

McKinney Law Office

Intake Packet

❖ PERSONAL INFORMATION ❖

Please provide us with the following information in order to complete your bankruptcy case.

Client

Name: _____
(First) (Middle) (Last)

Social Sec. # _____ Birthday: _____

Prior / other names: _____

Address: _____

County: _____ I have resided in Minnesota since: _____

E-Mail: _____ Telephone: _____
(Home) (Work) (Cell)

Marital Status: (Please circle) Single Married Widowed Separated Divorced
Month/Year of Event _____

Client - Spouse / Significant Other

Name: _____
(First) (Middle) (Last)

Social Sec. # _____ Birthday: _____

Prior / other names: _____

Address: _____

County: _____ I have resided in Minnesota since: _____

E-Mail: _____ Telephone: _____
(Home) (Work) (Cell)

Emergency Contact

Name	Relationship	Phone Number
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Dependents

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Prior Addresses: Please list all prior addresses you've had in the past 3 years:

Name used _____ Address 1 _____ Dates Lived there _____
Name used _____ Address 2 _____ Dates Lived there _____
Name used _____ Address 3 _____ Dates Lived there _____
Name used _____ Address 4 _____ Dates Lived there _____

Debtors Who Rent:

If you rent your home/apartment, does a landlord hold a judgment against you? Yes No

Please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Lease Term: month-to-month year Date lease was signed: _____

Prior Bankruptcies:

Have you filed a bankruptcy in the past? Yes No

• Filing Date: _____ Location: _____

• Date of discharge: _____

• Is there a copy available? Yes No (Please provide a copy to our office.)

❖ INCOME AND EMPLOYMENT ❖

Client's name: _____

• Job Title: _____ Employed since: _____

• Name and Address of Present Employer:

• Is your income subject to seasonal changes? Yes No (If "yes", please explain below.)

• Do you regularly work overtime? Yes No (If "yes", please explain below.)

• Do you have a second job? Yes No (If "yes", please explain below.)

Second Job _____ Employed since: _____

• Name and Address of Present Employer:

• Is your income subject to seasonal changes? Yes No (If "yes", please explain below.)

• Do you regularly work overtime? Yes No (If "yes", please explain below.)

Any other regular sources of income Yes No

401K withdraws _____

Stock cash outs/dividends _____

Social security _____

Disability _____

Unemployment _____

Monetary gifts _____

Regular contributions from family members _____

Pension _____

Veteran's _____

Alimony or child support _____

Trust income _____

Current or Prior Business

- Have you or your spouse been self-employed in the last 6 years? (If you have received compensation for work performed, but did not receive a W-2 for that job, then you have been self-employed.) Yes No
- Are you an officer or a director of a limited company? Yes No

Business Name: _____

Please circle: Proprietorship Independent Contractor Partnership Limited Company:

Period of Operation: _____

What happened to business: _____

Where are books and records kept: _____

Client –Spouse / Significant Other

- **Client's name:** _____
- Job Title: _____ Employed since: _____
- Is your income subject to seasonal changes? Yes No (If "yes", please explain below.)

- Do you have a second job? Yes No (If "yes", please explain below.)

- 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 (If "yes", please explain below.)

Second Job _____ Employed since: _____

- Name and Address of Present Employer:

- Is your income subject to seasonal changes? Yes No (If "yes", please explain below.)

- Do you regularly work overtime at either job? Yes No (If "yes", please explain below.)

Any other regular sources of income Yes No

- 401K withdraws _____
- Stock cash outs/dividends _____
- Social security _____
- Disability _____
- Unemployment _____
- Monetary gifts _____
- Regular contributions from family members _____
- Pension _____
- Veteran's _____
- Alimony or child support _____
- Trust income _____

❖ MONTHLY EXPENSES ❖

In the following section please all of your monthly expenses. If you purchase items on a weekly basis and are trying to figure a monthly figure, remember that there are 4.33 weeks in a month. If you are unsure of the amount you pay each month, but know the amount you pay for a different period of time (per week, per day, yearly, etc..) write in the amount and the frequency that you pay that amount. For expenses such as groceries, gas, clothing, personal care etc., it may be helpful to look at bank and credit card statements as a guide. Food and grocery items should include small trips to the store; take out food, eating out, convenience store stops, fast food, pizza, e

