

# JACOB SILVER

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## BANKRUPTCY CHECKLIST

Chapter 13

Chapter 7

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Interview Date

\_\_\_\_\_  
Co-Debtor Name  NONE

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
County of Residence

\_\_\_\_\_  
Address - Including Apt.#

Lived at this Address for Over 6 Months?  No  Yes

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-mail Address

Lived in New York State for Over 2 Years?  No  Yes

Have you Ever Filed Bankruptcy Before?  No  Yes

Are You:  Single  Married  Divorced  Separated  Widowed

Does Anyone Else Live with you in your Home?  No  Yes

List their Name, Sex, Age, and Relationship: \_\_\_\_\_

Do Any of them Regularly Contribute to the Support of your Household?  No  Yes

Did You Ever Own a  House  Land  Co-Op  Condo  Timeshare  
 NONE

Names of Owners: \_\_\_\_\_

Property Address: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Current Market Value of the Property: \_\_\_\_\_

Total First Mortgage Amount: \_\_\_\_\_

Second Mortgage Amount: \_\_\_\_\_ Date of Second Mortgage: \_\_\_\_\_

Do you want to Keep this Property?  No  Yes

Did anyone Ever put your name on a real property deed?  No  Yes

Did you Ever Co-Sign a Mortgage or Loan for anyone?  No  Yes

**Do You:** Own or Lease a Vehicle? NONE: Year & Model \_\_\_\_\_

Name & Address of Creditor: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Vehicle Mileage: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Current Market Value of the Vehicle: \_\_\_\_\_

Total Amount of Lien on the Vehicle: \_\_\_\_\_ No Lien

Do you want to Keep this Vehicle? No Yes

Do you have a Pension Plan Retirement Plan 401K IRA? NONE

**How much Money in Total is in All of your Bank Accounts?** \$ \_\_\_\_\_

List the Names of All Banks in which you have Bank Accounts. \_\_\_\_\_

What is the Most Amount of Money you had in Any Account in the Last Two Years? \_\_\_\_

**Do you Have More than \$100 in Actual Cash?** No Yes Amount \$ \_\_\_\_\_

Have you Closed any Checking accounts, Savings accounts, or CD's or Any other Accounts in the Last 12 Months? No Yes

Bank Name & Address, Date Closed, Account# & Closing Balance: \_\_\_\_\_

Do You Own a Boat or Taxi Medallion or Radio Rights? No Yes

**Are you Expecting a Tax Refund?** No Yes, I Expect \$ \_\_\_\_\_

Does anyone Owe You Money? Or Are you Owed Any Commissions or Fees or any Annuities, or otherwise expect any other Payments for any work that you did in the past? No Yes

Do you have a Safety Deposit Box? No Yes in Bank: \_\_\_\_\_

**Do you have A Life Insurance Policy?** Term Whole Life (cash value) NONE

**Do you own Any Stock or Bonds or CD's or Partnerships?** No Yes \_\_\_\_\_

Do you own any Patents or Copyrights or Licenses or Franchises? No Yes

**Do you expect to Receive any Inheritance, or anything of value?** No Yes

Are you Holding any property that belongs to Another Person? No Yes

**Were there any Businesses** that you were the Director, Partner, Officer or Managing Executive or any other ownership within the last Six Years? No Yes

List Business Name, ID# & Address: \_\_\_\_\_

Did you make any payments to any One Creditor more than \$600 within the last 90 days? No Yes \_\_\_\_\_

Did you make any payments to One Family Member more than \$600 within the last year? No Yes \_\_\_\_\_

Did you Ever Transfer Any Money or Assets or Give any Gifts or Have any **Gambling or other Losses** over \$2,000.00? NONE \_\_\_\_\_

**Are You Suing Anyone for Any Reason?** No Yes \_\_\_\_\_  
**ie. A Claim for Personal Injury or Property Loss?** Name of Attorney \_\_\_\_\_

Is Anyone Suing You? No Yes \_\_\_\_\_

Did you Transfer or sell any Property or Stock within the last Six years? No Yes

Did anyone Repossess anything of yours, or did a Bank take any Money from your account against a Debt that You Owed? No Yes \_\_\_\_\_

