

**WILLIAM J. CASEY & ASSOCIATES  
ATTORNEYS AT LAW  
3208 COTTAGE HILL RD  
MOBILE,AL 36603  
251-478-5713**

**THESE FORMS ARE NECESSARY FOR OUR LAW OFFICE TO FILE YOUR  
CHAPTER 7 OR CHAPTER 13 BANKRUPTCY, PLEASE FOLLOW THESE  
ISTUCTIONS CAREFULLY**

**PRINT OR TYPE ALL YOUR INFORMATION.**

**FILL IN ALL BLANKS, IF SOMETHING DOES NOT APLY MARK N/A**

**BE AS THOROUGH AS POSSIBLE WHEN LISTING CREDITORS, WE DO  
NOT KNOW YOUR CREDITORS SO THE MORE INFORMATION WE HAVE ,  
THE BETTER.**

**IF THERE IS ANYTHING ON THIS PACKET THAT YOU DO NOT  
UNDERSTAND, PLEASE ASK, CONTACT OUR OFFICE AND ASK TO SPEAK  
WITH MEMO AT (251)478-5713 OR GO TO OUR WEB ADDRESS AT  
WILLIAMCASEYLAW.COM**

**YOU WILL NEED THE FOLLOWING:**

- 1. CHECK STUBS FOR THE LAST 6 MONTHS OR DISABILITY DOCUMENTS**
- 2. BANK STATEMENTS FOR THE LAST 6 MONTHS**
- 3. TAX RETURNS FOR THE LAST 2 YEARS (2008, 2009).**
- 4. A COPY OF ALL YOUR BILLS OR A COPY OF YOUR CREDIT REPORT  
(WE WILL PULL CREDIT REPORT FOR YOU)**
- 5. CREDIT COUNSULTING CERTIFICATE (WE WILL SET THIS UP FOR  
YOU)**

**GENERAL INFORMATION**

MARITAL STATUS:

MARRIED\_\_\_\_\_ SEPARATED\_\_\_\_\_ DIVORCED\_\_\_\_\_ SINGLE\_\_\_\_\_

CHAPTER 7 BANKRUPTCY\_\_\_\_\_ CHAPTER 13 BANKRUPTCY\_\_\_\_\_

FILING: JOINT\_\_\_\_\_ SINGLE\_\_\_\_\_

NOTE: IF FILING SINGLE AND YOU ARE MARRIED, THERE IS NO NEED TO LIST SPOUSE INFORMATION.

YOUR NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

OTHER NAMES THAT YOU HAVE USED (PREVIOUS MARRIED OR MAIDEN NAMES)

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU LIVED IN THE STATE OF ALABAMA FOR THE LAST 6 MONTHS?  
YES\_\_\_\_\_ NO\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COUNTY: \_\_\_\_\_

PRIOR ADDRESS USED: (IN THE PAST THREE YEARS)

\_\_\_\_\_  
DATES LIVED THERE \_\_\_\_\_  
\_\_\_\_\_  
DATES LIVED THERE \_\_\_\_\_

TELEPHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_  
CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

SPOUSE INFORMATION: (IF FILING JOINT)

SPOUSE NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_

OTHER NAMES THAT SPOUSE HAS USED (PREVIOUS MARRIED OR MAIDEN NAMES)

\_\_\_\_\_  
\_\_\_\_\_

**NAMES AND AGES OF CHILDRE LIVING WITH YOU:**

FULL NAME	AGE	SON OR DAUGHTER
FULL NAME	AGE	SON OR DAUGHTER
FULL NAME	AGE	SON OR DAUGHTER

HAVE YOU EVER FILED A BANKRUPTCY BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF CHECKED YES PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE FILED: \_\_\_\_\_

STATE, CITY AND COUNTY FILED IN: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

