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## WORKSHEET GUIDELINES

- Please print clearly and neatly. The Bankruptcy process is delayed when information is missing or difficult to understand. All forms must be filled out completely.
- Please use the customer service addresses for creditors. Without a correct address, a creditor will not receive notice of Bankruptcy and the debt cannot be discharged.
- In the event of a pending **Foreclosure**, please provide the court documents you were served. This provides information regarding the hearing and sale date. As long as you qualify to file for a Chapter 13 based on income and expenses, we will make every effort to file the case before the Foreclosure Procedure.
- Please return completed forms to us. Work will begin **once the fee has been paid in full. Attorney fee is non-refundable.**
- Please do not hesitate to call if you have any questions filling out the forms. You may also email me at [dave@davebolgerlaw.com](mailto:dave@davebolgerlaw.com) please put **bankruptcy questions** in the subject line.

## **YOU ARE REQUIRED TO BRING THESE DOCUMENTS WHEN YOU TURN IN YOUR COMPLETED PAPERWORK.**

1. **Proof of income for last 6 months prior to filing (ex. If you file in May, we need income from November-April) (ALL pay-stubs or printout from employer showing gross income and ALL deductions)**
2. **Driver's license and social security cards.**
3. **Last Two Years Tax Returns**
4. **Proof of Automobile and Homeowner's Insurance**
5. **Registration Cards for all Vehicles.**
6. **Credit Counseling Step 1---- [butterflyfe.com](http://butterflyfe.com)**

David E. Bolger, Attorney at Law  
Client Questionnaire

How did you hear about my office? \_\_\_\_\_ If phone book, which one? \_\_\_\_\_

**FILING INFORMATION** Joint \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_  
Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_

Have you used other names in the last 6 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list other names: \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If you have a **different** mailing address or use a post office box, please list:

\_\_\_\_\_

**SPOUSE INFORMATION:**

**FULL NAME:** \_\_\_\_\_

Have you used other names in the last 6 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list other names: \_\_\_\_\_ Social Security # \_\_\_\_\_

If you have a **different** mailing address or use a post office box, please list:

\_\_\_\_\_

**Have you or your spouse ever filed bankruptcy before?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide us with copies of the bankruptcy paperwork.

Case Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Place Filed: \_\_\_\_\_

**Previous Credit Counseling**

Name of Credit Counseling Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Was there a charge for this service: \_\_\_\_\_ How Much \_\_\_\_\_ Per Month

Last date payment this year: \_\_\_\_\_

**HAS THIS LAW FIRM OR ITS ATTORNEYS EVER REPRESENTED YOU BEFORE?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

## ASSETS/BELONGINGS/PROPERTY

**Note: You must list EVERYTHING that you own for me to properly advise you.  
OUR OBJECTIVE IS TO PROTECT ALL OF YOUR BELONGINGS**

**LAND/REAL ESTATE:** (Please go to the next section if you own a mobile home, but not the land.) The term "value" does not mean what is owed on the property; it means the amount for which you could currently sell the item.

**1. Residence:** List Complete Description and Address of Property:  
(i.e., 2 bedroom frame house on 1 acre of land at 1 Easy St., Hickory, NC)

Description: \_\_\_\_\_ Acreage: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owned By: Husband Alone \_\_\_\_\_ Wife Alone \_\_\_\_\_ Jointly Owned \_\_\_\_\_

Market Value: \$ \_\_\_\_\_ Tax Value: \$ \_\_\_\_\_

Do you want to: Keep Making Payments \_\_\_\_\_ Surrender the Home \_\_\_\_\_ Paid for \_\_\_\_\_

**First Mortgage Bank:** \_\_\_\_\_ **Mortgage Payoff: \$** \_\_\_\_\_

Address: \_\_\_\_\_ **Account #:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Origination Date: \_\_\_\_\_

Are you current on payments? \_\_\_\_\_ If no, exact arrearage amount \$ \_\_\_\_\_

Months behinds: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**Second Mortgage Bank:** \_\_\_\_\_ **Mortgage Payoff: \$** \_\_\_\_\_

