

Fehr Law Office

205 Green Street, Onalaska, WI 54650, 608-783-3647

INFORMATION WORKSHEET INSTRUCTIONS**WARNING: DO NOT DO ANYTHING THAT WOULD INCREASE OR DECREASE YOUR DEBT**

- ☞ **DO NOT** get **ANY** new debt; **DO NOT USE ANY** credit card debt
- ☞ **DO NOT** close or cash in 401k or other retirement plans, insurance policies or any bank accounts
- ☞ **DO NOT** pay more than \$199.00 to any one creditor in any given month, including relatives & friends (except normal house, car and other secured debt payments)
- ☞ **DO** Talk to your attorney before doing any of these things!!

WARNING: BRING THE FOLLOWING IN WITH THESE WORKSHEETS:

- Photocopy of each client's **DRIVER'S LICENSE & SOCIAL SECURITY CARD**
- Copy of the **Certificate of Credit Counseling** for **EACH DEBTOR**
- ALL TITLES** for **ALL** titled property (autos, mobile homes, snowmobiles, boats, etc.).
- ALL RECORDED MORTGAGES** for **ALL** Real Property (homes, land, vacation homes, cabins, time shares, etc.).
- PAY STUBS FOR THE 6 MONTH PERIOD** prior to filing your case for **EACH CURRENT JOB**.
- W-2s** for **ALL EMPLOYERS** for whom you worked for the **PAST TWO YEARS**.
- Copy of **LAST YEAR'S TAX RETURN**; If you did not file a tax return for income received last year, you must do so before you can file for bankruptcy.
- Copy of the **Certificate of Financial Management Course** **BY THE DATE OF THE CREDITORS MEETING**

WARNING: WHEN FILLING OUT THE WORKSHEET PAGES SUPPLY THE FOLLOWING:☞ **FOR EVERY BLANK PROVIDE ONE OF THE FOLLOWING THREE ANSWERS:**OR
A. **ALL** THE INFO REQUESTED – FULLY & COMPLETELYOR
B. **N/A** if it does **Not** **A**pply to youC. **??** if you do not know what is being requested; in this case, please call Dan at 608-783-3647☞ **WARNING: FEDERAL LAW REQUIRES THAT ALL assets** (everything you have, own, hold title to, is yours) **MUST be listed**☞ **WARNING: FEDERAL LAW REQUIRES THAT ANY AND ALL debts to anyone including family and friends MUST be listed** (This includes debts you plan to keep & repay)☞ **For EVERYONE you owe money to, supply the following: COMPLETE names, CORRESPONDENCE ADDRESSES, ACCOUNT NUMBERS** and amounts owed, including for government organizations to which you owe money.☞ Indicate which **secured DEBTS** (house, car, boat, etc.) you want to **REAFFIRM** (keep & repay)

Fehr Law Office

205 Green Street, Onalaska, WI 54650, 608-783-3647

INFORMATION WORKSHEET INSTRUCTIONS

1. You can get a **FREE credit report** once a year by going to the following site on the internet: <https://www.annualcreditreport.com>. Compare your credit report with your records to make sure you list all your creditors accurately and completely.

2. **When listing creditors' addresses** (ANYONE you owe money to) be sure to use the **CORRESPONDENCE ADDRESS** (see examples below) **NOT** the payment address. Otherwise, the proper department of the creditor may not receive the notice from the court telling them that you filed.

Some creditors list their "correspondence address" on the **front of the bill** as show below. Look for a section about "Written Inquiries," "Billing Rights," "Errors" or "Questions."

**Any Credit Union
Credit Card Account**

Account Inquiries
Customer Service:
(800) 000-000

Please Direct Written Inquiries to:

**CUSTOMER SERVICE
PO BOX 00000
TAMPA, FL 33630**



This is the Correspondence address

Some creditors list their "correspondence address" on the **back of the bill** as show below. Look for a section about "Written Inquiries," "Billing Rights," "Errors" or "Questions."

