

Next appointment _____

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**CLIENT WORKSHEET
BANKRUPTCY/BILL CONSOLIDATION**

INSTRUCTIONS: Bankruptcy/Bill Consolidation is a very technical procedure, and we need a lot of financial information. If you re not sure of an answer, not your question. We will discuss it with you at our next meeting. If you are married but filing a bankruptcy/debt consolidation without your spouse, you should both fill out this worksheet.

If you next appointment is not listed above, you may go over this worksheet with our office by phone or Zoom. We will just to have you email your completed worksheet to us at deniserichards@keegancolpa.com with a requested phone or Zoom appointment time. You may e-mal to us all your requested documents as well.

1. NAME: _____ SOCIAL SECURITY # _____ - _____ - _____
(FIRST/MI/LAST)

PHONE # _____ (Home) PHONE # _____ (Cell/Other)

SPOUSE: _____ SOCIAL SECURITY # _____ - _____ - _____
(FIRST/MI/LAST)

Your email address: _____

LIST YOUR DEPENDANTS AND AGE: _____

(A) What is your marital status? DIVORCED, SINGLE, SEPARATED, MARRIED, WIDOWED

(B) If you have used, or been known by, any other names within the last 6 years (include maiden names, nicknames or business names), list them here:

PLEASE ANSWER THE FOLLOWING QUESTIONS

6. Have you sold, traded, transferred or given away any property or vehicles in the past 24 months (2 years)?
Yes _____ No _____.
7. Are you holding property for another person? Yes _____ No _____
8. Is any of your property currently in someone else's possession? Yes _____ No _____
9. Have you ever filed bankruptcy or Chapter 13 before? Yes _____ No _____
10. Are you being sued now? Yes _____ No _____
11. If yes, list who sued you, the date, case number and in which court the lawsuit is in. Attach any papers you may have.
- | | Type of Case | Case Status | Case Number | Location of Court |
|-----------------|--------------|-------------|-------------|-------------------|
| _____ VS. _____ | _____ | _____ | _____ | _____ |
| _____ VS. _____ | _____ | _____ | _____ | _____ |
12. Are you now being evicted, or is your real estate being foreclosed? Yes _____ No _____
13. Have you paid back any loans to family members in the last 12 months? Yes _____ No _____
14. Have you sold, traded, transferred or given away any real estate in the past 4 years? Yes _____ No _____.
15. Has any of your personal property been repossessed or returned to a creditor during the past 2 years?
Yes _____ No _____
16. Have you suffered any losses from fire, theft or gambling in the past year? Yes _____ No _____
17. Have you been involved in an automobile accident or other accident during the last five (5) years?
Yes _____ No _____.
If so, who was at fault? _____
If yes, was it alcohol or drug related in any way? Yes _____ No _____
18. Does anyone owe you money? Yes _____ No _____
19. Are you expecting any money from any other sources in the next six months including worker's comp., compensation, social security, accident claims, or an inheritance? Yes _____ No _____
20. Do you owe any taxes (Federal, State, or Local)? Yes _____ No _____
21. Have you obtained any money, property, credit or services by means of false pretense, fraud, misrepresentation or by a false financial statement? Yes _____ No _____

22. Do you have any debts you are required to pay for intentional or malicious injury caused to another person or property? Yes _____ No _____
23. Do you have any debts for student loans? (for you or a child) Yes _____ No _____
24. Are you self employed in any way? Yes _____ No _____
25. Have you been in business alone or with anyone else during the last 6 years? Yes ___ No ___
26. Have you ever been divorced? Yes _____ No _____
27. List the last time you used any of your credit cards for any purpose. Month _____ Year _____
28. Have you borrowed any money or gotten any money on credit in the last 90 days? (example: cash advances, convenience checks or personal loans) Yes _____ No _____
29. Are you expecting any money or property from a divorce settlement, bonus or Income Tax Refund, back social security clam or workers compensation claim? Yes _____ No _____
30. Have you purchased an automobile within the last one year? Yes _____ No _____
31. Are you currently contributing to a 401(K) or other Retirement Plan? Yes _____ No _____
 If yes, are you currently paying back a loan from your retirement plan? Yes _____ No _____
 If you have a retirement loan – when does it pay off? _____
32. Do you owe any money for child support or spousal support? Yes _____ No _____
 Name and address of recipient: _____
 If yes, are you paying back a support arrearage? Yes ___ No ___
33. Have you participated in a credit counseling program within the past six months? Yes _____ No _____
 If so, did any of your creditors refuse to participate in your program? Yes _____ No _____
34. Have you paid any one person or creditor more than \$600 in the past 90 days? Yes _____ No _____
35. Are you current on your house payment? Yes ___ No ___ If not, how far behind is it? _____
36. If you have vehicle loan, was it used to purchase or refinance? _____

NOTE: If you file bankruptcy against Duke Energy for past due gas and electric bills, Duke Energy will require a security deposit from you within 20 days after filing your case. The deposit will be figured by Duke Energy by computing your average bill over the last 12 months and adding 30%.

