



THE INDEPENDENCE LAW ASSOCIATES, PLC

We are not going to be happy unless our clients are happy

Welcome

Welcome to **THE INDEPENDENCE LAW ASSOCIATES, PLC.** We are pleased that you have chosen our law firm and want you to know that you are entrusting your case to knowledgeable and aggressive lawyers. This law firm has helped hundreds of people get a fresh start through Chapter 7. We give each case personal attention and painstakingly prepare accurate schedules and statements of financial affairs. You will meet with our professional and friendly attorneys at the initial consultation. If you are overwhelmed by debt due to loss of work or illness, if your credit cards are out of control, if you feel buried by debt, if you are afraid to answer your phone because of creditor harassment, then bankruptcy may be an option for you to seriously consider. Please remember that the creditors do not have your best interests in mind. Family members and friends mean well, but they don't have the training or experience to tell you how bankruptcy really works or to answer your questions about bankruptcy. We want to help you overcome the stress that comes with financial difficulties and help you start over. We want to provide the best service. Take control of your life now.



THE INDEPENDENCE LAW ASSOCIATES, PLC
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IMPORTANT

Instructions For Filling Out Client Intake Forms

Complete Names and Mailing Addresses are Essential on the Debt Sheets

Providing the complete names and addresses for every debt you owe (as well as the company collecting for this debt [if applicable]) is *extremely important*. Without this crucial information, the company you owe money to cannot be properly notified by the court and the debt may not be eligible for discharge. In other words, you may have to pay the bill simply because you did not provide the court with an address to mail a notice to that you filed bankruptcy - which then did not allow that company an opportunity to respond. In some instances, it can even be considered as "fraud" because some people filing bankruptcy may want to intentionally disallow a creditor the right to file a Proof of Claim or Motion for Relief from Stay, which is against the law to deny them their creditor's rights.

What if you don't know the address?

If you requested a credit report before filling out the Client Intake Forms, the credit report may or may not contain all the addresses you need. One online credit report many law firms use is True Credit at <http://www.truecredit.com>. This 3- in-1 report contains addresses and other detailed information not provided in other reports. However to help you in locating addresses for creditors, the best place to start is to call the toll-free national information line at 1-800-555-1212 and see if a toll-free number is listed under the company's name. If not, you may have to look in your phone directory or do an on-line search from <http://www.google.com>.

Listing the address of the original company you owe money to as well as the

collection agency collecting on this debt is also just as important. By doing this, all parties concerned with the debt are notified by the court and it will greatly aide in ceasing all collection phone calls you may be currently receiving.

Other Areas to Pay Attention to on Debt Sheets:

- Make sure all company names are spelled out. (for example, instead of writing "MSB" for a company name, write out the words "Home Secure Bank" or whatever the case may be.)
- Make sure the street address is readable and any abbreviations are spelled out.
- Make sure the city, state, and ZIP are included for all addresses. If the zip code is not known, it can be obtained online: www.usps.com
- Make sure all the information for each creditor is completely filled in. Every piece of this information is important in preparing a detailed bankruptcy petition for you. If you do not know the exact date you made a debt, or charged on the account, a "year" is sufficient. The "year" can also be within a 2-year time frame. Not providing dates or years will delay the processing of your petition as we must call or email you to obtain the information.
- For the "last date charged on this account" line, do not provide the last date you received a statement. We are only interested in the last date you *actually made a purchase* using this particular charge account.

Income Page

An often overlooked piece of vital information we need is your year-to-date income, plus the in-come you made in the last 2 years. This question appears right below your name on the "Income History for You" page. Your year-to-date income should appear on your recent paycheck stub. However, if you have had more than one employer this year, you will need to

provide us with the TOTAL amount of income you made working for ALL employers. In addition, if you also receive (or have received) another type of income (child support, unemployment, social security, pension, etc.) within the past 2 years, turn the page over (or use an additional sheet of paper) and provide the income for this year and the last 2 years for each separate type of income.