- **RENT/MORTGAGE**
 Rent _____
 1st Mortgage _____
 2nd Mortgage _____
 Home Equity Loan _____
 Association dues _____
 Real estate taxes _____
 Property taxes _____
- **UTILITIES**
 Electricity _____
 Heating Fuel _____
 Water and sewer _____
 Garbage _____
 Telephone _____
 Cell phone _____
 Cable _____
 Internet _____
- **HOME NECESITIES**
 Upkeep/repairs _____
 Yard maintenance _____
 Household goods _____
- **VEHICLE EXPENSES**
 Fuel _____
 Maintenance _____
- **FOOD**
 Groceries _____
 Fast Food _____
 Restaurants _____
- **PERSONAL CARE**
 Clothing _____
 Grooming _____
 Laundry/Dry Cleaning _____
- **MEDICAL/DENTAL/VISION**
 Co-pays _____
 Prescriptions _____
 Over the counter _____
- **ENTERTAINMENT**
 General/Recreation _____
 Gym membership _____
 Alcohol _____
 Tobacco _____
 Movies _____
 Books/Magazines _____
 Other _____
- **CHARITY** _____
- **INSURANCE (not deducted from wages or included in home mortgage payment)**
 Homeowners/renters _____
 Life _____
 Health _____
 Auto _____
 Disability _____
 Other _____
- **TAXES** _____
 (not deducted from wages or included in home mortgage payment)
- **INSTALLMENT PAYMENTS**
 Vehicle 1 _____
 Vehicle 2 _____
 Boat _____
 Motor home _____
- **CHILD CARE**
 Day care _____
 Activity Fees _____
 Tuition _____
 Lessons _____
- **MISCELANEOUS**
 Student Loans _____
 Alimony, maintenance, or support paid to others _____
 Payments made for support of additional dependents not living at home _____
 Regular expense from operation of business _____
 Health Savings Account _____
 Non-mandatory contributions to retirement accounts _____
 Education necessary to maintain employment _____
 Education for a physically or mentally challenged child _____
 Care for elderly, chronically ill, or disabled family member _____
 Protection from family violence _____

Other expenses not listed above:

- Describe any increases or decreases in expenses reasonably anticipated to occur within the next year:

❖ REAL PROPERTY ❖

- Do you own a home? Yes No
 - How much could you sell it for today given the current market? \$ _____
 (Keep in mind the condition of your home and the price of other homes in your community)
 - What do you base this valuation on? _____
 - What is the balance owed on your:
 - 1st mortgage? _____
 - 2nd mortgage/Home Equity Loan _____
 - Other _____
 - Are you current with your payments? Yes No
 - If you are behind, how many months are you behind? _____
 - Are your interest rates fixed or variable? _____

- Do you own a second or third home? Yes* No
- Do you own a time share or vacation home? Yes* No
- Do you own any other land? Yes* No

* If you answered "yes to any of the three questions above, please provide details on a separate piece of paper

❖ OTHER ASSETS ❖

- Please List Your Bank Accounts Below:

Bank: _____ Acct. Type: _____ Name on Acct: _____ Balance: _____

Bank: _____ Acct. Type: _____ Name on Acct: _____ Balance: _____

Bank: _____ Acct. Type: _____ Name on Acct: _____ Balance: _____

Bank: _____ Acct. Type: _____ Name on Acct: _____ Balance: _____

- Are you listed on anyone else's account as a custodian or joint holder? (Children/Parents/etc)

Bank: _____ Acct. Type: _____ Name on Acct: _____ Balance: _____

Bank: _____ Acct. Type: _____ Name on Acct: _____ Balance: _____

Bank: _____ Acct. Type: _____ Name on Acct: _____ Balance: _____

Bank: _____ Acct. Type: _____ Name on Acct: _____ Balance: _____

• Within the past...

- 1 year, have you closed any financial or bank accounts? ○ Yes ○ No
- 2 years, have you sold, transferred, closed or drawn on any of your assets? ○ Yes ○ No
- 10 years, have you sold/disposed or transferred any assets worth more than \$1000? ○ Yes ○ No

(Examples: sold vehicles, traded-in vehicles, sold real property, refinanced real property, closed bank accounts, cashed out stocks/bonds, sold furniture or antiques, cashed out or withdrawn from 401(K)s or IRAs, etc.)

* If yes to any of the above, please provide details below.

