TheDebtDoctors™

Bankruptcy Filing
Instruction Packet

Client:________________________________

Introduction

Thank you for choosing the Debt Doctors to assist you with your bankruptcy filing. We are here to guide you through the bankruptcy process, and there are a few items that we need from you in order to do so.

A few things to remember…

- ✓ **We need all of the most recent documentation from you in order to file your case.**

- ✓ **Once you are paid in full (or almost paid in full), please gather the documentation listed in this packet. Once you have all of the required documents together, please call our office to schedule a signing appointment with one of our attorneys. You are required to hand in the documentation at this meeting.**

The DebtDoctors™

Instruction Overview

- **Step One:** *Take your Credit Counseling Course: Please contact any of the Credit Counseling agencies provided on page 4 of this packet.*

- **Step Two:** *Gather the required Documents: Please gather all documents listed on page 5 of this packet.*

- **Step Three:** *Please complete all forms on pages 7-11 of this packet. Please note that failure to provide us with any information requested on the forms will delay the filing of your bankruptcy case.*

- **Step Four:** *Call our office to schedule a Signing Appointment: 412-395-6001.*

The Debt Doctors™

❖ Step One: Please take your credit counseling course:

Below are a few options for obtaining your credit counseling (pre-bankruptcy filing). You may choose any agency that works best for you. Please remember to enter a code for the attorney/partner if directed. If no code is required, the counselor may ask you for your attorney name, Matthew Herron, and/or e-mail, hgs@thedebtdoctors.com.

You may take the post-bankruptcy course any time after your case is filed. Please remember that failure to complete the second course in a timely manner will result in your case being dismissed.

AccessCounseling.com

1-800-205-9297
Attorney Code: **MH11859**

Debt Helper.com

1-800-920-2262
Partner Code: **PA0050**

StartFreshToday.com

1-800-435-9138
Attorney Code: **MH2322**

PreBK.com

1-844-599-9689
Attorney Code: **MH94101**

MyBKClass.com

1-800-252-5277
No Code; please ask the credit counselor to fax your certificate to 412-261-5066

❖ **Step Two: Please gather the documents below. Please cross off items as you gather them:**

- ☐ If you own any real estate, provide copies of all **recorded deed(s) and mortgage(s).** You cannot use an old copy of your deed or mortgage; the most current copy is needed. You may obtain these items from the Recorder of Deeds where the real estate is located. If the real estate is in Allegheny County, you must go to The Allegheny County Recorder of Deed's Office; 101 County Office Building; 542 Forbes Avenue; Pittsburgh, PA 15219; 412-350-4227.

- ☐ If you own any real estate, provide a **Real Estate Evaluation.** An appraisal, a settlement statement for a recent sale, or a Comparative Market Analysis for any interest in Real Estate owned by you or a spouse. You may contact any realtor in your area to obtain a Comparative Market Analysis. A realtor we recommend is Anne D'Angelo with Northwood Realty at 724-612-2999 or adouglas@northwood.com. An appraiser we recommend is Brian Mills at 412-406-8004.

- ☐ If you are required to file tax returns, provide the **last two filed federal returns, including W-2's**. (2014 & 2015) You may obtain a record by calling the IRS at 1-800-829-1040, or by visiting www.irs.gov/individuals/.

- ☐ If you have been employed in the past 6 months, provide **proof of income (i.e. pay stubs)** from all sources for the **6 complete months** prior to filing, as well as your most recent pay stub. If you do not have **all** pay stubs, please contact your employer as they may have them on record. If you collect Social Security, Unemployment Compensation, Retirement income, or ANY other source of income, we will need a statement showing the amount received each month.

- ☐ If you have had an open bank account for the past 6 months, provide **bank account statement(s)** for the 6 complete months prior to filing, as well as your most recent statement. If you do not have all statements, please contact your bank to obtain these records. This includes Checking, Savings, Credit Unions, etc. If you have closed a bank account within the past 12 months, you will be required to provide us with the final statement from that account.

- ☐ If you operate a vehicle, provide Copies of **Proof of Insurance AND Title OR Regitration** for each vehicle

- ☐ If you have any **Stock certificates and bonds**, provide a current statement.

- ☐ If you have a **life insurance policy**, provide a statement showing the current cash surrender and/or loan value.

- ☐ If you usually carry cash, please provide a statement of the amount of **cash on hand** you normally carry.

- ☐ If you have had any **educational expenses** in the past 12 months, provide all receipts

- ☐ If you have any interest in an **Education IRA or 529 tuition program**, provide us with a current statement

- ☐ If you have any **Retirement Accounts** (IRA, Keogh, 401K, Pension or Profit Sharing Plan)**,** provide us with recent statements.

- ☐ You must obtain a **Credit Report** (a free one can be obtained from www.annualcreditreport.com, or by calling (888) 397-3742.) We do not need your credit score; however the report MUST contain the names & addresses of your creditors. If you are unable to obtain the report, our office can pull the report for an additional $60.00 fee.