Address: \_\_\_\_\_ **Account #:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Origination Date: \_\_\_\_\_

Are you current on payments? \_\_\_\_\_ If no, exact arrearage amount \$ \_\_\_\_\_

Months behinds: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**2. Other Real Estate:**

Description: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Names of Deed: \_\_\_\_\_ Tax Value: \_\_\_\_\_

Do you want to: Keep Making Payments \_\_\_\_\_ Surrender \_\_\_\_\_ Paid for \_\_\_\_\_

Mortgage Bank: \_\_\_\_\_ Mortgage Payoff: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you current on payments? \_\_\_\_\_ If no, exact arrearage amount \$ \_\_\_\_\_

Months Behind: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**FINANCIAL ASSETS**

**Cash on Hand: \$** \_\_\_\_\_

**Bank Accounts: (Checking, Savings, CDs, etc...)**

1. Type of Account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Bank: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

2. Type of Account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ - Bank: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

3. Type of Account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ - Bank: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

**Retirement Account:**

1. Name on Plan: \_\_\_\_\_ Type of Plan: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Any Loans against account: \_\_\_\_\_ Loan Balance: \$ \_\_\_\_\_

2. Name on Plan: \_\_\_\_\_ Type of Plan: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Any Loans against account: \_\_\_\_\_ Loan Balance: \$ \_\_\_\_\_

**Employee Benefit Plan:**

1. Name on Plan: \_\_\_\_\_ Type of Plan: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Any Loans against account: \_\_\_\_\_ Loan Balance: \$ \_\_\_\_\_

2. Name on Plan: \_\_\_\_\_ Type of Plan: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Any Loans against account: \_\_\_\_\_ Loan Balance: \$ \_\_\_\_\_

**IF you have filed your tax return, but you have not received a refund yet, how much do you expect to receive? \$** \_\_\_\_\_

**IF you have not yet filed a return but you expect a refund, how much do you expect to receive? \$** \_\_\_\_\_

**Life Insurance Policies**

1. Company: \_\_\_\_\_ Name on Policy: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Policy: Term (No Cash Value) \_\_\_\_\_ Whole (Cash Value) \$ \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

2. Company: \_\_\_\_\_ Name on Policy: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Policy: Term (No Cash Value) \_\_\_\_\_ Whole (Cash Value) \$ \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

3. Company: \_\_\_\_\_ Name on Policy: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Policy: Term (No Cash Value) \_\_\_\_\_ Whole (Cash Value) \$ \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Stocks/Bonds**

Name/Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name/Address \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Security Deposits (landlord, electric, phone, utility, etc...)**

1. Held by: \_\_\_\_\_ Amount of Deposit: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Held by: \_\_\_\_\_ Amount of Deposit: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Are you Expecting a Gift, Inheritance, or Settlement in the next 180 days? \_\_\_\_\_**

**HOUSEHOLD ITEMS/PERSONAL PROPERTY**

NOTE: “Value” means what the item is **currently worth** – **not what you paid for it**; not what you owe against it; not what it would take to buy the item again new. Some attorneys and trustees use a **yard sale value**.

**IF SOMETHING IS NOT ITEMIZED, PLEASE LIST IT IN THE “OTHER” BOX.**

<b>Description</b>	<b>Value</b>	<b>Description</b>	<b>Value</b>
Stove	\$ _____	Clothing	\$ _____
Refrigerator	\$ _____	Wedding Rings	\$ _____
Freezer	\$ _____	Other Jewelry	\$ _____
Washer	\$ _____	Pictures	\$ _____
Dryer	\$ _____	Decorative Objects	\$ _____
Small Kitchen Appliances	\$ _____	Books	\$ _____
Kitchen Table & Chairs	\$ _____	Animals ( <b>type &amp; value</b> )	\$ _____
Silverware & Dishes	\$ _____	Firearms	
Living Room Furniture	\$ _____	Model _____	\$ _____
Dining Room Furniture	\$ _____	Model _____	\$ _____
Den Furniture	\$ _____	Model _____	\$ _____
Master Bedroom Furniture	\$ _____	Power Tools	\$ _____
Children’s Bedroom Furniture	\$ _____	Hand Tools	\$ _____
Other Bedroom Furniture	\$ _____	Lawn Tools	\$ _____
TV(s): How Many _____	\$ _____	Vacuum Cleaner	\$ _____
VCR(s): How Many _____	\$ _____	Computer	\$ _____
DVD Player	\$ _____	Printer	\$ _____
Camcorder	\$ _____	CDs	\$ _____
Satellite Dish	\$ _____	DVDs	\$ _____
Radio	\$ _____	Tapes	\$ _____
Stereo	\$ _____	Coin/Stamp Collection	\$ _____

