

**Yankwitt Law Firm PLLC  
Bankruptcy intake worksheet**

<b>INITIAL BANKRUPTCY INTAKE FORM</b>	
<b>1</b>	
NAME:	SPOUSE'S NAME
MAIN CONTACT NUMBER	MAIN CONTACT NUMBER
MOBILE NUMBER	MOBILE NUMBER
EMAIL	EMAIL
DATE OF BIRTH	DATE OF BIRTH
SOCIAL SECURITY	SOCIAL SECURITY
PRIMARY HOME ADDRESS (WHERE YOU LIVE)	ADDRESS (IF DIFFERENT)
Married: Y/N	Number of Household Members
Business Name:	
Years living in this County:	

<b>PART B: EMPLOYMENT</b>	
EMPLOYER'S NAME <input type="checkbox"/> CHECK IF UNEMPLOYED	EMPLOYER'S NAME <input type="checkbox"/> CHECK IF UNEMPLOYED
POSITION	POSITION
ESTIMATED ANNUAL SALARY	ESTIMATED ANNUAL SALARY
EMPLOYMENT DATES (FROM - TO)	EMPLOYMENT DATES (FROM - TO)

<b>PART C: SECURED DEBT <input type="checkbox"/> CHECK IF RENTING WITH NO MORTGAGE</b>	
FIRST MORTGAGE NAME	SECOND MORTGAGE NAME
ACCOUNT NUMBER	ACCOUNT NUMBER
PRINCIPLE AMOUNT OWED	PRINCIPLE AMOUNT OWED
ESTIMATED AMOUNT PAST DUE (ARREARS)	ESTIMATED AMOUNT PAST DUE (ARREARS)
AUTO LOAN #1: LENDER	AUTO LOAN #2: LENDER
YEAR / MAKE / MODEL	YEAR / MAKE / MODEL

<b>PART C: UNSECURED DEBT</b>	
ESTIMATED CREDIT CARD DEBT	ESTIMATED MEDICAL DEBT
ESTIMATED IRS DEBT	ESTIMATED STUDENT LOANS
ESTIMATED CHILD SUPPORT	JUDGMENTS

<b>PART D: INCOME AND EXPENSES</b>	
ESTIMATED BANK BALANCE	ESTIMATED EXPENSES

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**PART H: EXPENSES**

Rent or home mortgage payment	<input type="text"/>
Real Estate Taxes	<input type="text"/>
Homeowner's / Renter's Insurance	<input type="text"/>
Home maintenance (repair / upkeep)	<input type="text"/>
Homerowner's association / condo dues	<input type="text"/>
Additional mortgage payments	<input type="text"/>
<b>Utilities</b>	
Electricity and heating fuel	<input type="text"/>
Water and sewer	<input type="text"/>
Phone	<input type="text"/>
Internet	<input type="text"/>
Satelite/cable	<input type="text"/>
Cell Phone(s)	<input type="text"/>
Other:	<input type="text"/>
Food	<input type="text"/>
Childcare and childrens's education	<input type="text"/>
Clothing, laundry and dry cleaning	<input type="text"/>
Personal care products/services	<input type="text"/>
Medical and dental expense	<input type="text"/>
Transportation	<input type="text"/>
Recreation, clubs, entertainment, etc.	<input type="text"/>
Charitable contributions	<input type="text"/>

<b>Insurance</b>	
Life	<input type="text"/>
Health	<input type="text"/>
Auto	<input type="text"/>
Other	<input type="text"/>
<b>Taxes</b>	
Personal	<input type="text"/>
Business	<input type="text"/>
<b>Installment payments</b>	
Car #1	<input type="text"/>
Car #2	<input type="text"/>
Car #3	<input type="text"/>
Other	<input type="text"/>
Alimony, maint., support	<input type="text"/>
Other payment for those not at home	<input type="text"/>
<b>Other (Investment) real property</b>	
Mortgage	<input type="text"/>
Real Estate Taxes	<input type="text"/>
HOA / Renter's Insurance	<input type="text"/>
Home Maint. (repair/upkeep)	<input type="text"/>
All other expenses	<input type="text"/>

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**PART I: SCHEDULE OF PERSONAL PROPERTY**

List everything you own. Also, please indicate (with an \*) items that you still owe money on. Examples are Sears, Rooms 2 Go, Best Buy, Circuit City.

