

BANKRUPTCY INTAKE FORM

Please fill out ALL the information requested in these forms. If a question or section does not apply to you, write "N/A" in the space. (N/A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. ***There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor***; so please provide as much detail as you can and fill in all the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in a faster turnaround.

GENERAL INFORMATION

First Name: _____ Social Security #: _____

Middle Name: _____ Date of Birth: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ Length of Time at this Address: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email address: _____

Mailing Address: *IF DIFFERENT THAN PHYSICAL ADDRESS*

Street Address: _____

City: _____ State: _____ Zip: _____

Information About Your Spouse

First Name: _____ Social Security #: _____

Middle Name: _____ Date of Birth: _____

Last Name: _____

Other Names Used During the Past 8 Years

Name: _____ Dates used: _____ Thru: _____

Other General Information

Have you resided in the same county for at least 180 days (6 months)? _____ Yes _____ No

If not, where have you resided? _____

Are you filing this bankruptcy petition with your spouse? _____ Yes _____ No

If "no" please check one: ___ Unmarried ___ Spouse Filing Separately ___ Other Reason

Have you filed bankruptcy within the last eight (8) years? _____ Yes _____ No

If "yes", please provide date(s): _____

Have you met the Debt Counseling requirements for your state? Please check one of the choices:

___ Counseling not completed ___ Received counseling within the past 180 days

___ Request waiver ___ Does not apply to my district

If Debt counseling requirement was met, please provide the date of completion: _____

REAL ESTATE: Print out additional pages for every separate piece of real estate you own

Check the type of real estate you own: ___ House ___ Condominium ___ Vacant lot ___ Other

Name on Deed: _____

Address of Real Estate: _____

Description of Real Estate:(example: 1,250 square foot home with 2 bedrooms, 2 baths, attached 2-car garage situated on 2 acres of ground with outbuildings.) _____

Name of Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Obtained Mortgage: _____

What is the principle balance of the loan? _____

What are the monthly payments?: _____ Are you behind in payments? ___ Yes ___ No

If so, what months? _____ What interest rate do you pay? _____

Amount to catch up on back payments? _____

What year was your real estate last appraised? _____

What was the appraised value?: _____

Do you have a second mortgage on the real estate?: ____ Yes ____ No

Intention: ____ Keep ____ Surrender

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Obtained Mortgage: _____

What is the principle balance of the loan? _____

What are the monthly payments?: _____ Are you behind in payments? ____ Yes ____ No

If so, what months? _____ What interest rate do you pay? _____

Amount to catch up on back payments? _____

COLLECTION/FORECLOSURE INFORMATION

Name of Collector or Attorney: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this real estate in the process of foreclosure or replevin action?: ____ Yes ____ No

If in collection/foreclosure, please provide your attorney a copy of the court documents you were served.

MOBIL HOME: Print out additional pages for every separate piece of real estate you own

Name on Title: _____

Address of Mobil Home: _____

Are the wheels completely removed from your mobile home and it is attached to the ground?:
_____ Yes _____ No

Does your mobile home sit in a mobile home park?: ___ Yes ___ No

What is the monthly lot rent? _____

Does your mobile home sit on a piece of ground you own? ___ Yes ___ No

Size of ground mobile home sits on: _____

Do you make separate payments for the ground your mobile home sits on? _____ Yes _____ No

If so, please explain: _____

Description of Mobil Home:(example: 28x40 doublewide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park.) _____

Name of Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Obtained Mortgage: _____

What is the principle balance of the loan? _____

What are the monthly payments?: _____ Are you behind in payments? ___ Yes ___ No

If so, what months? _____ What interest rate do you pay? _____

Delinquent Amount? _____ What year was your real estate last appraised? _____

What was the appraised value?: _____

Do you have a second mortgage on the mobile home?: ___ Yes ___ No

Intention: _____ Keep _____ Surrender

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Date Obtained Mortgage: _____

What is the principle balance of the loan? _____

What are the monthly payments?: _____ Are you behind in payments? ____ Yes ____ No

If so, what months? _____ What interest rate do you pay? _____

Delinquent amount? _____

COLLECTION/FORECLOSURE INFORMATION

Name of Collector or Attorney: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this real estate in the process of foreclosure or replevin action?: ____ Yes ____ No

If in collection/foreclosure, please provide your attorney a copy of the court documents you were served.

OUTSOURCED PARALEGAL SERVICES, LLC

YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Then provide the “yard sale value”, what it would cost to buy that specific property – considering its age and condition – from a retail merchant. Not the “replacement cost”, the cost you think it would cost to replace an item of value to you.