Statement of Affairs

Make sure that every box is answered with either a "yes" or "no" on the Statement of Affairs pages in this package. These pages serve as a written statement concerning your current financial condition. If a box is left unanswered, you will need to provide a written statement that specifically answers this question before your petition can be finalized, so double-check and make sure you have answered every question. In addition, if any question on the Statement of Affairs pages is answered "yes," make sure you fill in all the information needed to answer that question on the lines provided. For instance, some people check "yes" to the item on the Statement of Affairs referring to previous addresses; however, they forget to include the city, state and zip code of the address they lived at. Or, if a car has been repossessed, don't just call it a "car" but provide the make, model and year. It is important for you to be as detailed as possible when answering any question "yes." Also feel free to turn the page over and write more information on back. The detail you provide at this stage will greatly increase the turnaround time for completing your petition.

Motor Vehicles

Please remember to ALWAYS provide the make, model and year of your motor vehicle. We must obtain market values of all motor vehicles from the Kelly Blue Book for the bankruptcy court and we need all the information on the vehicle, including mileage to obtain the correct market value. Example: 1997 Ford should be 1997 Ford Mustang, or 1997 Ford F-150 Super Cab, or whatever the case may be. Simply writing the word "car" does not tell us anything.

Court Documents

If you have been involved in a court proceeding of any type within the past 12 months, including a foreclosure, wage garnishment, traffic tickets, other fines, lawsuits, judgments for debt collection, etc. - we need to know the following information, which can be obtained directly from the court pleading you received:

- Court Heading - (example: John Doe, Plaintiff vs. Jane Doe, Defendant)
- Case Number
- Name and address of court where document was filed
- Date document was filed with the court
- Names and complete addresses of any attorneys or parties involved with the case (including the Plaintiff)
- Current status - Has a hearing already taken place? If so, what was the result? If the hearing has not taken place and a decision has not been reached yet, provide the date of the court hearing and let us know the case is still "pending." You may find it easier to simply make a copy of the court document and include them with your Client Intake Forms. (We return all court documents you send us with your petition.)

Summary

Thank you for taking the time to answer this Intake Forms Please try to make sure they are as complete and accurate as possible. You will find that your efforts will save you time and money in long distance calls, which results in the delay of the processing of your bankruptcy petition.

Please do not hesitate to call or email us if you have any

Form 5/2007

questions whatsoever concerning you may have. Thank you for your continued trust in our services. We sincerely hope you are happy with our services and will want to recommend us to others.

BEFORE YOU START

PLEASE READ CAREFULLY

you must provide truthful, complete and timely information to the Court. The information you provide to us will be submitted to the Court. When you sign the bankruptcy petition, you are swearing under penalties of perjury that the information is true, and accurate.

Your case strategy generates a list of items you need before filing your case. Some of these items are listed below. You should start gathering these documents as soon as possible:

- 1- Certificate of credit counseling before the case is filed.**
- 2- Certificate of credit counseling for post-filing debtor counseling.**
- 3- Pay stubs for past 6 months or payroll summary for past 6 months all employers.**
- 4- Proof of payment from all sources of income received 60 days before filing:**
 - a. Social Security**
 - b. Workers Compensation**
 - c. Veterans Administration**
 - d. Medical disability insurance payments**
 - e. Self employment, or corporate earnings (bank statements, 1099 summary, etc)**
 - f. Child support Orders verifying your entitlement to child support.**
 - g. Rental agreements for any tenants renting from you.**
 - h. Unemployment compensation**
 - i. Food Stamps or bridge card payment vouchers.**
 - j. Statement signed by any person contributing to your household expenses. The statement must indicate how much is paid and how frequently.**
 - k. Profit and Loss statement for any self-employment or business income.**
 - l. Any other income.**
- 5- Past (3) months of Checking and/or savings account statements. (business and personal accounts).**
- 6- State and Federal tax returns for the most recent tax year. If you claim to be EXEMPT FROM FILING TAXES, provide verification stating so.**

Tax returns filed during your case. This includes tax returns for prior years that had not been filed when the cases began.

7- Current year and the past three years of tax returns for Chapter 13 clients. A passport photo, military ID, state ID, or drivers license (with photo).

8- All vehicle titles, manufactured home titles, RV titles.

9- All Recorded mortgage (s) from the COUNTY REGISTER OF DEEDS - ONLY (SAVE MONEY: get the COVER PAGE and SIGNATURE PAGE only!)

Real estate deeds for each piece of real estate you have any ownership interest in.

10- Account statements showing the BALANCE DUE ON vehicles, mortgages, RV's.