**OTHER (description and value) Attach other sheets if necessary.**

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**BUSINESS ASSETS (if self-employed or own your own business)**

**Business Tools: Description and Value**

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**Business Equipment: Description and Value**

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**Business Inventory: Description and Value**

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**DEBTS SECURED BY PERSONAL PROPERTY (Not Real Estate or Vehicles)**

1. Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Debtor: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_

Co-Debtor's Address: \_\_\_\_\_

Did you purchase the item(s) from the creditor \_\_\_\_\_ you previously owned items \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Has this debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_

If so, Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Debtor: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_

Co-Debtor's Address: \_\_\_\_\_

Did you purchase the item(s) from the creditor \_\_\_\_\_ you previously owned items \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Has this debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_

If so, Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Debtor: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_

Co-Debtor's Address: \_\_\_\_\_

Did you purchase the item(s) from the creditor \_\_\_\_\_ you previously owned items \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Has this debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_

If so, Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BOATS/VEHICLES (i.e., 2002 Honda Civic Sedan 4 Door LX 45,000 miles)**

**1. Year/make/model:** \_\_\_\_\_ **Mileage:** \_\_\_\_\_

Lien Holder: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Whose name is it in? \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Is there a co-debtor? If so, list Name & Address: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Do you want to: Keep Making Payments: \_\_\_\_\_ Surrender \_\_\_\_\_ It is paid for: \_\_\_\_\_

**2. Year/make/model:** \_\_\_\_\_ **Mileage:** \_\_\_\_\_

Lien Holder: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Whose name is it in? \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Is there a co-debtor? If so, list Name & Address: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Do you want to: Keep Making Payments: \_\_\_\_\_ Surrender \_\_\_\_\_ It is paid for: \_\_\_\_\_

**3. Year/make/model:** \_\_\_\_\_ **Mileage:** \_\_\_\_\_

Lien Holder: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Whose name is it in? \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Is there a co-debtor? If so, list Name & Address: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Do you want to: Keep Making Payments: \_\_\_\_\_ Surrender \_\_\_\_\_ It is paid for: \_\_\_\_\_

**4. Year/make/model:** \_\_\_\_\_ **Mileage:** \_\_\_\_\_

Lien Holder: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Whose name is it in? \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Is there a co-debtor? If so, list Name & Address: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Do you want to: Keep Making Payments: \_\_\_\_\_ Surrender \_\_\_\_\_ It is paid for: \_\_\_\_\_

**Have you listed absolutely everything that you own or otherwise have a right to claim? Yes \_\_\_\_\_ No \_\_\_\_\_**

**We must know about all belongings in order to provide protection for them.**



**PRIORITY CLAIMS (USUALLY WILL BE PAID BACK IN FULL)**

**1. Student Loan**

Name of Lender: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payoff: \$ \_\_\_\_\_ Debtor: \_\_\_\_\_

**2. Unpaid Alimony or Child Support**

Payments sent to: \_\_\_\_\_ Debtor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount past due: \$ \_\_\_\_\_ Amount/Month: \$ \_\_\_\_\_

**3. Unpaid Past Due Taxes**

In the past 10 years, have you filed each year? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, list year(s) missed: \_\_\_\_\_

**Federal Taxes**

Filing Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Was a Return Filed: \_\_\_\_\_

If so, in whose name: \_\_\_\_\_ IRS Lien? \_\_\_\_\_

Filing Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Was a Return Filed: \_\_\_\_\_