If you are filing a bankruptcy or bill consolidation case, you should immediately stop using any credit cards and should not take out any more loans or incur any additional debt. If you have used your credit cards or incurred any debt in the last 3 months, please discuss it at your next meeting. Also, do not sell any of your property while your bankruptcy is pending and do not purchase anything of value unless you talk with us first.

Federal law requires that we have a record of your last six (6) months pay history. You must submit your pay stubs or provide some other proof of income for this time period. Federal law requires your current monthly income and disposable income be stated.

Give estimated average current **MONTHLY** income: **YOU MUST ATTACH LAST 6 MOS. PAYROLL HISTORY OR PAY STUBS.**

	Husband	Wife
1. Gross pay (wages/salary/commissions)	_____	_____
2. Average monthly overtime income	_____	_____
3. Take home pay (gross pay less all deductions)	_____	_____
4. Other income: (Pension, Social Security, etc.)	_____	_____
5. Child Support or Alimony received Support for whom: _____ (name of person)	_____	_____
6. Are you expecting any increase or decrease in your income in the next 12 months? Yes _____ No _____ If so, please describe: _____ _____ _____		

Give estimated current MONTHLY expenses:

1. Home expenses:	1 st Mort.	2 nd Mort.
a. Rent or home loan payment	_____	_____
b. Real estate taxes	_____	
c. Utilities:		
Electricity	_____	
Gas/Oil/Propane.	_____	
Water/Sewer/Septic.	_____	
Telephone	_____	
Garbage	_____	
Satellite.	_____	
Cable.	_____	
Internet	_____	
Cell phones	_____	
Total Utilities	_____	
d. Home maintenance (repairs and upkeep)	_____	

2 Other expenses:

a. Alimony or child support **NOT DEDUCTED FROM WAGES.** \$ _____
(list name and age of Children) _____

b. Insurance (not deducted from wages)
Life _____
Health _____
Auto _____
Homeowners/renter's ... _____
Business insurance _____
Umbrella policy _____
other (please specify) ... _____

c. Car/Truck payments _____

d. Food (groceries and eating out) _____

e. Clothing (including uniforms, shoes, etc.) . . _____

f. Laundry and cleaning _____

g. Medical costs not paid by insurance (co-pays,
deductibles, medicines, etc.). _____

h. Gasoline, vehicle maintenance and repairs. . _____

i. Education (school fees, student loans, etc.). . _____

j. Entertainment (movies, newspapers,
magazines, etc.). _____

k. Tobacco _____

l. Child care, preschool or tuition _____

m. Haircuts, personal care items _____

n. Pet care and supplies _____

o. Other expenses _____
give specifics: _____

Are you expecting any increase in your expenses in the next 12 months? Yes _____ No _____

If so, please describe: _____

ASSETS

List all real estate and vehicle, **even** if they are paid off. **IF YOU FAIL TO LIST AN ASSET YOU COULD LOSE THE RIGHT TO A DISCHARGE. YOU COULD BE PROSECUTED FOR BANKRUPTCY FRAUD. YOU COULD LOSE ANY EXEMPTION FOR THAT ASSET WHICH WILL RESULT IN LOSING THE ASSET ALTOGETHER.** You will keep your property in most situations, but you must list it completely.

Real Estate (including land contracts, time shares, lease/option contracts, burial lots, etc.)

	Approx. Value	Amount Owed	Name on Title/Deed
Home Address _____	_____	_____	_____
Other Real Estate _____	_____	_____	_____

Auto/Trucks/motorcycles/Boats: (Please fill out exact year, make and model, including approximate mileage. For example: 2024 Ford F-150, extended bed, extended cab, V8, 4 wheel Drive with 50,000 miles.) You **NEED** to be specific.

	Value	Amount Owed	Title in Name of
Vehicle #1 _____	_____	_____	_____
Vehicle #2 _____	_____	_____	_____
Vehicle #3 _____	_____	_____	_____
Vehicle #4 _____	_____	_____	_____

State the approximate amount of cash you generally have on hand or at home \$ _____

List the value of any Savings Bonds, Stock, Bonds you own _____

List the value of any IRAs, 401(k)s, Pensions or Profit sharing accounts you have _____

Please state whether you own any Life Insurance and state its cash value _____

List the value of any debts owed to you (including support) _____

List the value of any Pending Inheritances _____

List the value of any Pending Personal Injury Lawsuits _____

List the value of any Pending Worker's Compensation or Social Security Claims _____

List the value of any College Savings Plans, tuition credit accounts or Education IRAs you hold for the benefit of any child _____