BILLING RIGHTS SUMMARY
IN CASE OF ERROS OR QUESTIONS ABOUT YOUR BILL

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us as soon as possible on a separate sheet at:
Credit Card Billing Disputes, PO Box 0000, Pleasanton, CA 94566



This is the Correspondence address

When your worksheets and other information pertaining to your bankruptcy filing are ready, please call Dan at 608-783-3647 and schedule an appointment with him so he can make sure we have everything we need to effectively file your case.

Fehr Law Office

205 Green Street, Onalaska, WI 54650, 608-783-3647

INFORMATION WORKSHEET INSTRUCTIONS

SAMPLE OF A MORTGAGE (First Page)

Below is a sample of what a **RECORDED MORTGAGE** will look like.

It will say **MORTGAGE** at the top of the first page and will have a recording stamp in the upper right corner as shown below.

We need:

- 1) the first page;
- 2) the page(s) with the **dollar amount** of the mortgage (what you owe on your house)
- 3) the page with the **Legal Description** on it which looks something like this:

Lots 7 and 8 in Block 5 of Smith Colony Park Addition to the City of Somewhere, La Crosse County, Wisconsin.

MORTGAGE

DOCUMENT NUMBER

NAME & RETURN ADDRESS

LA CROSSE COUNTY WI
REGISTER OF DEEDS
DEBORAH J. FLOCK

RECORDED ON 07-01-2001
AT 11:03 AM
REC. FEE: 38.00
TRANSFER FEE:

PAGES: 15

PARCELL IDENTIFIER NUMBER

DEFINITIONS

**CLIENT BANKRUPTCY CHAPTER 7 INDIVIDUAL
INFORMATION WORKSHEETS**

Fehr Law Office
205 Green Street, Onalaska, WI 54650, 608-783-3647

PERSONAL INFORMATION

**SUPPLY COMPLETE INFO ON ALL PAGES AS INDICATED
INCLUDING FULL FIRST, MIDDLE AND LAST NAME**

DEBTOR (husband)

JOINT DEBTOR (wife)

FULL NAME:

First **FULL** Middle Last

First **FULL** Middle Last

STREET ADDRESS: _____

MAILING ADDRESS: _____
(if different)

CITY, STATE, ZIP _____

COUNTY: _____

SOC. SEC. NO.:

--	--	--

--	--	--

What **OTHER PERSONAL OR BUSINESS NAMES** (maiden names, etc.) have you used in the last **EIGHT** (8) years?

OTHER TAX IDS: _____
(Business or otherwise)

**NOTE: COMPLETION OF PAGE 11 OF THESE WORKSHEETS IN ITS ENTIRETY IS
MADATORY FOR COMPLETION OF THE MEANS TEST TO DETERMINE ELIGIBILITY
TO FILE FOR BANKRUPTCY**

**WARNING: IT IS A FEDERAL CRIME (Fraud) TO CONCEAL OR NOT REPORT ANY BANKRUPTCY CASES
FILED BY YOU OR PENDING AGAINST YOU WITHIN THE EIGHT (8) YEARS PRIOR TO FILING THIS CASE!**

PRIOR BANKRUPTCIES: If a bankruptcy petition has been previously filed **BY** you or **AGAINST** you within the **past 8 years**, please list below the location of filing (District: Western Wisc, Minnesota, etc.), date filed and the case number and whether the case (debts) was discharged. If **NONE** write "NONE."

Location of Filing	Date Filed	Case Number	Discharged?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PENDING BANKRUPTCIES: If there are **any bankruptcy cases currently pending against** you, your business, your spouse or your spouse's business, please list below the name of debtor, relation to you, district where filed, date filed and the case number. If **NONE** write "NONE."

Debtor	Relationship	District	Date	Case Number
_____	_____	_____	_____	_____

SCHEDULE A: REAL ESTATE PROPERTY & SCHEDULE B: PERSONAL PROPERTY

NOTE: LIST ALL REAL ESTATE OWNED BY YOU even if it is with others (relatives, friends, business partners, etc)

Real Property is land and things permanently attached to land. Included are unimproved land, vacation cabins, condominiums, duplexes, rental property, business property, mobile home park spaces, agricultural land, airplane hangars, and any other buildings permanently attached to land. It also includes property you are entitled to by a trust and all property in which you have any legal, equitable, or future interest. If you are in a community property state, your spouse's real estate is also owned by you. (All leases and time shares should be listed on the worksheet for Schedule G.)

