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If you have any questions about the forms or the information requested please call our office. If you need assistance in completing the Information Sheets someone on our staff will be happy to assist you.

When you meet with the attorney for your appointment, we request that you bring the following things with you:

1. The multiple page Information Sheet, completed to the best of your ability.
2. If it is anticipated that husband and wife will be filing as a couple, but only one can attend the initial consultation, you must bring written permission from the spouse that can not attend stating that Mark T. Young & Associates has permission to pull their individual credit report. Please make sure that it is signed and dated. However, before a bankruptcy can be filed, Mr. Young will have to meet the spouse that did not attend the initial consultation.
3. You must bring a list of your creditors with addresses, account numbers (if available) and balances. ALL DEBTS MUST BE LISTED – there are no exceptions. The treatment of the debts will be discussed with you by the attorney.
4. You must bring payment with you to pay for us to pull a credit report for you. Even if you bring a credit report you already have, we require that we pull a credit report for you. (We make no money on this – you are charged what it costs us to pull these credit reports.) The credit reports are pulled from two credit bureaus and contain the addresses. We strongly recommend that you pay the extra charge to have the public records searched and included in with your credit report, but this is not required. The costs for the credit reports are as follows:

Individual	\$20.00
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Couple	\$40.00
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The payment for these reports **MUST** be brought with you to your first appointment. Payment can be by cash, money order or debit card. Personal checks cannot be accepted.

5. We also request that you bring the following with you to your appointment, if at all possible:
 - a. **Your last year's federal income tax return.**
 - b. **Please bring all of your pay stubs from all of your jobs in the last 60 days including any paystubs for your spouse whether or not they are filing with you. If you do not have all of them, then the most recent one from each job will be acceptable.**
 - c. Copies of any wage garnishments or wage levies that are currently being deducted from your paycheck.
 - d. A copy of any letter you have received threatening or advising of a foreclosure against your property.
6. Please allow adequate time for this consultation as this may take 2 to 3 hours.

_____ INFORMATION SHEETS _____

HUSBAND'S INFORMATION:							
HUSBAND'S LAST NAME		FIRST NAME		MIDDLE NAME (NO INITIALS PLEASE)			
AGE:	MARITAL STATUS (Circle one)		single	married	divorced	separated	widowed
SOCIAL SECURITY NUMBER		FORMERLY KNOWN AS, OR DOING BUSINESS AS					
ADDRESS WHERE YOU RESIDE			MAILING ADDRESS (if different)				
COUNTY			EMAIL ADDRESS				
HOME PHONE NO. (WITH AREA CODE)		WORK PHONE NO. (WITH AREA CODE)		CELL PHONE NO. (WITH AREA CODE)			
PERSON TO CONTACT IN CASE OF EMERGENCY (SOMEONE NOT LIVING WITH YOU)			PHONE NUMBER (WITH AREA CODE)		RELATION		

WIFE'S INFORMATION:							
WIFE'S LAST NAME		FIRST NAME		MIDDLE NAME (NO INITIALS PLEASE)			
AGE:	MARITAL STATUS (Circle one)		single	married	divorced	separated	widowed
SOCIAL SECURITY NUMBER		FORMERLY KNOWN AS, OR DOING BUSINESS AS					
ADDRESS WHERE YOU RESIDE (IF DIFFERENT FROM ABOVE)			YOUR MAILING ADDRESS (IF DIFFERENT)				
COUNTY			EMAIL ADDRESS				
HOME PHONE NO. (WITH AREA CODE)		WORK PHONE NO. (WITH AREA CODE)		CELL PHONE NO. (WITH AREA CODE)			
PERSON TO CONTACT IN CASE OF EMERGENCY (SOMEONE NOT LIVING WITH YOU)			PHONE NUMBER (WITH AREA CODE)		RELATION		

SCHEDULE I INFORMATION:**DEPENDENTS & MEMBERS OF HOUSEHOLD**

Number of dependent children who live with you: _____

Ages (NO NAMES):

Total of all dependents living with you - including yourself and spouse if you are married and living together: _____

List first names and approximate ages of all other persons who live in your household:

Names:

Total number of all persons living in your household: _____

EMPLOYMENT INCOME – List here income from your primary job

<i>HUSBAND'S EMPLOYER NAME & ADDRESS</i>		<i>WIFE'S EMPLOYER NAME & ADDRESS</i>	
JOB TITLE	LENGTH EMPLOYED? yrs mos	JOB TITLE	LENGTH EMPLOYED? yrs mos
PAY STUB INFORMATION <i>(CIRCLE ONE)</i>	HUSBAND		WIFE
	Weekly		Weekly
	Every two weeks		Every two weeks
	Twice per month		Twice per month
Monthly		Monthly	Monthly
Average take home pay per pay period: \$		\$	

