

K E L S E Y & T R A S K , P . C .

160 Speen Street, Suite 201, Framingham, MA 01701

Tel: 508.655.5980 Fax: 508.655.5981

BANKRUPTCY | DEBT RESOLUTION

FILE NO:

DATE:

DEBTOR

Name: _____
Other Names Used (8 Years): _____
Social Security No: _____
Date of Birth: _____
Phone: _____
Address: _____
City/State/Zip: _____

JOINT DEBTOR

Name: _____
Other Names Used (8 Years): _____
Social Security No: _____
Date of Birth: _____
Phone: _____
Address: Same as Joint Debtor _____
City/State/Zip: _____

ATTORNEY

Chapter: Chapter 7 Chapter 11 Chapter 13 DNF
Fee Quoted: \$ _____
Retainer Prepared (Date): _____
Issues: Means Test Asset Nondischargeable Debt
 Adv. Proc. Missing Taxes No Asset
Exemptions: Massachusetts Federal
Target Date for Filing: _____
Notes: _____

PRIOR BANKRUPTCY NOTES

Prior Bankruptcy: Yes No _____

Caption: _____

District: _____

Docket #: _____

Was Discharge Granted: Yes No _____

Date of Filing: _____

Date of Discharge: _____

Chapter 7 Chapter 11 Chapter 13

OTHER CIVIL CASE NOTES

Case Type: _____

Caption: _____

District: _____

Docket #: _____

Judgment Entered: Yes No _____

Control Date: _____

Notes: _____

OTHER CIVIL CASE NOTES

Case Type: _____

Caption: _____

District: _____

Docket #: _____

Judgment Entered: Yes No _____

Control Date: _____

Notes: _____

NOTES:

OTHER MEMBERS IN HOUSEHOLD

Names :	Ages:	Dependents:	Income:
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

INCOME AND EMPLOYMENT

Debtor

Employer 1: _____ **Position:** _____

City/State/Zip: _____

Income: Gross: _____ Net: _____

How Long: _____

Employer 2: _____ **Position:** _____

City/State/Zip: _____

Income Gross: _____ Net: _____

How Long: _____

Other Income: _____ **Position:** _____

Amount: Gross: _____ Net: _____

Date(s) Received: _____

Joint Debtor

Employer 1: _____ **Position:** _____

City/State/Zip: _____

Gross Income Gross: _____ Net: _____

How Long: _____

Employer 2: _____ **Position:** _____

City/State/Zip: _____

Income Gross: _____ Net: _____

How Long: _____

Other Income: _____ **Position:** _____

Amount: Gross: _____ Net: _____

Date(s) Received: _____

NOTES:

EXECUORY CONTRACTS

Address: _____
City/State/Zip: _____
Debtor's Interest: Lessor Lessee
Lease Dates: _____
Monthly Rent: _____ Income to Debtor
Debtor Intent: Assume Reject

REAL PROPERTY – PRIMARY RESIDENCE

Address: _____
City/State/Zip: _____
Title: _____
Date of Purchase: _____ Purchase Price: _____
Current TAV: _____
Current FMV: _____
Mortgage 1: _____
Balance: _____ Monthly Payment: _____ Arrearage: _____
Mortgage 2: _____
Balance: _____ Monthly Payment: _____ Arrearage: _____
Debtor Intent: Retain Reaffirm Surrender Foreclosure Short Sale
Auction Date: _____

REAL PROPERTY – INVESTMENT PROPERTY

Address: _____
City/State/Zip: _____
Title: _____
Date of Purchase: _____ Purchase Price: _____
Current TAV: _____
Current FMV: _____
Mortgage 1: _____
Balance: _____ Monthly Payment: _____ Arrearage: _____
Mortgage 2: _____
Balance: _____ Monthly Payment: _____ Arrearage: _____
Debtor Intent: Retain Reaffirm Surrender Foreclosure Short Sale
Auction Date: _____

NOTES:

CHECKING/SAVINGS/RETIREMENT ACCOUNTS

Bank Name: _____ Individual Joint

Account Holder: _____

Account Type: Checking Savings 401(K)/IRA/ERISSA Other: _____

Balance: _____

Bank Name: _____ Individual Joint

Account Holder: _____

Account Type: Checking Savings 401(K)/IRA/ERISSA Other: _____

Balance: _____

Bank Name: _____ Individual Joint

Account Holder: _____

Account Type: Checking Savings 401(K)/IRA/ERISSA Other: _____

Balance: _____

Bank Name: _____ Individual Joint

Account Holder: _____

Account Type: Checking Savings 401(K)/IRA/ERISSA Other: _____

Balance: _____

Bank Name: _____ Individual Joint

Account Holder: _____

Account Type: Checking Savings 401(K)/IRA/ERISSA Other: _____

Balance: _____

Bank Name: _____ Individual Joint

Account Holder: _____

Account Type: Checking Savings 401(K)/IRA/ERISSA Other: _____

Balance: _____

NOTES:

MOTOR VEHICLES

Debtor

Automobile:	Year:	Make:	Model:
Vehicle Info:	Miles:	Condition:	
Lien Info:	Creditor:	Balance:	
Intent:	<input type="checkbox"/> Surrender	<input type="checkbox"/> Reaffirm	Monthly Payment: \$
FMV:	_____		