11- Leases and purchase agreements for all vehicles and equipment. Closing statements from any real estate refinances or sales in the past 12 months.

12- Divorce Judgments issued during the 2 years prior to filing the case.

13- An appraisal, market analysis, or state equalized value for your real estate. Social security, V.A. or other letter determining your disability status.

14- Account balance for each IRA, 401k, pension plan, profit sharing, educational savings account.

15- Statements showing payments to creditors totaling over \$600 in the past 60 days.

NOTES:

YOUR CASE CANNOT BE FILED UNTIL OUR OFFICE RECEIVES THE REQUESTED DOCUMENTS. THERE MAY BE ADDITIONAL FEES FOR OUR OFFICES RETRIEVING THESE DOCUMENTS ON YOUR BEHALF.

The US Bankruptcy will dismiss your case if they are not provided at the time of filing the case. There may be extensions but after 45 days the will be AUTOMATICALLY DISMISSED

GENERAL INFORMATION

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 faster turnaround.

اجب على هذه الاسئلة بصراحة

YOU (THE PETITIONER)

Name, First _____ Middle (spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

County of Residence _____ Length of Time at This Address _____

Home Phone _____ Other Phone _____

Email address _____

YOUR SPOUSE

First Name _____ Middle (spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Address (if living separately) _____

City _____ State _____ Zip _____

DEPENDENTS

Name	Age	Relationship to You	Is this person/child living with you ?
1. _____	_____	_____	[] Yes [] No
2. _____	_____	_____	[] Yes [] No
3. _____	_____	_____	[] Yes [] No
4. _____	_____	_____	[] Yes [] No

Have you ever filed bankruptcy before? [] Yes [] No If yes, what year? _____
Are both you and your spouse filing this bankruptcy together? [] Yes [] No

Has either your or your spouse been known by any other name during the past 6 years? [] Yes [] No
(Example: maiden name, last name from previous marriage, legal name change, etc.)
If yes, please write the **NAME** and **DATE(S) USED** below:

Name Used _____ Dates Used _____ thru _____
Name Used _____ Dates Used _____ thru _____

YOUR REAL ESTATE

NOTICE: IF YOUR OWN A MOBILE HOME, PLEASE FILL OUT NEXT PAGE

PRINT OUT ADDITIONAL PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN.

Check the type of real estate you own: [] House [] Condominium [] Vacant Lot [] Other

Name(s) on Deed or Title _____

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 this mortgage? _____

What are the monthly payments? \$ _____ What is the pay-off amount on this mortgage? \$ _____

Are you behind in payments? [] Yes [] No If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up 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

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

What are the monthly payments? \$ _____ What is the pay-off amount on this mortgage? \$ _____

Are you behind in payments? [] Yes [] No If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? _____

YOUR MOBILE HOME

PRINT OUT ADDITIONAL PAGES FOR EVERY MOBILE HOME THAT YOU OWN.

Name(s) on Deed or Title _____

Address of Mobile 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 _____

Do you make separate payments for the ground your mobile home sits on? _____

If so, explain: _____

If you own the ground free and clear, what is the resell value for this piece of ground? _____

Description of Mobile 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 this mortgage? _____

What are the monthly payments? \$ _____ What is the pay-off amount on this mortgage? \$ _____

Are you behind in payments? [] YES [] NO If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? \$ _____

What year was your mobile home last appraised? _____ What was the appraised value? _____

Do you have a second mortgage on this mobile home? [] YES [] NO

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

What are the monthly payments? * _____ What is the pay-off amount on this mortgage? _____

Are you behind in payments? [] YES [] NO If so, what months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? \$ _____

YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Then, provide the **YARD SALE VALUE** OF EACH ITEM NOT THE REPLACEMENT COST.