Did you ever Lie on any of your Credit Card or Loan applications? No Yes

How much in Total did you Charge in the Last 6 months on Credit Cards? \$\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Are you Currently Employed? No Yes Years Employed at This Job: \_\_\_\_\_

Address and Name of Employer: \_\_\_\_\_

How much did you earn so far This Year? \_\_\_\_\_ Job Title: \_\_\_\_\_

How much did you earn Last Year? \_\_\_\_\_ The Year Before? \_\_\_\_\_

**CLIENT'S SECOND INCOME No Yes OR SPOUSE INCOME No Yes**

Are you Currently Employed? No Yes Years Employed at This Job: \_\_\_\_\_

Address and Name of Employer: \_\_\_\_\_

How much did you earn so far This Year? \_\_\_\_\_ Job Title: \_\_\_\_\_

How much did you earn Last Year? \_\_\_\_\_ The Year Before? \_\_\_\_\_

**PAYCHECK INCOME:**

**CLIENT'S INCOME:**

**SPOUSES INCOME:**

Paycheck Gross Income: \$ \_\_\_\_\_  NONE \$ \_\_\_\_\_  NONE

I Received one Paycheck Every: \_\_\_\_\_

**OTHER MONTHLY INCOME:**

**Do You Receive any Other Income?**

Child Support       Alimony       Unemployment       Food Stamps

Pension/Retirement Payments       Rental Income       Workers Compensation

Social Security/Government Assistance       Business Income       Other Income

**Total Other Monthly Income: \$ \_\_\_\_\_  NO OTHER INCOME**

**TOTAL AMOUNT OF DEBT OWED:**

1. Credit Card Debt: \$ \_\_\_\_\_

2. Loans: \$ \_\_\_\_\_

3. Mortgage Debt: \$ \_\_\_\_\_

4. Student Loans: \$ \_\_\_\_\_

5. Other Debt: \$ \_\_\_\_\_

**OTHER INFORMATION:**

Who Referred you to this Law Office? \_\_\_\_\_

**Total Legal Fee & Expenses: \_\_\_\_\_**

**MONTHLY EXPENSES**

Rent or Mortgage: \_\_\_\_\_ Homeowners/Rental Insurance: \_\_\_\_\_

Electric, Gas, Heat: \_\_\_\_\_ Life Insurance: \_\_\_\_\_

Water & Sewer: \_\_\_\_\_ Health Insurance: \_\_\_\_\_

Telephone & Cell: \_\_\_\_\_ Auto Insurance: \_\_\_\_\_

Home Maintenance: \_\_\_\_\_ Car Payments: \_\_\_\_\_

Food & Restaurant: \_\_\_\_\_ Child Support: \_\_\_\_\_  
Court Ordered?  No  Yes

Clothing: \_\_\_\_\_ Support for Dependents: \_\_\_\_\_

Laundry & Dry Cleaning: \_\_\_\_\_ Child Care Expenses: \_\_\_\_\_

Medical & Dental Expenses: \_\_\_\_\_ Educational Materials: \_\_\_\_\_

Public Transportation: \_\_\_\_\_ Job Related Expenses: \_\_\_\_\_

Car - Gas, Oil, Repairs \_\_\_\_\_ Hair Care and Makeup: \_\_\_\_\_

Recreation, Magazines: \_\_\_\_\_ Cable TV and/or Internet: \_\_\_\_\_

Charity: \_\_\_\_\_ Baby Supplies: \_\_\_\_\_

Child Visitation Expenses: \_\_\_\_\_

Other Expenses (List): \_\_\_\_\_ Toiletries: \_\_\_\_\_ Pets: \_\_\_\_\_

**TOTAL EXPENSES: \_\_\_\_\_**



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## OFFICE LOCATION

My office is easily accessible in the office complex in Garden City, New York on Franklin Avenue between 12th and 13th Streets opposite the store Lord & Taylor.

From Eastern Long Island:

Make a right on Franklin Ave. and proceed to 13th St., make a right into parking lot. You will see the 1225 building on your far right in the back (Morgan Stanley Dean Witter).

You can park in the outside lot or go into the garage on the right of the building to the 4th level and walk right down the hall to Suite 325.