A RECORDED MORTGAGE is needed for each real property as well as a RECENT APPRAISAL. A record mortgage will be on file at the Register of Deeds office in the county in which the property is located.

SCHEDULE A: REAL ESTATE <u>Provide detailed description:</u> <u>TYPE of property AND address</u> <u>Name AND Address of any mortgagors</u> List Mobile Homes on Schedule B	Who owns? Husb, wife, joint, co-own with others	Market Value If you sold it <u>From appraisal</u> <u>OR Tax Bill</u>	Loan Amounts If you have a loan Also list 2 nd Mort.	Reaffirm? Keep property & repay loan		Office Use Only Exemptions?
				YES	NO	

SCHEDULE B: PERSONAL PROPERTY Provide detailed description	Replacement Value If a merchant sold it	Office Use Only Exemptions?
18. Money you <u>WILL</u> be receiving <u>SOON</u> (money people owe you; tax refunds expected)		
19. Equitable & future interests in life estates & rights or powers		
20. Interest in the estate of a decedent		
21. Money <u>OWED</u> you that you will receive <u>EVENTUALLY</u> (incl. tax refunds)		
22. Patents, copyrights & other intellectual property		
23. Licenses, franchises & other general intangibles		
24. Customer list or other compilation		

SCHEDULE D: SECURED DEBTS

Creditors' Name/Full Address <u>USE CORRESPONDENCE</u> <u>ADDRESS, NOT PAYMENT</u>	Other agencies Or persons involved NAME & FULL ADDRESS <small>(collect agencies, co-debtor, etc.)</small>	Account # Date incurred	Describe Debt	Owner H: husb W: wife J: joint	Balance Owed
Mortgages (1st/2nd) on Residences		<u>FULL Acct #</u>			
		<u>Date debt made</u>			
Mortgages (1st/2nd) on Residences		<u>FULL Acct #</u>			
		<u>Date debt made</u>			
Automobile Loans		<u>FULL Acct #</u>			
		<u>Date debt made</u>			
Automobile Loans		<u>FULL Acct #</u>			
		<u>Date debt made</u>			
Real Estate Taxes		<u>Parcel #</u>			

SCHEDULE E: PRIORITY DEBTS (student loans, fines, income taxes)

Creditors' Name/Full Address <u>USE CORRESPONDENCE</u> <u>ADDRESS, NOT PAYMENT</u>	Other agencies Or persons involved NAME & FULL ADDRESS <small>(collect agencies, co-debtor, etc.)</small>	Account # Date incurred	Describe Debt	Owner H: husb W: wife J: joint	Balance Owed
		<u>Acct #</u>			
		<u>Date debt made</u>			
		<u>Acct #</u>			
		<u>Date debt made</u>			
		<u>Acct #</u>			
		<u>Date debt made</u>			

SCHEDULE F: UNSECURED DEBT (Credit cards, other bills) Use CORRESPONDENCE ADDRESS where possible

NOTE: When listing Collection Agencies, original creditor's FULL Name & address must also be supplied to ensure discharge of debt

Creditors' Name/Full Address USE CORRESPONDENCE ADDRESS, NOT PAYMENT	Other agencies Or persons involved NAME & FULL ADDRESS <small>(collect agencies, co-debtor, etc.)</small>	Account # And FOR CREDIT CARDS: Provide Last Date Used	Describe Debt	Owner H: husb W: wife J: joint	Balance Owed
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			
		<u>Acct #</u> <hr/> Last date used:			

Attach additional sheets for additional creditors; include all information as above

SCHEDULE G: LEASES OR CONTRACTS

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases and service or business contracts.

