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CHICAGO-LOOP • CHICAGO-ROSEMONT • DEERFIELD • GURNEE • NAPERVILLE
ORLAND PARK • SCHAUMBURG • SKOKIE • ST. CHARLES • WESTCHESTER

We are a debt relief agency. We proudly help people file bankruptcy under the U.S. Bankruptcy Code.
We have been serving Chicagoland for more than 40 years.

CLIENT INFORMATION SHEET

Name: _____ **Date of Birth:** _____

Other names used in last eight years: _____

Home Address: _____ **Soc Sec #:** _____

Street number

Street Name

Home Phone #: _____

Cell Phone #: _____

City

State

Zip Code

County

Employer's Name and Address: _____ **Your E-mail:** _____

Occupation: _____

Work Phone #: _____

Date started at this job: _____

Emergency contact: _____

Name

Telephone number

How did you hear about our office? _____

FOR OFFICE USE ONLY

DATE: _____ **PROVIDED** **WTDN** **Y** ____ **N** ____

AF: \$ _____ **CC:** _____ **AC:** _____ **13** **7** **JNT** **IND**

Ch 13 Plan _____

Reaffirm: _____

Surrender: _____

Issues: _____

MARITAL STATUS

- ☐ Never married ☐ Married, living together ☐ Married, living apart
☐ Living with a domestic partner ☐ Divorced ☐ Widowed

If divorced, year & month when divorce became final: _____

List **all persons** living in your household other than your spouse:

Name	Age	Relationship	Employed? Yes or No

List **all dependents** NOT living with you:

Name	Age	Relationship	Support Order? Yes or NO. If yes, amount paid and how often.

SPOUSE'S INFORMATION

[Complete this section even if your spouse will not join you in the bankruptcy unless you are not living together.]

Name: _____ Date of Birth: _____

Other names used in last eight years: _____

Home Address: _____ Soc Sec #: _____

_____ Home Phone #: _____

_____ Cell Phone #: _____

Employer's Name and Address: _____ E-mail: _____

_____ Occupation: _____

_____ Work Phone #: _____

_____ Date started at this job: _____

List all your addresses for the past 36 months (please go back three years from today's date):

Have your **EVER** filed any type of bankruptcy? ?

Yes ☐ No ☐

If yes, list all bankruptcies that you have ever filed and indicate the outcome.

Date of Filing	Chapter 7, 11, 13, 12	Outcome (dismissed or completed)

BANKING AND FINANCIAL ACCOUNTS

List all **OPEN** financial accounts (checking, savings, CD, Christmas club, mutual fund, brokerage account, etc), whether in your name alone or jointly with someone else, even if there is a negative balance.

If none, please check box to the right.

None ☐

Type of account	Name of Bank etc	Current balance	If account jointly owned with someone else, indicate name
		\$	
		\$	
		\$	
		\$	

Have any financial accounts (checking, savings, retirement, IRA, stock, mutual fund, Christmas club)

been **CLOSED** in the past two years (24 months) ? Yes ☐ No ☐

If yes list below:

Type of account	Name of Bank, etc.	Date closed	Value when closed
			\$
			\$

VEHICLES

Do you have **ANY** vehicles in your possession ?

Yes ☐ No ☐

[If yes complete the table below.]

Year, make and model of vehicle	Mileage	Date purchased	If paid in full, write PAID. If money is owed, total due.

INCOME

DEBTOR:

How often are you paid? Circle one: Weekly Every two weeks Twice per month Monthly

Gross pay (before taxes and deductions) each pay day: \$_____

Net pay (after taxes and deductions) each pay day: \$_____

Other income (2nd job, social security, pension/retirement, rent). Please explain and indicate amount received and how often:_____

SPOUSE:

How often are you paid? Circle one: Weekly Every two weeks Twice per month Monthly

Gross pay (before taxes and deductions) each pay day: \$_____

Net pay (after taxes and deductions) each pay day: \$_____

Other income (2nd job, social security, pension/retirement, rent). Please explain and indicate amount received and how often:_____

PLEASE ENTER ONLY THE FOLLOWING ESTIMATED MONTHLY EXPENSES

(ONLY ENTER INFO THAT APPLIES TO YOUR SITUATION; THESE DO NOT INCLUDE ALL EXPENSES)

Rent or Mortgage	\$_____	Medical	\$_____
2 nd Mortgage	\$_____	Charitable	\$_____
Condo Assessment	\$_____	Baby sitting	\$_____
Electric	\$_____	Day Care	\$_____
Heating/cooking gas	\$_____	Auto Loan/Lease	\$_____
Water	\$_____	Auto Loan/Lease	\$_____
Garbage	\$_____	Student Loan	\$_____
Telephone	\$_____	School Tuition	\$_____
Cellular Phone	\$_____	Gasoline	\$_____
Cable/Satellite TV	\$_____	Train Ticket	\$_____
Internet	\$_____	Vehicle Insurance	\$_____
Life Insurance (not deducted from from payroll check)	\$_____	Health Insurance (not deducted from from payroll check)	\$_____

HOUSEHOLD GOODS AND PERSONAL POSSESSIONS

Please list ***each and every item*** that you own from the following list: Musical instruments, antiques, works of art, home electronics, furs, watches, jewelry, bicycles, hobby equipment, firearms, pets. Do your best to indicate what you believe the current value would be were you to sell any item. For pets, list value only if the animal is a pedigree.

