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BANKRUPTCY CLIENT QUESTIONNAIRE & REQUIRED DOCUMENTATION

IMPORTANT NOTE TO DEBTORS: The attached questionnaire must be completed FULLY & ACCURATELY! The questionnaire is confidential and between you and your attorney only; thus, don't fret when completing it. If there is something you don't understand just mark it and discuss with your attorney. The questionnaire is a PDF fillable form so you may type in your answers and save to your computer. Please remember to save occasionally to not lose any information. You may also print and handwrite your answers. When you are finished, you may email the completed questionnaire to bacchuslaw@gmail.com (put your full name in the subject line). You may also drop it off at one of our three offices and you may also fax it as well!

MANDATORY DOCUMENTS NEEDED: When returning the completed questionnaire, you must also provide/complete ALL of the applicable information below;

A. CREDIT COUNSELING CERTIFICATION Check box below if included;

- Complete the Pre-Petition Filing Credit Counseling Course,
You can use whichever company you want; however, I recommend using
www.summitfe.org & www.abacuscc.org (or any other approved course provider)
When asked, you will be filing your bankruptcy in the Eastern District of Louisiana
(After we have filed your case and received a case number from the Court, you will then be able to log on and complete the post-filing debtor education course..but for now, just perform the Pre-filing credit counseling course.)

B. INCOME

- Last two (2) years Federal & State Tax Returns OR transcripts from IRS.....
- Last **(7) months** Payroll Stubs for each employed person in the household.....
(If self-employed and you don't pay yourself a regular paycheck, please provide a Profit and Loss Statement for the last SIX months **broken down by month**)
In other words, show me your gross receipts and expenses for each of last six months.....
- If applicable, copy of Social Security/Disability/Unemployment Letter.....

C. FINANCIAL

- Copies of **ALL** bank statements for the last three (3) months.....
- Your last statement for any IRA, 401K or Health Savings Account

D. DIVORCE/SUPPORT/LAWSUIT ISSUES

- If you are paying Child or Spousal Support, please provide a copy of the Order of Support or letter from state support agency showing the amount.....
- If you have been or are currently being sued or if you are suing someone else, Provide a copy of the lawsuit and/or Judgment(s) filed or served upon you.....

E. MISCELLANEOUS (specifically asked of you by your attorney)

- Copies of Registration for ALL vehicles owned or leased.....
- If being garnished, contact name and fax number to HR dept.....
-

Bankruptcy Client Questionnaire
Section 1 - Basic Information

Part A. Name and Address of Debtor (If married and filing jointly, put Husband info here)

Name: _____

Have you used any other names in the past eight years? No Yes

If yes, please list other names used: _____

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

****IT IS ESSENTIAL THAT YOU PROVIDE A VALID EMAIL ADDRESS THAT YOU CHECK OFTEN IN ORDER TO COMMUNICATE WITH YOU & PROVIDE NECESSARY CORRESPONDENCE.**

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration

Date: _____ State: _____

Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Parish: _____

Have you lived at this address for at least 180 days? No Yes

If you answered no, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____ Parish/County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ Parish: _____

Marital Status: Never Married Married and living together Widowed
 Married but Separated Divorced

Part B. Name and Address of Spouse

Even if you are not filing jointly with your spouse, we still need the following information about your spouse; however, if you are physically separated from your spouse, you may skip this part:

Spouse Name: _____

Has your spouse used any other names in the past 8 years? No Yes

If yes, please list other names used: _____

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

****IT IS ESSENTIAL THAT YOU PROVIDE A VALID EMAIL ADDRESS THAT YOU CHECK OFTEN IN ORDER TO COMMUNICATE WITH YOU & PROVIDE NECESSARY CORRESPONDENCE.**

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration
Date: _____ State: _____

Date of Birth: _____

If your spouse lives at a different address, please list:

Address: _____

City: _____ State: _____ Zip: _____ Parish: _____

Has your spouse lived at this address for at least 180 days? No Yes

If you answered no, please list your spouse's previous address:

Address: _____

City: _____ State: _____ Zip: _____ Parish: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ Parish: _____

Part C. Prior and/or Pending Bankruptcy Cases

Have you or your spouse filed a bankruptcy case in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____

Date Filed: _____

Date Discharged: _____

Was the case dismissed (you did not complete the bankruptcy)? No Yes

If so, what date was it dismissed? _____

Part D. Debtors Who Reside as Tenants of Residential Property

Do you have an eviction pending against you? No Yes

If yes, please provide your landlord's name and address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part E. Business Owned as a Sole Proprietor

Are you the sole proprietor of a full- or part-time business?

If yes, please provide the name and location of the business:

Name of business: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of business:

Section 2 - Property (Schedule A/B)

Separately list all of your real estate/mobile homes on the next three pages. If you do not own real estate/mobile homes, you may proceed to Part B. If more space is needed, attach a separate page to this questionnaire. **IMPORTANT: PLEASE ANSWER ALL QUESTIONS IF POSSIBLE!**

Address and Description of Property NO. 1	List ALL mortgages, home equity loans and other liens against PROPERTY NO. 1 Please provide ALL details requested below.	Current Value of Property	Who Owns:
<p>Address: _____ _____ _____</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex/multi-unit <input type="checkbox"/> Condo/cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare</p>	<p>Name & Address of First Mortgage Company? _____ _____</p> <p>Account Number: _____</p> <p>Payoff Amount? _____</p> <p>Current Interest Rate? _____</p> <p>Monthly payment? _____</p> <p>Taxes & insurance included? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left? _____</p> <p>If you are behind on this loan, what is the amount necessary to get current? _____</p> <p>Name of co-signor, other than spouse? _____</p> <p>Do you want to keep the property or do you want surrender it? Keep Surrender I am unsure what to do</p>	<p>\$ _____</p>	<p><input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:</p>
<p>If you have other liens (such as a second mortgage, line of credit, home equity loan, SBA) on the same property above, then please list the information =></p>	<p>2nd Mortgage Co. Name & Address: _____ _____</p> <p>Account Number: _____</p> <p>Current Payoff: _____</p> <p>Monthly Payment: _____</p> <p>Months Left: _____ Interest Rate: _____</p> <p>How much are you behind? \$ _____</p> <p>3rd Mortgage Co. Name & Address: _____ _____</p> <p>Account Number: _____</p> <p>Current Payoff: _____</p> <p>Monthly Payment: _____</p> <p>Months Left: _____ Interest Rate: _____</p> <p>How much are you behind? \$ _____</p>		<p><input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:</p>

Part C. Personal and Household Items

Type of Property	Do you own this type of property?	Brief Description No need to itemize every item, just describe as bedroom, living room, appliances, etc.	Total Value of Property
Household Goods and Furnishings <i>(Major appliances, furniture, linens, china, kitchenware, etc.)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/> <hr/> <hr/>	\$ _____
Electronics (TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/> <hr/> <hr/>	\$ _____
Collectibles of value <i>(art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/> <hr/> <hr/>	\$ _____
Sports, photo, exercise, and other hobby equipment; musical instruments	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/> <hr/> <hr/>	\$ _____
Firearms, ammunition, and related equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/> <hr/> <hr/>	\$ _____
Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes	NO DESCRIPTION NEEDED	\$ _____
Jewelry (list wedding rings/bands)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/> <hr/> <hr/>	\$ _____
Livestock/Farm Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/> <hr/> <hr/>	\$ _____

