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## CHECKLIST FOR CHAPTER 7 AND CHAPTER 13 PLANS

MAKE AN ITEMIZED LIST OF THIS INFORMATION ON A SEPARATE SHEET OF PAPER.

### A. GENERAL:

Your full name (including middle), address and how long you've lived there. Your employer's name and address and how long you've worked there, and the last 6 months worth of paystubs from every source. Cities and states where you have lived in each of the last eight years and the years you've lived in each. **BRING COPIES OF YOUR TAX RETURNS AND W2s FOR THE LAST TWO YEARS.**

### B. TAX DEBTS

Where do you owe, for what year/years, type of tax & amount.

### C. REAL ESTATE

List any real estate which you own, how title is held, if mortgaged, the name and address of the creditor holding the mortgage, year of mortgage, principal balance of mortgage and approximate value of the property.

### D. SECURED CREDITORS

Where you have mortgaged your car, boat, or are buying an item on an installment basis. List the property business name of the creditor, street address, city, state and zip code, year debt incurred, reason for debt and approximate amount due for each account.

### E. COLLECTION AGENCY DEBTS

Accounts which you owe that have been turned over to a collection agency or attorney for collection. List **EACH** separate collection agency by proper business name, street address, city, state and zip code, and then itemize each account they have for collection, giving the property business name of the creditor, street address, city, state and zip code, year or years debt incurred, reason for debt and approximate amount for each creditor.

F. UNSECURED CREDITORS

All other accounts which you owe that have not been listed under Item E, including doctor, hospital, dentist, plumbing, groceries, charge accounts, magazine subscriptions, TV repairs, gas, etc. Itemize each of these accounts by proper business name of creditor, street address, city, state and the zip code, year or years debt incurred, for what reason (merchandise, services, repairs) and approximate balance due for each address. If you are bringing in the bills, do **not** include any envelopes, or duplicate billings.

**G. Please bring with you any lawsuit which you have received or which has been served upon you.**

H. If you have been married previously and your ex-spouse is obligated on any of the above obligations, please so indicate and bring a copy of your divorce agreement and divorce decree.

I. UNMORTGAGED PROPERTY

Make an itemized list of all property which you own that is not mortgaged under Item D which belongs to you free and clear and put an estimated value on each item. Example: stove - \$35, refrigerator - \$50, hand tools - \$35, small appliances - \$20, 30-06 Remington - \$100, etc.

J. Please bring information regarding your life insurance by face value of policy, name of company, who is beneficiary, ordinary life or term and cash value, if any. You do not need to bring in the policy.

K. Budget of monthly expenses including house payment, or rent, heat, lights, groceries, auto expenses, insurance, medical, etc., together with your take-home per month.

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**If you have any questions when listing this information  
please feel free to call our office for assistance.**

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**In addition to the above, it is highly recommended that you obtain a credit report.**

## SCHEDULE I – CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor's Marital Status: \_\_\_\_\_

Dependents of Debtor & Spouse: Name Gender Relationship

<i>Employment:</i>	<i>Debtor:</i>	<i>Spouse:</i>
<i>Occupation:</i>		
<i>Name of Employer:</i>		
<i>How Long Employed:</i>		

	<i>Debtor</i>	<i>Spouse</i>
<i>Regular income from operation of business or Profession or farm (attach detailed statement):</i>	\$	\$
<i>Income from real property:</i>	\$	\$
<i>Interest and dividends:</i>	\$	\$
<i>Alimony, maintenance or child support payments Payable to the debtor for the debtor's use or that of The dependents listed above:</i>	\$	\$
<i>Social security or other government assistance (Specify):</i>	\$	\$
<i>Pension or retirement Income:</i>	\$	\$
<i>Other monthly income (Specify):</i>	\$ _____	\$ _____

### Monthly Budget of Debtor(s)

**Complete this schedule by estimating the AVERAGE MONTHLY expenses. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.**

Do you and your spouse maintain separate households? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide amounts for your household and a separate expense sheet for spouse's household.