HOUSEHOLD ITEMS YOU OWN**Yard Sale or Wholesale Value for Your Assets.**

Item: Jewelry _____	Value _____
Item: Firearm _____	Value _____
Item: Boats/Motors/Trailers/Campers _____	Value _____
Item: Couch _____	Value _____
Item: Chairs _____	Value _____
Item: TV _____	Value _____
Item: Gaming Equipment _____	Value _____
Item: Stove _____	Value _____
Item: Refrigerator _____	Value _____
Item: Microwave _____	Value _____
Item: Stereo/sound equip _____	Value _____
Item: Living Room Set _____	Value _____
Item: Dining Room _____	Value _____
Item: Bedroom Set #1 _____	Value _____
Item: Bedroom Set #2 _____	Value _____
Item: Washer _____	Value _____
Item: Dryer _____	Value _____
Item: Wearing Apparel _____	Value _____
Item: Computer _____	Value _____
Item: Business Equipment _____	Value _____
Item: Tools/Lawn Equipment _____	Value _____
Item: Pets/Animals/Livestock _____	Value _____
Item: Other _____	Value _____

Are any of the items listed here covered by any insurance policy?

YES _____ NO _____

Do you own any antiques or collectibles?

YES _____ NO _____

Have you listed everything you own or have any interest in?

YES _____ NO _____

STATEMENT OF INTENTION

If your case is a straight Bankruptcy (Chap. 7), the law requires that you provide a statement as to your intention to keep or give back any collateral that you have securing a debt to a creditor. In the spaces that follow please indicate the type of collateral that you have securing a loan, whether you wish to keep it and continue to pay for it, or give it back. (Mark an X in the appropriate column.)

Generally, creditors will not repossess collateral where the payments are current and the item (such as a home or vehicle) is insured, so please make sure to keep current on those items you wish to keep and make sure to maintain insurance. If you are keeping a vehicle, you will be signing a reaffirmation agreement.

TYPE OF COLLATERAL	KEEP	GIVE BACK
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLIENT CERTIFICATION

The undersigned client(s) hereby represent that the foregoing answers to the questions in this worksheet are true and accurate to the best of their knowledge and belief. Should any changes occur to our financial situation after signing this worksheet, we will notify our attorney.

The undersigned understand that to be eligible to file for Bankruptcy they must receive a briefing on credit counseling and budget analysis from a Credit Counseling agency approved by the U.S. Trustee. To receive a discharge under Chapter 7 or Chapter 13, a debtor must attend a personal financial management course approved by the U.S. Trustee. The briefing and course may be provided over the telephone or the Internet.

Date

Client

Date

Client

END OF WORKSHEET

BRING OR EMAIL THE FOLLOWING ITEMS CHECKED TO OUR NEXT MEETING FOR REVIEW. PLEASE NOTE THAT WE CANNOT FILE YOUR CASE UNTIL WE RECEIVE ALL OF THESE DOCUMENTS. FAILURE TO PROVIDE THESE DOCUMENTS WHEN REQUESTED, WILL CAUSE A DELAY IN THE FILING OF YOUR CASE:

- 1. () Tax returns and W-2s for the past THREE (3) tax years. (If not available, you may call 1-800-829-1040 to request a federal transcript and/or 1-800-282-1780 to request a state transcript)
- 2. () Titles/leases to all cars, mobile homes, boats, ATVs, wave runners, trailers, etc. - original or memo copy.
- 3. () Proof of all income from all sources for the past six months (including pay stubs, social security statements, etc.)
- 4. () IRA, 401(k) or Pension Statements (include Education IRA's and college tuition programs)
- 5. () All bank statements for the past three months
- 6. () Your divorce decree(s) (if you have been divorced in the last six years).
- 7. () Picture ID and social security card
- 10. () Life Insurance policy, if not paid for by employer
- 11. () Home Owners & Vehicle Insurance Policies (cards), Life Insurance policy, if not paid for by employer

Before your case can be filed the Bankruptcy Law requires all documents requested by the Trustee's Office be given to your attorney PRIOR to the filing of your case. The office CANNOT file your case without all the required documentation.

Date

Client

Date

Client

Debt Worksheet – One Sheet per Creditor

Notice: These sheets are to be used only for Creditors that do **NOT** appear on your credit report.

Notice: Do not include the bill for this debt. You must physically write out the information required on this page. Please print legibly, using ink.

Creditor's Name:

Address (Correspondence address if different from the payment address):

City:

State:

Zip Code:

Account Number:

Balance Due:

What is the debt for?

What is the name on the account?

When was the debt incurred, and how long did you have this debt?

Month/Year:

through Month/Year:

Is this debt secured by any property? Yes No

If yes, please state the current market value of property:

Description of Secured Property:

Is there a cosigner on this debt? Yes No

Cosigner's Name:

Street Address:

City:

State:

Zip Code:

Has this debt been sent to a collection agency? Yes No

Collection Agency's Name:

Street Address:

City:

State:

Zip Code:

Has this creditor sued you on this debt? Yes No

Court Name:

Case Number:

If you've been sued, has the creditor filed a lien in Common Pleas Court? (see instructions)

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Account Number:

Balance Due:

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