Part D. Financial Assets

Type of Property	Do you own this type of property?	Description	Value of Property
Cash	<input type="checkbox"/> No <input type="checkbox"/> Yes	NO DESCRIPTION NEEDED	\$ _____
Checking account #1 (list bank name, and last 4 of account #)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____
Checking account #2 (list bank name, and last 4 of account #)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____
Savings account #1 (list bank name, and last 4 of account #)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____
Savings account #2 (list bank name, and last 4 of account #)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____
Certificate of deposit (list bank name, and last 4 of account #)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____
Other financial account #1 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____
Other financial account #2 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____
Other financial account #3 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____
Other financial account #4 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____
Bonds, mutual funds, and publicly traded stocks	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____ _____	\$ _____

Type of Property	Do you own this type of property?	Description	Value of Property
Interests in businesses, corporations, LLCs, partnerships, and joint ventures (<i>list % of ownership</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Retirement, pension, or profit-sharing plan #1 (<i>IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan</i>) (<i>list type of plan and where the account is held</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Retirement, pension, or profit-sharing plan #2 (<i>IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan</i>) (<i>list type of plan and where the account is held</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Security deposits (<i>typically with landlord or utility</i>) (<i>list holder</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Trusts, life estates, future, and equitable interests in property or assets	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Patents, copyrights, trademarks, trade secrets, and other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Licenses, franchises, and other general intangibles	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____

Type of Property	Do you own this type of property?	Description	Value of Property
Tax refunds owed to you (<i>list years due</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Alimony and child support	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Other amounts someone owes you (<i>unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	\$ _____
Cash value of insurance policies (<i>whole or universal life, health, disability, HSA, etc.</i>) (<i>list insurance company and beneficiary</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/> <hr/> <hr/>	\$ _____
Inheritances, estate distributions, and death benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Personal injury claims or awards	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Lawsuits or claims against anyone for anything	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
All other claims or rights to sue someone	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Any other financial asset not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____

Part E. Business-Related Assets

Type of Property	Do you own this type of property?	Description	Value of Property
Accounts receivable or commissions earned (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Office equipment, furnishings, and supplies (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Machinery, fixtures, equipment, business supplies, and tools of your trade (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Business inventory (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Interests in partnerships or joint ventures (<i>name and type of business, % interest</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Customer and mailing lists	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____
Other business-related property not already listed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <hr/> <hr/>	\$ _____

Section 3 - Debts (Schedule D/E/F)

Part A. Debts Secured by Property

Please DO NOT re-list debts you previously provided in sections above such as your real estate, vehicles and other toys. Here you will list other secured debts such as "finance company and pay day loan companies that required you to provide collateral in things such as Household goods and furnishings, tv's, law equipment, etc. If you don't have any other "secured" debts, you may proceed to Part B.

Name & Address of Creditor	Account Information	Describe what the creditor has of yours as collateral for the loan.
CREDITOR #1 _____ _____ _____ _____ _____ _____ _____ _____	Account Number: _____ Loan Payoff: \$ _____ Monthly Payment: \$ _____ Amount you are behind: \$ _____ What date did you take out this loan? _____ Anyone Co-Sign for you? If so, name and address; _____ _____ _____	_____ _____ _____ _____ _____ What is the total value of the collateral in its current condition? \$ _____
CREDITOR #2 _____ _____ _____ _____ _____ _____ _____	Account Number: _____ Loan Payoff: \$ _____ Monthly Payment: \$ _____ Amount you are behind: \$ _____ What date did you take out this loan? _____ Name & Address of Co-Signor, if one: _____ _____ _____	_____ _____ _____ _____ _____ What is the total value of the collateral in its current condition? \$ _____
Creditor # 3 _____ _____ _____ _____ _____ _____ _____	Account Number: _____ Loan Payoff: \$ _____ Monthly Payment: \$ _____ Amount you are behind: \$ _____ What date did you take out this loan? _____ Name & Address of Co-Signor, of one; _____ _____ _____	_____ _____ _____ _____ _____ What is the total value of the collateral in its current condition? \$ _____

Part B. TAX DEBTS

In order to file bankruptcy, you must sign an affidavit attesting to the fact that you have filed all "REQUIRED" returns for the last 4 years. So if you weren't required to file, that is ok. If you owe the IRS or State monies for back taxes please list it here. EVEN IF you are currently paying the taxes back on a payment plan, please still list them here.