Other Motor Vehicle:	_____		
Vehicle Info:	Miles:	Condition:	
Lien Info:	Creditor:	Balance:	
Intent:	<input type="checkbox"/> Surrender	<input type="checkbox"/> Reaffirm	Monthly Payment: \$
FMV:	_____		

Joint Debtor

Automobile:	Year:	Make:	Model:
Vehicle Info:	Miles:	Condition:	
Lien Info:	Creditor:	Balance:	
Intent:	<input type="checkbox"/> Surrender	<input type="checkbox"/> Reaffirm	Monthly Payment: \$
FMV:	_____		

Other Motor Vehicle:	Year:	Make:	Model:
Vehicle Info:	Miles:	Condition:	
Lien Info:	Creditor:	Balance:	
Intent:	<input type="checkbox"/> Surrender	<input type="checkbox"/> Reaffirm	Monthly Payment: \$
FMV:	_____		

NOTES:

OTHER ASSETS

Cash on Hand	<input type="checkbox"/> None	Value:
Security Deposits	<input type="checkbox"/> None	Value:
Household Goods	<input type="checkbox"/> None	Value:
Books/Pictures/Art	<input type="checkbox"/> None	Value:
Collections	<input type="checkbox"/> None	Value:
Clothing	<input type="checkbox"/> None	Value:
Jewelry	<input type="checkbox"/> None	Value:
Firearms/Sports Equipment	<input type="checkbox"/> None	Value:
503(b) College Fund	<input type="checkbox"/> None	Value:
Pension/Profit Sharing	<input type="checkbox"/> None	Value:
Stocks, Businesses	<input type="checkbox"/> None	Value:
Interest in Partnerships	<input type="checkbox"/> None	Value:
Gov't and Corporate Bonds	<input type="checkbox"/> None	Value:
Accounts Receivable	<input type="checkbox"/> None	Value:
Support Owed	<input type="checkbox"/> None	Value:
Unliquidated Debts	<input type="checkbox"/> None	Value:
Tax Refunds	<input type="checkbox"/> None	Value:
Equitable/Future Interests	<input type="checkbox"/> None	Value:
Contingent Unliquidated Claims	<input type="checkbox"/> None	Value:
Patents/Copyrights/IP	<input type="checkbox"/> None	Value:
Licenses/Franchises	<input type="checkbox"/> None	Value:
Customer Lists	<input type="checkbox"/> None	Value:
Office Equipment/Supplies	<input type="checkbox"/> None	Value:
Machinery/Fixtures	<input type="checkbox"/> None	Value:
Inventory	<input type="checkbox"/> None	Value:
Animals	<input type="checkbox"/> None	Value:
Crops	<input type="checkbox"/> None	Value:
Farming Equipment	<input type="checkbox"/> None	Value:
Farm Supplies	<input type="checkbox"/> None	Value:
Other Personal Property	<input type="checkbox"/> None	Value:
Settlements:	<input type="checkbox"/> None	Value:

PRIORITY UNSECURED DEBT

Internal Revenue Service:	In Name Of: _____	Year(s): _____
Balance:	\$ _____	
Department of Revenue:	In Name Of: _____	Year(s): _____
Balance:	\$ _____	
Domestic Support:	In Name Of: _____	Year(s): _____
Balance:	\$ _____	
Other Priority Debt:	In Name Of: _____	Type: _____
Balance:	\$ _____	

NON-PRIORITY UNSECURED DEBT

Credit Cards:	<input type="checkbox"/> Have Credit Report	
Total Balances:	\$ _____	
Date of last use/payment:	_____	
Lines of Credit:	_____	
Balance:	\$ _____	
Date of last payment:	_____	
Personal Loans:	_____	
Balance:	\$ _____	
Date of last payment:	<input type="checkbox"/> Insider Preference	
Student Loans:	_____	
Balance:	\$ _____	Monthly Payment: \$ _____
Date of last payment:	_____	
Medical Bills:	_____	
Balance:	\$ _____	
Date of last payment:	_____	
Professional Services:	_____	
Balance:	\$ _____	
Date of last payment:	<input type="checkbox"/> Insider Preference	
Other:	_____	
Balance:	\$ _____	
Date of last payment:	_____	
Other:	_____	
Balance:	\$ _____	
Date of last payment:	<input type="checkbox"/> Insider Preference	

HEALTH INSURANCE

Debtor

Policy Holder: _____
Cost to Holder: \$ _____ Withheld From Paycheck
Who gets Benefits: _____
Provider: _____

Joint Debtor

Policy Holder: _____
Cost to Holder: \$ _____ Withheld From Paycheck
Who gets Benefits: _____
Provider: _____

LIFE INSURANCE

Debtor

Provider: _____
Beneficiaries and Amount: Beneficiary: _____ Amount: _____
Insured: _____
Cost: \$ _____ Withheld From Paycheck
Type: Term Whole Cash Value: _____

Joint Debtor

Provider: _____
Beneficiaries and Amount: Beneficiary: _____ Amount: _____
Insured: _____
Cost: \$ _____ Withheld From Paycheck
Type: Term Whole Cash Value: _____

ADDITIONAL MEANS TEST INFORMATION

Disability Insurance: _____
Health Svg. Account: _____
Out-of- Pkt Expense: _____
Family Violence: _____
Excess Energy: _____
Education Expenses: _____
Other: _____