CHAPTER FILED: CHAPTER 7 \_\_\_\_\_ OR CHAPTER 13 \_\_\_\_\_

DATE DISCHARGED: \_\_\_\_\_

**PROPERTY QUESTIONS**

**PLEASE GIVE THE VALUE OF EACH PROPERTY AND BRIEF**

**DESCRIPTION**

1. REAL PROPERTY (HOUSE, LAND, BUILDINGS, CONDOMINIUMS, MOBILE HOME) (LIST WHERE LOCATED ALSO) \_\_\_\_\_  
\_\_\_\_\_
2. CASH ON HAND \_\_\_\_\_
3. CHECKING ACCOUNT (PLEASE LIST NAME OF BANK AND AMOUNT IN ACCOUNT) \_\_\_\_\_
4. SAVINGS ACCOUNT (PLEASE LIST NAME OF BANK AND AMOUNT IN ACCOUNT) \_\_\_\_\_
5. SECURITY DEPOSITS \_\_\_\_\_
6. HOUSEHOLD GOODS AND FURNISHINGS, INCLUDE AUDIO, VIDEO AND COMPUTER EQUIPMENT. (PLEASE LIST EACH ITEM SEPARTELY AND GIVE THEM A YARD SALE VALUE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. BOOKS PICTURES AND OTHER ART OBJECTS \_\_\_\_\_
8. WEARING APPAREL \_\_\_\_\_
9. FURS AND JEWELRY \_\_\_\_\_
10. FIREARMS AND SPORTS, HOBBY EQUIPMENT \_\_\_\_\_
11. INTEREST IN INSURANCE POLICIES \_\_\_\_\_
12. ANNUITIES \_\_\_\_\_
13. INTEREST IN IRA OR OTHER PENSION OF PROFIT SHARING PLANS \_\_\_\_\_
14. STOCK AND INTEREST IN BUSINESSES \_\_\_\_\_
15. INTEREST IN PARTERSHIPS OR JOINT VENTURES \_\_\_\_\_
16. GOVERNMENT AND CORPORATE BONDS \_\_\_\_\_
17. ACCOUNTS RECEIVABLE \_\_\_\_\_
18. ALIMONY, MAINTENANCE, SUPPORT AND PROPERTY SETTLEMENTS IN WHICH THE DEPTOR MAY BE ENTITLED \_\_\_\_\_
19. OTHER LIQUIDATED DEPTS OWING DEPTOR INCLUDING TAX REFUNDS \_\_\_\_\_
20. EQUITABLE OR FUTURE INTEREST, LIFE ESTATES AND RIGHTS OR POWERS EXERCISABLE FOR THE BENEFIT OF THE DEBTOR OTHER THAN LISTED IN SCHEDULE OF REAL PROPERTY \_\_\_\_\_
21. CONTINGENT AND NONCONTINGENT INTERESTS IN ESTATE OF A DECENDENT, DEATH BENEFIT PLAN, LIFE INSURANCE POLICY, OR TRUST \_\_\_\_\_
22. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF EVERY NATURE \_\_\_\_\_

23. PATENTS, COPYRIGHTS AND OTHER INTELLECTUAL PROPERTY \_\_\_\_\_  
\_\_\_\_\_
24. LICENSES, FRANCHISES AND OTHER GENERAL INTANGIBLES \_\_\_\_\_  
\_\_\_\_\_
25. AUTOMOBILES, TRUCKS, TRAILERS AND OTHER VEHICLES AND  
ACCESSORIES (LIST THE YEAR AND MAKE OF VEHICLE ALSO  
CONDITION OF VEHICLE AND HOW MANY MILES ON VEHICLE) \_\_\_\_\_  
\_\_\_\_\_
26. BOATS, MOTORS AND ACCESSORIES \_\_\_\_\_
27. AIRCRAFT AND ACCESSORIES \_\_\_\_\_
28. OFFICE EQUIPMENT, FURNISHINGS AND SUPPLES \_\_\_\_\_  
\_\_\_\_\_
29. MACHINERY, FIXTURES, EQUIPMENT AND SUPPLIES USED IN  
BUSINESS \_\_\_\_\_
30. INVENTORY \_\_\_\_\_
31. ANIMALS \_\_\_\_\_
32. CROPS-GROWING OR HARVESTED \_\_\_\_\_
33. FARMING EQUIPMENT AND IMPLEMENTS \_\_\_\_\_
34. FARM SUPPLIES, CHEMICALS AND FEED \_\_\_\_\_
35. OTHER PERSONAL PROPERTY OF ANY KIND NOT ALREADY  
LISTED \_\_\_\_\_

