

INITIAL INTERVIEW QUESTIONNAIRE

Today's Date:
Last Name:

What county do you live in?

Are you married?	Yes	No
If so, are you separated?	Yes	No

How many children do you have?	
How old are your children?	

**Please take your time to complete the attached forms.
We need full and complete answers.**

PLEASE NOTE:
Interviews will be conducted in the order in which the completed Initial Interview Questionnaire is turned in.

Please be patient, however, as some interviews take longer than anticipated and we sometimes get a little behind schedule.
We apologize for any inconvenience.



	Time of appointment:	Time questionnaire handed in:
Intake.doc (02-01-09)		Did client come in due to a FFA LETTER ? (If so, circle "FFA Letter")

LAW OFFICES OF SUSAN B. TERRADO

Welcome to our office.
Please take a few minutes to complete this questionnaire.
Thank you.

Today's Date:	
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INFORMATION ABOUT YOU

Full Name:			
Mailing Address:			
Home Telephone:		Cell Telephone:	
Work Telephone:		Fax Number:	
Social Security #:		Date of Birth:	
E-Mail Address:			

INFORMATION ABOUT YOUR SPOUSE

Full Name:			
Mailing Address:			
Home Telephone:		Cell Telephone:	
Work Telephone:		Fax Number:	
Social Security #:		Date of Birth:	
E-Mail Address:			

WHY HAVE YOU COME TO US?

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WHO MAY BE THANK FOR REFERRING YOU TO US?

Full Name:		For office use only:			
Telephone Number:		Interviewer:			
Mailing Address:		Chapter:	7	13	FFA
		Office:	R	D	F	W
		Filing Status:	J	SF	SM
		Processor:			

IMPORTANT QUESTIONS:

I have read the following questions & answered each question truthfully.
I understand that this information is confidential. PLEASE SIGN HERE: _____

Circle

Yes	No	1. Do you receive any money from an annuity or a trust?
Yes	No	2. Have you transferred any money or property into a trust of any kind?
Yes	No	3. Do you have anything in your possession that really belongs to someone else?
Yes	No	4. Does anyone have possession of anything that really belongs to you?
Yes	No	5. Do you have any property titled in your name that really belongs to someone else?
Yes	No	6. Have you sold or transferred any property in the last 48 months ?
Yes	No	7. Have you made any large purchases in the last 90 days ?
Yes	No	8. Have you taken out any loans or cash advances in the last 90 days ?
Yes	No	9. Have you paid back friends or relatives more than \$300 in the last 12 months ?
Yes	No	10. Have you given away to friends or relatives anything worth more than \$300 in the last 48 months ?
Yes	No	11. Have you given friends or relatives a lien or mortgage on anything you own in the last 48 months ?
Yes	No	12. Has any creditor ever taken back, repossessed or foreclosed on your car, truck or home?
Yes	No	13. Have you entered into any kind of forbearance agreement regarding overdue payments?
Yes	No	14. Is anyone threatening to take your car, truck, or home?
Yes	No	15. Did you come to us to try to save your home?
Yes	No	If so, is your home in foreclosure? If so: Hearing date: _____ Sale date: _____
Yes	No	If so, is there someone else who owns the home with you?
Yes	No	16. If someone owns the home with you, has the other owner ever filed bankruptcy? If so, when? _____ Did that case get dismissed? _____ If so, when? _____
Yes	No	17. Are you separated from your spouse or contemplating separation? Spouse's Name: _____
Yes	No	18. Are you required to pay any debts under a Separation Agreement or Divorce Decree?
Yes	No	19. Do estranged or ex-spouses have any claims against you?
Yes	No	20. Are you required to pay child support <u>or</u> alimony? If so, how much: \$ _____ / month
Yes	No	21. Do you owe any overdue child support <u>or</u> alimony? If so, how much: \$ _____
Yes	No	22. Are your wages being garnished to pay current or overdue child support?
Yes	No	23. Did you transfer any of your property to your ex-spouse?
Yes	No	24. Have you had any car accidents in the last 4 years that were your fault?
Yes	No	25. Are any of your debts being paid by payroll deduction or military allotment?
Yes	No	26. Are you repaying any 401k, 403b or other loans against your retirement? \$ _____ / month
Yes	No	27. Are you contributing to a 401k or 403b plan ?
Yes	No	28. Have you given any loan company a list of your household goods?
Yes	No	29. Have you listed any motor vehicle as collateral for a personal loan?
Yes	No	30. Have you co-signed a loan or credit card for anyone?
Yes	No	31. Has anyone co-signed a loan or credit card for you?
Yes	No	32. Has anyone put up a CD, bank account, house or other property so you could get a loan?
Yes	No	33. Has anyone served you with Court papers or filed a lawsuit against you in the last 3 years ?
Yes	No	34. Does anyone have a judgment against you?
Yes	No	35. Have you owned a business at any time within the last 6 years ?
Yes	No	36. If so, do you owe any taxes because of that business (income, withholding, employment or sales?)
Yes	No	37. Are there any Federal or State tax returns which you have <u>not</u> filed? If so, which? _____
Yes	No	38. Do you owe any federal or state income taxes?
Yes	No	39. Do you owe any real estate or personal property taxes?
Yes	No	40. If you own a home, are your real estate taxes included in your mortgage payment?
Yes	No	41. Are your wages being garnished to pay back taxes?
Yes	No	42. Have you ever filed bankruptcy before? If so, how many times? _____ When? _____ If so, what was the final result?
Yes	No	If so have you had a bankruptcy case dismissed (kicked out) in the last 12 months ?

