

LAW OFFICES OF
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PERSONAL BANKRUPTCY WORKSHEET

Date: _____

First Name _____ Middle Name _____ Last Name _____

Phone #: _____

Address: _____

E-mail address: _____

Social Security # _____

Marital Status: Single Married Divorced Separated Widowed

SPOUSE (whether filing jointly or not):

First Name _____ Middle Name _____ Last Name _____

Spouse's Social Security # _____

County of Residence: _____

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

Have you resided in California continuously for the last 2 years? 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) filed for Bankruptcy in the last 10 years? No Yes

Who filed? Only you Only spouse Both you & spouse What chapter? 7 13

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

Did you receive a discharge? No Yes Was the case dismissed? No Yes

In the past 6 years, did you work as a sole proprietor or independent contractor? Or 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: _____

Start Date: _____ End Date: _____ Tax ID #: _____

CPA/Tax Preparer: _____

ASSETS/DEBTS

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. You are entitled to certain exemptions- we will go over those exemptions/whether all/part of your property is exempt.

REAL ESTATE:

List all real estate in which you have an interest in: (provide a copy of the grant deed for each property and online valuation printout such as Zillow, a broker's opinion of value, or an appraisal)

Residence

Address: _____

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

Name(s) on Title: _____

Did you purchase or acquire an ownership interest in your residence within the last 3 ½ years? YES/NO
If you did, did you sell a previous principal residence to purchase your current principal residence? YES/NO
Have you recently made a lump-sum paydown on the mortgage? YES/NO, provide details
Have you recently done a cash out refinance? YES/NO; provide details

Other real property (in the United States or International)

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? Even include properties in which you are on the loan(s) but not on title. Attach additional pages if necessary.

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

REAL ESTATE LOANS/REAL ESTATE LIENS:

Provide the mortgage/lien information for each piece of real estate that you own/provide 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, deeds of trust, etc.).

Description: _____

Balance Owed \$ _____

Date Incurred: _____

Attach additional pages if necessary.

VEHICLES:

List all vehicles in which you have in interest in: (even if the vehicle is co-owned with anyone else)

year _____ make _____ model _____ condition _____ mileage _____
Kelley Blue Book Value--Private Sale Value (not trade-in) (search online www.kbb.com): \$ _____
Paid off? YES or NO If not paid off, what is the balance owed on the vehicle loan \$ _____

year _____ make _____ model _____ condition _____ mileage _____
Kelley Blue Book Value--Private Sale Value (not trade-in) (search online www.kbb.com): \$ _____
Paid off? YES or NO If not paid off, what is the balance owed on the vehicle loan \$ _____

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 or that another person makes the payment. Attach additional pages if necessary.

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

year _____ make _____ model _____ condition _____
Market Value \$ _____ Paid off? YES?NO If not paid off, what is the balance owed? \$ _____

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.

VEHICLE LOANS/LEASES:

Provide the car loan/lease information for vehicle, boat or recreational vehicle that you own and please attach a current statement: Be sure to list any loans or leases in your name, even if paid by someone else.

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: _____

Auto Leases:

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

Attach additional pages if necessary.

Typical amount of cash on hand: \$ _____

Security Deposit held by Landlord (if a renter) and include landlord name: \$ _____

Garage sale value of miscellaneous household goods and furnishings (List items worth over \$500 separately, including items such as pianos): \$ _____

Garage sale value miscellaneous clothing (list items worth over \$500): \$ _____

Collectables such as art, stamps, coins, collections

Description: _____ Estimated Market value: \$ _____

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

Description: _____ Current Market Value: \$ _____

Firearms

Description: _____ Current Market Value: \$ _____

Sports equipment and other hobby equipment

Description: _____ Current Market Value: \$ _____

Whole Life/Universal Life insurance policies:

Name of insurance company: _____

Cash Surrender Value: \$ _____

BANK ACCOUNTS:

List all accounts that are open, even if zero or small balance: (provide a copy of last 3 months statements and copies of all cancelled checks)

Bank: _____ savings/checking last 4 digits of acct # _____ balance \$ _____

Bank: _____ savings/checking last 4 digits of acct # _____ balance \$ _____

Bank: _____ savings/checking last 4 digits of acct # _____ balance \$ _____

Include joint accounts. Is your name or social security number on any other bank accounts? Attach additional pages if necessary.

Cryptocurrency (BitCoin, etc.)

Description: _____ Current Market Value: \$ _____

RETIREMENT ACCOUNTS:

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

Owner: You Spouse

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

Type of account: _____

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

Owner: You Spouse

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

Type of account: _____

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: \$ _____
Type of account: _____

Owner: You Spouse
Name of Financial Institution: _____ Current Balance: \$ _____
Type of account: _____

Attach additional pages if necessary.

Ownership of any 529 plans for children or grandchildren:

Description _____ Value \$ _____
Did you contribute to such accounts within the last 2 years? If yes, how much and when

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

Description _____ Value \$ _____

Alimony/Child Support owed to you (collectible or not):

Description: _____ Balance Owed: \$ _____

Other liquidated debts/receivables owed to you, including expected/possible tax refunds (include estimated tax refunds for this current year even if a return has not been filed yet):

Description: _____ Value: \$ _____

Ownership interests in any businesses, partnerships, or corporations (s-corps, c-corps, LLCs):

Description: _____
List whether businesses are active (open) or not active (closed)

Inheritance rights/beneficial interests in any trust or probate estates based on a recent death of relative/friend? (even if distribution has not occurred but will/may occur in the future)

Description: _____

Any claims or causes of action that you have or may have against person or any company? Include any potential claims or causes of action (personal injury, workers comp, and wrongful death claims)

Description: _____

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

Description: _____

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

Description: _____

Are there any other assets not listed above that are shown on any social media sites? (review all present and past social media postings – Facebook, LinkedIn, etc.)

