

# BANKRUPTCY

LAW OFFICE  
OF

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MARK S. ZUCKERBERG, P.C.

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ATTORNEY AT LAW

Full Legal Name: (Last, First, Middle)	Spouse's Full Legal Name: (Last, First Middle)
All other names used in the past 6 years:	All other names used in the past 6 years:
Social Security/Tax ID Number	Social Security/Tax ID Number
Street Address	Street Address
NEW: Have you lived in Indiana for each of the past 2 years? _____	
IF NOT, what other states did you live in, and when? STATE: _____ FROM _____ TO _____	
STATE: _____ FROM _____ TO _____	
County of Residence or Principal Place of Business:	County of Residence or Principal Place of Business:
Mailing Address, if different from Street Address	Mailing Address, if different from Street Address

Home Phone number: (            ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (            ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (Husband): (            ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (Wife): (            ) \_\_\_\_\_ - \_\_\_\_\_

Best time to reach you: \_\_\_\_\_



## Section 5A Current Monthly Income

Fill in your monthly income for the categories below in the column labeled “Month 1.” If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month)	Month 2 (last month)	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income b. Expenses c. Net Income							
Rent and other real property income: a. Gross Income b. Expenses c. Net Income							
Interest, dividends, and royalties.							
Pension and retirement income (Not Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security Income.							
Other Sources not already mentioned. (e.g. child support, spousal support, other).							



# Real Property

(Do not include mobile home unless debtor owns the land it sits on.)

Property #1 (Debtor's Residence), Address	Value:	Exemption:	H/W/J
	\$ _____	\$ _____ § 34-55-10-2(c)(1)	
<input type="checkbox"/> Tenancy by the entirety <input type="checkbox"/> Fee simple <input type="checkbox"/> Joint tenants <input type="checkbox"/> Tenants in common			
<b>Description:</b> _____ BR, _____ BA, _____ Story house with _____ Acres, _____ Car Garage, Built in _____, Purchased in _____ for \$ _____			
<u>FIRST MORTGAGE:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	
<u>SECOND MORTGAGE:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	
<u>THIRD MORTGAGE:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	

Property #2, Address	Value:	Exemption:	H/W/J
	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<input type="checkbox"/> Tenancy by the entirety <input type="checkbox"/> Fee simple <input type="checkbox"/> Joint tenants <input type="checkbox"/> Tenants in common			
<b>Description:</b> _____ BR, _____ BA, _____ Story house with _____ Acres, _____ Car Garage, Built in _____, Purchased in _____ for \$ _____			
<u>FIRST MORTGAGE:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	
<u>SECOND MORTGAGE:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	
<u>THIRD MORTGAGE:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	



# Secured Vehicles



Vehicle #1, Description:	Value:	Exemption:	H/W/J
	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	

Vehicle #2, Description:	Value:	Exemption:	H/W/J
	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	

Vehicle #3, Description:	Value:	Exemption:	H/W/J
	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	



# Other Secured Property

Item Description and Property Category:	Value:	Exemption:	H/W/J
List on Property Schedule, # _____	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	

Item Description and Property Category:	Value:	Exemption:	H/W/J
List on Property Schedule, # _____	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	



## Other Secured Property

Item Description and Property Category:	Value:	Exemption:	H/W/J
List on Property Schedule, # _____	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	

Item Description and Property Category:	Value:	Exemption:	H/W/J
List on Property Schedule, # _____	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	

Item Description and Property Category:	Value:	Exemption:	H/W/J
List on Property Schedule, # _____	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	

Item Description and Property Category:	Value:	Exemption:	H/W/J
List on Property Schedule, # _____	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	

Item Description and Property Category:	Value:	Exemption:	H/W/J
List on Property Schedule, # _____	\$ _____	\$ _____ § 34-55-10-2(c)(2)	
<u>CREDITOR:</u>	<u>DATE</u>	<u>BALANCE:</u>	<u>Intent:</u>
	_____	\$ _____	