Description of Asset	Date of Activity	Asset went to whom?	Amount of Proceeds	What were the proceeds spent on?

- Do you have a safe deposit box? ○ Yes ○ No
 - If yes, which bank? _____
 - Who has access? _____

- Do you have a life insurance policy OR are you the beneficiary of a life insurance policy? ○ Yes ○ No
 - Who is the beneficiary? _____
 - Is this policy a TERM or WHOLE LIFE policy? _____
 - Is there a cash value for this policy? If so how much? _____

- Do you have any pending law suits that you are a party to? ○ Yes ○ No
If so, please explain: _____

- Do you have any potential law suits you could bring against someone else? ○ Yes ○ No
If so, please explain: _____

Asset Inventory-Part 1

Do you have any of the following items **titled** in your name?

Property	Description	Name on Title	Value	\$\$ Still Owed if Financed
Vehicle 1 VIN # _____ Mileage: _____				Creditor: _____
Vehicle 2 VIN # _____ Mileage: _____				Creditor: _____
Vehicle 3 VIN # _____ Mileage: _____				Creditor: _____
Boat 1 ID # _____				Creditor: _____
Boat 2 ID # _____				Creditor: _____
Trailer ID # _____				Creditor: _____
Snowmobile/ATV/Other ID # _____				Creditor: _____
Motor home ID # _____				Creditor: _____
Motorcycle VIN # _____ Mileage: _____				Creditor: _____
Other				
Other				

Asset Inventory-Part 2

Do you have any of the following?

Type of Property	Location	Best Estimate of Present Value
Cash on hand		
Retirement Account 1 Account # _____ Name on account: _____		
Retirement Account 2 Account # _____ Name on account: _____		
Security Deposits with Landlords or Utility Companies		
Interests in Insurance Policies Description: _____		
Mutual Funds/Stocks/Savings Bonds Description: _____		
Remainder Interest In Real Property		
Trust Accounts		
Beneficiary of a Will or expecting an inheritance		
Past due child or spousal support owed to you		
Estimated Tax Refund (State/Federal)		
Estimated Renters Rebate		
Medical Aids or Equipment		
Accounts Receivable/Money owed to you		
Collectables (stamps, coins, etc)		
Tools/Assets used in Business		

Inventory of Household Furniture and Effects

Please conduct an inventory of your household furniture and effects and complete the chart below.

*Note: "Replacement value" means the amount that a retail merchant would buy your property for considering the age and condition of your property. It may help to think of what you would receive if you would try and sell your items at a garage sale, second hand store, or pawn shop. Please list all items worth more than \$475 separately.

Living Room

	Quantity	Year Purchased	Replacement Value
Sofas			
Chairs			
Lamps			
Tables			
Clocks			
Stereo Equip.			
Television			
DVD/VCR			
Paintings/Art			
Other			
Other			

Recreation Room

	Quantity	Year Purchased	Replacement Value
Chairs			
Lamps			
Tables			
Stereo Equip.			
Television			
DVD/VCR			
Piano/Instruments			
Books/DVDs/CDs			
Paintings/Art			
Bookcases			
Other			
Other			

Dining Room

	Quantity	Year Purchased	Replacement Value
Table			
Chairs			
Lamps			
Cabinets			
China			
Silver			
Paintings/Art			
Other			

Kitchen

	Quantity	Year Purchased	Replacement Value
Table			
Chairs			
Small Appliances			
Posts/Pans			
Dishes			
Microwave			
Fridge/Freezer			
Stove/Range			
Books/DVDs/CDs			
Flatware			
Knives/Utensils			
Other			

Master Bedroom

	Quantity	Year Purchased	Replacement Value
Mattress			
Bed Frame/Set			
Dresser			
Night Stands			
Lamps			
Other			

Other Bedrooms

	Quantity	Year Purchased	Replacement Value
Mattress			
Bed Frame/Set			
Dresser			
Night Stands			
Lamps			
Other			

Office

	Quantity	Year Purchased	Replacement Value
Desk			
Computer			
Printer/fax/scanner			
File cabinets			
Other			

Other Household Goods

	Quantity	Year Purchased	Replacement Value
Towels/Linens			
Children's' Toys			
BBQ Grill			
Patio Furniture			
Power tools			
Hand tools			
Yard tools			
Lawnmower			
Snow blower			

