

Chapter 7 Bankruptcy Intake Form – The Belsky Law Firm

Section A — General Information

Today's Date

Married?

Filed Bankruptcy Before? (If so, when?)

Case/District (if known)

Debtor — First, Middle, Last

Spouse — First, Middle, Last

Debtor SSN

Spouse SSN

Debtor DOB

Spouse DOB

Home Phone

Debtor Work

Spouse Work

Debtor Cell

Spouse Cell

Email

Spouse Email

Household Size (#)

Residential & Mailing Address

Residential Address — Street, City, County, State, Zip

Mailing Address (if different) — Street, City, County, State, Zip

Have you lived at this address for the past 3 years?

☐ Yes

☐ No

If NO, list prior addresses (Address 1 —

Address 2 — dates in/out

Address 3 — dates in/out

Residency & Domestic Support Obligations

Have you lived in this state for the last 2 years?

☐ Yes

☐ No

If NO, prior state

When did you move to this state?

Do you owe child support or alimony?

☐ Yes

☐ No

Monthly support obligation (amount)

Person receiving support — Name & Address

Are you current on support?

☐ Yes

☐ No

If NO, how much are you behind?

Inheritances, Lawsuits & Amounts Owed to You

Expecting any inheritances or lawsuit settlements?

☐ Yes

☐ No

If YES, explain

Does anyone owe you more than \$1,000?

☐ Yes

☐ No

If YES, explain (who, how much

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Section B — Real Property (Homes, Buildings, Land)

Property 1 — Address

Type (Single Family / Rowho

me / Townhome / Condo / Duplex / E

Year Purchased

Number of Mortgages

1st Mortgage Company

Payment / Month

Payment Due Date

Total Owed

Months Behind

Are taxes & insurance included (escrow)?

☐ Yes

☐ No

2nd Mortgage Company

Payment / Month

Payment Due Date

Total Owed

Months Behind

Are taxes & insurance included (escrow)?

☐ Yes

☐ No

Additional Mortgages / HOA (describe)

Do you wish to keep this property?

☐ Yes

☐ No

How is it titled? (all names on deed)

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Property 2 — Address

Type (Single Family / Rowhome / Townhome)

Purchase Price

Year Purchased

Number of Mortgages

1st Mortgage Company

Payment / Month

Payment Due Date

Total Owed

Months Behind

Are taxes & insurance included (escrow)?

☐ Yes

☐ No

2nd Mortgage Company

Payment / Month

Payment Due Date

Total Owed

Months Behind

Are taxes & insurance included (escrow)?

☐ Yes

☐ No

Additional Mortgages / HOA (describe)

Do you wish to keep this property?

☐ Yes

☐ No

How is it titled? (all names on deed)

Property 3 — Address

Type (Single Family / Rowhome / Townhome)

Purchase Price

Year Purchased

Number of Mortgages

1st Mortgage Company

Payment / Month

Payment Due Date

Total Owed

Months Behind

Are taxes & insurance included (escrow)?

☐ Yes

☐ No

2nd Mortgage Company

Payment / Month

Payment Due Date

Total Owed

Months Behind

Are taxes & insurance included (escrow)?

☐ Yes

☐ No

Additional Mortgages / HOA (describe)

Do you wish to keep this property?

☐ Yes

☐ No

How is it titled? (all names on

Have you owned any other real property in the last 3 years? ☐ Yes ☐ No

If YES, explain (address and c

Section C — Personal Property & Financial Accounts

Cash on hand? ☐ Yes ☐ No

Typical cash carried (\$)

Bank 1 — Name & Location

Account Balance (now) Type (Checking / Savings / Both)

Additional names on account

Bank 2 — Name & Location

Account Balance (now) Type (Checking / Savings / Both)

Additional names on account

Bank 3 — Name & Location

Account Balance (now) Type (Checking / Savings / Both)

Additional names on account

Any security deposits (rent, BGE, etc.)? ☐ Yes ☐ No

Security deposit(s) — holder & amount

Life insurance policies owned? ☐ Yes ☐ No

Policy Type (Term / Universal / Whole)

Cash Surrender Value (Whole Life only)

Pensions / retirement accounts? ☐ Yes ☐ No

Type (401k/403b/IRA/Gov't/T Approx. Value

Whose name on account?

Type (401k/403b/IRA/Gov't/T Approx. Value

Whose name on account?

Any bonds or stock? ☐ Yes ☐ No

List bonds/stock & current market value

Will/did you receive a tax refund for last tax year? ☐ Yes ☐ No

State (\$) Federal (\$)

Currently or recently involved in any lawsuits/claims? ☐ Yes ☐ No

Date of injury / claim

Attorney handling & contact info

Brief description of lawsuit/claim

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Section D — Business Ownership / Self-Employment

Do you own a business or are you self-employed?

☐ Yes

☐ No

Business Name & Address

Is it incorporated?