	Yard Sale Value	
<input type="checkbox"/> Stove/Cooking Unit	\$ _____	
<input type="checkbox"/> Refrigerator	\$ _____	
<input type="checkbox"/> Washer/Dryer	\$ _____	
<input type="checkbox"/> Microwave	\$ _____	
<input type="checkbox"/> Cooking Utensils	\$ _____	
<input type="checkbox"/> Silverware/Flatware	\$ _____	
<input type="checkbox"/> Cookware (Pots/Pans)	\$ _____	
<input type="checkbox"/> Living Room Furniture	\$ _____	
<input type="checkbox"/> Dining Room Furniture	\$ _____	
<input type="checkbox"/> Tables and Chairs	\$ _____	
<input type="checkbox"/> Televisions(s)	\$ _____	
<input type="checkbox"/> VCR(s)	\$ _____	
<input type="checkbox"/> DVD(s)	\$ _____	
<input type="checkbox"/> Compact Disks	\$ _____	
<input type="checkbox"/> All Other Stereo	\$ _____	
<input type="checkbox"/> Equipment	\$ _____	
Describe item(s): _____		

<input type="checkbox"/> Bedroom Furniture	\$ _____	
<input type="checkbox"/> Dressers/Nightstands	\$ _____	
<input type="checkbox"/> Lamps and Accessories	\$ _____	
<input type="checkbox"/> Wedding Rings	\$ _____	
<input type="checkbox"/> Other Jewelry/Watches	\$ _____	
Describe item(s): _____		

<input type="checkbox"/> Furs	\$ _____	
<input type="checkbox"/> Computer(s)	\$ _____	
<input type="checkbox"/> Computer Printers	\$ _____	
<input type="checkbox"/> Desks/Office Furniture	\$ _____	
<input type="checkbox"/> Other Computer	\$ _____	
<input type="checkbox"/> Equipment	\$ _____	
Describe item(s): _____		

<input type="checkbox"/> Photography Equipment	\$ _____	
<input type="checkbox"/> Satellite Disks	\$ _____	
<input type="checkbox"/> All Clothing	\$ _____	
(including shoes, coats, hats, etc.)		
<input type="checkbox"/> Collectibles	\$ _____	
Describe item(s): _____		

<input type="checkbox"/> Paintings/Art	\$ _____
Describe item(s): _____	

<input type="checkbox"/> Carpenters Tools	\$ _____
Describe item(s): _____	

<input type="checkbox"/> Mechanics Tools	\$ _____
Describe item(s): _____	

<input type="checkbox"/> Guns and Firearms	\$ _____
Describe item(s): _____	

<input type="checkbox"/> Lawnmower	\$ _____
<input type="checkbox"/> Boats	\$ _____
<input type="checkbox"/> Trailers	\$ _____
<input type="checkbox"/> Campers	\$ _____
<input type="checkbox"/> Yard Tools/Equipment	\$ _____
<input type="checkbox"/> Swimming Pool	\$ _____
<input type="checkbox"/> Cell Phones	\$ _____

OTHER ASSETS

Rent deposit with landlord	\$ _____
Name of Landlord	_____
Address	_____
City	_____
State	_____
Zip	_____
<input type="checkbox"/> Government Bonds	\$ _____
<input type="checkbox"/> Certificate of Bonds	\$ _____
<input type="checkbox"/> Copyrights/Patents	\$ _____
<input type="checkbox"/> Aircraft	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____

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.**

First Car

TYPE: Automobile Truck Motorcycle Mobile Home Other

Year	Make	Model	Mileage	Value	Car Loan	Check One
				\$		keep____ surrender ____

Condition Excellent Good Fair Poor Not Running

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 _____

Account Number _____ Date Established Loan _____

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

What is the "pay off" amount on this vehicle? \$ _____

Have you went to a loan company and listed this vehicle as collateral for a personal loan? YES NO

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

Second Car

TYPE: Automobile Truck Motorcycle Mobile Home Other

Year	Make	Model	Mileage	Value	Car Loan	Check One
				\$		keep____ surrender ____

Condition Excellent Good Fair Poor Not Running

Name(s) on vehicle title? _____

Is vehicle leased? YES NO If yes, what is the "buy out" on the lease? _____

YOUR INCOME & EMPLOYMENT

PLEASE PROVIDE US WITH A COPY OF
YOUR LAST TWO YEARS INCOME TAX RETURN AND PAY CHECK

Name of your Employer's	
Your employer address	
Your employer Telephone	
Length of Time at This Job?	Years _____ Months _____
<i>Job Title (do not abbreviate)</i>	

How often do you get paid? (circle or check one)

- every week
 bi-weekly (sometimes I get paid 3 times a month)
 once a month
 semi-monthly (on the same 2 days of each month)

