

# Laub and Laub Confidential Bankruptcy Client Information Sheet

Today's date \_\_\_\_\_

Please fill out all information completely and accurately. Failure to disclose all pertinent information (including ALL assets), can result in an inaccurate analysis of your case. **Failure to disclose assets can subject you to liabilities which may include fines and jail time.**

Information		Spouse	
Full Name:			
Are you Married?                      Yes <input type="checkbox"/> No <input type="checkbox"/>			
E-Mail Address:			
Best Contact Phone Number:	Cell <input type="checkbox"/> Home <input type="checkbox"/>		Cell <input type="checkbox"/> Home <input type="checkbox"/>
Address:			
How long have you lived in CA/NV? _____ If less than two years, where did you live previously? _____		Lived in CA/NV _____ Lived previously _____	
Have you filed for bankruptcy Before?                      Year _____ Chapter _____		Year _____ Chapter _____	
Have you been divorced?                      Year _____ Date final decree entered _____		Year _____ Date final decree entered _____	
Are you a U.S. citizen?                      Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Birth:			

Dependents (includes children or adults as **claimed on your tax return**)

Name	Age of Dependent	Your Relationship to Dependent

Employment	Client Employment Info	Spouse Employment Info
Employer name, and type of employment (salary, commission, seasonal, temp, etc.)		
Gross monthly income ( <b>before taxes and deductions</b> ) and frequency of pay (weekly, bi-weekly, monthly, etc.)	Monthly amount _____ Frequency of pay _____	Monthly amount _____ Frequency of pay _____
ANY other sources of income (Rental, SS, disability, pensions, unemployment, trust income, income from family members )		

Do you have a business? Description: \_\_\_\_\_

Value: (accounts receivable, equipment, inventory, etc.) \$ \_\_\_\_\_

Taxes:

Will you receive a tax refund? \_\_\_\_\_ How much will you receive? \_\_\_\_\_

How will you spend it? \_\_\_\_\_

Please list **ALL** properties that are in your or your spouse's name (**vacant land, rental properties, timeshares, and all properties that are owned outright**). Please list additional properties on the back page of this form.

House Address	Monthly Payment	Amount owed	Value of Home	Intent
First property (primary residence)	1 <sup>st</sup> Mortgage _____ 2 <sup>nd</sup> Mortgage _____	1 <sup>st</sup> Mortgage _____ 2 <sup>nd</sup> Mortgage _____		Retain <input type="checkbox"/> Surrender <input type="checkbox"/>
Second property (rental property)	1 <sup>st</sup> Mortgage _____ 2 <sup>nd</sup> Mortgage _____	1 <sup>st</sup> Mortgage _____ 2 <sup>nd</sup> Mortgage _____		Retain <input type="checkbox"/> Surrender <input type="checkbox"/>
Third Property (land, timeshare, etc)	1 <sup>st</sup> Mortgage _____ 2 <sup>nd</sup> Mortgage _____	1 <sup>st</sup> Mortgage _____ 2 <sup>nd</sup> Mortgage _____		Retain <input type="checkbox"/> Surrender <input type="checkbox"/>

Vehicles: Please list **ALL vehicles** that are in your or your spouse's name **INCLUDING those owned outright**, or any vehicles that you **purchased for someone else's use** (includes: **motorcycles, RV's, trailers, boats, ATV's**). Please list additional vehicles on the back of this form.

Vehicles (Year, make)	Monthly Payment	Amount owed	Value of Vehicle	Intent:
				Retain <input type="checkbox"/> Surrender <input type="checkbox"/>
				Retain <input type="checkbox"/> Surrender <input type="checkbox"/>
				Retain <input type="checkbox"/> Surrender <input type="checkbox"/>
				Retain <input type="checkbox"/> Surrender <input type="checkbox"/>

1. Have you **paid off any loans to family members or friends** or **transferred any money or assets** to family members or friends in the **past two years**? If so, to whom, and **how much**?

\_\_\_\_\_

2. Have you **sold anything for over \$500.00** in the **past two years**? If so, what, and for **how much**?

\_\_\_\_\_

3. Have you made any **deposits, or received any sums of money over \$500.00** that are **not your regular income**? If so, what is the source of the income and how much did you receive?

\_\_\_\_\_

Other Assets: Please list ALL assets accurately and completely:

Property	Value	Description
Bank Accounts (including checking and savings and ANY OTHER accts with your name on it)	Checking _____ Savings _____ Stocks, bonds, CD's _____	Do you have any accounts with a credit union? Yes <input type="checkbox"/> No <input type="checkbox"/>
Guns (ALL guns owned)		
Household goods (garage sale value of items in your household)		
Jewelry, private libraries, keepsakes (includes costume jewelry, watches, heirlooms)		
Potential personal injury or worker's compensation claim		
Retirement accounts (IRA, 401K, etc.)		
Life insurance Policy		
Tools of your trade		
Storage Unit/Safe deposit box		
Will you benefit or inherit from a will or trust?		

Debt	Amount owed	Last purchase/payment
Credit cards Total number of cards _____		Have you taken any cash withdrawals on any cards within the last 90 days? _____ Have you made any payments on the cards in the last 90 days? _____ Have you made any purchases on the cards in the last 90 days? _____
Medical Debt		
Payday loans		
Taxes (state or federal)		
Personal loans (line of credit or loans owed to friends or family members)		
Other Debt (car repo, short sale deficiency, etc.)		

Total Income \_\_\_\_\_

Total Monthly Expenses \_\_\_\_\_ (includes mortgage, rent, utilities, car payments, maintenance fees, etc.)

I certify that the information I have provided is complete and accurate to the best of my knowledge:

X \_\_\_\_\_

X \_\_\_\_\_