

## YOUR CONTACT INFORMATION

Telephone Numbers, Email Address, etc.

Debtor's Case #:	
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**IMPORTANT:**

We need to know all possible telephone numbers where you can be reached so that we will always be able to contact you, especially in case of a deadline.

- If we need to contact you at work or a friend or relative's house, we will just leave a name and number for you to call.
- To protect your confidentiality, we will not discuss your case with anyone without your permission.

ITEM	DEBTOR	SPOUSE
Home:	( )	( )
Best time to call:		
Work:	( )	( )
Best time to call:		
Work (alternate):	( )	( )
Best time to call:		
Pager or Beeper:	( )	( )
Best time to call:		
Mobile or Cell Phone:	( )	( )
Best time to call:		
Fax Number:	( )	( )
Best time to call:		
Relative's House:	( )	( )
Relationship to you:		
Friend's House:	( )	( )
Other:	( )	( )
Other:	( )	( )
Do we need any other information to help us get in touch with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, please explain here:		
Email Address (Home):		
Email Address (Work):		

# MONTHLY INCOME FROM WORKING FOR SOMEONE ELSE

Budget – Schedule: I

**DEBTOR**

**For each job:** (1) Fill out a box, AND  
 (2) Attach ALL pay stubs that you have or can find for the last six (6) months.  
 (MILITARY: We need EOM LES)

Main Job:			
Employer:		How often do you get paid? Choose one:	
Employer's address:		<input type="checkbox"/> Weekly <span style="margin-left: 150px;"><input type="checkbox"/> Once a month</span>	
Occupation:		<input type="checkbox"/> Every two (2) weeks on _____ (day of the week)	
How long have you worked there?		<input type="checkbox"/> Twice a month on the _____ (date) and _____ (date)	
		How many hours of work can you count on each week?	
		Do you get overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, how much OT can you count on each week?

Second Job:			
Employer:		How often do you get paid? Choose one:	
Employer's address:		<input type="checkbox"/> Weekly <span style="margin-left: 150px;"><input type="checkbox"/> Once a month</span>	
Occupation:		<input type="checkbox"/> Every two (2) weeks on _____ (day of the week)	
How long have you worked there?		<input type="checkbox"/> Twice a month on the _____ (date) and _____ (date)	
		How many hours of work can you count on each week?	
		Do you get overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, how much OT can you count on each week?

Third Job:			
Employer:		How often do you get paid? Choose one:	
Employer's address:		<input type="checkbox"/> Weekly <span style="margin-left: 150px;"><input type="checkbox"/> Once a month</span>	
Occupation:		<input type="checkbox"/> Every two (2) weeks on _____ (day of the week)	
How long have you worked there?		<input type="checkbox"/> Twice a month on the _____ (date) and _____ (date)	
		How many hours of work can you count on each week?	
		Do you get overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, how much OT can you count on each week?

# MONTHLY INCOME FROM WORKING FOR SOMEONE ELSE

Budget – Schedule: I

SPOUSE

For each job your spouse has  
(even if your spouse is not filing):

- (1) Fill out a box, AND  
(2) Attach ALL pay stubs that you have or can find for the last six (6) months.  
**(MILITARY: We need EOM LES)**

Spouse's Main Job:			
Employer:		How often do you get paid? Choose one:	
Employer's address:		<input type="checkbox"/> Weekly	<input type="checkbox"/> Once a month
Occupation:		<input type="checkbox"/> Every two (2) weeks on ____ (day of the week)	
How long have you worked there?		<input type="checkbox"/> Twice a month on the ____ (date) and ____ (date)	
		How many hours of work can you count on each week?	
		Do you get overtime?	If so, how much OT can you count on each week?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Spouse's Second Job:			
Employer:		How often do you get paid? Choose one:	
Employer's address:		<input type="checkbox"/> Weekly	<input type="checkbox"/> Once a month
Occupation:		<input type="checkbox"/> Every two (2) weeks on ____ (day of the week)	
How long have you worked there?		<input type="checkbox"/> Twice a month on the ____ (date) and ____ (date)	
		How many hours of work can you count on each week?	
		Do you get overtime?	If so, how much OT can you count on each week?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Spouse's Third Job:			
Employer:		How often do you get paid? Choose one:	
Employer's address:		<input type="checkbox"/> Weekly	<input type="checkbox"/> Once a month
Occupation:		<input type="checkbox"/> Every two (2) weeks on ____ (day of the week)	
How long have you worked there?		<input type="checkbox"/> Twice a month on the ____ (date) and ____ (date)	
		How many hours of work can you count on each week?	
		Do you get overtime?	If so, how much OT can you count on each week?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## MONTHLY LIVING EXPENSES

BUDGET – Schedule: J

**INSTRUCTIONS:**

Fill in all of your normal living expenses for your household. If the expense is not paid monthly, figure out approximately how much the expense would be if you did pay it on a monthly basis.

