



DEBT
A Better Way Bankruptcy

**Congratulations you've found A Better Way to take
back control of your life!**

DISCLOSURES – Please Read & Sign

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

NOTICE OF INDIVIDUAL CONSUMER DEBTOR UNDER SECTION 342 (b) OF THE BANKRUPTCY CODE

In accordance with section 342(b) of the Bankruptcy Code, this notice: (1) describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits, and costs of the four types of bankruptcy proceedings you may commence; and (3) informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decided to file a petition. Court employees cannot give you any advice.

Services Available from Credit Counseling Agencies

With limited exceptions, section 109(h) of the Bankruptcy code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and offers assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the internet) and must be provided by a nonprofit budget credit counseling agency approved by the United States Trustee or bankruptcy administrator. The clerk of the bankruptcy courts has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have to ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under section 707(b) of the Code. It is up to the courts to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny you discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes, student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury cause by operating a motor vehicle, vessel or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

(continued next page)

DISCLOSURES

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed by an attorney.

Chapter 12: Family farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty or perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses, and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by section 342(b) of the Bankruptcy Code

Lyle Lieberman (P39229)
All County Legal Services, P.C.
29548 Southfield Rd., Ste 100
Southfield, Mi 48076
(248) 559-9529 – phone
(248) 557-9529 – fax
abw-info@abetterwaybankruptcy.com

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Signature of Debtor

____/____/____
date

Signature of Co-Debtor

____/____/____
date

DISCLOSURES

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER 527(b)

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules, Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

Client/Debtor

Date

Co-Debtor

Date

DISCLOSURES

Disclosure Pursuant to 11 U.S.C. Section 527(a)(2)

You are notified:

1. All information that you are required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be complete, accurate, and truthful.
2. All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case. Some places in the Bankruptcy Code require that you list the replacement value of each asset. This must be the replacement value of the property at the date of filing the petition, without deducting for costs of sale or marketing, established after a reasonable inquiry. For property acquired for personal, family, or household use, replacement value means the price a retail merchant would charge for property of that kind, considering the age and condition of the property.
3. The following information, which appear on Official Form 22, Statement of Current Monthly Income, are required to be stated after reasonable inquiry: current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of the Bankruptcy Code, disposable income (determined in accordance with section 707(b)(2)).
4. Information that you provide during your case may be audited pursuant to provisions of the Bankruptcy Code. Failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

Client/Debtor

Client/Debtor

Date

DISCLOSURES

CONSULTATION AGREEMENT AND ACKNOWLEDGEMENT OF RECEIPT OF DISCLOSURES

The undersigned individuals have agreed that they are prospective Client(s) and are seeking an opportunity to consult with an Attorney to obtain information and advice with respect to obtaining debt relief, including relief from debts by filing bankruptcy under the United States Bankruptcy Code.

THIS AGREEMENT IS FOR PURPOSES OF THE CONSULTATION ONLY

If at the conclusion of that consultation the parties agree that the Attorney is to provide additional services the parties shall enter into Legal Services and Representation and Fee Agreement. With respect to the consultation the parties agree as follows.

1. There is no fee for the initial consultation
2. The Attorney shall provide the client with the following services:
 - a. Analyze the prospective Client's financial circumstances based on the information provided by the client.
 - b. Advise the prospective Client of non-bankruptcy and bankruptcy options.
 - c. In necessary, inform prospective Client as to what further information is needed to enable the Attorney to provide analysis of non-bankruptcy and bankruptcy options.
 - d. Advise prospective Client of the requirements placed upon the Client to file a Chapter 7 or 13 bankruptcy.
 - e. Advise Client as to the estimated fee and costs for the Attorney's services.
3. The client acknowledges that the first date upon which the Attorney has first offered to provide any bankruptcy assistance service is this date the provided Client with the Notice to Client Who Contemplates Filing Bankruptcy, the Statement Mandated by Section 527(b) of the Bankruptcy Code.

