

BANKRUPTCY INTAKE SHEET

Debtor

Co-Debtor

Name: _____
Address: _____
City _____ Zip _____

Name: _____
Address: _____
City _____ Zip _____

If less than 2 yrs provide prior address: _____

If less than 2 yrs provide prior address: _____

Social Security number: _____

Social Security number: _____

Employer: _____
Address: _____
How Long? _____ Monthly Gross _____

Employer: _____
Address: _____
How Long? _____ Monthly Gross _____

Previous Bankruptcy filing: _____ Yes _____ No

If Yes please provide: Case # _____ When _____ Where _____

BUSINESS INTERESTS: Please indicate if you own or have any interest in a business.

Name: _____
Percentage: _____

RESIDENCE: Do you own your home? ___ Yes ___ No.

If yes, please indicate if its your intention to keep your home or surrender.
_____ Retain _____ Surrender.

Estimated Market Value: \$ _____ Balance on Mortgage: _____

VEHICLES: (List all Cars, Motorcycles, Boats, Campers, etc.)

Year _____ Make _____ Model _____ . Loan Balance: _____
Year _____ Make _____ Model _____ . Loan Balance: _____

If there is a loan on the vehicle please indicate if its your intention to keep the vehicle or
surrender the vehicle.. _____ Retain _____ Surrender.

Dependents: (include ages)

CREDIT REPORT ORDER FORM AND CONSENT RELEASE

Debtor's Full Name: _____

Debtor's Social Security Number: _____

Co-Debtor's Full Name:(If joint request) _____

Co-Debtor's Social Security Number: _____

Debtor's Date of Birth: _____ Co-Debtor's Date of Birth: _____

Current Address: _____

City _____ State _____ Zip Code _____

Previous Address,(if less than two years): _____

City _____ State _____ Zip Code _____

I give authorization for Online Credit Reporting Corporation and James M. Chesloe, Ltd, and/or its employees to access my credit report information, including all medical information reported. The information obtained will be used in connection with an potential Bankruptcy matter.. By signing this document you are verifying all the information above is correct.

Debtor's Signature: _____ Date: _____

Co-Debtor's Signature: _____ Date: _____

Two forms of identification required with current address, one of which must be a photo ID.

Monthly Expenses:

- 1. Rent/Mortgage _____
 ___ real estate taxes included ___ insurance included

- 2. Utilities
 - a. Electricity/heating fuel _____
 - b. Water & Sewer _____
 - c. Telephone (including cell) _____
 - d. Garbage/other _____
 - e. Cable/Internet _____

- 3. Home maintenance (repairs and upkeep) _____

- 4. Food _____

- 5. Clothing _____

- 6. Laundry & dry cleaning (including soap, etc) _____

- 7. Medical & dental(co-pays, prescripts etc.) _____

- 8. Transportation (not car payment) gas, repairs, licensing _____

- 9. Recreation _____

- 10. Charitable Contributions _____

- 11. Insurance:(not deducted from pay check)
 - a. Homeowner's/rental _____
 - b. Life _____
 - c. Health _____
 - d. Auto _____
 - e. Other _____

- 12. Taxes (not included in mortgage payment) _____

- 13. Installment payments:
 - a. Auto _____
 - b. Other (credit cards, loans, etc
list on a separate page) _____

- 14. Alimony, maintenance, child support _____

- 15. Payments for support for dependants not living with you _____

- 16. Business expenses _____

- 17. Other expenses not listed above _____

CHECKLIST:

Please provide the following:

- proof of income for last six (6) months from all sources;
 - copies of the last three (3) years Income Tax Returns;
 - copies of the last three (3) months bank statements for all accounts.
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Each person filing for Bankruptcy is required to complete a Credit Counseling Course prior to filing.

This can be done online for \$ 9.95, per household, at www.DEBTORCC.org. Do not take this course until notified to do so, as certificates are only valid for short time.

You will need to provide them with the following information:

Judicial District: Northern Illinois
Attorney Email: jcheslaw@gmail.com

After filing and prior to the Creditor's meeting each person is required to complete a second Credit Education Course.

This can be done online for \$9.95, per household, at www.DEBTOREDU.com

You will need to provide them with the following information:

Judicial District: Northern Illinois
Case Number: _____ (this will be provide to you after filing)
Attorney Email: jcheslaw@gmail.com