

Has Your Home Been Scheduled for Foreclosure? Yes (When _____) No

Has Your Home EVER Been Scheduled for Foreclosure? Yes No

Do you own any other property (rental or otherwise) or land? No

Yes Address: _____

Address: _____

Do you receive child support? Yes (\$ _____ per week/month) No

Does your spouse receive child support? Yes (\$ _____ per week/month) No

Do you pay child support? Yes (\$ _____ per week/month) No

Does your spouse pay child support? Yes (\$ _____ per week/month) No

Do you receive Social Security/SSI/SSD? Yes (\$ _____ per month) No

Does your spouse receive Social Security/SSI/SSD? Yes (\$ _____ per month) No

Does any child of yours receive Social Security/SSI/SSD? Yes (\$ _____ per month) No

Do you receive Unemployment Compensation? Yes (\$ _____ per week) No

Does your spouse receive Unemployment Compensation? Yes (\$ _____ per week) No

Do you receive Workers Compensation? Yes (\$ _____ per week) No

Does your spouse receive Workers Compensation? Yes (\$ _____ per week) No

Do you receive a Pension? Yes (\$ _____ per week) No

Does your spouse receive a Pension? Yes (\$ _____ per week) No

Do you receive rental income? Yes (\$ _____ per month) No

Do you own a business? Yes (sole proprietor/LLC/Corporation/Partnership) No

Does your spouse own a business? Yes (sole proprietor/LLC/Corporation/Partnership) No

How much income is received from your business? \$ _____ per week/month

How much income is received from your spouse's business? \$ _____ per week/month

How Did You Hear about Cohen Law Offices? I am a Client Radio Newspaper Placemat

Phone Book: Verizon Yellow Book EZ To Use Embarq Internet

Referred by: _____ TotalBankruptcy Bankruptcy.Me Nolo

FOR OFFICE USE ONLY

In State 2 Years? Y N Prior: In District 91 Days? Y N Prior:
 Prior Chapter 7 (when) _____ Prior Chapter 13 (when) _____

Household Size? 0 1 2 3 4 5 6 7 8 ____ Other Adults? 0 1 2 ____

INCOME SOURCE	FREQ	AVG NET	MONTHLY GROSS	MONTHLY NET	NOTES	
DEBTOR		\$	\$	\$	<input type="checkbox"/> Self-Employed Inc ____ Yr ____ St ____ SHs/Prtnrs: _____ Emplees: _____ PubPirms: _____ Assets: _____ Gross/mo \$ _____ K Exp/mo \$ _____ K	
SPOUSE		\$	\$	\$		
OTHER		\$	\$	\$		
OTHER		\$	\$	\$		
OTHER		\$	\$	\$		
<input type="checkbox"/> Withholding Change w/in 6 Mos? <input type="checkbox"/> Income Change w/in 6 Mos? <input type="checkbox"/> Over Median			TOTALS	\$	\$	

- CS
- GARN
- LEVY
- ASGMT
- IRA/401K
- ST PEN
- CONTR
- REPAY
- CS/ALIM
- CO
- Cmcl Ppty
- Cashcol
- TS EVER?
- 1 MTG
- 2 MTG
- 3 MTG
- HOA
- Ppty Tax
- Otr RE
- Auto
- Boat
- CUCC
- PMSI
- DurGds
- Jewelry
- DeptStore
- NPMSI
- Taxes
- SL
- Div/Sep
- Meds
- RepoDef
- Apts
- Suits
- MVA
- CC
- Store CCs
- LOC
- Pers
- Prof
- Ins Prem
- Tuition
- Benf Ovrpy
- PayDay
- NSF
- O/D
- Utils
- Mail Order

PAYMENT	DUE	CREDITOR CLASS	PAYOFF	DESCRIPTION OF SECURITY	
				ref/red/s/al	fmv pm/npm u/s n/d
ARREARS				date residence acquired (3.3yr)	PMTS REM
\$			\$		
\$			\$		
\$			\$		
\$			\$		
\$			\$		
\$			\$		
\$			\$		
\$			\$		
\$			\$		
\$			\$		
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\$			\$		
\$			\$		
\$			\$		
\$			\$		
\$			\$		