Client

Date

Client

Lyle Lieberman (P39229)
All County Legal Services, P.C.
29548 Southfield Rd., Ste 100
Southfield, Mi 48076
(248) 559-9529 – phone
(248) 557-9529 – fax
abw-info@abetterwaybankruptcy.com

INFORMATION ABOUT YOU

ATTORNEY NOTES:

7 11 13 INDIVIDUAL JOINT

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR. SR. III)	DATE
SOCIAL SECURITY NUMBER		MARITAL STATUS		
		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		
RESIDENCE ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE	OTHER (SPECIFY)	
LENGTH OF TIME AT THIS ADDRESS	DATE OF BIRTH	EMAIL ADDRESS		
LIST ANY OTHER NAMES USED BY YOU IN THE LAST 8 YEARS (INCLUDING BUSINESS/MAIDEN NAMES)				
<input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER FILED A BANKRUPTCY BEFORE, EVEN IF IT WAS DISMISSED OR YOU DID NOT GO THROUGH WITH IT? If yes, what year and case number? Year _____ Case Number _____				
<input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU FILING THIS BANKRUPTCY WITH YOUR SPOUSE?				
SPOUSE'S FIRST NAME		MIDDLE NAME		LAST NAME
				SUFFIX (JR. SR. III)
SPOUSE'S RESIDENCE ADDRESS		CITY	STATE	ZIP
SPOUSE'S MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
LENGTH OF TIME AT THIS ADDRESS		EMAIL ADDRESS		
SPOUSE'S HOME PHONE	SPOUSE'S CELL PHONE	SPOUSE'S WORK PHONE	SPOUSE'S OTHER (SPECIFY)	
LIST ANY OTHER NAMES USED BY SPOUSE IN THE LAST 8 YEARS (INCLUDING BUSINESS/MAIDEN NAMES)				
DEPENDANT NAME	AGE		RELATIONSHIP	
DEPENDANT NAME	AGE		RELATIONSHIP	
DEPENDANT NAME	AGE		RELATIONSHIP	
DEPENDANT NAME	AGE		RELATIONSHIP	
DEPENDANT NAME	AGE		RELATIONSHIP	
HOW DID YOU HEAR ABOUT US?				
<input type="checkbox"/> REFERRAL <input type="checkbox"/> COMCAST.NET <input type="checkbox"/> GOOGLE <input type="checkbox"/> GOOGLE CELL <input type="checkbox"/> YELLOW PAGES.COM <input type="checkbox"/> PHONE BOOK <input type="checkbox"/> OTHER (SPECIFY) _____				

REAL ESTATE

DO YOU RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF LANDLORD	ADDRESS	MONTHLY PAYMENT
HOMEOWNERS: TYPE OF PROPERTY OWNED: <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> RENTAL PROPERTY <input type="checkbox"/> VACANT LOT <input type="checkbox"/> TIME SHARE <input type="checkbox"/> CO-OP <input type="checkbox"/> OUT OF STATE/COUNTY <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> _____			
NAME(S) ON DEED OR TITLE			YEAR PURCHASED
PROPERTY ADDRESS		CITY	STATE ZIP
1 ST MORTGAGE COMPANY NAME /ADDRESS		CITY	STATE ZIP
MONTHLY PAYMENT	TAXES & INSURANCE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO
2 ND MORTGAGE COMPANY NAME /ADDRESS		CITY	STATE ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
DO YOU OWN ANY REAL ESTATE WITH OTHER PEOPLE, OR HAS SOMEONE ADDED YOUR NAME TO THEIR PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU OWN ANY REAL ESTATE VIA LAND CONTRACT <input type="checkbox"/> YES <input type="checkbox"/> NO			
2 ND PROPERTY ADDRESS		CITY	STATE ZIP
1 ST MORTGAGE COMPANY NAME /ADDRESS		CITY	STATE ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
2 ND MORTGAGE COMPANY NAME /ADDRESS		CITY	STATE ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
3 RD PROPERTY ADDRESS		CITY	STATE ZIP
1 ST MORTGAGE COMPANY NAME /ADDRESS		CITY	STATE ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?
2 ND MORTGAGE COMPANY NAME /ADDRESS		CITY	STATE ZIP
MONTHLY PAYMENT	BALANCE OWED	ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?

