
Student Loans	\$ _____		
Other (specify)	\$ _____		
Alimony, child support paid to others:			\$ _____
Payments for support of people not living in your home:			\$ _____
Name of Person(s):		_____	

PLEASE COMPLETE CREDITOR LIST ON FOLLOWING PAGE(S)

CREDITOR LIST

YOU MUST LIST EACH AND EVERY DEBT YOU OWE EVEN IF YOU INTEND TO CONTINUE TO PAY FOR IT.

PLEASE LIST SECURED DEBTS FIRST. EXAMPLE – DEBTS SECURED BY HOUSE, CAR, BOAT, ATV, FURNITURE, JEWELRY, ETC.

NAME OF CREDITOR	OFFICE TYPE	EXACT & COMPLETE MAILING ADDRESS	YEAR(S) OF DEBT	DEBT DESCRIPTION	LAST 4 OF ACCT. NO.	MONTHLY	ESTIMATED AMOUNT
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						
	K LG A						

