

## Bankruptcy Forms: Chapters 7/Chapter 13

### Instructions:

Please fill out this form completely. You are providing this office with the information required to prepare the filing of a Chapter 7 or Chapter 13 bankruptcy petition with the Bankruptcy Court.

- Additional Information Needed:**
1. Last 2 Federal and State Tax Returns (2010/2011)
  2. Two recent paycheck stubs from all parties
  3. Driver License and Social Security Card
  4. Six months of Paystubs

### GENERAL INFORMATION

#### DEBTOR

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish: \_\_\_\_\_

Mailing Address (if different from street address):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other names used in the last Eight years:

Have you moved within the last Three (3) years:

\_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Greg Gouner, Attorney at Law**  
**11750 Bricksome Avenue, Suite C**  
**Baton Rouge, LA 70816**  
**(225) 293-6200**

**SPOUSE (if filing jointly)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish: \_\_\_\_\_

Mailing Address (if different from street address):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other names used in the last Eight years:

\_\_\_\_\_

**PREVIOUS BANKRUPTCY**

Have you filed another bankruptcy petition within the past 8 years?  Yes  No

If Yes (give information of all cases filed):

Case Number	Date of Bankruptcy	Location Filed	Bankruptcy of		
			Debtor	Spouse	Joint
_____	_____	_____	D	S	J
_____	_____	_____	D	S	J

## LIST OF PROPERTY DESCRIPTIONS

CATEGORY	DESCRIPTION	VALUE	LOCATION
Real Property (House, Mobile Home, etc.)			
Deposits of Money (Checking, Savings, etc.)			
Security Deposits (Landlord, Utility Company, etc.)			

HOUSEHOLD GOODS & FURNITURE	NUMBER	VALUE
Bedroom Sets		
DVD Players		
Televisions		
VCRs		
Computers		
Stereo		
China		
Desk		
Kitchen Table & Chairs		
Washer/Dryer		
End Table		
Coffee Table		
Stove		
Couch		
Refrigerator		
Dining Room Table & Chairs		
Lamps		
Living Room Chairs		
Love Seat		
Microwave Ovens		
Painting		
Piano		
Fire Arms		
Other		

PROPERTY (continued)
----------------------

CATEGORY	ACCOUNT#	AMOUNT	NAME	ADDRESS
Annuities				
Interest in IRA, ERISA, Keogh and other pension or profit sharing plans				
Stock and Interests in Incorporated and Unincorporated Business				

Interest in Partnerships and Joint Ventures	Name, account number, and address:
---	------------------------------------

Government and Corporate Bonds and other negotiable and non-negotiable instruments	Name and Address of Company:
--	------------------------------

Accounts Receivable	
---------------------	--

Alimony, maintenance, support and property settlements to which you are entitled	
--	--

Other liquidated debts owing debtor	Federal Tax Refunds	\$
	State Tax Refunds	\$

Equitable and future interests, life estates and rights or powers exercisable for your benefit	
--	--

Interests in estate of a decedent, law suit, death benefit plan, life insurance policy or trust	
---	--

Other contingent and unliquidated claims of every nature, including counterclaims and rights setoff claims	Federal Tax Refunds	\$	Year _____
	State Tax Refunds	\$	Year _____

PROPERTY (continued)				
----------------------	--	--	--	--

Patents, copyrights, and other intellectual property				
Licenses, franchises and other general intangibles				

Automobiles, trucks, trailers, and other vehicles	YEAR	MAKE	MODEL	VALUE
Boats, Motors, and their accessories	YEAR	MAKE	MODEL	VALUE
Aircraft and accessories	YEAR	MAKE	MODEL	VALUE

Office equipment, furnishings, and supplies	DESCRIPTION	VALUE
Machinery, fixtures, equipment, and supplies used in a business		
Inventory		
Animals (for breeding & selling)		
Crops: growing and harvested		
Farming equipment and implements		
Farm supplies, chemicals and feed		
Other property of any kind not already listed		

## Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

### Debtor's Employment

What is your occupation? \_\_\_\_\_

Name and address of your employer: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

### Spouse's Employment

What is your spouse's occupation? \_\_\_\_\_

Name and address of your spouse's employer: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

**My Checks are:** \_\_\_\_\_ **Weekly** \_\_\_\_\_ **Bi-Weekly** \_\_\_\_\_ **Twice a Month** \_\_\_\_\_ **Monthly**

	Debtor	Spouse
Gross pay per period	\$ _____	\$ _____
Estimated overtime pay	\$ _____	\$ _____
<b>Deductions:</b>		
Payroll taxes & social security	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Union dues	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
<b>MONTHLY INCOME FROM:</b>		
Alimony received	\$ _____	\$ _____
Government assistance (specify):		
_SSI _____	\$ _____	\$ _____
_VA Disability _____	\$ _____	\$ _____
Regular income-Business, farm	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Interest and dividend income	\$ _____	\$ _____

## Current Expenses

Do you and your spouse maintain separate households?    No    Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