MOTOR VEHICLES

PLEASE LIST ANY VEHICLE THAT IS TITLED IN YOUR NAME OR YOUR SPOUSES NAME OR WITH ANYONE ELSE. INCLUDE ALL VEHICLES, EVEN IF THEY ARE PAID OFF OR SOMEONE ELSE DRIVES THEM.

VEHICLE TYPE: <input type="checkbox"/> CAR <input type="checkbox"/> TRUCK <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> MOPED <input type="checkbox"/> BOAT <input type="checkbox"/> CAMPER <input type="checkbox"/> TRAILER <input type="checkbox"/> OTHER (SPECIFY) _____				
YEAR	MAKE	MODEL	LEASE OR PURCHASE	LEASE OR PURCHASE DATE
CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> NOT RUNNING				MILEAGE
NAME ON TITLE		COMPANY YOU MAKE PAYMENTS TO	PAYMENT AMOUNT	BALANCE
DO YOU WANT TO KEEP THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?	
2 ND VEHICLE TYPE: <input type="checkbox"/> CAR <input type="checkbox"/> TRUCK <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> MOPED <input type="checkbox"/> BOAT <input type="checkbox"/> CAMPER <input type="checkbox"/> TRAILER <input type="checkbox"/> OTHER (SPECIFY) _____				
YEAR	MAKE	MODEL	LEASE OR PURCHASE	LEASE OR PURCHASE DATE
CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> NOT RUNNING				MILEAGE
NAME ON TITLE		COMPANY YOU MAKE PAYMENTS TO	PAYMENT AMOUNT	BALANCE
DO YOU WANT TO KEEP THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?	
3 RD VEHICLE TYPE: <input type="checkbox"/> CAR <input type="checkbox"/> TRUCK <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> MOPED <input type="checkbox"/> BOAT <input type="checkbox"/> CAMPER <input type="checkbox"/> TRAILER <input type="checkbox"/> OTHER (SPECIFY) _____				
YEAR	MAKE	MODEL	LEASE OR PURCHASE	LEASE OR PURCHASE DATE
CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> NOT RUNNING				MILEAGE
NAME ON TITLE		COMPANY YOU MAKE PAYMENTS TO	PAYMENT AMOUNT	BALANCE
DO YOU WANT TO KEEP THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?	
VEHICLE TYPE: <input type="checkbox"/> CAR <input type="checkbox"/> TRUCK <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> MOPED <input type="checkbox"/> BOAT <input type="checkbox"/> CAMPER <input type="checkbox"/> TRAILER <input type="checkbox"/> OTHER (SPECIFY) _____				
YEAR	MAKE	MODEL	LEASE OR PURCHASE	LEASE OR PURCHASE DATE
CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> NOT RUNNING				MILEAGE
NAME ON TITLE		COMPANY YOU MAKE PAYMENTS TO	PAYMENT AMOUNT	BALANCE
DO YOU WANT TO KEEP THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU BEHIND <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY MONTHS?	