If you do NOT owe any back taxes, you may proceed to Part C.

Internal Revenue Service, I owe a total of \$ _____

This for the following tax years \$ _____

Please describe the nature of the tax debt (Examples: Income Taxes, Trust Taxes, payroll taxes, social security overpayment): _____

Louisiana Department of Revenue (State Taxes)

I owe the state of Louisiana \$ _____

This for the following tax years \$ _____

Please describe the nature of the tax debt (Examples: Income Taxes, Trust Taxes, payroll taxes, social security overpayment): _____

Other State Taxes besides Louisiana)

I owe the state of _____ \$ _____

This for the following tax years \$ _____

Please describe the nature of the tax debt (Examples: Income Taxes, Trust Taxes, payroll taxes, social security overpayment): _____

Part C. Domestic Support Obligation (Child Support/Alimony)

If you are not COURT ORDERED to pay child support or alimony, you may proceed to Section 4.

Obligation #1

Name of Person I pay support to: _____

Their Address: _____

Monthly Court Ordered Amount: \$ _____ Amount you are in arrears: \$ _____

Obligation #2

Name of Person I pay support to: _____

Their Address: _____

Monthly Court Ordered Amount: \$ _____ Amount you are in arrears: \$ _____

Part D. ALL OTHER UNSECURED DEBTS

***** VERY IMPORTANT *****

THIS IS WHERE YOU PROVIDE THE INFORMATION ON ALL YOUR UNSECURED CREDITORS. IT IS ESSENTIAL THAT YOU BE THOROUGH HERE IN ORDER TO RECEIVED FULL BENEFIT OF YOUR DISCHARGE INCLUDING THE PROHIBITION AGAINST CONTACTING YOU ANY FURTHER OR ATTEMPTING TO FURTHER COLLECT FROM YOU. BUT YOU MUST NOTIFY THEM OF YOUR FILING TO REAP THAT BENEFIT. EVEN IF IT IS A DEBT YOU THINK YOU MAY HAVE PAID OFF, BUT AREN'T SURE, LIST THEM ANYWAY...NO HARM, NO FOUL! AND YOU MUST LIST ALL DEBTS. THE BANKRUPTCY CODE DOES NOT ALLOW YOU TO PICK AND CHOOSE WHAT UNSECURED DEBTS TO SCHEDULE.

YOU HAVE THREE OPTIONS WHEN IT COMES TO ENSURING WE HAVE ALL YOUR UNSECURED CREDITORS LISTED:

1. COMPLETE THE FOLLOWING SECTION FULLY; OR
2. YOU SUBMIT ALL INVOICES, BILLS, COLLECTIONS LETTERS ON ALL YOUR DEBTS TO OUR OFFICE; OR
3. YOU CAN PAY US TO PULL A TRI-MERGE CREDIT REPORT THAT WILL IMPORT INTO YOUR PETITION; HOWEVER, THERE IS AN ADDITIONAL FEE FOR DOING THAT (\$30/INDIVIDUAL OR \$60/COUPLE).

IF YOU CHOOSE TO GO THAT ROUTE, WE STILL ASK YOU TO AT LEAST GO THROUGH THE NEXT THREE PAGES AND LIST THE NAME OF THE CREDITORS & AMOUNT YOU REMEMBER OWING THAT YOU CAN RECALL THAT WAY WHEN WE PULL YOUR CREDIT REPORT, WE CAN ADD ANY CREDITORS THAT DIDN'T PULL UP...CREDIT REPORTS ARE NOT ALWAYS INCLUSIVE OF ALL YOUR CREDITORS AS SOME CREDITORS CHOOSE NOT TO REPORT TO THE BUREAUS.

