

MACCO & STERN, LLP
135 Pinelawn Road, Suite 120 South
Melville, New York 11747
Tel: (631) 549-7900
Fax: (631) 549-7845

BANKRUPTCY INTAKE FORM

Date of initial consultation _____ Fee for services rendered _____
Subsequent consultations _____ Court filing fee _____
Chapter (7,11,13) _____ Additional fees _____
Exemptions _____ Filing: Jointly _____ Individually _____

Name of Debtor _____ SS# _____

(First, Middle Initial, Last)

Other names used in the past 6 years? _____

Present address _____

Mailing address (if different) _____

Home telephone _____

Business telephone _____

Cell phone _____

Cell (Joint Debtor) _____

Email Address _____

Name of Spouse (Joint Debtor) _____ SS# _____

Other names used in the past 6 years? _____

Present address _____

Mailing address (if different) _____

HAVE YOU FILED A PREVIOUS BANKRUPTCY? YES ___ NO ___

Date filed _____ Case number _____

Case still pending? _____ If no, disposition _____

Location _____

HAS YOUR PRESENT OR FORMER SPOUSE EVER FILED A BANKRUPTCY? YES ___ NO ___

Date filed _____ Case number _____

Case still pending? _____ If no, disposition _____

Location _____

Do you own a Home? If yes, please complete the following:

Description and location of property: _____

Address: _____

Is this your primary residence? Yes ___ No ___

How is property held? Husband ___ Wife ___ Jointly ___

Other (Please Specify) _____

What is the current Market Value? _____

First Mortgage

Company _____

Address _____

Account # _____

Date Incurred (Month/Year) _____

What is the principal balance of the loan? _____ Monthly Payment _____

Have you missed any mortgage payments? _____ If yes, how many? _____

Name, address and telephone number of attorney for First Mortgage, if any _____

Second Mortgage

Company _____

Address _____

Account # _____

Date Incurred (Month/Year) _____

What is the principal balance of the loan? _____ Monthly Payment _____

Have you missed any mortgage payments? _____ If yes, how many? _____

Name, address and telephone number of attorney for Second Mortgage, if any _____

Any Other Mortgages

Company _____

Address _____

Account # _____

Date Incurred (Month/Year) _____

What is the principal balance of the loan? _____ Monthly Payment _____

Have you missed any mortgage payments? _____ If yes, how many? _____

Name, address and telephone number of attorney for Second Mortgage, if any _____

Do you own any other real property? _____

PERSONAL PROPERTY INFORMATION

<u>TYPE OF PROPERTY</u>	<u>DESCRIPTION</u>	<u>MARKET VALUE</u>
1. Cash on hand		_____
2. Deposits:		
Account Type /	Bank Name / Last 4 of Acct No. / Current Balance / Acct Holder	
Savings account	_____ / _____ / _____	_____
Checking account	_____ / _____ / _____	_____
Other _____	_____ / _____ / _____	_____
Other _____	_____ / _____ / _____	_____
Other _____	_____ / _____ / _____	_____
Other _____	_____ / _____ / _____	_____

3. Security deposits held by landlord, public utilities, or others. _____

4. Household Goods & Furnishings MISC. _____

5. Books, Pictures, Collectibles _____

6. Wearing Apparel MISC. _____

7. Furs & Jewelry _____

8. Firearms, sports, photographic, or other hobby equipment. _____

9. Life Insurance Policies:

Name of Company	_____	Name of Company	_____
Whole life OR Term	_____	Whole life OR Term	_____
Cash surrender value	_____	Cash surrender value	_____
Policy Holder	_____	Policy Holder	_____

10. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plan. Please specify:

Company Name / Type	Value	Holder
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. & 12. Do you have any interests in incorporated, unincorporated, partnerships or any kind of business venture? If so, please specify and approximate the value of such interest.