**LIVING ROOM (Enter the Estimated Used Value)**

Sofa, Couch	
Love Seat	
Recliner	
Coffee/End tables	
Lamp	

Television/stand	
Tables / Bookcases	
Entertainment Center	
Other: _____	
Other: _____	

**DINING ROOM (Enter the Estimated Used Value)**

Table/Chairs	
Hutch / China Cabinet	

Other: _____	
Other: _____	

**KITCHEN (Enter the Estimated Used Value)**

Table/Chairs	
Utensils/Flatware/Silverware	
Cookware/Pots/Pans	
Dishes	

Other: _____	
Other: _____	
Other: _____	
Other: _____	

**MASTER BEDROOM (Enter the Estimated Used Value)**

Bed/Dresser/Nightstands (Set)	
Additional Dresser(s)	
Vanity	
Other: _____	

**BEDROOM TWO (Enter the Estimated Used Value)**

Bed/Dresser/Nightstands (Set)	
Additional Dresser(s)	
Vanity	
Other: _____	

**BEDROOM THREE**

Bed/Dresser/Nightstands (Set)	
Additional Dresser(s)	
Vanity	
Other: _____	

**BEDROOM FOUR (Enter the Estimated Used Value)**

Bed/Dresser/Nightstands (Set)	
Additional Dresser(s)	
Vanity	
Other: _____	

**OFFICE (Enter the Estimated Used Value)**

Desk	
Cabinet/Hutch	
Cabinet (____) quantity	
Chair(s)	
Other: _____	
Other: _____	
Other: _____	

**GARAGE/UTILITY (Enter the Estimated Used Value)**

Lawn mower	
Lawn Items	
Tools	
Grill	
Lawn Furniture	
Other: _____	
Other: _____	

**Electronics/Appliances (Enter the Estimated Used Value)**

Small Appliances (____) quantity	
Refrigerator (____) quantity	
Microwave (____) quantity	
Stereo (____) quantity	
Television(s) (____) quantity	
Freezer (____) quantity	
Washer/Dryer (____) quantity	
Other: _____	
Other: _____	

**Collectibles (Enter the Estimated Used Value)**

Sports Memorabilia	
Stamp/Coin Collection	
Firearms (Guns) ( __ ) quantity	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Other: _____	

**Investment Property (Enter the Estimated Value)**

Real Property: _____	
Trailer/Motorhome: _____	
Timeshares: _____	
Other: _____	

**Investment Accounts (Enter the Estimated Balances)**

401K/IRA: _____	
Prepaid College: _____	
Stocks/Bonds: (____) quantity	
Other: _____	

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**INTEREST IN BUSINESS(ES) (Enter the Estimated Value)**

Partnerships	<input type="text"/>	Business Name: _____	Ownership ____%
Limited Liability Comp. (LLC)	<input type="text"/>	Business Name: _____	Ownership ____%
Corporation(s)	<input type="text"/>	Business Name: _____	Ownership ____%

**TOTAL PERSONAL PROPERTY**

ESTIMATED RETIREMENT BALANCE	ESTIMATED MONTHLY INCOME
<input type="text"/>	<input type="text"/>

**PART E: URGENCIES**

<input type="text"/>
<input type="text"/>

**PART F: RECOMMENDATION [LAW OFFICE USE ONLY]**

CHAPTER <input type="checkbox"/>	CHAPTER 13 <input type="checkbox"/>
CHAPTER <input type="checkbox"/>	MMM <input type="checkbox"/>
MTV <input type="checkbox"/>	Avoid Liens <input type="checkbox"/>

**PART G: NOTES [LAW OFFICE USE ONLY]**

<input type="text"/>
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Do you expect any changes in your income or expenses within the next (6) months? If so, please explain below:

<input type="text"/>
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