****PLEASE DO NOT RE-LIST THE CREDITORS YOU HAVE ALSO PROVIDED IN PREVIOUS SECTIONS.**

THE FOLLOWING CREDITORS YOU LIST HERE SHOULD BE CREDIT CARDS, MEDICAL BILLS, COLLECTION ACCOUNTS, STUDENT LOANS, PAYDAY LOANS, ONLINE LOANS, BANK LOANS, BANK OVERDRAFTS, ETC.

THERE IS SPACE OVER THE NEXT FEW PAGES FOR UP TO 26 CREDITORS. ONCE YOU ARE DONE WITH YOURS YOU MAY PROCEED TO SECTION 4 IF YOU HAVE MORE CREDITORS THAN THE SPACE PROVIDED HEREIN, PLEASE ATTACH OR EMAIL US THE INFORMATION ON THE ADDITIONAL CREDITORS.

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT NUMBER: _____ AMOUNT YOU OWE: \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE: \$** _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE: \$** _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE: \$** _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE: \$** _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE: \$** _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE: \$** _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE: \$** _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE: \$** _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

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ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

IF THIS IS A COLLECTION AGENCY, WHO WAS THE ORIGINAL CREDITOR THEY ARE COLLECTING FOR?

CREDITOR NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNT NUMBER: _____ **AMOUNT YOU OWE:** \$ _____

BRIEFLY DESCRIBE THE KIND OF DEBT THIS IS (CREDIT CARD, LOAN, MEDICAL, PAYDAY OR STUDENT LOAN?)

Section 4 - Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still are a party to. Examples are apartment leases, commercial leases, car leases, gym contracts, cable/satellite contracts, book clubs, etc. Let us know if you wish to remain in the contract or if you would like to reject it. If you don't have any, proceed to Section 5.

Description of Lease or Contract	Name and Address of Other Party	Approximate Date Contract Expires	DO you want to keep or reject (Get out of) the lease?
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Section 5 - Current Income (Schedule I)

Part A. Debtor's Employer Information

Name and Address of your employer:

How long have you been employed at this job: _____

Occupation (*please state job title or provide brief description*): _____

Second employer (*if applicable*):

Name and Address of your **Second** employer:

How long have you been employed at this second job: _____

Occupation (*please state job title or provide brief description*): _____

Part B. Joint Debtor's (Spouse's) Employer Information

"If you are married and living in the same household, we need your Spouse's Employment information EVEN IF they are not filing bankruptcy with you!"

Name and Address of your spouse's employer:

How long has spouse been employed at this job: _____

Occupation (*please state job title or provide brief description*): _____

Second employer (*if applicable*):

Name and Address of your spouse's **Second** employer:

How long has spouse been employed at this second job: _____

Occupation (*please state job title or provide brief description*): _____

Part C. Debtor's Wage Information

What is the typical gross amount of your paycheck, before taxes/other deductions are taken out? _____ \$ _____

How often do you get paid? once a week every two weeks twice a month once a month _____ \$ _____

What is your estimated overtime pay per month on average? _____ \$ _____

Do you receive income from business operations outside of your regular paycheck listed above? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Unemployment? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Social Security? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive monetary government assistance? _____ \$ _____

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you have any other source of income not listed? _____ \$ _____

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year? _____

No Yes

If **yes**, please describe _____

Part D. Joint Debtor's (Spouse's) Wage Information

What is the typical gross amount of your paycheck, before taxes/other deductions are taken out? _____ \$ _____

How often do you get paid? once a week every two weeks twice a month once a month _____ \$ _____

What is your estimated overtime pay per month on average? _____ \$ _____

Do you receive income from business operations outside of your regular paycheck listed above? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Unemployment? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Social Security? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you receive monetary government assistance? _____ \$ _____

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money? _____ \$ _____

No Yes

If **yes**, how much do you receive per month? _____

Do you have any other source of income not listed? _____ \$ _____

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year? _____

No Yes

If **yes**, please describe _____

Section 6 - Current Expenses (Schedule J)

1. Is this a Joint Filing with your Spouse?

No Yes

2. Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

Relationship	Age	Who does the dependent live with?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Do your expenses include another person's expenses other than yourself and your dependents?

