

BANKRUPTCY WORKSHEET

Please answer to the best of your knowledge and be honest your attorney can best help you by knowing the facts of your case.

PERSONAL DATA

Surname: _____ Soc. Sec. No. _____

Given and Middle Names: _____ Birth date: (Y/M/D) _____

Are you known by any other name(s): _____ Please Circle One **Mr. / Ms. /**

Mrs. / Miss

Street Address: _____ Telephone: (Home) _____

Town/City: _____ Telephone: (Bus.) _____

State: _____ Zip Code: _____

E-mail address: _____

I have resided at the above address since: _____ Year _____ Month _____ Day _____

Mailing Address (if different): _____

I have resided in this state since: _____ Year _____ Month _____ Day _____

If you have resided in the state for less than two years please list your addresses for the last two years: _____

Present Occupation: _____

Full Name and Address of Present Employer: _____
(including zip code) _____

You have been employed since when? _____

Marital Status (*Specify month and year of event if it occurred in the last five years, if applicable, for each of the below*):

Married Common-Law Single Widowed Separated Divorced

Month/Year of Event: _____

Full name and address of spouse or common-law partner: _____

Birth date of spouse: _____ Spouse's Soc. Sec. No.: _____

Number of dependents who rely on you for financial support:

Name	Relationship	Birth date	Address

- 2 -

In the last six months have you benefitted from:

	Husband		Wife	
	Yes	No	Yes	No
Another job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rentals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension or Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony or Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifts of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone paying your bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of an asset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lump sum from retirement account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawsuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other government benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will or Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other source whatsoever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL DATA

List all of your employers, showing dates started and ended, for the past two years

Employer's Name	Employer's Full Address (including Zip code)	Date of Job	
		Started	Ended

Have you ever been bankrupt? Yes _____ No _____

If yes, give:

Filing Date: _____

Location: _____

Date of discharge: _____

Is there a copy available?
(please provide copy) Yes _____ No _____

Have you been self-employed in the last five (5) years? Yes _____ No _____

	Business #1	Business #2	Business #3
Name			
Proprietorship, Partnership or Limited Company			
Period of Operation			
What happened to business			
Where are books and records of Company			

Names of partners? _____

Place of business (city)? _____ Nature of business? _____

Are you an officer or a director of a limited company? Yes _____ No _____
If yes, give details.

MONTHLY INCOME

Net Employment Income	_____	Child Tax Benefit	_____
Net Earnings of Spouse	_____	Net Spousal Support	_____
Net Pensions/Annuities	_____	Net Unemployment Insurance Benefits	_____
Net Child Support	_____	Net Social Assistance	_____
Other net income	_____	Self-Employed	_____
		Gross _____ Net _____	_____
		TOTAL MONTHLY INCOME (A)	_____

MONTHLY NON-DISCRETIONARY EXPENSES

Child Support Payments	_____	Fines/Penalties Imposed by Court	_____
Spousal Support Payments	_____	Expenses as a Condition of Employment	_____
Child Care	_____	Debts Where Stay Has Been Lifted	_____
Medical Condition Expenses	_____	Other	_____
		TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)	_____

AVAILABLE MONTHLY INCOME (A – B) = (C) _____

MONTHLY DISCRETIONARY EXPENSES

Housing Expenses		Living Expenses	
Rent/Mortgage	_____	Food/grocery	_____
Property taxes/condo fees	_____	Laundry/dry cleaning	_____
Heating/gas/oil	_____	Grooming/toiletries	_____
Telephone	_____	Clothing	_____
Cable	_____	Other	_____
Hydro	_____	Transportation Expenses	
Water	_____	Car lease/payments	_____
Furniture	_____	Repairs/maintenance/gas	_____
Other	_____	Public transportation	_____
Personal Expenses		Other	_____
Smoking	_____	Insurance Expenses	
Alcohol	_____	Vehicle	_____
Dining/lunches/restaurants	_____	House	_____
Entertainment/sports	_____	Furniture/contents	_____
Gifts/charitable donations	_____	Life insurance	_____
Allowances	_____	Other	_____
Other	_____	Payments	
Non-recoverable Medical Expenses			
Prescriptions	_____	To secured creditor	_____
Dental	_____	<i>(Other than mortgage and vehicle)</i>	_____
Other	_____	Other	_____
		TOTAL MONTHLY DISCRETIONARY EXPENSES (D)	_____

TOTAL - SURPLUS/(SHORTFALL) (C)-(D) _____

ASSETS DESCRIPTION	LOCATION	BEST ESTIMATE OF PRESENT VALUE
Cash on Hand /In Bank		
Household Furniture (Fully/Partially Pledged/Exempt)		
Retirement Savings Plans		
Loans Due to You /Accounts Receivable		
Cash Surrender Value of Insurance Policies		
Savings Plans /Bonds		
Clothing and Medical Aids		
Jewelry		
Stocks /Shares		
Estimated Tax Refund		
Collectibles (Stamps, etc.)		
House/Cottage/Land (Sole/Joint/Part Owner) (Fully/Partially Pledged)		
Mobile Home		
Automobile/Model Serial No. _____ (Fully/Partially Pledged/Exempt)		
Motorcycle/Model Serial No. _____		
Other Motorized Vehicle		
Boat /Trailer		
Any Other Assets/Tools of the Trade		

Have any of the above debts arisen from your guarantee or co-signing of debts for another individual or corporation?