- ☐ Names & Addresses of any **Co-signers**

TheDebtDoctors™

❖ <u>Step Three: Fill out the following forms:</u>

- ✓ **<u>Debt List (pages 7-8):</u>** *Please list all creditors as well as a brief description of what each debt was used to purchase. You must be more specific than "credit card purchases." Failure to provide us with any of your debts prior to filing will result in the debt not being discharged, and/or a $176.00 fee to add the creditor after your case is filed.*

- ✓ **<u>Expense Sheet (page 9):</u>** *Please list all expenses that are <u>not deducted from your pay</u>. If there is a question about any expense, use a yearly average.*

- ✓ **<u>Household Contents (page 10):</u>** *Please provide a yardsale or Craig's List value for your household contents, clothing and jewelry. These items will be protected and you will not lose them in the bankruptcy.*

- ✓ **<u>Final Checklist (page 11)</u>**

DEBT LIST

FAILURE TO SUBMIT ANY CREDITORS TO OUR OFFICE WILL RESULT IN THE DEBT NOT BEING DISCHARGED

Creditors – Unsecured

1) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

2) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

3) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

4) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

5) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

6) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

7) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

8) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

9) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

10) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

11) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

12) Name________________________________ Acct. No. ____________________________ Date Opened ________________
Address ____ Full Balance: $_____________
Brief explanation of what this debt was used to purchase:____

Mortgage #1:
Property Address ______
Name on title ______
Purchase Price $______ Date Purchased ______ Market Value $______ Full Balance $______
Mortgage Co. ______ Acct. No. ______
Mortgage Co. Address ______
Are You Current? Yes No Will you keep the property? Yes No

Mortgage #2:
Full Balance $______ Mortgage Co. ______ Acct. No. ______
Mortgage Co. Address ______ Date Incurred: ______
Are You Current? Yes No Date Incurred: ______

Vehicle #1:
Make ______ Model ______ Year ______ Mileage ______ Condition ______
Do you currently have a vehicle? Yes No Will you keep vehicle? Yes No Insured? Yes No
Finance Co. Name ______ Address ______
Account No. ______ Balance Due $______ Are you current? Yes No

Vehicle #2:
Make ______ Model ______ Year ______ Mileage ______ Condition ______
Do you currently have a vehicle? Yes No Will you keep vehicle? Yes No Insured? Yes No
Finance Co. Name ______ Address ______
Account No. ______ Balance Due $______ Are you current? Yes No

Student Loan #1:
Loan Co. ______ Acct. No. ______
Address ______
Full Balance $______

Student Loan #2:
Loan Co. ______ Acct. No. ______
Address ______
Full Balance $______

IRS and/or State Taxes
1) Creditor ______ Address ______
Type of tax (income, sales, empl.) ______ Tax yr. ______ Full Balance $______
Date tax return filed ______ Was return disputed? Yes No When disputed ______
Have you made an offer in compromise? Yes No When? ______ Tax Liens? Yes No
2) Creditor ______ Address ______
Type of tax (income, sales, empl.) ______ Tax yr. ______ Full Balance $______
Date tax return filed ______ Was return disputed? Yes No When disputed ______
Have you made an offer in compromise? Yes No When? ______ Tax Liens? Yes No

Creditors – Secured (department store accounts on which you purchased furniture, electronics, appliances, jewelry)
1) Name ______ Acct. No. ______
Address ______ Full Balance $______
Big ticket purchases (what you bought) ______ Keep Items? Yes No
2) Name ______ Acct. No. ______
Address ______ Full Balance $______
Big ticket purchases (what you bought) ______ Keep Items? Yes No
3) Name ______ Acct. No. ______
Address ______ Full Balance $______
Big ticket purchases (what you bought) ______ Keep Items? Yes No

TheDebtDoctors™

HOUSEHOLD CONTENTS Please list the Current Market Value for the following assets. A Current Market Value is a yard sale value, E-bay or Craig's List value.

Item	**Quantity**	**Current Market Value**	**Please check box if:** Collateral for loan:	Rent to own:	**Amount owed for Item(s)**
Stove		$			$
Refrigerator		$			$
Freezer		$			$
Microwave		$			$
Stereo/music player		$			$
Television		$			$
DVD Player		$			$
Washer		$			$
Dryer		$			$
Dining Room Set		$			$
Couch		$			$
Loveseat		$			$
Chair		$			$
Table		$			$
Bed		$			$
Dresser		$			$
Night stand		$			$
Desk		$			$
Computer		$			$
Tools		$			$
Total:	**$**				

Please list a current estimated Market Value for the following personal items:

Furs & Jewelry	$
Clothing items	$
Any other personal property items of value such as: art, collectibles, electronics, handguns, etc. (Provide description)	$ $ $ $