OTHER INCOME – List monthly amounts	Husband	Wife
Tips	\$	\$
Bonuses	\$	\$
Commissions	\$	\$
Second Job	\$	\$
Self Employment Income	\$	\$
Business Income	\$	\$
Real Property (rental) Income	\$	\$
Pension or Retirement	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Unemployment	\$	\$
Social Security Retirement	\$	\$
Social Security Disability	\$	\$
Social Security check you receive for someone else	\$	\$
Other Disability Income	\$	\$
VA Benefits	\$	\$
OTHER: (specify)	\$	\$
	\$	\$
TOTAL:	\$	\$

EXPENSE INFORMATION: MONTHLY AMOUNTS
 (PLEASE CALCULATE ALL AMOUNTS INTO MONTHLY AVERAGES)

For Office Use Only

EXPENSES FOR RESIDENCE		Rent	\$	
		Mobile Home Payment	\$	
		Lot Rent	\$	
		Mortgage	First	\$
			Second	\$
UTILITIES		Electric	\$	
		Gas Heat	\$	
		Water & Sewer	\$	
		Basic Phone Service	\$	
		Long Distance	\$	
		Cell phone or Pager	\$	
		Internet Access	\$	E
		Cable TV	\$	
		Trash pickup	\$	
		Home Maintenance – repairs/upkeep	\$	
		Food	\$	
		Clothing	\$	
		Laundry & Dry Cleaning	\$	
		Healthcare - Enter average monthly amount that you actually spend on healthcare expenses (medical, dental, vision, etc.) that are not reimbursed by insurance or paid by a health savings acct.	\$	E
		Transportation (include gas & maintenance)	\$	
		Recreation	\$	
		Charity (enter the amount you will continue to contribute)	\$	E
INSURANCE		Home/Renters (not included in your mortgage payment)	\$	E
(list only if NOT deducted from your paycheck)		Term Life Insurance on you or your spouse	\$	E
		Other Life Insurance	\$	
		Health Insurance (not deducted from paycheck)	\$	E
		Auto	\$	
		Disability Insurance	\$	E
		Health Savings Account	\$	E
		Other Insurance	\$	
Taxes (not deducted)		Income taxes (monthly)	\$	
		Property Taxes (monthly)	\$	E
INSTALLMENT PAYMENTS		Make & Model:	Auto	\$
		Make & Model:	Auto	\$
		Make & Model:	Auto	\$
		Other	\$	
		Other	\$	
		Alimony	\$	E
		Child Support	\$	E
		Business Expenses (to the extent not deducted from business income)	\$	
		Child Care	\$	E
		Household Supplies	\$	
		Hair Care	\$	
		School Expenses	\$	E
		School Lunches	\$	
		Education of physically or mentally challenged dependent child	\$	E
		For continued care of household or family in the home or immediate family not living in your home	\$	E
		Birthdays & Christmas Gifts	\$	
Other Expenses not listed – Identify & List amounts			\$	
			\$	
			\$	
		TOTAL:		

Describe any increase or decrease in income anticipated to occur within the next year? _____

Describe any increase or decrease in expenses anticipated to occur within the next year? _____

INCOME: From employment, trade, profession or from your own business	HUSBAND	WIFE
Calendar year 2008	\$	\$
Calendar year 2009	\$	\$
This year to date	\$	\$

INCOME: From other sources, including but not limited to, unemployment, workers' compensation, social security, retirement, etc.		
What kind?		
Calendar year 2008	\$	\$
Calendar year 2009	\$	\$
This year to date	\$	\$

Cosigned debts: Are any of your debts cosigned by anyone other than your spouse? (if married). Please list debts cosigned and the name of the cosigner. Also list any debts you have cosigned for someone else. **These cosigned debts should also be on your list of debts.**

Creditor Name	Collateral	Co-Signor's Name	Relationship

PRIOR ADDRESSES WITHIN THE LAST THREE YEARS: If none, circle NONE	From	To
Address:		
Address:		
Address:		

Real Estate: List below the addresses of any real estate that you own. Include timeshares and any property in which you have a life estate.

Address	P.T.E.	OWN	Current Market Value	Total Balance ALL Mortgages
	Y N			
	Y N			
	Y N			
	Y N			
	Y N			

Name: _____

WE NEED COMPLETE MAILING ADDRESSES ON ALL CREDITORS LISTED
 please circle appropriate letter to show whether each debt is for husband (H) wife (W) or joint (J)

CREDITOR NAME:		<i>Balance Due</i>	<i>Description of collateral</i>
Account No:		\$	H W J
Address			
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