Yes ☐

☐ No

Inception Date

End Date (if any)

Current/former partners & addresses

Type of business (what it does/sells)

Household Personal Property — Estimates

Televisions (#)

Stereo (#)

Computer (#)

Microwave (#)

Lamps (#)

Sofas (#)

Beds (#)

Tables (#)

Chairs (#)

Suits (#)

Dresses (#)

Shirts (#)

Pants (#)

Shoes (#)

Other (collectibles, jewelry, rugs,
coins, stamps, antiques, etc.)

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Section E — Motor Vehicles (Cars, Boats, ATVs, etc.)

(1) Year/Make/Model		Mileage	
Car Loan Company		Payment/Month (\$)	
Payment Due Date		Total Owed (\$)	
Months Behind		Titled Owner	
Keeping this vehicle?		☐ Yes ☐ No	
(2) Year/Make/Model		Mileage	
Car Loan Company		Payment/Month (\$)	
Payment Due Date		Total Owed (\$)	
Months Behind		Titled Owner	
Keeping this vehicle?		☐ Yes ☐ No	
(3) Year/Make/Model		Mileage	
Car Loan Company		Payment/Month (\$)	
Payment Due Date		Total Owed (\$)	
Months Behind		Titled Owner	
Keeping this vehicle?		☐ Yes ☐ No	
(4) Year/Make/Model		Mileage	
Car Loan Company		Payment/Month (\$)	
Payment Due Date		Total Owed (\$)	
Months Behind		Titled Owner	
Keeping this vehicle?		☐ Yes ☐ No	
Additional vehicles / sports vehicles (boats, ATVs, jet skis)			
Owned any other vehicles in last 3 years no longer in your possession?		☐ Yes ☐ No	
If YES, what happened? (sold, repossessed, transferred,			

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Section F — Priority Taxes & Credit Union Loans

Do you owe income taxes?

☐ Yes

☐ No

Tax years owed

IRS (\$)

State of MD (\$)

Any loans with SECU/MECU/other Credit Union?

☐ Yes

☐ No

Name of bank / credit union

Co-signers on the loan?

☐ Yes

☐ No

If YES, list names & addresses

Section G — Current Income & Employment

Single/Married/
Single

Debtor Employer

Debtor Occupation

Debtor Employer Address

Debtor Employer Phone

Debtor Payroll Fax

Debtor Length of Employment

Debtor Take-Home Pay (\$)

Debtor Paid (Biweekly/Weekly/Monthly)

Other income sources in household?

List other income types & monthly amounts

Household YTD Gross (\$)

Spouse Employer

Spouse Occupation

Spouse Employer Address

Spouse Employer Phone

Spouse Payroll Fax

Spouse Length of Employment

Spouse Take-Home Pay (\$)

Spouse Paid (Biweekly/Weekly/Mon

☐ Yes

☐ No

Section H — Lawsuits & Judgments Against You

☐ Yes

☐ No

Is anyone suing you, or any judgments entered against

Case 1 — Court / Case Name / Case Number

Case 2 — Court / Case Name / Case Number

Case 3 — Court / Case Name / Case Number

Case 4 — Court / Case Name / Case Number

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Your Dependants & Expenses/Household Expenses

Section I — Dependents

Dependent 1 — Relation

Age

Does this dependent live with you?

☐ Yes

☐ No

Dependent 2 — Relation

Age

Does this dependent live with you?

☐ Yes

☐ No

Dependent 3 — Relation

Age

Does this dependent live with you?

☐ Yes

☐ No

Dependent 4 — Relation

Age

Does this dependent live with you?

☐ Yes

☐ No

Section J — Monthly Expenses

Rent or Mortgage Payment (\$/mo)

Property Taxes (if not escrowed) (\$/mo)

Property Insurance (if not escrowed) (\$/mo)

Electricity/Heating (\$/mo)

Water/Sewage (\$/mo)

Telephone Service (\$/mo)

Other Utilities (list) (\$/mo)

Cell Phone (\$/mo)

Cable/Internet (\$/mo)

Home Maintenance (\$/mo)

Food (\$/mo)

Clothing (\$/mo)

Laundry/Dry Cleaning (\$/mo)

Medical/Dental (\$/mo)

Transportation (not car payments) (\$/mo)

Entertainment/Recreation (\$/mo)

Charitable Contributions (\$/mo)

Auto Insurance (\$/mo)

Taxes (not payroll) (\$/mo)

Household Expenses (continued)

Car Payments (\$/mo)	
Alimony/Child Support/Family Maintenance	
Support for Dependents Not Living at Home	
Business Operation Expenses (\$/mo)	
Mandatory Payroll Deductions (\$/mo)	
Court-Ordered Payments (\$/mo)	
Education (to maintain employment) (\$/mo)	
Childcare (\$/mo)	
Education Expense for Child < 18 (\$/mo)	
Care for Elderly/III/Disabled Family Member	
Health Savings Account (\$/mo)	
Disability Insurance (\$/mo)	
Non-mandatory Contributions (e.g., retirement)	
Other Expenses Not Listed (\$/mo)	

Additional Notes

Notes /
Explanations

Debtor Signature (type

name to sign) Date

Spouse Signature Date

Spouse Signature (if joint)