

# JACOB SILVER

Attorney at Law

1225 Franklin Avenue

Suite 325

Garden City, N.Y. 11530

(516) 374-1452

Fax: (718) 797-4141

## BANKRUPTCY CHECKLIST

\_\_\_\_\_  
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 Balance: \_\_\_\_\_

Second Mortgage Balance: \_\_\_\_\_ 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 Loan on the Vehicle: \_\_\_\_\_ No Loan

Do you want to Keep this Vehicle? No Yes

Do you have a Pension Plan Annuity 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 otherwise expect any other Payments for any work that you did? 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 \_\_\_\_\_

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:**

I Received Each Paycheck:  Weekly  Biweekly  Semi-Monthly  Monthly

**OTHER MONTHLY INCOME:**

**Do You Receive Other Monthly Income?**

Unemployment: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Workers Compensation: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Disability: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Alimony: \$ \_\_\_\_\_

Rental Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Business Income: \$ \_\_\_\_\_

Gifts from Family or Friends: \$ \_\_\_\_\_

**No Other Income**

**TOTAL AMOUNT OF DEBT OWED:**

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

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

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

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

5. Tax Debt: \$ \_\_\_\_\_

6. 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: \_\_\_\_\_

Cable TV and/or Internet: \_\_\_\_\_ 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: \_\_\_\_\_ Home Maintenance: \_\_\_\_\_

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

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

Other Expenses (List): \_\_\_\_\_ Pet food & medical care: \_\_\_\_\_

\_\_\_\_\_

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

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**When you come to my office, Please Bring in the Following:**

1. Photo Identification and Social Security Card. No Yes
2. One new or old bill from each creditor that you have. No Yes
3. Please bring All Debt Collection Letters that you received from collection agencies and attorneys. No Yes
4. ALL Pay Stubs or other income documentation from each Job that you and your spouse have received for the Last Seven Months. I only need one paystub for the initial consultation. No Yes
5. Your Most Recent Federal and State Tax Returns. If you misplaced it, then order a free Tax Return Transcript from the IRS, by calling (800) TAX-1040 or by filling out the IRS form f4506t. No Yes
6. If you owe the IRS Taxes, then Call them at (800) TAX-1040 and order the free Account Transcript for each of the years that you may owe taxes. No Yes
7. If you own a Car or other Vehicle, bring in a statement showing the remaining balance that you still owe. No Yes
8. If you own a house or other real estate, bring in a mortgage document that lists the total balance that you owe to the lender. No Yes
9. If you have any Life Insurance Policies with a Cash Value (called Whole Life Policies), contact them and find out how much the cash value is. No Yes
10. Bring in One Bank Statements for Each Bank Account such as each Savings, Checking, or CD's that you have. No Yes

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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.

