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PERSONAL BANKRUPTCY WORKSHEET

Date: _____

First Name _____ Middle Name _____ Last Name _____

Social Security # _____

Marital Status: Single/Never Married Married Divorced Separated Widowed

SPOUSE (if filing JOINT, if not filing joint still need name of spouse):

First _____ Middle _____ Last _____

Spouse's Social Security # _____

County of Residence: _____

Have you resided in this County for the last six months? Yes/No

What is the nature of your debts? Consumer Business

Other names (aliases) that you go by or that appear on your credit report/credit statements:

Have you (or your spouse) ever filed for Bankruptcy? No Yes

Who filed? Only you Only spouse Both you & spouse

What chapter? 7 13 11

Date filed: _____ Case number: _____ Location where filed: _____

IN THE PAST 6 YEARS were you a (1) sole proprietor, (2) independent contractor, (3) receive 1099s or have an interest in any corporation or partnership? Also, were you an officer, director, partner, or managing executive of any type of business? If Yes, please fill out the following:

Name(s) of Business: _____

Nature of Business: _____

Business Address: _____

Started Date: _____ End Date: _____ Tax ID #: _____

CPA/Tax Preparer: _____

YOUR ASSETS

Note that you must list all property in which you have a legal or equitable interest, including property in the name of a non-filing spouse and all community property acquired during your marriage, if applicable.

REAL ESTATE:

List all real estate in which you have an interest in:

Address: _____
Approx. Current Market Value \$ _____ Total Amount Owed on this property \$ _____

Address: _____
Approx. Current Market Value \$ _____ Total Amount Owed on this property \$ _____
Name(s) on Title: _____

Is your name on any other real property, including vacation homes and vacant lots? Include properties in which you are on the loan(s) but not on title. Attach additional pages if necessary.

BANK ACCOUNTS:

List all accounts that are open, even if zero or small balance:

Bank: _____ savings/checking: _____ account # _____ balance \$ _____

Bank: _____ savings/checking: _____ account # _____ balance \$ _____

Bank: _____ savings/checking: _____ account # _____ balance \$ _____

You can just list the last four digits of your account number. Is your name or social security number on any other bank accounts? Attach additional pages if necessary.

VEHICLES

List all vehicles in which you have in interest in:

Year _____ Make _____ Model _____ mileage _____
Condition _____
Kelley Blue Book Value--Private Sale Value (not trade-in) (search online www.kbb.com): \$ _____ PAID OFF

Year _____ Make _____ Model _____ mileage _____
Condition _____
Kelley Blue Book Value--Private Sale Value (not trade-in) (search online www.kbb.com): \$ _____ PAID OFF

Year _____ Make _____ Model _____ mileage _____
Condition _____
Kelley Blue Book Value--Private Sale Value (not trade-in) (search online www.kbb.com): \$ _____ PAID OFF

Is your name on title to any other vehicles? Include vehicles in which you are on the loan but the vehicle is not in your possession. Also include vehicles for which you co-signed. Attach additional pages if necessary.

MOTORCYCLES, ATVS, BOATS, RVS, TRAILERS, AND OTHER RECREATIONAL VEHICLES

Year _____ Make _____ Model _____ Condition _____
Kelley Blue Book Value--Private Sale (not trade-in) (search online www.kbb.com): \$ _____ PAID OFF

Is your name on title to any other motorcycle, ATV, boat, RV, trailer or other recreational vehicle? Include vehicles in which you are on the loan but the vehicle is not in your possession. Also include vehicles for which you co-signed. Attach additional pages if necessary.

Typical amount of cash on hand: \$ _____

Security Deposit held by Landlord: \$ _____

Garage sale value of miscellaneous household goods and furnishings (List items worth over \$1,000 separately): \$ _____

Garage sale value miscellaneous clothing: \$ _____

Collectables such as books, pictures, art objects, stamps, coins

Description: _____ Estimated garage sale value: \$ _____

Jewelry (List individual items worth over \$1,000 separately)

Description: _____ Current Market Value: \$ _____

Firearms, sports equipment and other hobby equipment

Description: _____ Current Market Value: \$ _____

Timeshares: Description: _____ Current Market Value: \$ _____

Whole Life insurance policies:

Name of insurance company: _____

Cash Surrender Value: \$ _____

RETIREMENT ACCOUNTS:

IRAs, 401Ks, Annuities, Pensions, etc. (Please specify type you have)

Owner: You Spouse

Name of Financial Institution: _____ Current Balance: \$ _____

Do you currently have a loan against your 401K, if applicable? No Yes: Balance \$ _____

Owner: You Spouse

Name of Financial Institution: _____ Current Balance: \$ _____

Do you currently have a loan against your 401K, if applicable? No Yes: Balance \$ _____

Attach additional pages if necessary.

NON-RETIREMENT INVESTMENTS AND ACCOUNTS:

Brokerage and Stock Accounts, etc. (Please specify type you have)

Owner: You Spouse

Name of Financial Institution: _____ Current Balance: \$ _____

Owner: You Spouse

Name of Financial Institution: _____ Current Balance: \$ _____

Attach additional pages if necessary.