Monthly Amount	Type of Expense
	Home: Rent / Home Mortgage / Mobile Home payment (include lot rent, if any)
	Home: Homeowner's Association dues
	Utilities:
	Home electricity / Gas / Heating oil
	Water and sewer / Garbage pickup
	Home phone (land line)
	Cell phones
	Cable and satellite (NOT including charge for internet)
	Internet service
	Home security alarm system
	Home maintenance (needed repairs and upkeep)
	Laundry and dry cleaning outside home
	Clothing / shoes / clothing accessories
	Religious / tithing / charitable contributions
	Medical and dental expenses (amounts NOT paid by insurance or Health Savings Account)
	Food and Household Items:
	Food and grocery store items (number of people being fed: _____)
	Extra food (prescribed or required special dietary needs)
	Food -- away from home
	Food -- school lunches for kids
	Recreation / clubs / entertainment / newspapers / magazines / alcohol / tobacco
	Transportation (including: cost of gas / vehicle repairs and upkeep / cab or bus fare)
	Insurance:
	Property insurance on HOME (► Is it included in house payment? <input type="checkbox"/> YES <input type="checkbox"/> NO ◀)
	Renter's insurance
	Car/truck insurance (number of vehicles insured: _____)
	Term life insurance: (the kind with NO cash value)
	Whole life insurance: (the kind WITH cash value)
	Disability insurance
	Health and dental (other than insurance deducted from wages)
	Taxes (other than taxes deducted from wages):
	Real property taxes on HOME (► Is it included in house payment? <input type="checkbox"/> YES <input type="checkbox"/> NO ◀)
	Personal property taxes (on vehicles, mobile homes, business equipment)
	Income taxes – Overdue for last three (3) tax years
	Income taxes – Overdue for tax years more than three (3) year ago

Monthly Amount	Type of Expense
	Withholding or sales taxes, current OR overdue (from a business)
	Current "Estimated" income taxes (if you are in your own business)
	<b>Installment Payments (purchases and leases):</b>
	Motor Vehicle #1 (Year / Make / Model: _____)
	→ Purchase or lease? _____
	→ How many months left to pay on it? _____
	→ Motor Vehicle #1 credit union "cross-collateral" obligation payment, if any
	Motor Vehicle #2 (Year / Make / Model: _____)
	→ Purchase or lease? _____
	→ How many months left to pay on it? _____
	→ Motor Vehicle #2 credit union "cross-collateral" obligation payment, if any
	Motor Vehicle #3 (Year / Make / Model: _____)
	→ Purchase or lease? _____
	→ How many months left to pay on it? _____
	→ Motor Vehicle #3 credit union "cross-collateral" obligation payment, if any
	Motor Vehicle #4 (Year / Make / Model: _____)
	→ Purchase or lease? _____
	→ How many months left to pay on it? _____
	→ Motor Vehicle #4 credit union "cross-collateral" obligation payment, if any
	Motor Vehicle #5 (Year / Make / Model: _____)
	→ Purchase or lease? _____
	→ How many months left to pay on it? _____
	→ Motor Vehicle #5 credit union "cross-collateral" obligation payment, if any
	Furniture store (Name: _____)
	Appliance store (Name: _____)
	Jewelry store (Name: _____)
	Jewelry store (Name: _____)
	Boat / 4-Wheeler / Camper / Other recreational vehicles
	Tax liens to pay
	Mechanic's liens to pay
	Judgment liens to pay
	Alimony and child support paid to others (other than deducted from wages)
	Criminal restitution payments (including unemployment fraud restitution)
	Describe: _____
	Describe: _____
	Other court-ordered payments (for example, debts pursuant to divorce-related order)
	Payments for support of dependents NOT living in your home
	Continuing care / support of elderly, ill, or disabled family OR member of household
	Business expenses (sole proprietorship) ▶ Ask for Business Budget Form to fill out ◀
	Child care and babysitting costs