IMPORTANT QUESTIONS (continued)

Yes	No	43. Do you own any property in another County or State?
Yes	No	44. Do you owe any Court ordered restitution or fines ?
Yes	No	45. Do you have any unpaid student loans?
Yes	No	46. Do you expect any gifts or an inheritance in the next 12 months ?
Yes	No	47. Do you have any car accident, Worker's Comp, or other personal injury claims against anyone?
Yes	No	48. Do you have any DUI tickets or owe money as a result of an accident while DUI ?
Yes	No	49. Do you owe any money on any pay-day loans?
Yes	No	50. Have you pawned anything? If so, what?
Yes	No	51. Do you have any unpaid bad checks ? If so, how many? Total amount: \$ If so, how many months ago did this happen? months ago.
Yes	No	52. Do you have a right to an inheritance or some "heir" property because someone died?
Yes	No	53. Do you owe Homeowner Association Dues? If so, how much? \$ / month
Yes	No	54. Have you lived anywhere other than North Carolina, at any time, during the last 2 years?

If so: What other State or Country did you live in the last 2 years?
 Location:
 From approximately when to when? to

If so: Where were you living between 2 and 2-1/2 years ago: (**Note:** List all such locations.)
 Location:
 From approximately when to when? to
 Location:
 From approximately when to when? to

Yes	No	55. Have you used a credit card to pay any taxes in the last 3 years?
Yes	No	56. Did you purchase any of your motor vehicles in the last 2-1/2 years?

If so: Please fill in the following chart for each of these vehicles.
 (Note: Just the ones you have that were purchased in the last 2-1/2 years.)

Year, Make and Model	Year Purchased	Do You Owe Money on it?		If so, how many more months do you owe on it?
		Yes	No	
		Yes	No	
		Yes	No	

Important 57. **What caused you to fall behind on your bills?**

Important 58. **What's different now, compared to the time when you fell behind on your bills?**

List all employers you have worked for in the last 6 months:

Me	My Spouse
1.	1.
2.	2.
3.	3.

Yes	No	59. Do you have visitation rights with any children ? If so, please fill in the following:					
		Name	Age	How Often?	Name	Age	How Often?
		1.			3.		
		2.			4.		

How many people are living in your home? **(Including you, but NOT including above children)**

Who is living in your home, other than you? (Please fill in the following)

Name	Age	Relationship to You	Name	Age	Relationship to You
1.			4.		
2.			5.		
3.			6.		

(When you are done with this page, please continue on the next page.)

