

JACOB SILVER

Attorney at Law

1225 Franklin Avenue

Suite 325

Garden City, N.Y. 11530

(516) 374-1452

Fax: (718) 797-4141

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 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 any Other 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. 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: _____

JACOB SILVER
Attorney at Law
1225 Franklin Avenue
Suite 325
Garden City, N.Y. 11530
(516) 374-1452
Fax: (718) 797-4141

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

1. Completely fill out the enclosed Bankruptcy Checklist. No Yes
2. Photo Identification and Social Security Card. No Yes
3. One new or old bill from each creditor that you have. No Yes
4. ALL Pay Stubs from each Job that you and your spouse have received for the Last Sixty Days. If you are self employed, then bring in documents showing your income. No Yes
5. Obtain a list of the amount of monthly income that you have received for Each Month, for the Last Six Months. No Yes
6. Obtain 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
7. If you owe the IRS Taxes, then Call them at (800) TAX-1040 and order the free MFTRA Account Transcript (pronounced “MIFTRA”) for each of the years that you may owe taxes. No Yes
8. If you own a Car or other Vehicle, bring in a statement showing the remaining balance that you still owe. Print out the vehicles blue book value at <http://www.kbb.com>. No Yes
9. If you own a house or other real estate, bring in a mortgage document that lists the total amount that you owe to the lender, as well as any appraisal showing the value of the property. No Yes
10. 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
11. Bring in One Bank Statements for Each Bank Account such as each Savings, Checking, or CD’s that you have. No Yes
12. Please bring all Debt Collection Letters that you received from collection agencies and attorneys. I will evaluate whether you may sue them. No Yes

JACOB SILVER

Attorney at Law

1225 Franklin Avenue

Suite 325

Garden City, N.Y. 11530

(516) 374-1452

Fax: (718) 797-4141

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.