Your check

Week end	Total Paid	Fed	S.S	Mid	State	City	Total Others	Net Paid	Note

How much do you pay in Alimony or Child Support if any? _____ Are you court ordered to pay this? YES NO

Are there any other deductions from your paycheck? YES NO If yes, how much? _____

What is this "other" deduction for? _____ If 401 K Plan, how long have you participated? _____

ADDITIONAL INCOME (YOUR WIFE INCOME)

Do you have additional income : Yes _____ No: _____

If you answer yeas please complete the following:

How much additional income do you make monthly from a business, flea market, etc? _____

Monthly Income from real property (rentals) _____ Monthly Interests and Dividends _____

Monthly Alimony or Child Support received _____ Monthly Social Security _____

Monthly Government Assistance _____ Monthly Food Stamps _____

Monthly Public Assistant _____ Monthly Pension or Retirement _____

Other Income (Reason and amount received monthly)? _____

Do you have a second job? YES NO **If yes, name of employer:** _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Length of Time at This Job? _____ Job Title _____

How often do you get paid? (*check one*)

every week bi-weekly (sometimes I get paid 3 times a month once a month

semi-monthly (on the same 2 days of each month)

Week end	Total Paid	Fed	S.S	Mid	State	City	Total Others	Net Paid	Note

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amounts in the spaces below each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole 12 month period.

Housing Expenses

Rent (if you do not own your home) \$ _____
 First Mortgage payment or mobile home monthly payment \$ _____

Second mortgage (if applicable) \$ _____

Third mortgage (if applicable) \$ _____

Lot Payment (if applicable) \$ _____

Are real estate **taxes** included in your mortgage payment? Yes No

Taxes not included in house payment \$ _____

Is your home **insurance** included in your mortgage payment? Yes No

Insurance not included in house payment \$ _____

Utilities (Normal Monthly Average)

Electricity and Gas \$ _____

Water \$ _____

Telephone (Basic Service) \$ _____

Trash Pick-Up \$ _____

Basic Needs

Home Maintenance (home owners) \$ _____

Food (Monthly) \$ _____

Clothing (Monthly Expense) \$ _____

Laundry, dry cleaning, soap, etc. \$ _____

Medical expenses NOT paid by insurance \$ _____

Transportation

Gasoline/auto maintenance \$ _____

Recreation, Entertainment \$ _____

Charitable Giving (if claimed on taxes) \$ _____

Insurance

Taxes

Are any other taxes deducted from your wages? If so, what type of taxes are they? \$ _____

Other Expenses

Alimony or Child Support \$ _____

Payments for someone outside your home \$ _____

Union Dues (not payroll deducted) \$ _____

Professional Dues (not payroll deducted) \$ _____

Child Care Expenses \$ _____

Babysitter/Day Care Expenses \$ _____

School Expenses \$ _____

School Lunch Expenses \$ _____

College Tuition (Not Loans) \$ _____

Student Loan Repayment \$ _____

Newspapers, Books, Magazines \$ _____

Personal Care Items \$ _____

Other _____ \$ _____

Other _____ \$ _____

Use the space below to describe any additional monthly expenses that you must pay out of your pocket that are not covered here. Explain the type of expense, amount of expense and how long you will continue to have this expense:

Renters Insurance	\$ _____	_____
Life Insurance (other than employer)	\$ _____	_____
Health Insurance (other than employer)	\$ _____	_____
Automobile Insurance	\$ _____	_____
Other Insurance	\$ _____	_____

STATEMENT OF AFFAIRS

The following pages contain extremely **IMPORTANT QUESTIONS**, many of which will be asked you again by the Trustee when you attend your first hearing. Please take your time and go through every question thoroughly and provide as much detail as possible to the questions you answer "yes" to. Be Truthful.

List the names of all spouses (past and present) that you have been married to, as well as the dates you were married to this spouse:

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Have you ever provided a notice to any governmental unit of a Release of Hazardous Materials?

[] Yes [] No

If so, list the name and address of every site for which you have provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

Name/Address of Site _____

Governmental Unit Notice Sent To _____

Date Notice Sent to Governmental **Unit** _____

Do you share the ownership of any real property with another person, such as a co-tenancy or joint tenancy? (This does not apply to your spouse.)