PROPERTY:

The following is a list of everything I/we own or that we are buying. I/we have left nothing out.
SIGN: _____

For Office use only:

Asset #				
In Year				
Paid				
Improv.				
Tax Value				

REAL ESTATE

For Office Use only Rent: \$

Type	Address				Who is on the Title?	What could I sell it for?	How much is owed on it?
1. Single Family House							
2. Condo/Town House							
3. Timeshare							
4. Land							
	Year	Make	Model	Size			
5. Mobile Home							
6. Mobile Home							

MOTOR VEHICLES/BOATS/OTHER VEHICLES

Type	Year	Make	Model	Style	Mileage	What could I sell it for?	How much is owed on it?
7. Car							
When was vehicle purchase? () How many more monthly payments do you have? ()							
8. Car							
When was vehicle purchase? () How many more monthly payments do you have? ()							
9. Car							
When was vehicle purchase? () How many more monthly payments do you have? ()							
10. Truck							
When was vehicle purchase? () How many more monthly payments do you have? ()							
11. Truck							
When was vehicle purchase? () How many more monthly payments do you have? ()							
12. Motorcycle							
When was vehicle purchase? () How many more monthly payments do you have? ()							
13. Boat							
When was vehicle purchase? () How many more monthly payments do you have? ()							

CASH AND ACCOUNTS

Type	Dollar Amount	Description
14. Money in bank accounts		FOR STAFF: UPDATE AT FINAL SIGNING
15. Money owed to you (or inheritance)		Do you need more
16. Certificates of Deposit		space to list property?
17. Money Market Accounts		Please ask the
18. Stocks / Bonds/ Mutual Funds /Annuities		receptionist for a
19. IRAs & 401(k)s		FOR STAFF: LIST ON SCH. B Property
20. Loans, Mortgages or Rents paid to you		Continuation Sheet
21. Cash on hand & TAX REFUNDS		

OTHER PROPERTY

Type	Description	What could I sell it for?
22. Ownership in a business		
23. Ownership in another business		
24. Tools of trade and business equipment		
25. Business Inventory		
26. Car Leases		
27. Valuable collections		
28. Car accident/Work Comp/Personal Injury		
29. Other property of any kind		
30. Anything other than usual Household Goods? Yes No Explain:		
31. Anything other than usual Household Goods? Yes No Explain:		

PROPERTY:

CONTINUATION SHEET

REAL ESTATE

Type	Address				Who is on the Title?	What could I sell it for?	How much is owed on it?
32.							
33.							
34.							
35.							
	Year	Make	Model	Size			
36. Mobile Home							
37. Mobile Home							

MOTOR VEHICLES/BOATS/OTHER VEHICLES

Type	Year	Make	Model	Style	Mileage	What could I sell it for?	How much is owed on it?
38.							
When was vehicle purchase? ()						How many more monthly payments do you have? ()	
39.							
When was vehicle purchase? ()						How many more monthly payments do you have? ()	
40.							
When was vehicle purchase? ()						How many more monthly payments do you have? ()	
41.							
When was vehicle purchase? ()						How many more monthly payments do you have? ()	
42.							
When was vehicle purchase? ()						How many more monthly payments do you have? ()	
43.							
When was vehicle purchase? ()						How many more monthly payments do you have? ()	
44.							
When was vehicle purchase? ()						How many more monthly payments do you have? ()	

CASH AND ACCOUNTS

Type	Dollar Amount	Description
45.		
46.		
47.		
48.		
49.		
50.		
51.		
52.		
53.		

OTHER PROPERTY

Type	Description	What could I sell it for?
54.		
55.		
56.		
57.		
58.		
59.		
60.		
61.		

DEBTS:

The following is a list of all of my/our debts. I have not left anything out. I have even listed debts that I/we want to pay. I have listed debts even if they are current. I have even listed debts I/we dispute.
SIGN HERE: _____

FHA/VA
Repossession
Ex-spouses
Medical bills
Assumed Loans
Debts Guaranteed
Debts Co-signed

Garnishments
Payroll Deductions
Overdraft Protection
Credit Union Loans
Debts/Credit Reports
Disputed/Contingent

Old Landlords
Furniture Stores
Jewelry Stores
Old Creditors
Military Allotments
AAFES/Esprit

For Office Use		Name of Creditor	Property listed as Collateral	Payoff Amount if Paid Now	Monthly Payment	Months Behind	Names of Co-signers/ Guarantors
Type/Intention/Treatment	Asset #						
7		1					
13							
7		2					
13							
7		3					
13							
7		4					
13							
7		5					
13							
7		6					
13							
7		7					
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7		14					
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7		15					
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7		16					
13							
7		17					
13							

		18	FHA / VA		\$0.00		
			Re: Mortgage Guaranty				
		19					
	For Office Use						
			Re: Alimony or Other Possible Obligation Owed to Estranged or Ex-Spouse				
		20					
			Re: Current or Past Due Child Support				