**CREDITORS HOLDING SECURED CLAIMS**

NOTE: PLEASE LIST CREDITORS FULL ADDRESS INCLUDING CITY, STATE AND ZIP CODE. ALSO PLEASE LIST THE DATE THAT YOU INCURRED THIS DEPT AND IF YOU WOULD LIKE TO KEEP IT OR NOT.

CREDITOR`S NAME: \_\_\_\_\_  
CREDITOR`S ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_  
JOINT ACCOUNT OR SINGLE ACCOUNT: \_\_\_\_\_  
DATE CLAIM WAS INCURRED \_\_\_\_\_  
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF  
PROPERTY SUBJECT TO LIEN \_\_\_\_\_

AMOUNT OF CLAIM \_\_\_\_\_  
MONTHLY NOTE ON CLAIM \_\_\_\_\_  
DO YOU WISH TO KEEP THIS CLAIM \_\_\_\_\_

CREDITOR`S NAME: \_\_\_\_\_  
CREDITOR`S ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_  
JOINT ACCOUNT OR SINGLE ACCOUNT: \_\_\_\_\_  
DATE CLAIM WAS INCURRED \_\_\_\_\_  
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF  
PROPERTY SUBJECT TO LIEN \_\_\_\_\_

AMOUNT OF CLAIM \_\_\_\_\_  
MONTHLY NOTE ON CLAIM \_\_\_\_\_  
DO YOU WISH TO KEEP THIS CLAIM \_\_\_\_\_

CREDITOR`S NAME: \_\_\_\_\_  
CREDITOR`S ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_  
JOINT ACCOUNT OR SINGLE ACCOUNT: \_\_\_\_\_  
DATE CLAIM WAS INCURRED \_\_\_\_\_  
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF  
PROPERTY SUBJECT TO LIEN \_\_\_\_\_

AMOUNT OF CLAIM \_\_\_\_\_  
MONTHLY NOTE ON CLAIM \_\_\_\_\_  
DO YOU WISH TO KEEP THIS CLAIM \_\_\_\_\_

**CREDITORS HOLDING SECURED CLAIMS CONTINUED**

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
JOINT ACCOUNT OR SINGLE ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____
AMOUNT OF CLAIM _____
MONTHLY NOTE ON CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
JOINT ACCOUNT OR SINGLE ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____
AMOUNT OF CLAIM _____
MONTHLY NOTE ON CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
JOINT ACCOUNT OR SINGLE ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____
AMOUNT OF CLAIM _____
MONTHLY NOTE ON CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

**CREDITORS HOLDING SECURED CLAIMS CONTINUED**

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
JOINT ACCOUNT OR SINGLE ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____
AMOUNT OF CLAIM _____
MONTHLY NOTE ON CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
JOINT ACCOUNT OR SINGLE ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____
AMOUNT OF CLAIM _____
MONTHLY NOTE ON CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
JOINT ACCOUNT OR SINGLE ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN _____
AMOUNT OF CLAIM _____
MONTHLY NOTE ON CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____



**CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

NOTE: PLEASE LIST CREDITORS FULL ADDRESS INCLUDING CITY, STATE AND ZIP CODE. ALSO PLEASE LIST THE DATE THAT YOU INCURRED THIS DEBT AND IF YOU WOULD LIKE TO KEEP IT OR NOT.