If so, in whose name: \_\_\_\_\_ IRS Lien: \_\_\_\_\_

**State Taxes**

Filing Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Was a Return Filed: \_\_\_\_\_

If so, in whose name: \_\_\_\_\_ Type of Tax: \_\_\_\_\_

Filing Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Was a Return Filed: \_\_\_\_\_

If so, in whose name: \_\_\_\_\_ Type of Tax: \_\_\_\_\_

**County Taxes**

County: \_\_\_\_\_ What Type of Property Tax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

County: \_\_\_\_\_ What Type of Property Tax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

**UNSECURED DEBTS: (credit cards, medical bills, personal loans (without collateral) or any one else to whom you owe money.**

**\*\*Use correspondence or customer service address only, NOT payment address\*\***

**1. Name of Creditor:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Payoff Amount:** \$ \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Type of Debt:** \_\_\_\_\_

**Approx. year you got loan/card:** \_\_\_\_\_ **Debtor:** \_\_\_\_\_

**Co-Debtor? If so, Name and Address:** \_\_\_\_\_

**Have you taken cash advances from the card in the last 60 days?** \_\_\_\_\_

**If so, When:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_

**If so, Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**2. Name of Creditor:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Payoff Amount:** \$ \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Type of Debt:** \_\_\_\_\_

**Approx. year you got loan/card:** \_\_\_\_\_ **Debtor:** \_\_\_\_\_

**Co-Debtor? If so, Name and Address:** \_\_\_\_\_

**Have you taken cash advances from the card in the last 60 days?** \_\_\_\_\_

**If so, When:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_

**If so, Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**3. Name of Creditor:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Payoff Amount:** \$ \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Type of Debt:** \_\_\_\_\_

**Approx. year you got loan/card:** \_\_\_\_\_ **Debtor:** \_\_\_\_\_

**Co-Debtor? If so, Name and Address:** \_\_\_\_\_

**Have you taken cash advances from the card in the last 60 days?** \_\_\_\_\_

**If so, When:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_

**If so, Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

4. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

10. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

11. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

14. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

15. Name of Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Payoff Amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
Approx. year you got loan/card: \_\_\_\_\_ Debtor: \_\_\_\_\_  
Co-Debtor? If so, Name and Address: \_\_\_\_\_  
Have you taken cash advances from the card in the last 60 days? \_\_\_\_\_  
If so, When: \_\_\_\_\_ Amount: \_\_\_\_\_

**Has this Debt been turned over to a Collection Agency or an Attorney?** \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ATTACH OTHER SHEETS AS NEEDED.**

**DID YOU LIST ABSOLUTELY EVERY ENTITY TO WHOM YOU OWE MONEY (BANKS, FINANCE COMPANIES, MEDICAL BILLS, FAMILY MEMBERS, COMPANIES, ETC...)?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**FAMILY INFORMATION: Must provided spouse income and expenses, even if not filing jointly.**

**Marital Status: Married** \_\_\_\_\_ **Single** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Widowed** \_\_\_\_\_

**Children or Other Dependents**

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ In Home? Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ In Home? Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ In Home? Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ In Home? Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ In Home? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**Debtor (Husband if filing jointly)**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years with Employer: \_\_\_\_\_ Second Job? Same info. As above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Spouse (Wife if filing jointly)**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years with Employer: \_\_\_\_\_ Second Job? Same info. As above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Average Income from Wages** (Even if you are not paid the same amount each check, please try to average out what you usually bring home, including overtime. If possible, please attach a normal/average pay stub.) **If you are self-employed or receive governmental assistance, go to Other Income.**

<b>INCOME</b>	<b>HUSBAND</b>	<b>WIFE</b>
How often are you paid?	_____	_____
What is the usual income ( <b>GROSS</b> )	_____	_____
<b>DEDUCTIONS</b> (each pay period)		
Taxes/Social Security/FICA	_____	_____
Insurance	_____	_____
401(k), Retirement Contribution	_____	_____
401(k) Loan Payment	_____	_____
United Way	_____	_____
Child Support/Alimony	_____	_____
Other Deductions	_____	_____
What is the usual take home pay ( <b>NET</b> )	_____	_____