Do you need more space to list your debts? Please ask the receptionist for a **Debt Continuation Sheet**

TAX DEBT

For Office Use		Name of Creditor	Kind of Tax	Tax Years Involved	Return Filed?	Amount Due or Estimated
Type/Treatment	Asset#					
7/13		1 I.R.S.	Income/Withholding			
7/13		2 NC Dept. of Rev.	Income/Withholding			
7/13		3 Co.	Real Property Tax			
7/13		4 Co.	Personal Property			
7/13		5				

Do you need more space to list taxes? Please ask the receptionist for a **Debt Continuation Sheet**

DEBTS:

CONTINUATION SHEET

For Office Use		Name of Creditor	Property listed as Collateral	Payoff Amount if Paid Now	Monthly Payment	Months Behind	Names of Co-signers/ Guarantors
Type/Intention/Treatment	Asset #						
7		21					
13							
7		22					
13							
7		23					
13							
7		24					
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7		36					
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7		37					
13							
7		38					
13							
7		38					
13							
7		40					
13							

TAX DEBT

For Office Use		Name of Creditor	Kind of Tax	Tax Years Involved	Return Filed?	Amount Due or Estimated
Type/Treatment	Asset #					
7/13		6				
7/13		7				
7/13		8				
7/13		9				
7/13		10				

MY INCOME:

For Office Use
Means Test Line #'s/
Net Monthly Income

MY MAIN JOB	I get paid:	Every Week	Every Two Weeks	Twice a Month	Once a Month	For Office Use Converted To Monthly	Estimate or Per Paycheck	
	Employer:			How Long Employed: _____				
Get info off your paycheck	Gross Income (per paycheck)			\$ _____		\$ _____	(N/A)	
	Less Payroll Deductions							
	Payroll Taxes and Social Security			\$ _____	.....	\$ _____	7(25)	13(30)
	Insurance & Health Savings Account							
	Health / Dental / Vision Insurance			_____				
	Disability Insurance			_____				
	Health Savings Account			_____				
	Other Health Related Insurance			_____				
	Subtotal.....				\$ _____	\$ _____	7(34)	13(39)
	Term Life Insurance.....				\$ _____	\$ _____	7(27)	13(32)
	Mandatory Deductions (other than taxes)							
	Mandatory Retirement (Not 401K)			_____				
	401K or 403B Contributions			_____				
	Union Dues / Uniforms / Shoes			_____				
	401K or 403B Loan Repayments			_____				
Employer Loan Repayments			_____					
Subtotal.....				\$ _____	\$ _____	7(26)	13(31)	
Tax Garnishments				\$ _____		(N/A)		
Allotments (re: Military)				\$ _____		(N/A)		
Child Support and/or Alimony.....				\$ _____	\$ _____	7(28)	13(33)	
Other:				\$ _____		(N/A)		
Total Payroll Deductions				\$ (_____)		(N/A)		
Net Take Home Pay				\$ _____	\$ _____	\$ _____		
MY SECOND JOB	I get paid:	Every Week	Every Two Weeks	Twice a Month	Once a Month	For Office Use Converted To Monthly	For Office Use:	
Employer:			How Long Employed: _____		Estimate or Per Paycheck			
Get info off your paycheck	Gross Income (per paycheck)			\$ _____		\$ _____	(N/A)	
	Less Payroll Deductions							
	Payroll Taxes and Social Security			_____	.....	\$ _____	7(25)	13(30)
	Insurance & Health Savings Account							
	Health / Dental / Vision Insurance			_____				
	Disability Insurance			_____				
	Health Savings Account			_____				
	Other Health Related Insurance			_____				
	Subtotal.....				\$ _____	\$ _____	7(34)	13(30)
	Term Life Insurance.....				\$ _____	\$ _____	7(27)	13(32)
	Mandatory Deductions (other than taxes)							
	Mandatory Retirement (Not 401K)			_____				
	401K or 403B Contributions			_____				
	Union Dues / Uniforms / Shoes			_____				
	401K or 403B Loan Repayments			_____				
Employer Loan Repayments			_____					
Subtotal.....				\$ _____	\$ _____	7(26)	13(31)	
Tax Garnishments				\$ _____		(N/A)		
Allotments (re: Military)				\$ _____		(N/A)		
Child Support and/or Alimony.....				\$ _____	\$ _____	7(28)	13(33)	
Other:				\$ _____		(N/A)		
Total Payroll Deductions				\$ (_____)		(N/A)		
Net Take Home Pay				\$ _____	\$ _____	\$ _____		