No Yes

Indicate how much you pay for each item each month:

4. Primary rent or home mortgage: \$ _____

Does that amount include real estate taxes?

No Yes

If **no**, how much do you pay? \$ _____

Does that amount include property, homeowner's, or renter's insurance?

No Yes

If **no**, how much do you pay? \$ _____

Does that amount include any home maintenance, repair, or upkeep expenses?

No Yes

If **no**, how much do you pay? \$ _____

Does that amount include any homeowner's association or condominium dues?

No Yes

If **no**, how much do you pay? \$ _____

5. Are there additional mortgage payments? \$ _____

No Yes

If **yes**, how much do you pay? _____

6. Utilities: \$ _____

a. Electricity and heating fuel:..... \$ _____

b. Water and sewer:..... \$ _____

c. Telephone service/long distance:..... \$ _____

d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:

_____	\$	_____
_____	\$	_____
_____	\$	_____
7. Food and housekeeping supplies	\$	_____
8. Childcare and Children Education Costs	\$	_____
9. Clothing, laundry, and dry cleaning:	\$	_____
10. Personal care products and services:	\$	_____
11. Medical and dental expenses:	\$	_____
12. Transportation (do NOT include car payments):	\$	_____
13.		_____
14. Charitable contributions and religious donations:	\$	_____
15. Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: (Do not include amounts entered in Line 4 or Line 20)		
a. Life insurance:	\$	_____
b. Health insurance:	\$	_____
c. Auto insurance:	\$	_____
d. Other insurance (<i>describe and list monthly amount</i>):		
_____	\$	_____
_____	\$	_____
_____	\$	_____
16. Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:		
_____	\$	_____
_____	\$	_____
_____	\$	_____
17. Installment payments for car, furniture, etc. (<i>Describe</i>):		
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
18. Alimony, maintenance and support paid to others:	\$	_____
19. Payments for support of additional dependents not living at your home:	\$	_____
20. Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5)		
a. Mortgage payment on other Real Estate Property	\$	_____

b. Taxes on other Real Estate Property

\$ _____

c. Other Real Property, Homeowner's, or Renter's Insurance payments

\$ _____

d. Home maintenance (including repairs and upkeep)

\$ _____

e. Homeowner's association or condominium dues

\$ _____

21. Other expenses (*Describe*):

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Describe any increase or decrease in expenses you expect to occur within the next year?

\$ _____

Section 7 - MISCELLANEOUS

Other than in the ordinary course of a business, have you transferred or sold any assets within the last year?

NO | Yes

If yes, please describe what you sold/transferred, when and for what price?

Have you made any payments to family, friends or business partners in the last year? NO | Yes If yes, please to who, when and how much?

Are you currently or have you been involved in any lawsuits in the last year as either a defendant or a plaintiff ?

NO | Yes

If yes, please describe each one and be sure that your bankruptcy attorney has paperwork for each suit (petition/judgment etc)

List all property foreclosed or repossessed in the last year None

Creditor Name

Date of FC or Repo

Description and Value of Property

Have you suffered any losses in the last year by fire, theft or gambling? NO | Yes If yes, please describe:

Have you closed any financial accounts in the last year such checking/savings accounts, investment accounts?

NO | Yes if yes please describe what kind of account, how much was in it when you closed/transferred it and why?

Do you own any safety deposit boxes? NO | Yes _____

Does anyone currently hold property for you that belongs to you? NO | Yes

For all business owned for last six years, please list the following for each;

Name Taxpayer ID/EIN Address Nature of Biz Dates in Business

Who does your books? ME | Other; _____

THE END!!

Please don't forget to save to your files...then you may either print and bring to our office or you may scan/email/fax to us!!

louisianabankruptcy@gmail.com

Please put in subject line: Online Evaluation along with your name and we will reply to confirm receipt!