CREDITOR`S NAME: \_\_\_\_\_  
CREDITOR`S ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_  
SINGLE ACCOUNT OR JOINT ACCOUNT: \_\_\_\_\_  
DATE CLAIM WAS INCURRED \_\_\_\_\_  
TYPE OF CLAIM OR ACCOUNT \_\_\_\_\_  
AMOUNT OF CLAIM \_\_\_\_\_  
DO YOU WISH TO KEEP THIS CLAIM \_\_\_\_\_

CREDITOR`S NAME: \_\_\_\_\_  
CREDITOR`S ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_  
SINGLE ACCOUNT OR JOINT ACCOUNT: \_\_\_\_\_  
DATE CLAIM WAS INCURRED \_\_\_\_\_  
TYPE OF CLAIM OR ACCOUNT \_\_\_\_\_  
AMOUNT OF CLAIM \_\_\_\_\_  
DO YOU WISH TO KEEP THIS CLAIM \_\_\_\_\_

CREDITOR`S NAME: \_\_\_\_\_  
CREDITOR`S ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_  
SINGLE ACCOUNT OR JOINT ACCOUNT: \_\_\_\_\_  
DATE CLAIM WAS INCURRED \_\_\_\_\_  
TYPE OF CLAIM OR ACCOUNT \_\_\_\_\_  
AMOUNT OF CLAIM \_\_\_\_\_  
DO YOU WISH TO KEEP THIS CLAIM \_\_\_\_\_

**CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**CONTINUED**

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

**CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**CONTINUED**

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

**CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**CONTINUED**

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

CREDITOR`S NAME: _____
CREDITOR`S ADDRESS: _____
ACCOUNT NUMBER: _____
SINGLE ACCOUNT OR JOINT ACCOUNT: _____
DATE CLAIM WAS INCURRED _____
TYPE OF CLAIM OR ACCOUNT _____
AMOUNT OF CLAIM _____
DO YOU WISH TO KEEP THIS CLAIM _____

**CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

NOTE: PLEASE FILL THIS INFORMATION OUT COMPLETELY. **ALSO PLEASE ATTACH A CURRENT PAY STUB TO THIS FORM.** IF YOU ARE FILING A CHAPTER 13 PETITION AND YOU ARE MARRIED, YOU MUST LIST YOUR SPOUSE'S INCOME WHETHER THEY ARE FILING OR NOT

**DEBTOR**

NAME OF EMPLOYER \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
LENGTH OF EMPLOYMENT \_\_\_\_\_  
PAY PERIOD: WEEKLY \_\_\_\_\_ BI-WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_  
GROSS INCOME \_\_\_\_\_  
FEDERAL TAXES WITHHELD \_\_\_\_\_  
STATE TAXES WITHHELD \_\_\_\_\_  
MEDICARE TAXES WITHHELD \_\_\_\_\_  
SOCIAL SECURITY TAXES WITHHELD \_\_\_\_\_  
INSURANCE \_\_\_\_\_  
UNION DUES \_\_\_\_\_  
RETIREMENT \_\_\_\_\_  
OTHER \_\_\_\_\_

**SPOUSE**

NAME OF EMPLOYER \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
LENGTH OF EMPLOYMENT \_\_\_\_\_  
PAY PERIOD: WEEKLY \_\_\_\_\_ BI-WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_  
GROSS INCOME \_\_\_\_\_  
FEDERAL TAXES WITHHELD \_\_\_\_\_  
STATE TAXES WITHHELD \_\_\_\_\_  
MEDICARE TAXES WITHHELD \_\_\_\_\_  
SOCIAL SECURITY TAXES WITHHELD \_\_\_\_\_  
INSURANCE \_\_\_\_\_  
UNION DUES \_\_\_\_\_  
RETIREMENT \_\_\_\_\_  
OTHER \_\_\_\_\_

DO YOU OR YOUR SPOUSE RECEIVE OR HAVE RECEIVED IN THE PAST THREE YEARS ANY OTHER TYPE INCOME? (SOCIAL SECURITY, UNEMPLOYMENT, WORKMAN'S COMP, ETC...) IF YES, PLEASE GIVE FOLLOWING INFORMATION:

TYPE OF INCOME \_\_\_\_\_  
DEPTOR OR SPOUSE \_\_\_\_\_  
MONTH/YEAR STARTED RECEIVING \_\_\_\_\_  
MONTH/YEAR STOPPED RECEIVING \_\_\_\_\_  
MONTHLY PAYMENT RECEIVED \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION: AMOUNT OF GROSS INCOME FROM EMPLOYEMENT FOR THE LAST TWO YEARS INCLUDING WHAT YOU HAVE MADE YEAR TO DATE.**

	YOU	SPOUSE
2008		
2009		
2010 THRU NOW		

**CURRENT MONTHLY EXPENSES**

MORTGAGE NOTE	\$ _____
RENT NOTE	\$ _____
ELECTRICITY	\$ _____
GAS	\$ _____
WATER	\$ _____
TELEPHONE	\$ _____
CABLE TELEVISION	\$ _____
GARBAGE SERVICE	\$ _____
GROCERIES	\$ _____
CLOTHING	\$ _____
LAUNDRY/DRY CLEANING	\$ _____
DOCTOR	\$ _____
PRESCRIPTIONS	\$ _____
GASOLINE/TRANSPORTATION	\$ _____
CAR NOTE(S)	\$ _____
CAR LEASE NOTE	\$ _____
HOUSE INSURANCE	\$ _____
AUTOMOBIL INSURANCE	\$ _____
HEALTH INSURANCE (IF NOT DEDUCTED FROM PAYCHECK)	\$ _____

**ANY OTHER EXPENSES:** such as child care, tuition, college expenses, lot rent, etc.

PLEASE LIST BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MONTHLY NOTE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY GARNISHMENTS AGAINST YOU? IF YES, PLEASE LIST THE FOLLOWING:

WHO IS GARNISHING YOUR WAGES? \_\_\_\_\_

ADDRESS OF WHO IS GARNISHING YOUR WAGES? \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

DATE GARNISHMENT WAS ISSUED: \_\_\_\_\_

WHAT TYPE OF DEBT IS THIS? \_\_\_\_\_

HOW MUCH ARE THEY GARNISHING FOR? \_\_\_\_\_  
HOW MUCH HAVE THEY GARNISHED? \_\_\_\_\_

**PLEASE LIST THIS DEBT UNDER YOUR UNSECURED DEBTS  
(ALSO IF YOU HAVE THE DOCUMENTS FOR THE GARNISHMENT WE  
WOULD LIKE TO MAKE COPIES OF THEM)**

**CHILD SUPPORT:**

PLEASE INDICATE ANY AND ALL PERSONS TO WHOM YOU OWE CHILD  
SUPPORT (PARENT'S NAME) ALSO GIVE CASE NUMBER IF YOU HAVE  
ONE AND AMOUNT YOU ARE BEHIND, IF YOU ARE BEHIND  
(ARRERAGE)

<b>PARENT'S NAME/CASE #</b>	<b>MONTHLY AMOUNT</b>	<b>ARRERAGE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____



## QUESTIONS

PLEASE ANSWER THESE QUESTIONS AND PROVIDE ALL INFORMATION THAT IS REQUESTED.

1. HAVE YOU HAD ANY REPOSSESSION OR RETURNED ANY PROPERTY TO ANY CREDITORS IN THE LAST YEAR? **IF YES, PLEASE PROVIDE THE FOLLOWING:**  
**DATE OF RETURN:** \_\_\_\_\_  
**DESCRIPTION OF MERCHANDISE RETURNED:** \_\_\_\_\_  
\_\_\_\_\_  
**VALUE OF MERCHANDISE RETURNED:** \_\_\_\_\_  
\_\_\_\_\_  
**CREDITOR'S NAME:** \_\_\_\_\_  
**CREDITOR'S ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_
  
2. HAVE YOU TRANSFERRED, GIVEN, SOLD OR DISPOSED OF ANYTHING (HOUSE, LAND, CAR, FURNITURE, JEWELRY, ETC.) IN THE LAST YEAR? **IF YES, PLEASE PROVIDE THE FOLLOWING: WHO YOU SOLD, GAVE OR TRANSFERRED THE PROPERTY TO:**  
\_\_\_\_\_  
\_\_\_\_\_
  