[] Yes [] No

Name of person _____

Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet?

[] Yes [] No

If so, provide details: _____

Do you own or are you buying a time-share in a vacation property or resort?

[] Yes [] No

If so, provide details: _____

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name?

[] Yes [] No

Year, Make, Model of Vehicle _____

Whose name is the motor vehicle titled to? _____

Address _____

City _____ State _____ Zip _____

What is this person's relationship to you? _____

Why are you holding this property? _____

Are you buying any of your furniture or appliances with installment payments?

[] Yes [] No

Description of Item(s)

1. _____ Yard Sale Value _____

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

Are you renting-to-own any of your furniture or appliances?

[] Yes [] No

Description of Item(s)

1. _____ Yard Sale Value _____

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions at the time you obtained the loan?

[] Yes [] No

Description of Item(s)

1. _____ Yard Sale Value _____

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

Do you own or are you buying any tools or equipment that you use for your work?

[] Yes [] No

Description of Item(s): _____

Value of the item if sold at a flea market or yard sale: _____

If making payments on, who do you pay? _____

**** MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS**

At present, do you have any inventory (stock in trade) that could be sold for \$200 or more in profit?

[] Yes [] No

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Description of Item(s) _____

Value of the item if sold at a flea market or yard sale _____

Are you buying any jewelry with installment payments?

[] Yes [] No

Description of Item(s)

1. _____ Yard Sale Value _____

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

Do you have any animals, livestock or pets you could sell for \$200 or more?

[] Yes [] No

Description of Animal(s) _____

Value of the animals if you had to sell them _____

Do you have any checking or savings account(s) at this time?

[] Yes [] No

Name of Bank _____

Address of Branch _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number for Checking _____ Present Balance _____

Account Number for Savings (if applicable) _____ Present Balance _____

Name of Second Bank (if applicable) _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number _____ Present Balance _____

Have you closed any bank accounts within the past two (2) years?

[] Yes [] No

Name of Bank _____

Address of **Bank** _____

City _____ State _____ Zip _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? [] Yes [] No Balance owed: _____

If you did not owe a balance when you closed this account, how much money did you receive? _____

Do you or have you rented a safe deposit box during the past two (2) years? Yes No

Name of Financial Institution _____

Address of Financial Institution _____

City _____ State _____ Zip _____

What are the contents of the safe deposit box? _____

What monthly amount do you pay for rental of this deposit box? _____

If you no longer have the safe deposit box, what date/year did you surrender it? _____

If you transferred the safe deposit box, who did you transfer it to? _____

Do you have a Christmas Club Account or any other special purpose accounts? Yes No

Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

Type of account: _____ Account Number _____

Name(s) on the Account _____ Present Balance _____

Do you currently have any security deposits being held by a utility company? Yes No

If yes, what is the amount? _____ Name of Utility Company: _____

Address of Utility Company _____

City _____ State _____ Zip _____

Account Number _____ Present Balance _____

** Remember to include any past-due utility bills that you owe from previous addresses on your Debt Sheets.

Do you have any life insurance? Yes No

Name of Insurance Company _____

If a "whole life" policy - what is the current cash value? _____

If your life insurance is only payable upon death, what is the face value of the policy? _____

Who is the beneficiary? _____ Relationship _____

** If you have other life insurance policies, please list the information above for each one on BACK of this page.

Do you or your spouse participate in a retirement, 401 K or pension plan? Yes No

Type of pension plan (i.e., 401-K, PERS, etc.) _____

When did you first enroll in this plan? _____ Current cash value: _____

Have you set up your own separate retirement not provided by employer? Yes No

Name of Financial Institution (if applicable) _____

Amount in this separate retirement account? _____ Who is the beneficiary? _____

Will you be receiving retirement benefits from a previous employer within the next six (6) months?

Yes No

Date you expect to start receiving retirement benefits: _____

Do you have any stocks, bonds (including savings bonds) or mutual funds?

Yes No

Type of bond, stock, mutual fund: _____

Does this bond, stock or mutual fund have a cash value: Yes No Cash value: _____

Do you have a cell phone?