Percent Ownership _____

Percent Ownership _____

13. Stocks / Bonds _____

14. Accounts receivable _____

15. Alimony, spousal or child support _____
to which **you** are entitled.

16. Are you anticipating an income tax refund? Y ___ N ___ IRS _____
NYS _____
Do you receive money from any other source?

17. Equitable or future interests, life estates, and rights and powers exercisable for your
benefit other than those listed on pages 2 & 3 as real property.

18. Contingent and non-contingent interest in estate of a decedent, death benefit plan,
life insurance policy or trust.

19. Other contingent and unliquidated claims of any nature, including tax refunds,
counter-claims of the debtor, and rights to setoff claims.

20. Patents, copyrights, and other intellectual property.

21. Licenses, franchises, and other general intangibles.

22. Autos, trucks, etc.
Make: _____ Value _____
Year: _____ Model: _____
Mileage: _____
Is this car subject to a lien ___ lease agreement ___ If yes, outstanding balance _____

Autos, trucks, etc.
Make: _____ Value _____
Year: _____ Model: _____
Mileage: _____
Is this car subject to a lien ___ lease agreement ___ If yes, outstanding balance _____

Autos, trucks, etc.
Make: _____ Value _____
Year: _____ Model: _____
Mileage: _____
Is this car subject to a lien ___ lease agreement ___ If yes, outstanding balance _____

23. Boats, motors, etc.

Make: _____ Value _____
Year _____ Model: _____

Subject to a lien _____ lease agreement? _____ If yes, outstanding balance _____

24. Aircraft and accessories

25. Office equipment, furnishings, and supplies

26. Machinery, fixtures, equipment and supplies

27. Inventory

28. Animals

29. Crops, growing or harvested

30. Farming equipment and implements

31. Farm supplies, chemicals, and feed

32. Other personal property of any kind not already listed such as time share, etc.

DO YOU OWN A CAR? IF YES, COMPLETE THE FOLLOWING

Year, make and model of car _____

Market Value _____

Is this car owned by husband, wife, jointly or other party, please specify. _____

Is this vehicle subject to a lien _____ or lease _____

Name of lender _____

Address _____

Account Number _____

If lien, principal balance due _____

If lease, when did lease begin? _____ When does it end? _____

What are the monthly payments? _____

Have you missed any payments? _____ If yes how many? _____

Are there any other persons who are co-obligors on the above? If so please state.

Name and address _____

DO YOU OWN A SECOND CAR OR BOAT? IF YES, COMPLETE BELOW:

Year, make and model of car _____

Market Value _____

Is this car owned by husband, wife, jointly or other party, please specify. _____

Is this vehicle subject to a lien _____ or lease _____

Name of lender _____

Address _____

Account Number _____

If lien, principal balance due _____

If lease, when did lease begin? _____ When does it end? _____

What are the monthly payments? _____

Have you missed any payments? _____ If yes how many? _____

Are there any other persons who are co-obligors on the above? If so please state.

Name and address _____

DO YOU OWN A THIRD CAR OR BOAT? IF YES, COMPLETE BELOW:

Year, make and model of car _____

Market Value _____

Is this car owned by husband, wife, jointly or other party, please specify. _____

Is this vehicle subject to a lien _____ or lease _____

Name of lender _____

Address _____

Account Number _____

If lien, principal balance due _____

If lease, when did lease begin? _____ When does it end? _____

What are the monthly payments? _____

DO YOU OWE TAXES OR PENALTIES TO GOVERNMENTAL UNITS

Government Agency Owed (ex. IRS, NYS) _____
Address (If local government) _____

Type of Claim (ex. Income Tax, Property Tax) _____
Year(s) Debt Incurred _____
Responsible Party (ex. Husband,Wife, Joint) _____
Amount Owed _____

Government Agency Owed (ex. IRS, NYS) _____
Address (If local government) _____

Type of Claim (ex. Income Tax, Property Tax) _____
Year(s) Debt Incurred _____
Responsible Party (ex. Husband,Wife, Joint) _____
Amount Owed _____

