

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CASE #: _____

NAME (S): _____

MAILING ADDRESS: _____

STREET ADDRESS _____

CITY STATE ZIP

HOME PHONE NUMBER: () CELL #: ()

EMAIL ADDRESS: EMAIL ADDRESS: _____

PEOPLE LIVING IN HOME: _____
(GIVE AGES)

EMPLOYERS: _____

NUMBER YEARS EMPLOYED: _____

VEHICLES	MILES	CONDITION	INSURED	LEASE OR OWN
1				
2				
3				
4				

ANSWER THE FOLLOWING QUESTIONS:

HAVE YOU RECEIVED WITHIN THE LAST YEAR OR DO YOU EXPECT TO RECEIVE AN INHERTIANCE, SEVERANCE PAY, EMPLOYMENT BONUSES, PAYMENTS FROM A PENSION PLAN, OR HAVE ANY OTHER ADDITIONAL INCOME DURING THE NEXT FIVE YEARS? IF YES, HOW MUCH AND FROM WHERE?

ARE YOU NOW OR DO YOU ANTICIPATE HAVING ANY LEGAL MATTERS RESOLVED BY AN ATTORNEY OVER THE NEXT FIVE YEARS? PLEASE BE ADVISED YOUR BANKRUPTCY ATTORNEY MUST BE NOTIFIED OF ANY OTHER LEGAL MATTERS.

DO YOU HAVE ANOTHER LAWYER HANDLING ANYTHING FOR YOU? EXPLAIN.

WILL YOU HAVE ANY PROBLEMS MAKING THE PAYMENTS FOR CHAPTER 13? IF YES, EXPLAIN.

DO YOU OWE CHILD SUPPORT OR ALIMONY, HOW LONG WILL YOU HAVE TO PAY IT AND TO WHOM. Yes or No
First and Last name of Person You Owe:
Street address, city and zip code of Person You Owe:
County and State you make payments to:

HAVE YOU LIVED IN OHIO FOR THE PAST 5 YEARS? Yes or No

HAVE YOU EVER FILED BANKRUPTCY BEFORE? IF YES, WHEN?

HAVE YOU FILED TAX RETURNS FOR 2014, 2013, 2012 & 2011?

I(WE) CERTIFY THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

YOUR SIGNATURE: _____

SPOUSE'S SIGNATURE: _____

DATE