Ownership of any shares of stock in any company (public or private):

Description _____ Value \$ _____

Alimony/Child Support owed to you:

Description: _____ Balance Owed: \$ _____

Is the support collectible? Yes/No

Other liquidated debts owed to you, including expected tax refunds and any type of receivables:

Description: _____ Value: \$ _____

Interests in Any Businesses, Partnerships, or Corporations:

Description: _____

Interests in any trust or probate estates based on a recent death of someone?

Description: _____

Any claims or causes of action that you have or may have against person or any company?

Description: _____

Any pending lawsuits or judgments against any person or any company?

Description: _____

Interests in any trust or probate estates based on a recent death of someone?

Description: _____

Interests in any intangible property such as patents, franchises, licenses?

Description: _____

Interests in any intellectual property such as patents, copyrights?

Description: _____

BUSINESS ASSETS:

If you are a sole proprietor, please provide the following valuations to the extent applicable to your business:

Inventory: _____

Accounts Receivable: _____

Office Equipment: _____

Machinery and Equipment Used in Business: _____

Business Supplies: _____

Are you a party to any leased property (real or personal property)?

Brief Description: _____

Any additional property of value not previously listed?

Brief Description: _____

Market Value: _____

YOUR DEBTS

REAL ESTATE LOANS/LIENS:

Provide the mortgage/lien information for each piece of real estate that you own and please attach a current statement:

1st Mortgage

Lender: _____

Balance Owed \$ _____ Current? Yes/No If not, amount of arrears: _____

Date Loan Incurred: _____

2nd Mortgage, Equity Line, etc.

Lender: _____
Balance Owed \$ _____ Current? Yes/No If not, amount of arrears: _____
Date Loan Incurred: _____

Other Liens Against Property (tax liens, judgment liens, etc.).

Description: _____
Balance Owed \$ _____
Date Incurred: _____

Attach additional pages if necessary.

VEHICLE LOANS/LEASES:

Provide the car loan/lease information for vehicle, boat or recreational vehicle that you own and please attach a current statement:

Auto Loans:

Which Auto? _____ Lender: _____
Balance Owed: _____ Current? Yes/No If not,
Months in Arrears: _____ Monthly payment: \$ _____ Interest rate: _____%
Date Loan Incurred: _____

Which Auto? _____ Lender: _____
Balance Owed: _____ Current? Yes/No If not,
Months in Arrears: _____ Monthly payment: \$ _____ Interest rate: _____%
Date Loan Incurred: _____

Attach additional pages if necessary.

Auto Leases:

Which Auto? _____ Lender: _____
Current? Yes/No If not,
Months in Arrears: _____ Monthly payment: \$ _____
Date Lease Incurred: _____

Which Auto? _____ Lender: _____
Current? Yes/No If not,
Months in Arrears: _____ Monthly payment: \$ _____
Date Lease Incurred: _____

Attach additional pages if necessary.

FEDERAL/STATE TAXES:

Have you timely filed all of your state and federal returns? _____ If not, please list delinquent year(s) and amounts owed for each year: _____
Any tax liens? If yes, please describe _____

If you owe any taxes, please provide us with a current statement and if possible a copy of a tax account transcript for each tax year. Attach additional pages if necessary.

DOMESTIC SUPPORT OBLIGATIONS:

Do you owe any child or spousal support? If yes, please describe _____

UNSECURED DEBTS:

How much is your general unsecured debt (credit cards, medical bills, etc.)? _____

All of your outstanding debt must be reported to court, including outstanding student loans. Please attach credit card statements, medical bills, etc. You can just provide us with one statement for each account. If you do not have any statements you can provide a copy of your credit report.

Have you ever co-signed or did anyone co-sign for you on a debt? Yes/No:

Which account? _____

Name and address of co-debtor: _____

Are you a party to a business lease or did you sign any long-term contracts? Yes/No

Description: _____

Have you ever signed a personal guaranty? Yes/No

Description: _____

Has any creditor, including a bank, setoff any amounts you owe against any of your deposits?

If Yes, please describe: _____

PAST/CURRENT INCOME:

Please provide your gross income that you received from employment, trade, profession, or business:

GROSS INCOME JANUARY 1 TO DATE:

YOU:	gross wages \$ _____	Gross business income \$ _____	other \$ _____
SPOUSE:	gross wages \$ _____	Gross business income \$ _____	other \$ _____

GROSS INCOME FOR PRIOR YEAR:

YOU:	gross wages \$ _____	Gross business income \$ _____	other \$ _____
SPOUSE:	gross wages \$ _____	Gross business income \$ _____	other \$ _____

GROSS INCOME FOR TWO YEARS PRIOR:

YOU:	gross wages \$ _____	Gross business income \$ _____	other \$ _____
SPOUSE:	gross wages \$ _____	Gross business income \$ _____	other \$ _____

Have you received any other income in the last two years such as social security, rental income, etc.?