**Indicate how much you pay for each item each month...**

- |  |          |
|--|----------|
| 1. Your rent or your home mortgage                                 | \$ _____ |
| Does that amount include real estate taxes?    No    Yes           |          |
| Does it include property insurance?                      No    Yes |          |
| 2. Electricity and heating   | \$ _____ |
| 3. Water and sewage  | \$ _____ |
| 4. Telephone service/long distance/Cell phone bill                 | \$ _____ |
| 5. Do you have any other utility bills?                            |          |
| Cable  | \$ _____ |
| Garbage Pick up  | \$ _____ |
| Security   | \$ _____ |
| Other (specify)  | \$ _____ |
| 6. Home maintenance, including repairs and general upkeep          | \$ _____ |
| 7. Food  | \$ _____ |
| 8. Clothing  | \$ _____ |
| 9. Laundry and dry cleaning  | \$ _____ |
| 10. Medical and dental expenses                                    | \$ _____ |
| 11. Transportation Expenses (not including car payments)           | \$ _____ |
| 12. Entertainment, recreation, newspapers, magazines               | \$ _____ |
| 13. Charitable contributions                                       | \$ _____ |
| 14. Insurance not deducted from paycheck                           |          |
| a) Homeowner's or renter's insurance                               | \$ _____ |
| b) Life insurance  | \$ _____ |
| c) Health insurance  | \$ _____ |
| d) Auto insurance  | \$ _____ |
| e) Other insurance _____   | \$ _____ |
| 15. Taxes not deducted from paycheck                               | \$ _____ |
| 16. Car/Vehicle notes (specify)                                    |          |
| _____  | \$ _____ |
| _____  | \$ _____ |
| 17. Alimony, maintenance, support paid to others                   | \$ _____ |
| 18. Payments for support of dependents not living at home          | \$ _____ |
| 19. Expenses from operation of business                            | \$ _____ |
| 20. Other expenses not listed above _____                          | \$ _____ |

## Statement of Financial Affairs

**1. Income from employment or operation of business**

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

Period	Where did you work?	\$ Amount
2012 to present		
2011		
2010		

**2. Income other than from employment or operation of business**

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

Period	\$ Amount	Source	Husband/Wife
2012 to present			
2011			
2010			

**3. Payments to creditors**

- a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **one year** immediately preceding the commencement of this case.

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
------------------------------	-------------------	-------------	-------------------

- b. List all payments made within **one year** immediately preceding the commencement of this case to creditors who were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

Name and Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
---	-------------------	-------------	-------------------

4. *Suits, executions, garnishments and attachments*

- a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
------------------------------------	----------------------	---------------------------------	--------------------------

- b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

Name and Address of Person/Company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property
---	-----------------	--------------------------------------

5. *Repossessions, foreclosures, and returns*

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property
------------------------------	--	--------------------------------------

6. Assignments and receiverships

- a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement
------------------------------	--------------------	--------------------------------

- b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

Name and Address of Custodian	Name and location of Court, Case Title and Number	Date of Order	Description and Value of Property
----------------------------------	--	------------------	--------------------------------------

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

<u>Name and Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description and Value of Gift</u>
--	------------------------------------	-------------------------	--

8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

<u>Description and Value of Property</u>	<u>Description of Circumstances and Amount Covered by Insurance, if Any</u>	<u>Date of Loss</u>
--	---	---------------------

9. *Payments related to debt counseling or bankruptcy*

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

10. Other transfers, (including sale of your property)

List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **one year** immediately preceding the commencement of this case.

<u>Name and Address of Transferee and Relationship to you</u>	<u>Description of Property Date of Transfer</u>	<u>Transferred and Value Received</u>
---	---	---------------------------------------

11. *Closed financial accounts*

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

<u>Name and Address of Institution</u>	<u>Type and Number of Account &amp; Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
--	---	---

**12. Safe deposit boxes**

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

Name and Address of Bank or Other Depository      Name and Address of those With Access to Box or Depository      Description of Contents      Date of Transfer, if Any

**13. Setoffs**

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

Name and Address of Creditor      Date of Setoff      Amount of Setoff

**14. Property held for another person**

List all property that you hold or control that is owned by another person.

Name and Address of Owner      Description and Value of Property      Location of Property

**15. Prior address of debtor**

If you have moved within the three years immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

Address      Your Name at the Time      Dates of Occupancy

**16. Spouses and Former Spouses**

If you were married or divorced within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

Name      Address      Date

## List of Creditors

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

- \* If creditor is secured list date debt incurred.
- \* If debt is a credit card list date card was opened and last used.
- \* If debt is for medical services list date service was rendered.

## List of Creditors

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

- \* If creditor is secured list date debt incurred.
- \* If debt is a credit card list date card was opened and last used.
- \* If debt is for medical services list date service was rendered.

## List of Creditors

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

- \* If creditor is secured list date debt incurred.
- \* If debt is a credit card list date card was opened and last used.
- \* If debt is for medical services list date service was rendered.

## List of Creditors

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

- \* If creditor is secured list date debt incurred.
- \* If debt is a credit card list date card was opened and last used.
- \* If debt is for medical services list date service was rendered.

## List of Creditors

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

Creditor Name	
Address	
City	
State	
Zip	
Type of Debt	
Secured/Unsecured	
Account No.:	
<b>*Date Opened/last used:</b>	
Balance Owed:	
Collection Agency	
Name	
Address	
City	
State, Zip	

- \* If creditor is secured list date debt incurred.
- \* If debt is a credit card list date card was opened and last used.
- \* If debt is for medical services list date service was rendered.