Yes _____ No _____

If yes, please indicate:

Lender's Name	Lender's Address	Amount	Borrower's Name	Borrower's Address

Is borrower bankrupt?

Yes _____ No _____

GENERAL

1. Within the last twenty-four (24) months, have you sold, disposed of or transferred any of your assets? (eg. vehicles, property, stocks/bonds, furniture)

Yes _____ No _____

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

2. Within the last twenty-four (24) months, have you made payments in excess of regular payments to any creditor?

Yes _____ No _____

3. Within the last twenty-four (24) months, have you had any assets seized by a creditor?

Yes _____ No _____

If yes, provide details

Asset seized _____

Date seized _____

Name of party seized by _____

Was party who made seizure a secured creditor? Yes _____ No _____

Form of security? _____

4. Do you expect to receive any sums of money, or any other property within the next 12 months, which are not related to your normal income?

Yes _____ No _____

5. (a) Please list the banks that you are currently dealing with:

Bank	Address	City	Zip Code	Amount Currently In Account

(b) Do you have a safety deposit box? Yes _____ No _____
 If so, which bank? _____
 Please provide details of the contents: _____

6. Does anyone owe you any money? Provide details. Yes _____ No _____

- (a) Personal loans _____
- (b) Accounts receivable _____
- (c) Agreement for sale _____
- (d) Other _____

7. Do you currently own any of the following?

- (a) Collectibles (stamps, coins, art, antiques, etc.) Yes _____ No _____
- (b) Savings bonds (owned presently or being purchased on a payroll savings plan). Yes _____ No _____
- (c) Shares (owned presently or being purchased on a payroll savings plan). Yes _____ No _____

Please provide details

(d) Personal life insurance policies (please include a copy of your life insurance policy). Yes _____ No _____

	Policy No. 1	Policy No. 2
i) Life Insurance Company		
ii) Beneficiary		
iii) Cash Surrender Value		

8. Are you a beneficiary of a will or will you receive an inheritance? Yes _____ No _____

9. Has anyone started legal proceedings against you? If yes, give details. Yes _____ No _____

10. Do any of your debts arise from:
 Riviere Cresci & Singer LLC

A fine or penalty imposed by court? Yes _____ No _____

Credit purchases of luxury goods or services in the last 90 days? Yes _____ No _____

Loans or cash advances in the last 70 days? Yes _____ No _____

Debts from willful injury to another person or another person's property? Yes _____ No _____

Child Support or Alimony? Yes _____ No _____

Student loans? Yes _____ No _____

Recent income tax debts and all other tax debts? Yes _____ No _____

Fraud, embezzlement, misappropriation? Yes _____ No _____

Debt for personal injury or death caused by your intoxicated driving? Yes _____ No _____

Obtaining property by false pretences/
fraudulent misrepresentation Yes _____ No _____

11. For which year did you file your last income tax return? _____

Did you receive a refund? Yes _____ No _____

Are there arrears owing? Yes _____ No _____

Is there a copy available? Yes _____ No _____

12. Are you paying/receiving any Child support or alimony payments? Yes _____ No _____

If yes, to/from whom _____ Amount since January 1st \$ _____

Please provide a copy of the Court Order or separation agreement.

INVENTORY OF ASSETS
HOUSEHOLD FURNITURE
AND EFFECTS (Garage Sale Value)

Name: _____

Address: _____

	QTY	YEAR PURCH.	CURRENT VALUE
<u>LIVING ROOM</u>			
Sofa			
Chair			
Lamp			
Table			
Stereo equip.			
Television			
Paintings			
Piano			
VCR			
<u>RECREATION ROOM</u>			
Desk			
Chair			
Lamp			
Bookcase			
Computer			

	QTY	YEAR PURCH.	CURRENT VALUE
<u>KITCHEN</u>			
Table			
Chair			
Small Appl.			
Pots/Pans			
Dishes			
Microwave			
Freezer			
Fridge/Range			
<u>BEDROOM #1</u>			
Bed			
Dresser			
Night Table			
Drapes			

<u>DINING ROOM</u>			
Table			
Chairs			
Cabinet			
China			
Silver			
<u>SPORTING GOODS/OUTDOORS</u>			
Barbecue			
Furniture			
Lawnmower			
Power Tools			
Bicycles			
Ski Equipment			
Cars			
Trucks			
Guns			

<u>BEDROOM #2</u>			
Bed			
Dresser			
Night Table			
Drapes			
<u>ANY ASSETS NOT LISTED ABOVE</u>			
Washer/Dryer			
<u>PERSONAL</u>			
Clothing			
Jewelry			

Please provide pay stubs or other evidence of your income for the last 2 months (This MUST be provided in time or the case will be dismissed).

Please provide a copy of a tax return or transcript of a tax return, for the period for which the return was most recently due. (This is required, as your lawyer MUST have this at least 7 days prior to the 341 Meeting).

If you have finished an approved counseling course within the last 6 months please provide the certificate or other proof. If you have not taken an approved counseling course your lawyer will be able to advise you.

Photo ID MUST and Social Security Card must be provided at 341 Meeting.

Please describe briefly, the circumstances that caused your financial difficulties.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHED INVENTORY SHEET IS A TRUE, CORRECT AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

Your Signature

Date