DO YOU HAVE DOMESTIC SUPPORT OBLIGATIONS (ALIMONY, MAINTENANCE OR CHILD SUPPORT)

Party Owed _____
Address _____

Type of Claim (ex. Child Support, Alimony) _____
Year(s) Debt Incurred _____
Amount Owed _____

Are You A Party To Any Lease Agreements For Apartments, Cars, Equipment Or Other

Other Party _____
Address _____

Description of Property (Car, Timeshare, Apartment) _____
Amount of Payment _____
Date of Contract/Lease (Month/Year) From _____ To _____
Intent: Assume _____ OR Reject _____
Additional Notes on Terms of Contract/Lease: _____

Other Party _____
Address _____

Description of Property (Car, Timeshare, Apartment) _____
Amount of Payment _____
Date of Contract/Lease (Month/Year) From _____ To _____
Intent: Assume _____ OR Reject _____
Additional Notes on Terms of Contract/Lease: _____

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

Name of Creditor _____
Address _____
_____ Zip _____
Account# _____
Balance due _____
Secured by _____
Co-debtor? _____
Collection agency or attorney:

If extra room is needed to list creditors, please attach separate sheet.

PERSONAL INCOME & EXPENSE INFORMATION

Are you
Married? _____ Separated? _____ Divorced? _____ Single? _____

Your age _____ Age of Co-debtor _____

List all dependants:

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HUSBAND:

What is your occupation or job title? _____

Name and address of employer _____

How long with employer? _____

WIFE:

What is your occupation or job title? _____

Name and address of employer _____

How long with employer? _____

2ND EMPLOYER: Husband _____ Wife _____

What is your occupation or job title? _____

Name and address of employer _____

How long with employer? _____

Do you have any other sources of income? (If so, please explain in detail)

INCOME

HUSBAND

WIFE

How often are you paid?

Weekly

Bi-weekly (every other week)

Semi-monthly (two times a month)

PER PAY PERIOD

Gross Wages

Deductions:

Payroll Taxes

Insurance

Credit Union

Union Dues

Pension

Savings Bonds

Other (specify) _____

Net Take Home Pay

PER MONTH

Income from operation of business

Interest and dividends received

Alimony or support payments received

Social security or other government assistance

Pension or retirement income

Rental Income

Other monthly income (specify) _____

2ND Employer

PER PAY PERIOD

How often are you paid?

Gross Wages

Payroll Taxes

Insurance

Credit Union

Union Dues

Pension

Savings Bonds

Other (specify) _____

Net Take Home Pay

Is your employment subject to seasonal changes? If yes, give details below.

Describe any increase or decrease of more 10% in any of the above categories anticipated, to occur within the year following the filing of your bankruptcy petition.

STATEMENT OF FINANCIAL AFFAIRS

Please complete the following information as accurately as possible. Where necessary, please include dates and the names and addresses of individuals or firms.

1. What was your gross income from employment or operation of business for the current year-to-date and two (2) years prior? Include co-debtor income if joint petition.

Debtor: Current Yr: _____ Last Year _____ 2 Years Ago _____
Co-Debtor: Current Yr: _____ Last Year _____ 2 Years Ago _____

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

Specify: _____
Debtor: Current Yr: _____ Last Year _____ 2 Years Ago _____

Specify: _____
Co-Debtor: Current Yr: _____ Last Year _____ 2 Years Ago _____

3a. List payments to creditors made within the past ninety (90) days, exceeding \$600.00.
(Do not include payments for mortgages, car loans or lease agreements)

Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____

3b. List all payments made within one year immediately preceding the commencement of this case to, or for the benefit of creditors who were insiders or family members.

Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____

4a. List all suits to which the debtor is or was a party to within one year immediately preceding the filing of this petition.

Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____

4b. Describe all property which has been attached, garnished, or seized in the past year.