Yes No

Name of cell phone company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date contract began _____

Is this a month-to-month contract? Yes No

If not, what is the length of the contract? 1 year 2 years 3 years Other: _____

What is the normal monthly contract payment? (i.e.: \$19.95, \$29.95, etc.) _____

** If you have more than one cell phone, list the same information above on the **BACK** of this page.

Do you live with a roommate/relative that pays part of your expenses?

Yes No

Name of roommate or relative: _____ Relationship? _____

What expenses do they pay? _____

What is the total amount they contribute on a monthly basis to your living expenses? _____

How long have they been paying this amount? From _____ To _____

Do relatives or other parties help to pay part or all of your monthly expenses?

Yes No

Name of relatives providing additional support: _____

Relationship of this relative to you: _____

What is the total amount they contribute on a monthly basis to your living expenses? _____

How long have they been paying this amount? From _____ To _____

Are you currently attending college?

Yes No

Name of college _____

Anticipated graduation date _____ Major of Study _____

Do you have a student loan?

Yes No

Name of institution you will make payment to: _____

Address _____

City _____ State _____ Zip _____

Date student loan first obtained? _____ Date payment is/was to begin: _____

Total amount to pay off student loan _____ Average monthly payment _____

**Do you currently owe any fines?
(includes parking tickets, moving violations, etc.)** [] Yes [] No

Name of court you owe fines to _____

Address _____

City _____ State _____ Zip _____

Date of occurrence _____ Name of party [] Husband [] Wife [] Other

What was this fine for? _____

**If you pay child support,
are you currently behind in any payments?** [] Yes [] No

Name of person/agency you pay child support to _____

Address _____

City _____ State _____ Zip _____

What is the total amount you owe in back child support? _____

What date (or year) were you supposed to start paying child support? _____

If so, what are the payment arrangements? _____

**Even if you never expect to collect any money, does an ex-spouse owe you
money for alimony or child support** [] Yes [] No

Name of Ex-Spouse _____

Address of Ex-Spouse _____

City _____ State _____ Zip _____

Total amount he/she owes you _____ Date originally started owing you _____

Has this ex-spouse been court ordered to pay you? _____ Year of court order? _____

**Over the last year, have you, your children or your spouse been involved in
An accident where someone was hurt, for example, a car accident?** [] Yes [] No

Date accident occurred _____ Who was at fault? _____

Who was involved in the accident? _____

Was any insurance money received? [] Yes [] No If yes, how much? _____

During the next six (6) months, do you expect to inherit anything? [] Yes [] No

How much do you expect to receive? _____ Date expected _____

Reasons for inheritance _____

During the next six (6) Months, do you expect to recover on

anyone's life insurance policy?

[] Yes [] No

How much do you expect to receive? _____ Date expected _____

Reasons for this money: _____

Do you expect to receive any money from any insurance claim, for any reason, during the next six (6) months?

[] Yes [] No

How much do you expect to receive? _____ Date expected _____

Reasons for receiving this money: _____

Are you the beneficiary of a trust fund?

[] Yes [] No

What is the amount of the trust fund? _____ Name of trust fund owner _____

Relationship to you: _____ when will you have access to this trust fund? _____

Are you owed any back wages, commissions, or vacation pay from your current or previous employer?

[] Yes [] No

Employer Name _____

Amount expected to receive _____ Date expected to receive _____

** Provide details about this amount owed you. (Feel free to use the BACK of this page if necessary)

Is any of your property in the hands of a repairman, storage Company or pawnbroker?

[] Yes [] No

Name of Place Holding Your Property _____

Address _____

City _____ State _____ Zip _____

Description of Items and yard sale value:

1. _____ Yard Sale Value _____

What is the total amount you need to pay in order to get these items released? _____

In the near future, do you expect to settle, win or begin a case for personal injury? [] Yes [] No

How much do you expect to receive? _____ Date you expect to receive this money? _____

Provide details about this personal injury claim: _____

Name of attorney or law firm handling this claim? _____

In the near future, do you expect to enter into any property settlement with a form spouse?