- 4. Rent or Mortgage payment.....\$ \_\_\_\_\_
- If not included in line 1:
- 4a. Real estate taxes..... \$ \_\_\_\_\_
- 4b. Property, homeowner's or renter's insurance..... \$ \_\_\_\_\_
- 4c. Home maintenance, repair, and upkeep expenses..... \$ \_\_\_\_\_
- 4d. Homeowner's association or condominium due..... \$ \_\_\_\_\_
- 5. Additional mortgage payments for your residence (2nd mortgage, home equity lo... \$ \_\_\_\_\_
- 6. Utilities:
- 6a. Electricity, heat, natural gas..... \$ \_\_\_\_\_
- 6b. Water, sewer, garbage ..... \$ \_\_\_\_\_
- 6c. Home telephone, cell phone, internet, cable ..... \$ \_\_\_\_\_

- 6d. Other. Specify \_\_\_\_\_ \$ \_\_\_\_\_
- 7. Food ..... \$ \_\_\_\_\_
- 7b. Housekeeping Supplies..... \$ \_\_\_\_\_
- 8. Childcare and Children's education (daycare, tuition, lunches)..... \$ \_\_\_\_\_
- 9. Clothing, laundry and dry cleaning..... \$ \_\_\_\_\_
- 10. Personal care products/services (toiletries)..... \$ \_\_\_\_\_
- 11. Medical and dental expense (co-pays, medication, glasses, braces, etc..... \$ \_\_\_\_\_
- 12. Transportation (fuel, maintenance, bus or train fare, not car payment)..... \$ \_\_\_\_\_
- 13. Entertainment, recreation, newspapers, books, magazines..... \$ \_\_\_\_\_
- 14. Charitable contributions & religious donations..... \$ \_\_\_\_\_
- 15. Insurance (**not deducted from paychecks**)
  - 15a. Life insurance.. ..... \$ \_\_\_\_\_
  - 15b. Health insurance..... \$ \_\_\_\_\_
  - 15c. Auto insurance..... \$ \_\_\_\_\_
  - 15d. Other insurance (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- 16. Taxes not deducted from paycheck (if you pay in for income taxes)..... \$ \_\_\_\_\_
- 17. Installment or lease payments
  - 17a. Car payment for vehicle 1..... \$ \_\_\_\_\_
  - 17b. Car payment for vehicle 2 ..... \$ \_\_\_\_\_
  - 17c. Other. (tv, furniture payment) Specify \_\_\_\_\_ \$ \_\_\_\_\_
  - 17d. Other. (storage unit, etc.) Specify \_\_\_\_\_ \$ \_\_\_\_\_
- 18. Alimony, maintenance, and support (**not deducted from paychecks**)..... \$ \_\_\_\_\_
- 19. Payments for support of dependents not living at home: Specify \_\_\_\_\_ \$ \_\_\_\_\_
- 20. Other real property expenses not included previously
  - 20a. Mortgages on other property..... \$ \_\_\_\_\_
  - 20b. Real estate taxes..... \$ \_\_\_\_\_
  - 20c. Maintenance, repair, and upkeep expenses..... \$ \_\_\_\_\_
  - 20e. Homeowner's association or condominium dues..... \$ \_\_\_\_\_
- 21. Other expenses: Specify \_\_\_\_\_ \$ \_\_\_\_\_
  - 21a. Student loan payments..... \$ \_\_\_\_\_

*If we are including the income of a girlfriend/boyfriend or someone that lives with you, please include their own separate expenses:*

- 22. Live-in expenses:
  - 22a. Boyfriend/girlfriend car payment..... \$ \_\_\_\_\_
  - 22b. Boyfriend/girlfriend credit card payment..... \$ \_\_\_\_\_
    - Total owing on credit cards..... \$ \_\_\_\_\_
  - 22c. Boyfriend/girlfriend student loan payment..... \$ \_\_\_\_\_
  - 22d. Boyfriend/girlfriend other payment.
    - Specify: \_\_\_\_\_ \$ \_\_\_\_\_
    - Specify: \_\_\_\_\_ \$ \_\_\_\_\_