# Schedule B -- All Personal Property

	VALUE	EXEMPT
1) Cash on hand	\$ _____	\$ _____ § 34-55-10-2(c)(3)
2) Bank accounts: (Circle account types, write bank name)		
Checking / Savings at _____	\$ _____	\$ _____
Checking / Savings at _____	\$ _____	\$ _____
Checking / Savings at _____	\$ _____	\$ _____
Checking / Savings at _____	\$ _____	\$ _____
Certificate of Deposit at _____	\$ _____	\$ _____
Typist: Use exemption I.C. 34-55-10-2(c)(3) for all accounts listed above.		
3) Security deposit with _____	\$ _____	\$ _____
Security deposit with _____	\$ _____	\$ _____
Typist: Use exemption I.C. 34-55-10-2(c)(3) for security deposits listed above.		
4) Household goods:	\$ _____	\$ _____
<b>"Miscellaneous Household Goods"</b>		I.C. 34-55-10-2(c)(2)
5) Books, pictures, antiques, CD's, collectibles:		
	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
6) Wearing apparel: Necessary Clothing		
	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
7) Furs and Jewelry:		
	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
8) Firearms, cameras, sporting goods, etc.		
	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
9) Interests in insurance policies		
Policy through _____, in which debtor's dependents are the beneficiaries	\$ _____	\$ _____ (100% exempt) I.C. 27-1-12-14
Term life policy through _____	\$ <u>0</u> _____	\$ <u>0</u> _____ I.C. 34-55-10-2(c)(3)
Whole life policy through _____	\$ _____	\$ _____ I.C. 34-55-10-2(c)(3)
10) Annuities		
	\$ _____	\$ _____ I.C. 34-55-10-2(c)(3)
11) Pension, IRA, 401(k), & all ERISA plans		
1)	\$ _____	\$ _____
2)	\$ _____	\$ _____ (100% exempt) I.C. 34-55-10-2(c)(6)

12) Stock & interests in any business (incorporated or not). Describe.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

NOTE: If it's a §529 college savings plan, exempt using I.C.34-55-10-2(c)(8)  
If it's a Coverdell Educational IRA, exempt using I.C. 34-55-10-2(c)(9)  
Otherwise use I.C. 34-55-10-2(c)(3)

13) Interests in partnerships & joint ventures. Describe.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

I.C. 34-55-10-2(c)(3)

14) Government and corporate bonds, and other negotiable instruments.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

I.C. 34-55-10-2(c)(3)

15) Accounts receivable.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

I.C. 34-55-10-2(c)(3)

16) Alimony, maintenance, support, & property settlements debtor is entitled to.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

I.C. 34-55-10-2(c)(3)

17) Other liquidated debts, including tax refunds.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

I.C. 34-55-10-2(c)(3)

18) Equitable or future interests, life estates, and exercisable rights & powers.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

I.C. 34-55-10-2(c)(3)

19) Interests in the estate of a decedent, death benefit plan, insurance, or trust.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

I.C. 34-55-10-2(c)(3)

20) Other contingent and unliquidated claims, incl. tax refunds and counterclaims.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

NOTE: If EIC is the basis for tax refund, exempt it with I.C. 34-55-10-2(c)(10) I.C. 34-55-10-2(c)(3)

21) Patents, copyrights, & other intellectual property.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

I.C. 34-55-10-2(c)(3)

22) Licenses, franchises, & other intangibles.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

I.C. 34-55-10-2(c)(3)

23) Automobiles, trucks, trailers, and all other vehicles.

**Typist: Please include all secured vehicles here!**

Attorney: List all **paid-in-full** vehicles:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Typist: Use exemption I.C. 34-55-10-2(c)(2) for all vehicles listed above.

24) Boats, motors, and accessories	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
25) Aircraft & accessories	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
26) Office equipment; 27) Machinery & Business Supplies; and 28) Inventory: List below.	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
29) Animals	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
30) Crops; 31) Farming Equipment; 32) Farm Supplies & Feed; and 33) Other Property: List below.	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)

**Some specific categories for Question 33:**

Mobile home, sitting on a rented lot	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
Musical instruments	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
Hand tools, power tools	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)
Other: _____	\$ _____	\$ _____ I.C. 34-55-10-2(c)(2)

## Schedule E -- Priority Debts:

<u>Creditor:</u>	<u>Date</u>	<u>Amount:</u>
	_____	\$ _____
Priority Type: <input type="checkbox"/> Income taxes		
<input type="checkbox"/> 941 withholding taxes		
<input type="checkbox"/> Back Child Support		<u>Amount entitled to Priority:</u>
<input type="checkbox"/> Other _____		\$ _____

<u>Creditor:</u>	<u>Date</u>	<u>Amount:</u>
	_____	\$ _____
Priority Type: <input type="checkbox"/> Income taxes		
<input type="checkbox"/> 941 withholding taxes		
<input type="checkbox"/> Back Child Support		<u>Amount entitled to Priority:</u>
<input type="checkbox"/> Other _____		\$ _____