**OTHER INCOME: Please state whether husband or wife.**

Business Income <b>before</b> paying expenses ( <b>monthly average</b> )	\$ _____	Support: \$ _____
Social Security	\$ _____	Alimony: \$ _____
Disability	\$ _____	Rental: \$ _____
Retirement/Pension	\$ _____	Other Income
		Specify Source:
		\$ _____
		\$ _____

**WILL THERE BE A DEFINITE CHANGE IN INCOME OF MORE THAN 10% IN THE NEXT YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_**

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**AVERAGE MONTHLY LIVING EXPENSES**

**PLEASE SHOW MONTHLY AMOUNTS OF EXPENSES BELOW:**

Rent or Home Mortgage (add 1<sup>st</sup> and 2<sup>nd</sup> mortgages) \$ \_\_\_\_\_  
Real estate taxes included Yes \_\_\_ No \_\_\_ Property insurance included Yes \_\_\_ No \_\_\_

Electricity and Heating \$ \_\_\_\_\_  
Water and Sewer \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Cable Television Service \$ \_\_\_\_\_  
Home Maintenance (repairs and upkeep) \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Laundry and Dry Cleaning \$ \_\_\_\_\_  
Medical & Dental Expenses (out of pocket) \$ \_\_\_\_\_  
Transportation Expenses (gasoline, repairs, etc) \$ \_\_\_\_\_  
Recreation, Entertainment, Newspapers, etc. \$ \_\_\_\_\_

**Insurance (not deducted from paycheck or in mortgage)**

Homeowners or Renters \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Health \$ \_\_\_\_\_  
Automobile \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**Taxes (not deducted from paycheck or in mortgage)**

Real Estate \$ \_\_\_\_\_  
Self Employment \$ \_\_\_\_\_  
Vehicle \$ \_\_\_\_\_

Installment payments for car, furniture, etc. **after** bankruptcy

Specify: \_\_\_\_\_ \$ \_\_\_\_\_  
Specify: \_\_\_\_\_ \$ \_\_\_\_\_  
Specify: \_\_\_\_\_ \$ \_\_\_\_\_

Alimony or child Support (not deducted from check) \$ \_\_\_\_\_

Regular Expenses from Business \$ \_\_\_\_\_  
Childcare Expenses \$ \_\_\_\_\_  
Baby Expenses \$ \_\_\_\_\_  
Pet Expenses \$ \_\_\_\_\_  
Internet Expenses \$ \_\_\_\_\_  
Personal Care, Postage, etc \$ \_\_\_\_\_  
Other Expenses (PLEASE LIST) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**DO NOT LEAVE BLANK!!!**

**ANNUAL INCOME**-must be filled in completely. If married, then what each made.

<b>Period</b>	<b>Husband</b>	<b>Wife</b>
---------------	----------------	-------------

<b>Year to Date</b>
---------------------

<b>Last Year</b>
------------------

<b>Prior Year</b>
-------------------

**OTHER INCOME** (Social Security, Disability, Support, Alimony, etc.)

<b>Period</b>	<b>Husband</b>	<b>Wife</b>
---------------	----------------	-------------

<b>Year to Date</b>
---------------------

<b>Last Year</b>
------------------

<b>Prior Year</b>
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**MISCELLANEOUS QUESTIONS**

**1.** If you add up **every payment** paid to each creditor in the last 90 days (3 months), has a single creditor received \$600 or more from you (total of all payments to that creditor) in that time period? Yes\_\_\_ No\_\_\_ If so, please complete:

<b>Creditor Name</b>	<b>Date(s) of Payments</b>	<b>Amount Paid</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2.** Have you made any payment to a family member, friend or other related individual in the last year? Yes\_\_\_ No\_\_\_ If so, please complete:

<b>Name</b>	<b>Date(s) of Payment</b>	<b>Amount Paid</b>	<b>Relationship</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. In the last year, have you been sued or otherwise been a party to any legal proceeding in court? Yes\_\_\_ No\_\_\_ If yes, please complete:

Plaintiff Name: \_\_\_\_\_

Defendant Name: \_\_\_\_\_

County where filed: \_\_\_\_\_

Court where filed: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date of Hearing/Trial: \_\_\_\_\_

Address of Plaintiff or Attorney: \_\_\_\_\_

Amount of Claim: \_\_\_\_\_

4. Do you have any judgments against you? (In the last 10 years or 20 years if renewed)? Yes\_\_\_ No\_\_\_ If yes, please complete. (Must be completed in full or attach a copy of the judgment page with the book number written on it.)

Plaintiff Name: \_\_\_\_\_

Defendant Name: \_\_\_\_\_

County where filed: \_\_\_\_\_

Court where filed: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date of Hearing/Trial: \_\_\_\_\_

Address of Plaintiff or Attorney: \_\_\_\_\_

Judgment Book & Page Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Amount of Judgment: \_\_\_\_\_

5. Repossessions, foreclosures, or returns of collateral to a creditor in the last year:

Creditor Name/Address	Collateral/Value	Date	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Has a lender ever said that you owed the lender any amount following a repossession, foreclosure, or return other than listed in #5? Yes\_\_\_ No\_\_\_ If yes, please complete:

Creditor Name/Address	Collateral/Value	Amount Still Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Gifts or donations in the last year to a single church or charity totaling (to that single church or charity) over \$100.

Church or Charity Name/Address	Value/Donation	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Gifts in the last year to a family member or close friend that would total more than \$200?

Name/Address	Relationship	Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Losses in the last year to fire, theft, other casualty, or gambling:

How loss occurred	Date	Description/Value of Property
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Have you owned anything of value in the last year that you do not own now? (i.e., have you sold or given away anything of value like real estate, vehicles, jewelry, guns, bank accounts, etc. in the last year)? Yes \_\_\_ No \_\_\_ If yes, please complete:

Belonging/Property/ Asset and Value	Date of Transfer	Name/Address of Person to whom transferred
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. List all closed bank accounts, closed IRAs, closed 401K's or other financial or retirement accounts in the last year:

Type of Account	Name of Institution	Date Closed	Amount Taken out at Close
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Safe deposit boxes in last year:

Name of Institution	Date Closed (if applicable)	Contents
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Have you had another address in the last 2 years? Yes\_\_\_\_ No\_\_\_\_ If yes, complete:  
**Address(es)** **Dates There**

_____	_____
_____	_____
_____	_____

14. Do you have anything in your possession that belongs to someone else? If so, describe (name/address of owner, possession description and value):

\_\_\_\_\_

\_\_\_\_\_

15. Have you been self-employed in the last 6 years? Yes\_\_\_\_ No\_\_\_\_ If so, complete:

**Name/Address of Business:** \_\_\_\_\_

**Dates of Operation:** \_\_\_\_\_

**Name/Address of anyone holding financial records:** \_\_\_\_\_

\_\_\_\_\_

**Dates of Inventories in last 2 years:** \_\_\_\_\_

**Partners or Shareholders:** \_\_\_\_\_

16. Have you lived out of state in the last 6 years? Yes\_\_\_\_ No\_\_\_\_ If yes, were you married at the time to someone with whom you are now divorced? Yes\_\_\_\_ No\_\_\_\_

Please return this completed paperwork to my office along with all the documents that we need listed on the coversheet. Please be aware that if you are filing a chapter 13, your first bankruptcy payment will be due at the time of filing and then you will pay each calendar month after that point.

Please keep all check stubs from this point forward, We may need them!!

Thank you and if you have any questions or concerns, please feel free to contact me at 757-2800 or by email at [dave@davebolgerlaw.com](mailto:dave@davebolgerlaw.com)

I (we) have reviewed the entire Worksheet and have answered all information fully and accurately, to the best of my (our) knowledge and ability. I (we) am (are) unaware of any information that was omitted. I (we) understand that David Bolger, Attorney, will rely on this information in analyzing my financial situation.

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_