MONTHLY INCOME

EMPLOYER NAME			
ADDRESS			
CITY	STATE	ZIP	PHONE
LENGTH OF TIME ON JOB	JOB TITLE	HOW OFTEN DO YOU GET PAID?	
		<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY	
CO-DEBTOR/SPOUSE EMPLOYER NAME			
ADDRESS			
CITY	STATE	ZIP	PHONE
LENGTH OF TIME ON JOB	JOB TITLE	HOW OFTEN DO YOU GET PAID?	
		<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY	
(Estimate of average or projected monthly income)		DEBTOR	CO-DEBTOR/SPOUSE
MONTHLY GROSS WAGES, SALARY & COMMISSIONS		\$ _____	\$ _____
MONTHLY OVERTIME (ESTIMATE)		\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ _____
MONTHLY PAYROLL TAXES & SOCIAL SECURITY DEDUCTIONS		\$ _____	\$ _____
MONTHLY INSURANCE		\$ _____	\$ _____
MONTHLY UNION DUES		\$ _____	\$ _____
OTHER MONTHLY DEDUCTIONS _____		\$ _____	\$ _____
NET PAYROLL		\$ _____	\$ _____
COMMISSIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
ALIMONY/CHILD SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
FOOD STAMPS	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
FIA ASSISTANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
UNEMPLOYMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
WORKERS COMP	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
PENSION	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
SOCIAL SECURITY/DISABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
RENTAL INCOME	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
ANNUITY/TRUST INCOME	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES FOR HOW LONG? _____	\$ _____
TOTAL OTHER INCOME		\$ _____	\$ _____
WILL YOU BE RECEIVING A BONUS OR PROFIT SHARING CHECK WITHIN THE NEXT YEAR?			IF YES, HOW MUCH??
<input type="checkbox"/> YES <input type="checkbox"/> NO			
WILL YOUR SPOUSE BE RECEIVING A BONUS OR PROFIT SHARING CHECK WITHIN THE NEXT YEAR?			IF YES, HOW MUCH??
<input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU OR HAVE A SECOND JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES YOUR SPOUSE HAVE A SECOND JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR 2 ND EMPLOYER (NAME & ADDRESS)	LENGTH OF TIME	JOB TITLE	HOW OFTEN DO YOU GET PAID?
			<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY
SPOUSE'S 2 ND EMPLOYER (NAME & ADDRESS)	LENGTH OF TIME	JOB TITLE	HOW OFTEN DO YOU GET PAID?
			<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY

OTHER INFO

BANKING INFORMATION

<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	NAME OF BANK /CREDIT UNION	ADDRESS	BALANCE	NAME ON ACCOUNT
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	NAME OF BANK/CREDIT UNION	ADDRESS	BALANCE	NAME ON ACCOUNT
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	NAME OF BANK/CREDIT UNION	ADDRESS	BALANCE	NAME ON ACCOUNT
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	NAME OF BANK/CREDIT UNION	ADDRESS	BALANCE	NAME ON ACCOUNT

MONTHLY EXPENSES

HOUSING		MAINTENANCE	\$ _____
RENT/MORTGAGE	\$ _____	INSURANCE	
2 ND MORTGAGE/EQUITY	\$ _____	HOME INSURANCE	\$ _____
LOT RENT	\$ _____	LIFE INSURANCE	\$ _____
UTILITIES		AUTO INSURANCE	\$ _____
GAS BILL	\$ _____	HEALTH INSURANCE	\$ _____
ELECTRIC BILL	\$ _____	TAXES	
WATER BILL	\$ _____	IRS & MI TAXES	\$ _____
PHONE BILL	\$ _____	OTHER EXPENSES	
CELL PHONE	\$ _____	STORAGE FEES	\$ _____
CABLE/DISH	\$ _____	PET SUPPLIES	\$ _____
INTERNET	\$ _____	CHARITY	\$ _____
BASIC NEEDS		ALIMONY/CHILD SUPPORT	\$ _____
GROCERIES	\$ _____	CIGARETTES	\$ _____
DIAPERS/FORMULA	\$ _____	DAY CARE/CHILDCARE	\$ _____
EATING OUT	\$ _____	RECREATION	\$ _____
HOME MAINTENANCE	\$ _____	PERSONAL HYGIENE	\$ _____
CLOTHING	\$ _____	HAIRCUTS	\$ _____
LAUNDRY/DRY CLEANING	\$ _____	GROCERIES	\$ _____
MEDICAL BILLS	\$ _____	ENTERTAINMENT	\$ _____
PRESCRIPTIONS	\$ _____	SCHOOL LUNCHES	\$ _____
DENTAL BILLS	\$ _____	SCHOOL EXPENSES	\$ _____
EYEGASSES	\$ _____	CHILDRENS ACTIVITIES	\$ _____
TRANSPORTATION		COLLEGE TUITION	\$ _____
CAR PAYMENT/LEASE PAYMENT	\$ _____	TIME SHARE EXPENSES	\$ _____
GASOLINE	\$ _____	OTHER EXPENSES _____	\$ _____