If yes, please describe: _____

HOUSEHOLD INCOME

YOU

SPOUSE
If married, must list income
even if not joint filing)

Age_____

Age_____

Employer Name: _____
 How Long Employed: _____
 Address _____

 Title/Occupation: _____

DEPENDANTS

Age____ son / daughter / other
 Age____ son / daughter / other
 Age____ son / daughter / other

Claimed on your last tax return?

Yes No
 Yes No
 Yes No

Lives with you?

Yes No
 Yes No
 Yes No

HOW OFTEN DO YOU RECEIVE A PAYCHECK?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Every 2 weeks (<u>26</u> paychecks/year) | <input type="checkbox"/> None; I am self employed | <input type="checkbox"/> Every week |
| <input type="checkbox"/> Twice a month: the 1 st and the 15 th (<u>24</u> paychecks/year) | <input type="checkbox"/> None; I receive 1099s | <input type="checkbox"/> Once a month |

	YOU	SPOUSE
Gross Income		
Current monthly gross wages, salary, commissions	\$ _____	\$ _____
Estimated monthly overtime	\$ _____	\$ _____
Less Deductions		
Payroll Taxes and Social Security Deducted	_____	_____
Insurance	_____	_____
Union Dues	_____	_____
401(k) loan payments or Other	_____	_____
Plus, Additional Income		
Regular monthly income from business, profession or farm	_____	_____
Rental income (from real property)	_____	_____
Alimony and/or Child support income	_____	_____
Social Security	_____	_____
Unemployment	_____	_____
Disability income	_____	_____
Pension or retirement income	_____	_____
Other income: _____ monthly amount:	_____	_____

Explain any significant financial changes in the near future. _____

HOUSEHOLD EXPENSES

Rent \$ _____

First Mortgage \$ _____

Second/Equity \$ _____

Property Taxes Included in Mortgage Payment? Yes No\$ _____

Homeowner's Insurance Included in Mortgage Payment? Yes No\$ _____

Rental Insurance\$ _____

Home/Apartment maintenance\$ _____

HOA dues\$ _____

Electric, Heat, Natural Gas.....\$ _____

Water\$ _____

Sewer.....\$ _____

Garbage.....\$ _____

Telephone.....\$ _____

Cell Phone\$ _____

Internet.....\$ _____

Cable\$ _____

Food.....\$ _____

Daycare.....\$ _____

Children's school tuition\$ _____

Clothing.....\$ _____

Laundry and dry cleaning.....\$ _____

Medical and dental co-pays\$ _____

Transportation (not including car payments)\$ _____

Charitable contributions\$ _____ (be prepared to substantiate)

Life Insurance\$ _____

Health Insurance (paid out of pocket)\$ _____ (not already deducted from paycheck)

Auto Insurance.....\$ _____

Self Employment Taxes\$ _____

Auto Payment list vehicle _____\$ _____

Auto Payment list vehicle _____\$ _____

Court-ordered child and/or spousal support payments \$ _____ is this Court Ordered? Yes No

Other expenses. Please specify _____\$ _____

Attach additional pages if necessary. If you have a business, provide us with a current income and expense statement.

ADDITIONAL REQUIRED INFORMATION

Have you paid any of your unsecured creditors more than \$600 (collectively) in the past 3 months?
If yes, please describe: _____

Have you taken any cash advances or made any large credit card purchases or within the past year?
If Yes, please describe: _____

Any payments made to relatives in last 12 months to repay them on any type of loan given to you?

Name	Relationship	Date(s) of Payment	Amount Paid
_____	_____	_____	\$ _____

Any payments made to friends in last 3 months to repay them on any type of loan given to you?

Name	Relationship	Date(s) of Payment	Amount Paid
_____	_____	_____	\$ _____

Have you been sued within the last 12 months? Yes/No. If Yes, please provide copies of the lawsuit(s)

Have you been a party to any other lawsuits or administrative proceedings within the last 12 months?
If Yes, please describe: _____

Had any property garnished, levied, repossessed, or foreclosed on during the last 12 months?
Creditor: _____ Date: _____ Value: \$ _____ Description: _____

Have you given gifts of value greater than \$1,000 in the last 12 months (including to family members)?

Name/Address	Relationship	Date(s) of Payment	Value
_____	_____	_____	\$ _____

Have you had any losses from fire, theft, other casualty or gambling in the last 12 months?
If Yes, please describe: _____

Have you sold or transferred any property during past 4 years. (e.g. Sale, Short Sale, Title transfer, etc.)

Address or Description of Property	Date Transferred	To Whom?
_____	_____	_____

List closed, sold or otherwise transferred any financial accounts and instruments in the last year, (checking, savings, CD's, pension funds, brokerage accounts, etc.)

Bank	Type of Account	Account #	Value at closing \$	Date Closed
_____	_____	_____	_____	_____

Do you have a safe deposit box with valuables kept inside?
If Yes, please describe: _____

List your residences within the last THREE (3) years.

Address: _____ Dates of Occupancy from _____ to: _____

Address: _____ Dates of Occupancy from _____ to: _____

Spouses during past 8 years (list even if divorced/widowed/separated or if filing separately).

Name(s) of Former Spouse(s)	Date(s) of Divorce	State(s) of Residence
_____	_____	_____