(Continued on next page)

FROM RUNNING MY BUSINESS	NOTE: Only fill out this part of the income form for a Sole Proprietorship. If need be, ask for a Business Expense Form for to itemize your business expenses. (If you work for your own corporation or partnership, fill out one of the "Job" forms above, listing your corporation or partnership as your employer.		For Office Use
	Business Name:		For Office Use: Convert to Month

Gross Monthly Receipts	\$ _____	\$ _____	7(4a) 13(3a)
Minus Ordinary & Necessary Business Expenses	\$ (_____)	\$ (_____)	7(4b) 13(3b)
Net Business Income	\$ _____	\$ _____	7(4c) 13(3c)
Minus Estimated Income Taxes	\$ (_____)	\$ (_____)	7(25) 13(30)
Net Income After Estimated Taxes	\$ _____	\$ _____	\$ _____

MY REAL ESTATE RENTAL INCOME	NOTE: Only fill out this part of the income form for Real Property you own in your name. If need be, ask for a Business Expense Form for to itemize your business expenses. (If you work for your own corporation or partnership, fill out one of the "Job" forms above, listing your corporation or partnership as your employer.		For Office Use
	Number of Properties:		For Office Use: Convert to Month

Gross Monthly Receipts	\$ _____	\$ _____	7(5a) 13(4a)
Minus Necessary Operating Expenses (Mortgage, etc.)	\$ (_____)	\$ (_____)	7(5b) 13(4b)
Net Business Income	\$ _____	\$ _____	7(5c) 13(4c)
Minus Estimated Income Taxes	\$ (_____)	\$ (_____)	7(25) 13(30)
Net Income After Estimated Taxes	\$ _____	\$ _____	\$ _____

ALL OTHER INCOME	Source of Income	Monthly Amount	Means Test Line #	For Office Use
	Interest & Dividends & Royalties	\$ _____	7(6) 13(5)	\$ _____
	Pension & Retirement Income			
	Private Retirement Plan	\$ _____		
	Military Retirement	\$ _____		
	Total:	\$ _____	7(7) 13(6)	\$ _____
	Contributions from other people "for the household expenses", <u>received on a regular basis</u> , including:			
	Regular Alimony or Child Support	\$ _____		
	Regular Contributions from "Live-In" Boy/Girlfriend	\$ _____		
	Regular Roommate Contributions	\$ _____		
	Regular Contributions from Family (NOT Spouse)	\$ _____		
	Total:	\$ _____	7(8) 13(7)	\$ _____
	Unemployment Benefits	\$ _____	7(9) 13(8)	\$ _____
	Income from All Other Sources			
	Annuity Income Payment	\$ _____		
	Worker's Compensation	\$ _____		
	Disability Income (other than Social Security)	\$ _____		
	Other:	\$ _____		
	Total:	\$ _____	7(10) 13(9)	\$ _____
	Social Security Retirement / Disability	\$ _____	Not Included in Means Test	\$ _____

TOTAL NET MONTHLY INCOME:

\$ _____

For Office Use: For "Non-Filing Spouse" or "Live-in Boyfriend/Girlfriend" situation, fill out the "Separate Monthly Debts & Expenses" form.

MY SPOUSE'S INCOME:

For Office Use
Means Test Line #'s/
Net Monthly Income

MY SPOUSE'S MAIN JOB	My spouse gets paid:	Every Week	Every Two Weeks	Twice a Month	Once a Month	For Office Use Converted To Monthly	Estimate or Per Paycheck	
	Employer:			How Long Employed: _____				
Get info off your spouse's paycheck	Gross Income (per paycheck)			\$ _____		\$ _____		(N/A)
	Less Payroll Deductions							
	Payroll Taxes and Social Security			\$ _____	.....	\$ _____		7(25) 13(30)
	Insurance & Health Savings Account							
	Health / Dental / Vision Insurance			_____				
	Disability Insurance			_____				
	Health Savings Account			_____				
	Other Health Related Insurance			_____				
	Subtotal				\$ _____	\$ _____		7(34) 13(39)
	Term Life Insurance				\$ _____	\$ _____		7(27) 13(32)
	Mandatory Deductions (other than taxes)							
	Mandatory Retirement (Not 401K)			_____				
	401K or 403B Contributions			_____				
	Union Dues / Uniforms / Shoes			_____				
	401K or 403B Loan Repayments			_____				
Employer Loan Repayments			_____					
Subtotal				\$ _____	\$ _____		7(26) 13(31)	
Tax Garnishments				\$ _____			(N/A)	
Allotments (re: Military)				\$ _____			(N/A)	
Child Support and/or Alimony				\$ _____	\$ _____		7(28) 13(33)	
Other:				\$ _____			(N/A)	
Total Payroll Deductions				\$ (_____)			(N/A)	
Net Take Home Pay				\$ _____	\$ _____		\$ _____	

MY SPOUSE'S SECOND JOB	My spouse gets paid:	Every Week	Every Two Weeks	Twice a Month	Once a Month	For Office Use Converted To Monthly	Estimate or Per Paycheck	
	Employer:			How Long Employed: _____				
Get info off your spouse's paycheck	Gross Income (per paycheck)			\$ _____		\$ _____		(N/A)
	Less Payroll Deductions							
	Payroll Taxes and Social Security				.....	\$ _____		7(25) 13(30)
	Insurance & Health Savings Account							
	Health / Dental / Vision Insurance			_____				
	Disability Insurance			_____				
	Health Savings Account			_____				
	Other Health Related Insurance			_____				
	Subtotal				\$ _____	\$ _____		7(34) 13(30)
	Term Life Insurance				\$ _____	\$ _____		7(27) 13(32)
	Mandatory Deductions (other than taxes)							
	Mandatory Retirement (Not 401K)			_____				
	401K or 403B Contributions			_____				
	Union Dues / Uniforms / Shoes			_____				
	401K or 403B Loan Repayments			_____				
Employer Loan Repayments			_____					
Subtotal				\$ _____	\$ _____		7(26) 13(31)	
Tax Garnishments				\$ _____			(N/A)	
Allotments (re: Military)				\$ _____			(N/A)	
Child Support and/or Alimony				\$ _____	\$ _____		7(28) 13(33)	
Other:				\$ _____			(N/A)	
Total Payroll Deductions				\$ (_____)			(N/A)	
Net Take Home Pay				\$ _____	\$ _____		\$ _____	

NOTE: If you are married and living with your spouse, we need your spouse's income information. Please do your best to supply this information. (Please continue on next page)

FOR OFFICE USE ONLY: This spouse is: Filing [] Not Filing []

MY SPOUSE INCOME FROM RUNNING BUSINESS	NOTE: Only fill out this part of the income form for a Sole Proprietorship. If need be, ask for a Business Expense Form for to itemize your spouse's business expenses. (If your spouse works for his/her own corporation or partnership, fill out one of the "Job" forms above, listing your spouse's corporation or partnership as his/her employer.			For Office Use
	Business Name:		For Office Use: Convert to Month	
	Gross Monthly Receipts	\$ _____	\$ _____	7(4a) 13(3a)
	Minus Ordinary & Necessary Business Expenses	\$ (_____)	\$ (_____)	7(4b) 13(3b)
	Net Business Income	\$ _____	\$ _____	7(4c) 13(3c)
	Minus Estimated Income Taxes	\$ (_____)	\$ (_____)	7(25) 13(30)
	Net Income After Estimated Taxes	\$ _____	\$ _____	\$ _____

MY SPOUSE REAL ESTATE RENTAL INCOME	NOTE: Only fill out this part of the income form for Real Property your spouse owns. If need be, ask for a Business Expense Form for to itemize your spouse's business expenses. (If your spouse works for his/her own corporation or partnership, fill out one of the "Job" forms above, listing your spouse's corporation or partnership as his/her employer.			For Office Use
	Number of Properties:		For Office Use: Convert to Month	
	Gross Monthly Receipts	\$ _____	\$ _____	7(5a) 13(4a)
	Minus Necessary Operating Expenses (Mortgage, etc.)	\$ (_____)	\$ (_____)	7(5b) 13(4b)
	Net Business Income	\$ _____	\$ _____	7(5c) 13(4c)
	Minus Estimated Income Taxes	\$ (_____)	\$ (_____)	7(25) 13(30)
	Net Income After Estimated Taxes	\$ _____	\$ _____	\$ _____