3. HAVE ANY LAWSUITS BEEN FILED AGAINST YOU OR HAVE ANY JUDGEMENTS BEEN ENTERED AGAINST YOU? **IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:**  
**NAME OF PLAINTIFF:** \_\_\_\_\_  
**COURT LOCATIONS (COUNTY AND STATE):** \_\_\_\_\_  
**CASE NUMBER:** \_\_\_\_\_  
**STATUS OF CASE (PENDING OR JUDGEMENT):** \_\_\_\_\_
  
4. HAVE YOU FILED ANY LAWSUITS AGAINST ANYONE OR ARE YOU EXPECTING TO RECEIVE ANY SETTLEMENT FOR ANY CLAIMS (INSURANCE CLAIMS, CAR WRECKS, ETC...) **IF YES PLEASE EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. HAVE YOU CLOSED ANY BANKFINANCIAL ACCOUNTS WITHIN THE LAST YEAR? **IF YES, PLEASE PROVIDE THE FOLLOWING:**  
**NAME OF FINANCIAL INSTITUTION:** \_\_\_\_\_  
**TYPE OF ACCOUNT: CHECKING** \_\_\_\_\_ **SAVINGS** \_\_\_\_\_  
**MONTH & YEAR CLOSED:** \_\_\_\_\_  
**AMOUNT IN ACCOUNT AT TIME OF CLOSING:** \_\_\_\_\_

6. HAVE YOU MADE ANY PAYMENTS OVER \$600.00 IN THE PAST 90 DAYS TO ANY ONE CREDITOR? (THIS EXCLUDE HOUSE NOTES OR CAR NOTES) **IF YES PLEASE PROVIDE THE FOLLOWING:**

**CREDITOR'S ADDRESS:** \_\_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_

**EXPLANATION OF PAYMENT:** \_\_\_\_\_

**DATE OF PAYEMENT:** \_\_\_\_\_

7. DO YOU HAVE IN YOUR POSSESSION PROPERTY OWNED BY ANOTHER PERSON THAT YOU ARE HOLDING OR USING? **IF YES PLEASE PROVIDE THE FOLLOWING:**

**DESCRIPTION OF PROPERTY:** \_\_\_\_\_

**NAME OF PERSON WHO OWNS SAID PROPERTY:** \_\_\_\_\_

**ADDRESS OF PERSON WHO OWNS SAID PROPERTY:** \_\_\_\_\_

8. DO YOU HAVE AN UNEXPIRED LEASE WITH ANYONE? (AUTOMOBILE LEASE, APARTMENT LEASE, ETC...) **IF YES, PLEASE LIST WITH WHOM THE LEASE IS CONTRACTED THRU AND THE LENGTH OF LEASE. IF AUTOMOBILE LEASE, PLEASE LIST MAKE AND MODEL OF VEHICLE AND VALUE OF VEHICLE, ALSO LIST CREDITOR'S ADDRESS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. HAVE YOU USED ANY CREDIT CARD TO OBTAIN CASH IN THE PAST 90 DAYS? \_\_\_\_\_

\_\_\_\_\_

10. HAVE YOU USED ANY CONVINIENCE CHESKS FROM CREDIT CARDS IN THE PAST 90 DAYS? \_\_\_\_\_

\_\_\_\_\_

11. HAVE YOU DONE ANY BALANCE TRANSFER FROM ONE CREDIT CARD TO ANOTHER CREDIT CARD IN THE LAST YEAR?

\_\_\_\_\_

12. DO YOU STAND TO INHERIT ANY PROPERTY WITHIN THE NEXT – SIX MONTHS? \_\_\_\_\_

**AUTHORIZATION**

I, \_\_\_\_\_, do hereby authorize the law office of William J. Casey, II to pull my credit reports.

\_\_\_\_\_  
Debtor's Name

\_\_\_\_\_  
date