	<u>Yard Value</u>		
__ Stove/Cooking Unit	\$ _____	__ Wedding Rings	\$ _____
__ Refrigerator	\$ _____	__ Other Jewelry/Watches	\$ _____
__ Washer/Dryer	\$ _____	Describe item(s): _____	
__ Microwave	\$ _____	_____	
__ Cooking Utensils	\$ _____	__ Furs	\$ _____
__ Silverware/Flatware	\$ _____	__ Computer(s)	\$ _____
__ Cookware (Pots/Pans)	\$ _____	__ Computer Printer(s)	\$ _____
__ Living Room Furniture	\$ _____	__ Desks/Office Furniture	\$ _____
__ Dining Room Furniture	\$ _____	__ Other Computer Equip.	\$ _____
__ Tables and Chairs	\$ _____	Describe item(s): _____	
__ Television(s)	\$ _____	_____	
__ VCR(s)	\$ _____	__ Photography Equipment	\$ _____
__ DVD(s)	\$ _____	__ Satellite Disks	\$ _____
__ Compact Disks	\$ _____	__ All clothing	\$ _____
__ All Other Stereo Equip.	\$ _____	(Including shoes, coats, hats, etc)	
Describe item(s): _____		__ Collectibles	\$ _____
_____		Describe item(s): _____	
_____		_____	
__ Bedroom Furniture	\$ _____	__ Paintings/Art	\$ _____
__ Dressers/Nightstands	\$ _____	__ Carpenters Tools	\$ _____
__ Lamps and Accessories	\$ _____	__ Mechanics Tools	\$ _____
__ Guns and Firearms	\$ _____		

___ Lawnmower \$ _____
 ___ Boats \$ _____
 ___ Trailers \$ _____
 ___ Campers \$ _____
 ___ Yard Tools/Equipment \$ _____
 ___ Swimming Pool \$ _____
 ___ Cell Phones \$ _____

OTHER ASSETS

___ Rent deposit with landlord \$ _____

Name of Landlord _____

Address _____

City _____ State _____ Zip _____

___ Government Bonds \$ _____

___ Certificate of Deposits \$ _____

___ Copyrights/Patents \$ _____

___ Aircraft \$ _____

___ Interests in education IRA \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

OUTSOURCED PARALEGAL SERVICES, LLC

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, mobile homes, boats, trailers, campers, etc. that are TITLED IN YOU (OR YOUR SPOUSE'S NAME) **Print out more sheets if you own more than 2 vehicles.**

Type: Automobile Truck Motorcycle Mobile Home(Title Only) Other: _____

Year _____ Make _____ Model _____ Style _____ 2dr 4dr Other

Condition: Excellent Good Fair Poor Not Running Mileage: _____

Name(s) on vehicle title: _____

Is vehicle leased: Yes No If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Date Established Loan: _____

Monthly Payment: \$ _____ How many months are you behind in payments? _____

If lien, what is the principle balance due? _____

Are there any other persons who are co-obligors on the above? If so please state.

Name and Address: _____

Have you went to a loan company and listed this vehicle as collateral for a personal loan? _____

If so, name and address of loan company for personal loan: _____

Check One: Keep Surrender

Type: Automobile Truck Motorcycle Mobile Home(Title Only) Other: _____

Year _____ Make _____ Model _____ Style _____ 2dr 4dr Other

Condition: Excellent Good Fair Poor Not Running Mileage: _____

Name(s) on vehicle title: _____

Is vehicle leased: Yes No If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Date Established Loan: _____

Monthly Payment: \$ _____ How many months are you behind in payments? _____

If lien, what is the principle balance due? _____

Are there any other persons who are co-obligors on the above? If so please state.

Name and Address: _____

Have you went to a loan company and listed this vehicle as collateral for a personal loan? _____

If so, name and address of loan company for personal loan: _____

Check One: _____ Keep _____ Surrender

OUTSOURCED PARALEGAL SERVICES, LLC

DEBT SHEET 1 of 5

Print out more pages if you have more than 10 total debts. **Do not just list debts you want to include**, but every debt you owe, even loans from relatives.

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Balance due: \$ _____ Account Number: _____

Date originally obtained this debt or established credit: _____

What is this debt for?: Medical Credit Card Loan Other: _____

Who is financially responsible for this debt?: Husband Wife Both Other: _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Balance due: \$ _____ Account Number: _____

Date originally obtained this debt or established credit: _____

What is this debt for?: Medical Credit Card Loan Other: _____

Who is financially responsible for this debt?: Husband Wife Both Other: _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PLEASE CONTACT US FOR FURTHER INFORMATION

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