

ROSS & SCHNARRS, P.C.
Security Trust Company Building
High & Hanover Street
Pottstown, PA 19465
(610) 323-5300
FAX (610) 323-6081

CLIENT WORKSHEET

INSTRUCTIONS: Bankruptcy is a very technical procedure and we need a lot of financial information to serve you best. Please fill out this worksheet as completely as possible. It may be difficult to answer the personal questions. However, we need your answers to complete the bankruptcy document and to properly advise you of your rights and responsibilities. All communications including information you supply to us is absolutely confidential. Never keep information from us, your attorneys, because you are afraid or embarrassed.

Name: _____ Social Security No.: _____

Date of Birth: _____

Name: _____ Social Security No.: _____

Date of Birth: _____

Other names used in the last 6 years: _____

Marital Status: ____ Single ____ Divorced ____ Widowed ____ Married ____ Separated

Residence Address: _____

Mailing Address (if different) _____

Other Addresses During Last 2 Years: _____

County: _____ Length of Time at above Address: _____

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ E-Mail: _____

Children/Dependents: (Name, Age, Relationship to You) _____

Prior Bankruptcies: _____ Location of Filing: _____

Case No.: _____ Date Filed: _____

Pending Bankruptcy: (Filed by spouse, partner, or affiliate)

Debtor name: _____ Case No.: _____

Date filed: _____ Relationship to you: _____

ASSETS
(Property you own)

Real Estate:

Property Location: _____

Market Value: \$ _____ Do you reside in the property? ___ Yes ___ No

Mortgage Holder (First and Second):

Name: _____ Account No.: _____

Address: _____

Balance on Mortgage: \$ _____ Are payments current? ___ Yes ___ No

Name: _____ Account No.: _____

Address: _____

Balance on Mortgage: \$ _____ Are payments current? ___ Yes ___ No

Bank Accounts:

Name of Bank: _____

Type of Account: _____ Average Monthly Balance \$ _____

Name of Bank: _____

Type of Account: _____ Average Monthly Balance \$ _____

Name of Bank: _____

Type of Account: _____ Average Monthly Balance \$ _____

Name of Bank: _____
 Type of Account: _____ Average Monthly Balance \$ _____

Household Goods You Own:

	Brief Description	Market Value
Kitchen Furniture & appliances	_____	\$ _____
Dining Room Set	_____	\$ _____
Living Room Set	_____	\$ _____
Stereo, VCR, TV, DVD	_____	\$ _____
Bedroom Set	_____	\$ _____
Washer/Dryer	_____	\$ _____
Books, Pictures, Art Objects (collectible or limited)	_____	\$ _____
Wearing Apparel	Used Men's/Women's Clothing	\$ _____
Jewelry	_____	\$ _____
Firearms, Sports & Other Hobby Equipment	_____	\$ _____
Interests in Insurance Policies	_____	\$ _____
Annuities	_____	\$ _____
Interests in IRA, Erisa & Keough Plans	_____	\$ _____
401K Plan(s) – give name and address	_____	\$ _____
Stock(s), Interests in Incorporated and Unincorporated Businesses	_____	\$ _____
Tax Refunds Owed to You	_____	\$ _____
Debts Owed to You	_____	\$ _____

Trailers & Other Vehicles _____ \$ _____

Boats, Motors, & Accessories _____ \$ _____

Tools of Your Trade _____ \$ _____

Professionally Prescribed Health Aids _____ \$ _____

Personal Bodily Injury Award/Personal Injury Claim or Law Suit _____ \$ _____

Compensation for Loss Future Earnings _____ \$ _____

Future/Pending Veteran's Benefits, Social Security Disability, Workers' Compensation, Unemployment Compensation _____ \$ _____

Does anyone in addition to you own any of the above property? ____ Yes ____ No
 If Yes, list the name(s) and address of other owner(s), and specify the item(s) of property

Is any of your property in someone else's possession? ____ Yes ____ No.
 If Yes, specify the item(s) of property and list the name(s) and address of the person in possession and the reason why he or she is in possession.

Vehicles:

Year: _____ Make: _____ Model: _____

Own/Lease: _____ Market Value: \$ _____

Loan Holder on Vehicle: ____ Yes ____ No

If Yes, list the name(s), address of the Holder: _____

Account No.: _____ Balance on Loan: \$ _____ Current? Yes No

Year: _____ Make: _____ Model: _____

Own/Lease: _____ Market Value: \$ _____

Loan Holder on Vehicle: ____ Yes ____ No

If Yes, list the name(s), address of the Holder: _____

Account No.: _____ Balance on Loan: \$ _____ Current? Yes No

Employment Information:

Occupation: _____ How Long? _____

Employer's Name and Address: _____

Paycheck ___ Weekly ___ Bi-Weekly ___ Semi-Monthly ___ Monthly

Gross Earnings	.....	\$ _____
Overtime	.....	\$ _____
Federal Withholding tax	.....	\$ _____
Social Security (FICA) tax	.....	\$ _____
Medicare tax	.....	\$ _____
State Withholding tax	.....	\$ _____
Other city/municipal tax	.....	\$ _____
Insurance	.....	\$ _____
Union Dues	.....	\$ _____
Pension	.....	\$ _____
Other Deductions	.....	\$ _____

Other Income (Monthly Amount):

Regular income from business or profession	.....	\$ _____
Income from real property	.....	\$ _____
Interest and dividends	.....	\$ _____
Alimony, maintenance, or support payment	.....	\$ _____
Social Security or other Government assistance	.....	\$ _____
Pension or retirement income	.....	\$ _____

EXPENSES – Monthly

Rent, Mortgage (include lot rent for mobile home) \$ _____

Are property taxes included? ___ Yes ___ No

Is property insurance included ___ Yes ___ No

Utilities:

Electricity & heating fuel \$ _____

Water & sewer \$ _____

Telephone (include cell phone) \$ _____

Cable TV \$ _____

Other \$ _____

Home Maintenance (repairs and upkeep) \$ _____

Food/Grocery \$ _____

Clothing \$ _____

Laundry/Dry cleaning \$ _____

Medical/Dental \$ _____

Prescription Drugs \$ _____

Transportation (gas, repairs, upkeep of vehicle(s)) \$ _____

Recreation/Clubs/Entertainment/Newspapers/Periodicals/Books \$ _____

Charitable Contributions \$ _____

Insurance (not deducted from wages or included in home mortgage)

Homeowner's/Renter's Insurance \$ _____

Life Insurance \$ _____

Health Insurance (if not provided by Employer) \$ _____

Auto Insurance \$ _____

Other Insurance (specify) \$ _____

Taxes (not deducted from wages or included in home mortgage payments)

Real Estate Taxes \$ _____

Other Taxes (specify) \$ _____

Installment payments

Auto \$ _____

Other (specify) \$ _____

Alimony, maintenance and support paid to others \$ _____

Payments for support of additional dependents not living at home \$ _____

Preschool/After School/Daycare for Dependents \$ _____

Suits, administrative proceedings, executions, garnishments, and attachments \$ _____

List all suits and administrative proceedings to which the debtor is/was a party within **1 year** immediately preceding the filing of this bankruptcy case:

Caption: _____

Case No.: _____ Nature of Proceeding: _____

Status: _____ Court Location: _____