MY SPOUSE ALL OTHER INCOME	Source of Income	Monthly Amount	Means Test Line #	For Office Use
		Interest & Dividends & Royalties	\$ _____	7(6) 13(5)
	Pension & Retirement Income			
	Private Retirement Plan	\$ _____		
	Military Retirement	\$ _____		
	Total:	\$ _____	7(7) 13(6)	\$ _____
	Contributions from other people "for the household expenses", <u>received on a regular basis</u> , including:			
	Regular Alimony or Child Support	\$ _____		
	Regular Contributions from "Live-In" Boy/Girlfriend	\$ _____		
	Regular Roommate Contributions	\$ _____		
	Regular Contributions from Family (NOT Spouse)	\$ _____		
	Total:	\$ _____	7(8) 13(7)	\$ _____
	Unemployment Benefits	\$ _____	7(9) 13(8)	\$ _____
	Income from All Other Sources			
	Annuity Income Payment	\$ _____		
	Worker's Compensation	\$ _____		
	Disability Income (other than Social Security)	\$ _____		
	Other:	\$ _____		
	Total:	\$ _____	7(10) 13(9)	\$ _____
	Social Security Retirement / Disability	\$ _____	Not Included in Means Test	\$ _____

TOTAL NET MONTHLY INCOME:

\$ _____

MONTHLY LIVING EXPENSES:

Yes

No

- Do you live with a spouse, boyfriend, girlfriend or other adult AND "pool" your income?
- If "YES" to both, please circle "Yes" box at left & include below that person's expenses with yours.

For Office Use	MT	Monthly	Type of Expense			
	LS/H		Home: Rent/Home Mortgages/Mobile Home payment (include lot rent, if any)			
	Y		Home: Homeowner's Association Dues			
	LS/H		Utilities: Home Electricity/Gas/Heating Oil	For Office Use		
	LS/H		Water and Sewer/Garbage Pickup	Total Net	\$	
	LS/H		Home Phone (Land Line)	Monthly		
	LS/H		Cable & Satellite (NOT including Internet)	Income:		
	LS/H		Cell Phones	Total Monthly	\$	
	Y		Internet			Expenses:
	LS/H		Home Maintenance (needed repairs & upkeep)	Proposed	\$	
	Y		Home Security Alarm System			Ch. 13
	NS		Laundry & Dry Cleaning Outside Home			Plan
	NS		Clothing/Shoes & Clothing Accessories	Payment:		
	Y		Religious/Tithing/Charitable Contributions			
	Y		Medical & Dental Expenses (Amounts NOT paid by insurance or health savings acct)			
	NS		Food & Grocery Store Items (Number of people being fed: _____)			
	Y/O		Extra Food (Prescribed or required special dietary needs)			
	NS		Food: Away from home			
	NS		Food: School Lunches for Children			
	NS		Recreation/Clubs/Entertainment/Newspapers/Magazines/Alcohol/Tobacco			
	LS/T		Transportation (Including Cost of Gas/Vehicle Repairs & Upkeep/Cab or Bus Fare)			
	////		Insurance:			
	LS/H		Property Insurance on home (Is it included in house payment? Yes No)			
	LS/H		Renter's Insurance			
	LS/H		Car/Truck Insurance (Number of vehicles insured: _____)			
	Y		Term Life Insurance (The kind with NO cash value)			
	N		Whole Life Insurance (The kind with cash value)			
	Y		Disability Insurance			
	Y		Health & Dental (Other than insurance deducted from wages)			
	////		Taxes (Other than taxes deducted from wages):			
	Y/S		Real Property Taxes (Yearly amount \$ _____)			
	Y/S	Important:	➤ Is this tax included in house payment? Yes No			
	Y/P		Personal Property Taxes (On vehicles, mobile homes, business equip.)			
	Y/P		Income Taxes: Overdue for Prior Years			
	Y/T		Income Taxes: Estimated Re: Current Business Income (NOT Withheld)			
	Y/T		Income Taxes: Current Under-Withholding Adjustment (Approximate)			
	Y/T		Income Taxes: (For Office Use) Approx. UNDER-WITHHOLDING			
	Y/P		Withholding or Sales Taxes: Current or Overdue (From a Business)			
	////		Installment payments: (Purchases & Leases)			
	Y/S		Motor Vehicle 1 (Purchase)			
	Y/S	Important:	➤ How many more payments are there? _____ at what Interest Rate? _____%			
	Y/S		Motor Vehicle 2 (Purchase)			
	Y/S	Important:	➤ How many more payments are there? _____ at what Interest Rate? _____%			
	LS/T		Motor Vehicle 1 (Lease)			
	LS/T		Motor Vehicle 2 (Lease)			