If you have nothing that meets these criteria, check this box.

☐

ITEM	ESTIMATED PRESENT VALUE

REAL ESTATE

Do you own any real estate or are you making mortgage payments on any real estate? Yes ☐ No ☐

If yes, list type (house, 2, 3, or 4 flat, townhouse, condo, etc), address, city and state, date acquired, purchase price and present value:

Type	Address	Date	Purchase Price	Present Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$

RETIREMENT ACCOUNTS

List all retirement accounts that you have. (IRA, 401k, Union, Government, Military, Profit Sharing).

If none, please check box to the right.

None ☐

Type of account	Date withdrawals can start	Current value
		\$
		\$
		\$

BUSINESSES OWNED

Have you or your spouse own any businesses, including partnerships and sole proprietorships, in the last six years? Yes ☐ No ☐

If yes, list below:

Type of business	Date started (closed)	Annual gross income
		\$
		\$

Have you sold, transferred or closed any business (or an interest in any business) within the past three years?

Yes ☐ No ☐

VARIOUS QUESTIONS RELATING TO YOUR FINANCES

Most of my/our debts are related to [check the box(es) that apply to your situation]:

- ☐ A business ☐ Taxes ☐ A lawsuit against me/us
☐ Domestic issues ☐ Mortgage or car arrearages ☐ Credit cards and medical bills

Total Gross Income (*before* deductions) from all sources for:

You	Spouse
2021 (so far) _____	2021 (so far) _____
2020 _____	2020 _____
2019 _____	2019 _____

In the next year, I/We expect my/our income to [go up] [go down] [stay about the same] (circle one).

Are you or your spouse receiving any disability, workers comp or retirement income? Yes ☐ No ☐

If yes, how much per month: \$ _____

Have you given away, traded, transferred or sold, to ANYONE including, family members, **ANYTHING** worth more than \$500.00 in the past five years? Yes ☐ No ☐ If yes, list below:

Item	Value	Date transferred	To whom
	\$		
	\$		
	\$		
	\$		

How much cash-on-hand do you have right now? \$ _____

Have you co-signed on a loan for anyone else? Yes ☐ No ☐

Is anything that you own in the possession or name of someone else? Yes ☐ No ☐

Is your name on anyone else's bank account, real property or vehicle? Yes ☐ No ☐

Are you suing any one or do you have the right to sue anyone whether for any injury or because someone owes you money? Yes ☐ No ☐

Excluding support, have you paid or given any money to any family member in the past year for any reason? Yes ☐ No ☐

Have you filed all income tax returns for the past four years? Yes ☐ No ☐

Have you made any major purchases (over \$200) on any credit card in the past three months? Yes ☐ No ☐

Except for regularly scheduled payments, have you paid any creditor more than \$600 in the past 90 days? Yes ☐ No ☐

Have you had any wages garnished or property attached during the past year? Yes ☐ No ☐

Have you had any asset repossessed or foreclosed on during the past year? Yes ☐ No ☐

Has property been assigned or returned to a creditor during the last 120 days? Yes ☐ No ☐

Have you made a gift or contribution of more than \$100.00 during the past year? Yes ☐ No ☐

Did you have any casualty losses from fire, theft, etc during the past year? Yes ☐ No ☐

Has a bank offset money in an account against a debt during the last 90 days? Yes ☐ No ☐

Have you taken any cash advances in the past three months? Yes ☐ No ☐

Have you made any balance transfers on any credit card in the past three months? Yes ☐ No ☐

Do you owe any money from a marital settlement or judgment of divorce? Yes ☐ No ☐

Have you been ordered to pay child or spousal support? Yes ☐ No ☐

Is any support past due? Yes ☐ No ☐

Have you paid anyone for debt counseling or bankruptcy during the past year? Yes ☐ No ☐

Has someone died recently and you may inherit something of value ? Yes ☐ No ☐

Have you ever received, or are you entitled to receive within the next two years, any inheritance, property settlement agreement, or proceeds from a life insurance policy? Yes ☐ No ☐

Do you have any executory contracts, such as leases (including vehicle leases), realtor listing agreements or timeshares, where payments are still due? Yes ☐ No ☐

Do you have any tax refund due you at this time? Yes ☐ No ☐

Have you changed any payroll deduction with in the past six months? Yes ☐ No ☐

Have you set up a trust in the past ten years? Yes ☐ No ☐

Do you receive any income from a trust or annuity? Yes ☐ No ☐

Do you have income from royalties, gas or mineral rights, copyrights, licenses agreements or patents now or in the future? Yes ☐ No ☐

Do you have a life estate or the right to use anyone else's property? Yes ☐ No ☐

Do own any stocks or bonds? Yes ☐ No ☐

Do you have a storage unit? Yes ☐ No ☐

If yes, list what is in it:

Do you have a safety deposit box? Yes ☐ No ☐

If yes, list what is in it:

Is there anything else of which you think the attorney should be made aware? Yes ☐ No ☐

If yes, please indicate: _____

Date: _____

Signature: _____

Spouse's Signature: _____