

## Preliminary Information

### Name and Address

Name: \_\_\_\_\_  
*Last First Middle*

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

Have you used any other names in the past eight years?  No  Yes **If yes, list other names:**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_

Driver' License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

County: \_\_\_\_\_ Email: \_\_\_\_\_

Have you lived at this address for at least 180 days?  No  Yes

Have you lived at this address for at least 730 days (2 years)?  No  Yes

If you answered no to either of the questions above, please list your previous address:

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

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

County: \_\_\_\_\_

If you have a different mailing address, please list:

Mailing Address: \_\_\_\_\_

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

### Spouse

Please fill in the following information about your spouse: (It is necessary for both individual and joint cases.)

Name: \_\_\_\_\_  
*Last First Middle*

Has your spouse used any other names in the past eight years?  No  Yes **If yes, list other names:**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_

Driver' License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: **(if different from your address):** \_\_\_\_\_

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

If your spouse has a different mailing address, please list:

Mailing Address: \_\_\_\_\_

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

TYPE OF FILING: Individual Joint Business

CHAPTER FILING: 7 13 11

## Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years?  No  Yes

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?  No  Yes

If yes, name of debtor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

## Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  No  Yes (If yes, please attach a list and description of the property.)

## Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you?  No  Yes

If yes, please provide the name and address of the landlord:

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

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

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

## CCC/CBR/Appraisal information:

Do you need the link to the CCC course?  No  Yes - Email address: \_\_\_\_\_

Any restrictions on running credit report?  No  Yes

Has a realty appraisal been completed in the past year?  No  Yes -When? Who?

## MATTERS OF URGENCY:

Foreclosure Auction Scheduled: \_\_\_\_\_

Mortgage Servicer: \_\_\_\_\_ Attorney: \_\_\_\_\_

Contact Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Repossession of property: What: \_\_\_\_\_ When: \_\_\_\_\_

By whom: \_\_\_\_\_

Amounts of arrears:

Mortgage 1st: \_\_\_\_\_, 2nd: \_\_\_\_\_, HELOC: \_\_\_\_\_

Vehicle 1: \_\_\_\_\_, Vehicle 2: \_\_\_\_\_, Other: \_\_\_\_\_

Tax Delinquencies:

Dates:

IRS: \$ \_\_\_\_\_ Years: \_\_\_\_\_, Liens filed/recorded?

State: \$ \_\_\_\_\_ Years: \_\_\_\_\_, Liens filed/recorded?

Town: \$ \_\_\_\_\_ Years: \_\_\_\_\_, Liens filed/recorded?

Internal Use:

Total Gross Household Income in Last Six Full Months:

Sent MyCaseInfo link \_\_\_

You: \$ \_\_\_\_\_, Spouse: \$ \_\_\_\_\_, Others: \$ \_\_\_\_\_

Sent CCC link \_\_\_

Sent completed retainer \_\_\_

Number of persons in household: \_\_\_\_\_