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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 45 years.

BANKRUPTCY INTAKE FORM

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]:

<input type="checkbox"/> A business	<input type="checkbox"/> Taxes	<input type="checkbox"/> A lawsuit against me/us
<input type="checkbox"/> Domestic issues	<input type="checkbox"/> Mortgage or car arrearages	<input type="checkbox"/> Credit cards and medical bills

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

	You	Spouse
2026 (so far)	_____	2026 (so far)_____
2025	_____	2025_____
2024	_____	2024_____

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 within 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 you 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: _____