Description: _____

Any additional property of value not previously listed?

Brief Description: _____

Market Value: _____

BUSINESS ASSETS:

If you are a sole proprietor, please provide the following valuations to the extent applicable to your business (do not include assets owned by a corporation or LLC):

Inventory/Supplies: _____

Accounts Receivable: _____

Office Equipment/Furniture/Computers: _____

Business Machinery and Equipment: _____

Are you a party to any leased property (real or personal property)? Are you a party to any other long-term contracts?

Brief Description: _____

DEBTS

FEDERAL/STATE TAXES:

Do you owe any state or federal taxes? Yes/No. Timely filed all of your state and federal returns? _____
Please list all delinquent year(s), amounts owed for each year, and whether and when the returns were filed:

Any tax liens? If yes, please list for what years _____

If you owe any taxes, please provide us with a current statement and a copy of a tax account transcript for each tax year. The tax account transcript can be obtained directly from the IRS online website. Attach additional pages if necessary.

DOMESTIC SUPPORT OBLIGATIONS:

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

PRE-MARITAL AGREEMENT:

If married, do you have a pre- or post-nuptial agreement? If yes, please provide a copy.

UNSECURED DEBTS:

How much is your general unsecured debt (credit cards, medical bills, etc.)? _____
All of your outstanding debt (all credit accounts) 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. Also, for each account, we will need to know last four digits of account number and let us know approximate date when you last made charges on the account or the time period when the debts on the account were incurred.

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 for a business debt? Yes/No

Description: _____

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

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

Claimed on your last tax return?

Yes No

Lives with you?

Yes No

Age____ son / daughter / other

Yes No

Yes No

Age____ son / daughter / other

Yes No

Yes No

Gross Income

Current monthly gross wages, salary, commissions

YOU
\$ _____

SPOUSE
\$ _____

Estimated monthly overtime

\$ _____

\$ _____

Less Deductions

Payroll taxes and Social Security

\$ _____

\$ _____

Health Insurance

\$ _____

\$ _____

Life insurance

\$ _____

\$ _____

Union Dues

\$ _____

\$ _____

Involuntary/mandatory retirement payments

\$ _____

\$ _____

401(k) loan payments

\$ _____

\$ _____

Plus, Additional Income

Net Regular monthly income from business or profession

\$ _____

\$ _____

Net Rental income (from real property)

\$ _____

\$ _____

Alimony and/or Child support income	_____	_____
Social Security	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Disability income	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Other income:	\$ _____	\$ _____

Explain any significant expected income changes in the near future:

NOTE: if you have a sole proprietorship or a rental property you must provide us with a current month's income and expense statement.

Past Six Months Gross Income

Please provide your gross income on a monthly basis for last six months:

	YOU	SPOUSE
6 months prior	\$ _____	\$ _____
5 months prior	\$ _____	\$ _____
4 months prior	\$ _____	\$ _____
3 months prior	\$ _____	\$ _____
2 months prior	\$ _____	\$ _____
1 month prior	\$ _____	\$ _____
Current month	\$ _____	\$ _____

HOUSEHOLD EXPENSES

Rent \$ _____ First Mortgage \$ _____ Second/Equity Line \$ _____

Landlord name: _____

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\$ _____ (be prepared to substantiate)

Clothing.....\$ _____

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

Medical and dental co-pays\$ _____

Transportation costs (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 \$ _____

Other expenses. Please specify _____\$ _____

Attach additional pages if necessary. Be prepared to provide supporting documentation for all income and expenses amounts listed. If you have a business, provide us with a current income and expense statement. If you receive corporate draws or are a sole proprietor you must demonstrate the exact amount of corporate

draws/income received over last six months by providing us with copies of your financial records such as QuickBooks printouts or bank statements showing the monthly deposits.

PAST/CURRENT INCOME:

Please provide your gross income that you received from employment, trade, profession, or business (include wages, 1099 income, and corporate draws (provide evidence of such income for last six-month period):

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, sale of a business, sale of stock, etc.?

If yes, please describe and list amounts:

ADDITIONAL REQUIRED INFORMATION

Have you paid any of your unsecured creditors more than \$600 (collectively) in the past 90 days?

If yes, please describe: _____

Have you taken any cash advances or made any large credit card purchases 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 refinanced your real estate in the last 2 years? Yes/No. If yes, state when/amount of cash out.

Have you been sued or been a party to any civil or criminal lawsuits or administrative proceedings within the last 12 months? If Yes, please describe and provide a copy of the applicable complaint:

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
_____	_____	_____	_____
			\$ _____

Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

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 real property during past 4 years. (e.g. residences or second homes via sale, short Sale, title transfer, etc.)

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

Have you sold or transferred any personal property during past 2 years. (e.g. cars, trucks, etc.)

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

Have you sold or transferred any businesses in the last 4 years?

If Yes, please describe: _____

Have you given anyone a deed of trust on your real estate in the last 12 months?

If Yes, please describe: _____

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
_____	_____	_____

Were you involved in a divorce in the last 5 years? If yes, did you have property settlement agreement? Was it court approved/ordered? Are you still owed any property from the divorce? Provide a copy and also provide a copy of the filed inventory of assets.