Hobby Equipment

	Quantity	Year Purchased	Replacement Value
Ipod			
Hunting Equipment/Guns			
BBQ			
Hot tub/Whirlpool			
Fishing Equipment			
Camping Equipment			
Bicycles and Equipment			
Ski Equipment			
Other Sports Equipment			
Stamp/Coin Collections			
Card Collections			
Other collections			
Other hobby supplies and equipment			

Any Assets Not Listed Above

	Quantity	Year Purchased	Replacement Value
Clothing			
Items of value over \$450			
*Jewelry (Please give a detailed description of each piece below)			
Other property			
Other property			
Other property			

❖ CREDITORS ❖

- Are you currently making credit card payments? Yes No
- **In the past 3 months**, have you paid any single *unsecured* creditor more than \$600? Yes No
 - If yes, please provide details: _____
 - *Note: unsecured creditors do NOT include house payments or car payments**
- **Within the last year** have you...
 - Incurred any gambling losses? Yes No
 - If yes, how much: _____
 - Taken any cash advances or payday loans? Yes No
 - If yes, please provide details: _____
 - Used any checks sent to you by a credit card company? Yes No
 - If yes, please provide details: _____
 - Paid back any loans to family members or friends? Yes No
 - If yes, please provide details: _____
- Has anyone garnished money from your paycheck or bank account? Yes No
 - Which creditor garnished you? _____
 - How much money was garnished? _____
 - When was the money taken? _____
 - Was the money taken from your: Paycheck Bank Account
- Have you had any assets seized or repossessed by a creditor? Yes No
 - Property seized: _____
 - Seized by: _____
 - Date seized: _____
- Do any of your debts arise from: (please check all that apply)

**All of these debts should be included on the chart provided below*

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Foreclosed Property <input type="checkbox"/> Repossessed Vehicle <input type="checkbox"/> Co-signed loans <input type="checkbox"/> Utility Bills <input type="checkbox"/> Federal/State Taxes <input type="checkbox"/> Bounced Checks <input type="checkbox"/> Student loans (for your self or your children) <input type="checkbox"/> Money loaned to you from YOUR bank <input type="checkbox"/> Credit purchases of luxury goods or services in the last 6 months <input type="checkbox"/> Loan or cash advances in the last 6 months <input type="checkbox"/> Fine or penalty imposed by court <input type="checkbox"/> Causing willful injury to another person or another person's property <input type="checkbox"/> Fraud, embezzlement, misrepresentation, misappropriation <input type="checkbox"/> Debt for personal injury or death caused by driving while intoxicated <input type="checkbox"/> Alimony to: <ul style="list-style-type: none"> Name: _____ Address: _____ Past due: \$ _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Homeowners Association Fees <input type="checkbox"/> Credit Cards/Lines of Credit <input type="checkbox"/> Loans from Friends/Family <input type="checkbox"/> Medical Bills <input type="checkbox"/> Property taxes/City Assessments <input type="checkbox"/> Judgments issued against you |
| <ul style="list-style-type: none"> <input type="checkbox"/> Child Support to: <ul style="list-style-type: none"> Name: _____ Address: _____ Past due: \$ _____ | |

❖ CREDITOR CHART ❖

Instructions: Please list all of your debts and creditors. If you need additional sheets please copy this sheet.

Column 1: Please provide a Complete Correspondence Address NOT a Billing Address. List all primary creditors first and then list collection agencies directly beneath the primary creditors. For collection agencies listed, please indicate for which creditor the agency is collecting. A fee is later charged for incorrect or incomplete addresses.

Column 2: Please provide the type of account the creditor represents, for example: credit card, line of credit, auto loan, etc.

Column 3: Please provide the date you opened the account and the account number, both of which can be found on your credit report.

Column 4: Please indicate whether the account is Individual (I), Joint (J), or guaranteed by a co-signor (C). If you are married and are filing jointly please indicate who owes on the account by noting a (W) for wife and (H) for husband. Make sure to provide name and address for all co-signors on page 11.

Column 5: Please provide the total amount due if you paid the account in full today. Do not list your monthly payment amount.

Creditor's Name & Address (Complete mailing address & zip code; please verify these addresses with creditors)	Type of Account	Date account opened & Account Number	Individual/ Joint/ Husband/Wife / Co-signed	Best Estimate of Amount Owning

