

Please note that our office will only run a title search to determine if there are in fact any judgment liens recorded against your real estate if you request our office to perform a judgment search. Failure to do this could result in a judgment remaining in place as a lien against your real estate. _____ Please initial here

Please note that there is a charge of \$100.00 to conduct a title search.

Do you own any other Real Estate: Yes / No If Yes, we will need the lender information along with the address of property

AUTOS

Auto # 1

List the make, model and year of auto: _____

What is approximate value of the auto: _____ Current Mileage: _____

Do you have a loan for this auto: Yes / No If no, what is KBB Value: _____

Amount owed on auto: _____

Name and address for finance company & account number: _____

Auto # 2

List the make, model and year of auto: _____

What is the approximate value of the auto: _____ Current Mileage: _____

Do you have a loan for this auto: Yes / No If no, what is KBB Value: _____

Amount owed on auto: _____

Name and address for finance company & account number: _____

SAVINGS ACCOUNTS, CHECKING ACCOUNTS & STOCKS OR BONDS

List all checking, savings and stocks or bonds that you currently own, name of institution and approximate balance:

Account Type _____ Institution _____ @Balance _____

Account Type _____ Institution _____ @Balance _____

Account Type _____ Institution _____ @Balance _____

OTHER ASSETS:

Do you own any *whole life* insurance policies: Yes / No Cash Value: _____

Do you own any motorcycles: Yes / No Make/Model/Year: _____

Do you own a business: Yes / No Company Name: _____

List any other property that you have other than furniture & clothing worth more than \$1,000:

EMPLOYMENT

Name of employer: _____

Address: _____

Occupation: _____

Length of time employed: _____ Hourly rate: _____ Average #per week: _____

Spouse's employer: _____

Address: _____

Occupation: _____

Length of time employed: _____ Hourly rate: _____ Average #per week: _____

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Do you receive Social Security Income: Yes / No If yes, state monthly amount: _____

Do you receive Pension Income: Yes / No If yes, state monthly amount: _____

Do you receive Child Support: Yes / No If yes, state monthly amount: _____

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Please list the Name, Relationship and Ages of *any and all* dependents that reside in your home:

_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age

If you need more room, please use the backside of this page and check the box if doing so:

MONTHLY EXPENSES

Mortgage / Rent payment: _____ Second Mortgage: _____

*If you have a mortgage, does this amount include your taxes and insurance: **Yes / No***

Electric/Gas _____

Water/Sewer
Garbage _____

Phone/Cell/Internet
Satellite/Cable _____

Waste/Recycling _____

Food _____

Housekeeping
Supplies _____

Childcare/
Children's Education Costs _____

Clothing _____

Laundry/Dry Cleaning _____

Personal care products/services _____

Medical / Dental / Prescriptions: _____

Transportation Costs (Gas, Tolls, Parking etc.): _____

Non-Payroll Deducted Insurance(s): Life: _____ Health: _____ Dental: _____

Auto Insurance: _____

Real Estate Taxes: _____ (not included in mortgage payments)

Car Payment: _____ 2nd Car Payment: _____

Homeowner's Association _____

Tuition: _____

Home Owners Association: _____

Child Support Payments: Yes / No If so, to whom: _____

Any other monthly expenses: _____

Other than your current home have you owned any other real estate in the last four years:

Yes / No _____

Are you currently being sued: Yes / No _____

Have you had any property repossessed or foreclosed on in the last one year: Yes / No

Do you have the right to recover money from anyone else such as an auto accident: Yes / No

Have you repaid any loans to a relative totaling more than \$1,000.00 in the last 12 months:
Yes / No _____

Do you have a safety deposit box: Yes / No

Have you filed your income tax returns for each of the last three years: Yes / No

Please list your gross income for the last three years:

2020 YTD wages: _____ 2019 wages: _____ 2018 wages: _____

Please tell us how you were referred to us:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Telephone Book | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other Attorney | <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |

The Law Office of Patrick Meszaros will not begin working on your case file until you have paid your legal fees in full. All fees paid shall be treated as earned when paid and are non-refundable. This is due to the amount of time our office will spend on your file prior to the actual signing of your bankruptcy forms. If you decide not to file only the court costs paid (if any) will be entitled to be refunded to you.

By signing below, I / We hereby certify that the above information provided in connection with the filing of a Bankruptcy Petition is true to the best of our knowledge and we understand the Office's refund policy.

Signature

Date

Signature

Date