<u>Creditor:</u>	<u>Date</u>	<u>Amount:</u>
	_____	\$ _____
Priority Type: <input type="checkbox"/> Income taxes		
<input type="checkbox"/> 941 withholding taxes		
<input type="checkbox"/> Back Child Support		<u>Amount entitled to Priority:</u>
<input type="checkbox"/> Other _____		\$ _____

## Schedule G -- Executory Contracts & Leases:

<u>Creditor</u>	<u>Terms</u>
	\$ _____ per month for _____ months beginning _____, for a _____

<u>Creditor</u>	<u>Terms</u>
	\$ _____ per month for _____ months beginning _____, for a _____

## Schedule H -- Co-Debtors

<u>Co-Debtor's name and address</u>	<u>Creditor</u>

<u>Co-Debtor's name and address</u>	<u>Creditor</u>

# Monthly Income

Debtor's Marital Status:	Dependents of Debtor and Spouse	
	Age	Relationship
Employment:	DEBTOR	SPOUSE
Occupation / Name of Employer:	Occupation / Name of Employer:	
How Long Employed:	How Long Employed:	
Address of Employer:	Address of Employer:	

INCOME: (Estimate of average monthly income)	Debtor	Spouse
Current monthly gross wages, salary, and commissions	\$ _____	\$ _____
Estimated monthly overtime	\$ _____	\$ _____
<b>SUBTOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

**LESS PAYROLL DEDUCTIONS**

a. Payroll taxes and social security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (Specify)	\$ _____	\$ _____

<b>SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ _____</b>	<b>\$ _____</b>

Regular income from operation of business or profession	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Alimony, maintenance or support payments received	\$ _____	\$ _____
Social security or other governmental assistance	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Other monthly income (Specify)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>
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**COMBINED MONTHLY INCOME:**    \$ \_\_\_\_\_

## Estimated Monthly Expenses

Rent or Mortgage payment Property taxes included? <input type="checkbox"/> YES <input type="checkbox"/> NO Insurance included? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>UTILITIES</b> Electricity and Heating fuel	
Water & Sewer & Trash Pickup	
Telephone	
Cable	
Cell phone / Pager	
Internet access	
Home Maintenance	
Food	
Clothing	
Laundry and Dry Cleaning	
<b>MEDICAL/DENTAL/EYE DOCTORS</b> Office visits \$ _____ RX, over-the-counter medicine \$ _____ Contacts/Supplies/Glasses \$ _____ Ded \$ _____ Dental \$ _____	
<b>TRANSPORTATION</b> Gasoline \$ _____ Vehicle maintenance, repairs \$ _____ Parking \$ _____	
Recreation and entertainment	
Charitable Contributions	
<b>INSURANCE</b> Homeowner's/Renter's Insurance Health insurance not deducted from paycheck Car insurance Life insurance	
Taxes (SPECIFY TYPE: _____)	
<b>VEHICLE PAYMENTS</b> Vehicle #1 Vehicle #2 Vehicle #3	
Other installment payments/reaffirmations	
Alimony, maintenance and support paid	
Expenses for operation of a business	
Haircuts \$ _____ Postage \$ _____	
Pet expenses	
Cigarettes	
Child care expenses, including babysitting	
Student loans	
Books, school supplies, and school activity fees	
<b>TOTAL:</b>	

## **CHILD SUPPORT INFORMATION**

Please supply the contact name and telephone number for the ex-spouse receiving support:

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

Phone #: \_\_\_\_\_

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

Complete name and mailing address for government agency support is sent:

County Name: \_\_\_\_\_

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

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

**REQUIRED DOCUMENTS CHECKLIST**

**Please bring the following items that have been checked to your next appointment:**

- Your picture ID (driver's license, military ID or Indiana identification car, passport)
- Your social security card
- PHOTOCOPIES** of your past 2 years tax returns with attachments (W-2's).
- Proof of all income for last 6 months including food stamps, unemployment, child support, Social Security, retirement income, pension, etc. For both spouses even if only 1 spouse is filing. (see form 1 for help)
- If you are currently paying child support, or have a child support order which you are SUPPOSED to be paying, provide the names and addresses of the person who receives child support where the child support payments are sent and a copy of the child support order. (see form 2 for help)
- If you have been divorced in the last 4 years, provide a copy of your divorce decree and property settlement documents.
- Copies of all lawsuits, this means any suits where someone is suing you or you are suing someone else.
- Completed monthly budget form. (see form 3 for help)
- Proof of private school tuition/education/expenses (just bring a copy of the bill for us to verify this monthly bill).
- Creditor listing sheets (see form 4 for help)
- All addresses for past 3 years (see form 5 for help)
- Other
  - \$\$ \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_