The Debt Doctors™

MONTHLY EXPENSES

PLEASE FILL OUT THIS FORM <u>COMPLETELY</u> AND <u>ACCURATELY</u> WITH EXPENSES THAT ARE **<u>NOT</u> DEDUCTED FROM YOUR PAY**

<u>DEPENDENTS</u>

Names & Ages of Dependent Child(ren) & Other Dependents

Name ________________ Relation___________ DOB_________
Name ________________ Relation___________ DOB_________
Name ________________ Relation___________ DOB_________
Name ________________ Relation___________ DOB_________
Name ________________ Relation___________ DOB_________
Name ________________ Relation___________ DOB_________

<u>TRANSPORTATION</u>

Transportation (gas, public trans.)	$______________
Auto Insurance	$______________
Vehicle Installment #1	$______________
Vehicle Installment #2	$______________
Auto Repairs/Maintenance	$______________
Other Trans.Expenses (provide detail below)	$______________
Total	***$***______________

<u>INSURANCE and CHARITABLE CONTRIBUTIONS</u>

Life Insurance (TERM)	$______________
Life Insurance (WHOLE)	$______________
Health Insurance (not deducted from pay)	$______________
Disability Insurance	$______________
Other Insurance	$______________
Charitable Contributions (please list name & Address of recipient(s) on reverse)	$______________
Total	***$***

<u>HOUSING</u>

Rent/Mortgage payment		$______________
Real Estate Taxes included?	**Yes/No**	$______________
Homeowners Ins. Included?	**Yes/No**	$______________
HOA Fee		$______________
Second Mortgage		$______________
Electricity		$______________
Heating (summer/winter avg.)		$______________
Water/Sewer/Garbage		$______________
Telephone		$______________
Cable and/or Internet		$______________
Cell Phone		$______________
Home Maintenance		$______________
Total		***$***______________

<u>RECREATION and WELLNESS</u>

Recreation & Entertainment	$______________
Newspaper & Magazines	$______________
Personal Grooming & Haircuts	$______________
Gym Membership	$______________
Total	***$***______________

<u>PERSONAL CARE</u>

Food	$______________
Clothing	$______________
Laundry/Dry Cleaning	$______________
Medical/Dental (not covered by insurance)	$______________
Total	***$***______________

<u>TAXES</u>

Real Estate	$______________
Income (not deducted from pay)	$______________
IRS Repayment	$______________
Other Taxes (provide detail below)	$______________
Total	***$***______________

<u>PROFESSIONAL EXPENSES</u>

Professional Fees, Licenses	$______________
Business Operating Expenses	$______________
Total	***$***

<u>OTHER NECESSARY EXPENSES</u>

Alimony, Support Payments – <u>not</u> deducted from pay	$______________
Babysitting/Childcare	$______________
Add'l Expenses related to elderly, invalid or handicapped persons	$______________
Educational expenses for special needs children	$______________
Tuition, Books, School Supplies	$______________
Pet costs	$______________
Tobacco Products	$______________
Memberships (<u>provide detail below</u>)	$______________
Other Expenses (<u>provide detail below</u>)	$______________
Total	***$***______________

Total Monthly Expenses: $_____________

Additional Notes

The Debt Doctors™

FINAL CHECKLIST

Employment Information:

Debtor:

Employer: ______________________

Address: ______________________

City __________ **State** _______ **Zip** __________

Occupation: ____________ **Years of Service:** ________

Joint-Debtor:

Employer: ______________________

Address: ______________________

City __________ **State** _______ **Zip** __________

Occupation: ____________ **Years of Service:** ________

If you are filing a Chapter 13, please also provide us with your payroll fax number: ______________________

---

1. Are there any debts I didn't tell you about? No:________ Yes:________
Failure to provide our office with any creditors will result in the debt not being discharged.
*There is a $180.00 fee to add ANY creditors after your case has been filed.
2. Is there any property I didn't tell you about? No:________ Yes:________
3. Are there any lawsuits or garnishments I didn't tell you about? No:________ Yes:________
4. Have you repaid any loans to friends or relatives in the past 12 months? No:________ Yes:________
5. Did you enclose your Real Estate Evaluation (Appraisal or CMA) if you own real estate? No:________ Yes:________
6. Do you or your spouse expect to receive any money other than employment income in the next 6 months? No:________ Yes:________
7. Have you been listed as a Beneficiary on any accounts held by family or friends? No:________ Yes:________
8. Are you a signatory co-debtor, co-signer or secondary cardholder on any accounts? No:________ Yes:________
9. Have you included pay stubs that document employment for the last 6 months? No:________ Yes:________
10. Have you provided us with all requested information needed to file your bankruptcy? No:________ Yes:________

I hereby acknowledge that this form has been reviewed entirely and all questions have been answered completely, accurately and to the best of my knowledge:

______________________ Dated: ______________
Debtor

______________________ Dated: ______________
Joint Debtor

❖ **<u>Step Four: Please call our office to schedule a signing appointment: 412-395-6001.</u>**