Pmts to Mort: Houses / Land / Autos / Boat / 401k / IRA / Annuity / Svs / Stocks / HHG / Liq \$ / Jwlry / Guns / Collex / Music Inst / Cmcl Ppty / Tools / Anim / X-fersW / in4yrs / Trust / Cashouts / Pmts-GiftsToFrnds-Fam / A-R / DivDec / LifEIns\$Val / InterestInBus / PptyHeldByOtr / Otr / Storage / Losses

Recommendation/Fee 13 7 0 Wait til

Min Eval: \$ _____ Min to File Plan \$ _____ /

\$ _____ /pp PRDO H W

Plan \$ _____ /mo for _____ /mos Due (min) / (max) (min) / (max)

Contingent Legal Claims:

Inheritance Rjcted w/in 4 Yrs or Exmpted w/in 6 mos:

Returns Not Filed: Last Ref Amt:

Ref Exempted: Previously Filed BKs:

CCC: Y N % CC Debt w/in Yr: Cash Advance: \$ _____ w/in 75 Days Otr FS Given w/in Yr:

Remarks:

CURRENT EXPENSES

Do you or your spouse maintain separate households? Y N

If so, please fill one page out for your household and another for your spouse's.

Indicate how much you pay for each item each month. If you do not pay anything, please indicate it with a "0" or "-", DO NOT leave it blank.

If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 3 months, etc.), write in the amount and the frequency that you pay the amount.

1. Your rent/lot rent/homeowners association fee _____
2. Your first mortgage _____
Does your mortgage pmt include real estate taxes? Y N
Does your mortgage pmt include property insurance? Y N
3. Your second mortgage or line of credit _____
4. Rent/Mortgage payments for another property _____
5. Electricity _____
6. Gas/heating oil/propane _____
7. Water _____
8. Sewer _____
9. Landline telephone _____
10. Cell phone _____
11. Garbage _____
12. Cable/DirectTV/Satellite TV _____
13. Internet _____
14. Home repairs and upkeep (yearly) _____
15. Food _____
16. Clothing (yearly) _____
17. Laundry detergents/Laundromat/dry cleaning _____
18. Medical Pmts/Prescriptions not covered by insurance (i.e., co-pays) _____
19. Dental and Vision Appts/Glasses not covered by insurance _____
20. Gasoline/car maintenance/inspections/registration (weekly) _____
21. Entertainment (i.e., movies/eating out/newspapers/magazines) _____
22. Tithing to church/synagogue/charitable contributions (weekly) _____

- 23. Insurance not deducted from paychecks or included in mortgage pmt:
 - a) Homeowners or renters insurance _____
 - b) Life insurance (term whole life) _____
 - c) Health insurance _____
 - d) Automobile insurance _____
 - e) Other insurance (such as cancer or accident) _____
- 24. Taxes not deducted from paychecks (such as local taxes) _____
- 25. Automobile payments (indicate yr & model & bank name):
 - _____
 - _____
 - _____
 - _____
- 26. Furniture/appliance payments (indicate type & bank):
 - _____
 - _____
- 27. Camper/ATV/Motorcycle/Other installment payments:
 - _____
- 28. Alimony, maintenance, child or spousal support paid to others:

Name & address of person paid: _____

- 29. Payments for dependents not living at home (i.e., college student) _____
- 30. Education for a mentally or physically challenged child _____
- 31. Private education/catholic school tuition _____
- 32. Childcare (weekly) _____
- 33. School lunches (weekly) _____
- 34. Cigarettes (weekly) _____
- 35. Pet food/vet bills/medicine/grooming expenses _____
- 36. Business expenses _____
- 37. Other expense not listed above
 - _____

Please indicate whether you have any extraordinary expenses due to a medical condition or commute to a long distance job, etc. _____