	Y/S		Motor Vehicle 3 (Staff: Why needed?/Who is it for?/How Many More Payments?)
	Y/S		Motor Vehicle 4 (Staff: Why needed?/Who is it for?/How Many More Payments?)
	Y/S		Motor Vehicle 5 (Staff: Why needed?/Who is it for?/How Many More Payments?)
	Y/S		House, Mobile Homes or Land (Other than your home)
	Y/S		Furniture, Appliances & Jewelry payments (Store Names: _____)
	Y/S		Boat/4-wheeler/Camper/Other recreational vehicles
	Y/S		Tax, Mechanic's and/or Judgment liens on real property obligations (Chapter 7 only)
	Y/S		Cross-Collateral secured liens on vehicles obligations (Chapter 7 only)
	Y/P		Alimony & Child Support Paid to others (Other than deducted from Wages)
	Y		Criminal Restitution Payments (Examples: Unemployment fraud, DUI, Embezzlement)
	Y		Other Court-Ordered Payment (For example: Debts pursuant to Divorce related order)
	N		Payments for Support of Dependents NOT living in your home
	Y		Continuing care/support of elderly, ill, or disabled family OR member of household
	Y		Business Expenses (sole proprietorship) --- Ask for Business Budget form to fill out.
	Y		Child Care & Babysitting costs
	N		Co-signed debts that must be paid
	N		Student Loans (Ch 7 only) Note to Staff: (Can't be paid outside Ch. 13 plan)
	LS/T		Prospective Vehicle (Anticipated Payment & additional cost of insurance)
	NS		Pet Expenses (Food & Vet Bills) (Describe: _____)
	Y**		Children under age 18: School/Sports Activities/Supplies/Travel/Expenses or Tuition
	NS		Emergencies
	NS		Miscellaneous
	NS		Personal Grooming Services
	Y		Education as condition of employment (For example: To keep license or certification)
	Y		Education for physically/mentally challenged child (Where NOJ public school services)
	Y		401K or 403B Retirement Loan Repayments Means Test line # 7(26) 13(55)
	?***		Other Necessary Expenses (Describe: _____)
	?***		Other Necessary Expenses (Describe: _____)
			Office Use: SEPARATE EXPENSES (NON-Filing Spouse) (See **** below)
			TOTAL MONTHLY EXPENSES

For Office Use Only:

* Where the spouse is not going to file bankruptcy, this can be a crucially important category, which includes all of the spouse's non-household expenses for such things as credit cards, medical bills, vehicle expense, personal grooming, etc., etc. For purposes of the Means Test, we have to list the non-filing spouse's income, but we can back out using this item all income not contributed to the household. It would probably make sense to have the non-filing spouse set up a separate bank account to deposit the non-filing spouse's income in.

** Must bring proof to Court meeting (341 Meeting)

*** Means Test: (1) Expense must provide for the health and welfare of debtor and/or debtor's family, or
(2) Expense must be necessary for the production of income

**** Filing in this line assumes we are going to include the Non-Filing Spouse's income on Schedule I. To get this number, Complete our "**Separate Monthly Debts & Expenses**" form. In addition, you must create a 2nd Schedule J using BestCase to itemize the Non-Filing Spouse's separate monthly debts and expenses.

Legion:

MT = Mean Test allowance

NS = National Standards

LS/H= Local Standards for Housing & Utilities

LS/T= Local Standards for Transportation

O = Other Necessary Expense per Internal Revenue Manual (Must be necessary/Must be actual expense)

Y = Allowed as Means Test expense. N = Not allowed as Means Test expense.

Y/S = Allowed as a Secured debt

Y/P = Allowed as a Priority debt

Y/T = Allowed on Means Test under "Taxes" category

? = Unknown/Must fall within IRM Other Expense category as needed to provide for health and welfare of family or for the production of income.