Creditor	_____	Date	_____	Description/Value	_____
Creditor	_____	Date	_____	Description/Value	_____
Creditor	_____	Date	_____	Description/Value	_____

5. List all property that has been repossessed by a creditor, sold at foreclosure sale, or transferred to the seller in the past year.

Creditor _____ Date _____ Description/Value _____
Creditor _____ Date _____ Description/Value _____
Creditor _____ Date _____ Description/Value _____

6a. Describe any assignment of property for the benefit of creditors made within 120 days prior to the filing of this petition.

Assignee _____ Date _____ Terms _____
Assignee _____ Date _____ Terms _____

6b. List all property which has been in the hands of a custodian, receiver, or court-appointed official, within one year prior to the filing of this petition.

Name _____ Court _____ Case Title & Number _____
Date of Order _____ Description/Value _____
Name _____ Court _____ Case Title & Number _____
Date of Order _____ Description/Value _____

7. List all gifts or charitable contributions made within one year prior except ordinary and usual gifts to family members aggregating less than 200.00.

Organization _____ Date _____ Description/Value _____
Organization _____ Date _____ Description/Value _____

8. List all losses from fire, theft, other casualty, or gambling within one year prior to the filing of this petition.

Description/Value _____ Date _____ Covered by Insurance? Y___ N___
Description of Circumstances _____
Description/Value _____ Date _____ Covered by Insurance? Y___ N___
Description of Circumstances _____

9. List all payments or property transferred by or on behalf of the debtor to any persons, including this firm or other attorneys for consultation concerning debt consolidation or relief under the bankruptcy law.

Payee _____ Date _____ Amount _____
Payee _____ Date _____ Amount _____

10. List all property transferred by debtor within the prior year.

Name of Transferee _____ Relation _____ Date _____
Property Transferred _____ Value Received _____
Name of Transferee _____ Relation _____ Date _____
Property Transferred _____ Value Received _____
Name of Transferee _____ Relation _____ Date _____
Property Transferred _____ Value Received _____

11. List all bank accounts, (type, account #, name of bank, and closing balance) which have been closed within the past year.

Bank _____ Account Type _____ Account # _____ Balance _____
Bank _____ Account Type _____ Account # _____ Balance _____
Bank _____ Account Type _____ Account # _____ Balance _____

12. List any safe deposit box, its location and description of contents which you have or had within the past year.

Bank _____ Location _____ Contents _____

13. Has any creditor or bank withdrew money from your bank within the past 90 days without your permission.

Creditor _____ Date _____ Amount _____

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

Owner _____ Location _____ Description/Value _____

Owner _____ Location _____ Description/Value _____

15. If you have moved within the past two (2) years, list the address, duration of residence there and the name used.

Address _____ From (Month/Year) _____
To (Month/Year) _____

Address _____ From (Month/Year) _____
To (Month/Year) _____

16. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the **six (6) year period** immediately preceding the commencement of this case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

Name of Spouse _____

IF THE DEBTOR IS OR WAS ENGAGED IN A BUSINESS WITHIN 6 YEARS PRIOR TO THIS DATE OR HAS BEEN ENGAGED IN BUSINESS AS AN OFFICER, DIRECTOR, MANAGING EXECUTIVE OR PERSON IN CONTROL OF A CORPORATION, A PARTNER (OTHER THAN A LIMITED PARTNER), OF A PARTNERSHIP, OR SOLE PROPRIETOR OR SELF-EMPLOYED, CONTINUE AND ANSWER QUESTION 18

18. Nature, location, and name of business.

- If the debtor is an individual, list the names and addresses of all businesses in which the debtor was involved as a principal.

- If the debtor is a partnership, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

- If the debtor is a corporation, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

Name _____ EIN _____

Address _____

Nature of Business _____ Beginning Date _____ Ending _____

Name _____ EIN _____

Address _____

Nature of Business _____ Beginning Date _____ Ending _____