[] Yes [] No

List all items you expect to receive or turn over in the property settlement (including cash): _____

What is the total market value (yard sale value) of these items? _____

When do you expect to receive this money or property? _____

When do you expect to turn over this cash or property? _____

Does anyone owe you any money for a judgment you have obtained against them? [] Yes [] No

Name of party you filed a lawsuit on _____

Address _____

City _____ State _____ Zip _____

Date you filed this lawsuit? _____ Money amount awarded you in judgment: _____

Even if you never expect to collect, does anyone owe you

Any money for any reason whatsoever? [] Yes [] No

Name of Person who owes you money _____

Address _____

City _____ State _____ Zip _____

Explain why they owe you money: _____

Amount they owe you _____ Date they originally started owing you _____

Have you made any payments on your loans or bills other than ordinary payments? In other words, have you made catch-up payments, paid off or borrowed to pay on or off bills or loans? [] Yes [] No

Name of Creditor You Paid _____

Date Paid _____ Amount Paid _____ Current Balance Due _____

Name of Creditor You Paid _____

Date Paid _____ Amount Paid _____ Current Balance Due _____

Are there any lawsuits pending against you now? [] Yes [] No

Name of party suing you (Plaintiff)? _____

Case Number _____ Date Lawsuit Filed _____

Type of Lawsuit from Court Pleading (Complaint, Summons, etc.) _____

Attorney for the Plaintiff (found on court pleading): _____

Address _____

City _____ State _____ Zip _____

Court when lawsuit was filed (at the top of the pleading) _____

Address _____

City _____ State _____ Zip _____

** If lawsuit is LESS THAN 1 YEAR OLD, please make a copy and include with these forms.

Have your wages or property been garnished or attached? [] Yes [] No

Who garnished you wages or attached your property? _____

What item did they repossess? (if car, provide the **year, make, model**) _____

How much money do they take from your paycheck? _____ How often is this deducted? _____

Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller? [] Yes [] No

What property did you turn over to a receiver? _____

When and where did this take place? _____

Is any of your property in receivership or other legal custody? [] Yes [] No

When did you file your receivership? _____

In what court was this done? _____

Have you made any gifts to friends or relatives? [] Yes [] No

What gifts or transfers have you made? _____

Who did you give the gift to? _____

What date/year did you make the gift? _____ What is the approximate value? _____

Have you transferred any money or property to family members or Friends or paid them any money on debts you might owe them? [] Yes [] No

Type of property transferred: _____

What date/year was it transferred? _____ What is the approximate value? _____

Have you have any unusual losses, such as fire, theft, gambling or otherwise? [] Yes [] No

Type of loss? [] Fire [] Theft [] Gambling [] Other: _____

What item(s) or amount of money was lost? _____

What date/year was it lost? _____ Amount insurance paid? _____

Have you had any losses covered by insurance? [] Yes [] No

Describe loss: _____

Date/year of loss? _____ Amount insurance paid? _____

Have you consulted with any other attorney about your financial affairs or Paid money to a debt counseling service? [] Yes [] No

Name of attorney or service _____

Address _____

City _____ State _____ Zip _____

Consultation Date _____ Total paid for service _____

Have you filed any bankruptcy with in the last six (6) years? [] Yes [] No

Did you file a Chapter 7, Chapter 13 or a Chapter 11? _____

Date your bankruptcy was filed? _____ City, State filed? _____

Name(s) of persons who filed? _____

Was the case discharged? [] Yes [] No Case Number _____

Is anyone holding any property that belongs to you? [] Yes [] No

Item(s) in someone else's possession that belongs to you? _____

Name of person holding these items: _____

Address _____

City _____ State _____ Zip _____

Beside your current address, have you lived at any other Addresses within the past six (6) years? [] Yes [] No

Previous address lived at: _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address: _____

Previous address lived at: _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address: _____

Previous address lived at: _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address: _____

Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business) within the past six (6) years? [] Yes [] No

Name of business _____

Business address _____

Type of business (what type of products were sold)? _____

Date business began _____ Date business ended _____

Name of your partners, co-investors, or associates? _____

What were your net profits for this year? _____ Last year? _____ 2 Yrs Ago? _____

How much income tax do you pay from the income you make with your business? _____

During the past two (2) years, have either you or your spouse had any other income source outside Normal pay from your employer? (includes flea market dealers) [] Yes [] No

Income this year? _____ Last year? _____ 2 Yrs Ago? _____

By signing below, I state that all above information and the information provided in the pages of the "Statement of Affairs" is true and correct and I will testify to the same at the date of the hearing .

Signature of Debtor #1

Signature of Debtor #2