Monthly Amount	Type of Expense
	Co-signed debts that must be paid
	Student loans (Chapter 7 only) (Note to Staff: Cannot be paid outside Chapter 13 plan)
	Prospective vehicle purchases (anticipated payment and additional cost of insurance)
	Pet expenses (food and veterinarian bills -- Describe: _____)
	Educational Expenses (children under 18):
	School activities (Describe: _____)
	Sports activities (Describe: _____)
	Travel (Describe: _____)
	Tuition (Describe: _____)
	Emergencies
	Miscellaneous
	Personal grooming services
	Education as condition of employment (for example, to keep license or certification)
	Education for physically/mentally challenged child (where no public school services are available)
	401K loan repayments
	<b>Non-Filing Spouse's Separate Expenses (where your spouse is not filing with you):</b>
	Creditor: _____ Monthly payment: \$ _____
	Creditor: _____ Monthly payment: \$ _____
	Creditor: _____ Monthly payment: \$ _____
	Creditor: _____ Monthly payment: \$ _____
	Creditor: _____ Monthly payment: \$ _____
	Creditor: _____ Monthly payment: \$ _____
	Creditor: _____ Monthly payment: \$ _____
	Creditor: _____ Monthly payment: \$ _____
	Creditor: _____ Monthly payment: \$ _____
	Other necessary expenses (Describe: _____)
	Other necessary expenses (Describe: _____)
\$ _____	<b><u>TOTAL MONTHLY EXPENSES</u></b>

## OTHER MONTHLY INCOME

### BUDGET – Schedule I

We need to know about any and all other income you have, if any, in addition to your regular job. Please remember that we need this figured out on a monthly basis.

	DEBTOR	SPOUSE
Do you have income from any of the following sources?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Regular income from business, profession or farm (net income after business expenses and taxes)	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Alimony received	\$ _____	\$ _____
Social Security / assistance -- Explain: _____	\$ _____	\$ _____
Child support received	\$ _____	\$ _____
Disability plans or insurance	\$ _____	\$ _____
Gifts from relatives and friends not living with you	\$ _____	\$ _____
Sales commissions	\$ _____	\$ _____
Income from roommates that you can count on	\$ _____	\$ _____
Income from other family members who live with you	\$ _____	\$ _____
Income from live-in boyfriends or girlfriends	\$ _____	\$ _____
Income from any kind of annuity or trust or inheritance	\$ _____	\$ _____
Other monthly income -- Explain: _____	\$ _____	\$ _____

	DEBTOR	SPOUSE
<b>EXPECTED INCREASES OR DECREASES IN YOUR INCOME IN NEXT 12 MONTHS:</b>		
Do you expect any increase in your income by more than 10% in the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, please explain:		
Do you expect any decrease in your income by more than 10% in the next 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, please explain:		
<b>PROSPECTIVE VEHICLE PURCHASE:</b>		
Thinking of your future, do you need to start saving money to either buy another vehicle or replace the one you have?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

## REASON FOR MODIFICATION OF CHAPTER 13 PLAN

✓	Please check any of the following that apply, and describe the situation.	
<input type="checkbox"/>	<b>Medical problem:</b>	<p>Please describe your medical condition, when it began to interfere with your ability to make your plan payment, whether you are better or the problem is chronic, any additional costs for medicine and treatment, and any other information you believe would be helpful.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<b>Unemployment / retirement:</b>	<p>Please give us the date you stopped working, the reason you stopped working, whether you have found another job, are looking for another job, what your job prospects are, and any other information you believe would be helpful.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<b>Unemployment / retirement:</b>	<p>Please give us the date you stopped working, the reason you stopped working, whether you have found another job, are looking for another job, what your job prospects are, and any other information you believe would be helpful.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<b>Disability:</b>	<p>Please give us the date you stopped working, the reason you are now disabled, whether you have applied for or received Social Security disability, whether you are able to get another job, and any other information you believe would be helpful.</p> <hr/> <hr/> <hr/> <hr/>
	<p><b>NOTE TO STAFF:</b> If the Debtor has a Social Security attorney, make sure to notify that attorney of the bankruptcy.</p>	<hr/> <hr/> <hr/> <hr/>



✓	Please check any of the following that apply, and describe the situation.	
<input type="checkbox"/>	<b>Divorce / Separation / Family Problems:</b> NOTE TO STAFF: If we represent both Debtors, speak with an attorney about conflicts of interest. NOTE TO STAFF: If the Debtor has a divorce attorney, make sure to notify them of the bankruptcy.	Please give us the dates of your separation/divorce, describe any child support or alimony payments made or received, additional expenses including separate living expenses and legal costs, and any other information you believe would be helpful. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<b>Vehicle problems:</b>	Please describe any major mechanical problems, the cost of repairs, whether the vehicle was in an accident, the date of such accident, the name of the insurance company, your intentions towards the vehicle (such as to release it, to replace it, or some other action), and any other information you believe would be helpful. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<b>Housing problems / Increase or decrease in mortgage:</b>	Please describe any major home repairs you have had to make, any increases or decreases in your mortgage (including real property taxes and homeowner's dues), and any other information you believe would be helpful. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<b>Trustee request / Plan running too long:</b>	If the Chapter 13 Trustee has asked to increase your plan payment and you will be unable to make that increased payment, please provide any information you believe would be helpful. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<b>Other:</b>	Please describe any other changes or circumstances that would justify modification of your plan: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>