

Law Office of Perry D. Monioudis, P.A.
800 SE Third Avenue
Suite 200
Ft. Lauderdale, FL 33316
Phone: 954.523.8787
Fax: 954.523.5543
email: pmonioudis@bellsouth.net

BANKRUPTCY WORKSHEET

Client Name _____ Interview Date _____

Co-Debtor Name _____ County of Residence _____

Address - _____ Lived @ Address for Over 6 Months? _____

Home Telephone Number _____ Work Telephone Number _____

Cell Phone Number _____

E-mail Address _____

Lived in Florida for Over 2 Years? _____

Have you Ever Filed Bankruptcy Before? _____

Are You: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

Does Anyone Else Live with you in your Home? _____

List their Name, Sex, Age, and Relationship: _____

Do Any of them Regularly Contribute to the Support of your Household? _____

Did You Ever Own a House ___ Land ___ Co-op ___ Condo ___ Timeshare ___ When _____

Names of Owners: _____

Property Address: _____

Purchase Price: _____ Date Purchased: _____ Current Market Value of Property: _____

Total First Mortgage Amount: _____

Second Mortgage Amount: Date of Second Mortgage: _____

Do you want to Keep this Property? _____

Did anyone Ever put your name on a real property deed? _____

Did you Ever Co-Sign a Mortgage or Loan for anyone? _____

Do You Own/Lease a Vehicle ___ Year & Model _____ 2nd Vehicle ___ Year & Model _____

Name of Creditor(s) as to each vehicle _____

Purchase Price: _____ Mileage: _____ Date Purchased: _____ Current Value: _____

Total Loan Amount on Vehicle: _____ Do you want to Keep this Vehicle? _____

Do you have a Pension Plan ___ Annuity ___ 401K ___ IRA ___ Investment Account ___

How much Money in Total is in All of your Bank Accounts? \$ _____

List the Names of All Banks in which you have Bank Accounts. _____

What is the most Amount of Money you had in Any Account in the Last Two Years? _____

Do you Have More than \$100 in Actual Cash? _____ Amount \$ _____

Have you closed any accounts (Checking, Savings, CD, or investment) in Last 12 Months? ____
Name & Address, Date Closed, Account No and Closing Balance: _____

Do You own a Boat or Airplane? _____

Are you Expecting a Tax Refund? _____ If yes, I Expect to receive \$ _____

Does anyone Owe you money _____ Are you Owed Any Commissions or Fees or otherwise expect any other Payments for any work that you did? _____

Do you have a Safe Deposit Box? _____ If yes, in which Bank: _____

Do you have a Life Insurance Policy? Term ____ Whole Life _____ (cash value) _____

Do you own any Stock or Bonds? _____

Do you own any Patents or Copyrights or Licenses or Franchises? _____

Do you expect to Receive any Inheritance, or anything of value? _____

Are you Holding any property that belongs to Another Person? _____

Were there any Businesses that you were the Director, Partner, Officer or Managing Executive or any other ownership within the last Six Years? _____

List business Name & Address: _____

Did you make any payments to any One Creditor more than \$600 within the last 90 days? _____

Did you make any payments to One Family Member more than \$600 within the last year? _____

Did you Ever Transfer Any Money ____ or Assets ____ or Give any Gifts ____ or Have any Gambling or other Losses over \$1,000.00? _____

Are You Anyone or have the right to sue anyone for any reason? _____

Is Anyone Suing You? _____ If yes, please bring lawsuit papers with you. _ _

Did you Transfer or sell any Property or Stock within the last four years? _____

Did anyone Repossess anything of yours, or did a Bank take any Money from your account against a Debt that You Owed? _____

Did you ever Lie on any of your Credit Card or Loan applications? _____

How much did you charge in the last 6 months on credit cards? \$ _____

EMPLOYMENT INFORMATION:

Are you Currently Employed? _____ Years Employed at This Job: _____

Name and Address of Employer: _____

How much did you earn so far This Year? _____ Job Title: _____

How much did you earn Last Year? _____ The Year Before? _____

SECOND INCOME _____ OR SPOUSE INCOME _____

Are you Currently Employed? ____ Years Employed at This Job: _____

Name and Address of Employer: _____

How much did you earn so far This Year? _____ Job Title: _____

How much did you earn Last Year _____ The Year Before? _____

TOTAL INCOME:

I Received Each Paycheck: Weekly ____ Biweekly ____ Semi-Monthly ____ Monthly ____

OTHER MONTHLY INCOME: Do You Receive Other Monthly Income? ____

____ Unemployment: \$ _____ Social Security: \$ _____

____ Workers Compensation \$ _____ Pension: \$ _____ Child Support: \$ _____

____ Food Stamps: \$ _____ Alimony \$ _____ Rental Income: \$ _____

____ Other Income: \$ _____ Business Income: \$ _____

____ Gifts from Family or Friends: \$ _____ No Other Income _____

TOTAL DEBT OWED:

1. Credit Card debt: _____

2. Loans: _____

3. Mortgage Debt: \$ _____

4. Student Loans: _____

5. Other Debt: _____

Who Referred you to this Law Office? _____

MONTHLY EXPENSES

Rent or Mortgage: _____

Homeowners/Rental Insurance: _____

Electric: _____

Life Insurance: _____

Water & Sewer: _____

Health Insurance: _____

Telephone & Cell: _____

Auto Insurance: _____

Home Maintenance: _____

Car Payments: _____

Food & Restaurant: _____

Child Support: _____

Court Ordered? No ___ Yes ___

Clothing: _____

Association Dues: _____

Laundry & Dry Cleaning: _____

Child Care Expenses: _____

Medical & Dental Expenses: _____

Educational Materials: _____

Car - Gas, Oil, Repairs _____

Hair Care and Makeup: _____

Recreation, Magazines: _____

Cable / Satellite TV and/or Internet: _____

Charity: _____

Baby Supplies: _____

Child Visitation Expenses: _____

Other Expenses (List): _____ Toiletries: _____ Pets: _____

TOTAL EXPENSES: _____