Name & Address of Leaser	Nature/Description of contract	Date Contract Expires

SCHEDULE H: CO-DEBTORS

Name & Address of Co-Debtor	Debt on which this person is Co-Debtor

SCHEDULE I: DEPENDENT & INCOME INFORMATION

MARITAL STATUS

- Single
- Married
- Divorced
- Separated
- Widowed

DEPENDENT INFORMATION

DEPENDENT'S NAME (if you have primary placement or caregiver)	AGE	RELATIONSHIP

EMPLOYMENT INFORMATION

EMPLOYMENT INFO	DEBTOR (husband)	JOINT DEBTOR (wife)
Occupation		
Length of employment		
Employer's name		
Employer's FULL address		

SCHEDULE I: MONTHLY INCOME INFORMATION

Total Number of Dependents you can claim (Take from line 6d on 1040 tax return): _____

MONTHLY INCOME FOR LAST SIX MONTHS (Please provide **EXACT AMOUNTS**)

DEBTOR (husband)	ITEM	Current Month	Month 2 _/_	Month 3 _/_	Month 4 _/_	Month 5 _/_	Month 6 _/_	Office Use Only
	Income from employment							
	Overtime income from employment							
	Wage tax deductions (including Federal, State, social security & Medicare)							
	Health insurance premium deducted from wages							
	Union dues deducted from wages							
	Other payroll deductions (specify)							
	Income from business, profession, farm, etc (attach detailed statement)							
	Income from real estate							
	Income from interest or dividends							
	Income from alimony, maintenance or support payments							
	Income from Social Security or other government assistance							
	Income from pension or retirement							
Other income not listed								

MONTHLY INCOME FOR LAST SIX MONTHS (Please provide **EXACT AMOUNTS**)

JOINT DEBTOR (wife)	ITEM	Current Month	Month 2 _/_	Month 3 _/_	Month 4 _/_	Month 5 _/_	Month 6 _/_	Office Use Only
	Income from employment							
	Overtime income from employment							
	Wage tax deductions (including Federal, State, social security & Medicare)							
	Health insurance premium deducted from wages							
	Union dues deducted from wages							
	Other payroll deductions (specify)							
	Income from business, profession, farm, etc (attach detailed statement)							
	Income from real estate							
	Income from interest or dividends							
	Income from alimony, maintenance or support payments							
	Income from Social Security or other government assistance							
	Income from pension or retirement							
Other income not listed								

SCHEDULE J: MONTHLY EXPENSES

ITEM	DEBTOR	JOINT DEBTOR (If separate household)
MONTHLY <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage payment Includes property taxes <input type="checkbox"/> YES <input type="checkbox"/> NO Includes property insurance <input type="checkbox"/> YES <input type="checkbox"/> NO		
MONTHLY electricity AND heating costs		
MONTHLY water & sewer		
MONTHLY telephone (including cell phone)		
MONTHLY other utilities (cable TV, etc.) Specify:		
MONTHLY home maintenance (repairs & upkeep)		
MONTHLY food purchases		
MONTHLY clothing purchases		
MONTHLY laundry & dry cleaning		
MONTHLY medical & dental expenses		
MONTHLY transportation costs (gas, oil, tires – average monthly)		
MONTHLY expenses for recreation, clubs, newspapers, etc.		
MONTHLY charitable contributions		
MONTHLY homeowner's or renter's insurance		
MONTHLY life insurance premiums paid -- not deducted from wages		
MONTHLY health insurance premiums paid -- not deducted from wages		
MONTHLY auto insurance premiums		
MONTHLY other insurance premiums Specify:		
MONTHLY taxes not deducted from wages or included in mortgage payment Specify Type:		
MONTHLY auto loan payments		
MONTHLY other installment payments: Specify which debts payments are for: _____		
MONTHLY payment of alimony, maintenance & support TO OTHERS		
MONTHLY payments for dependents not living at your home		
MONTHLY MANDATORY payroll deductions not already listed		
MONTHLY court-ordered payments not already listed		
MONTHLY education expense to maintain employment		
MONTHLY education expense for a physically/mentally challenged child		
MONTHLY childcare expense		
MONTHLY disability insurance expense if not listed above		
MONTHLY health savings account expense		
MONTHLY expense for the care of elderly, chronically ill or disabled family member		
MONTHLY expenses for protection from family violence		
MONTHLY expenses for education of children under age 18		
MONTHLY expenses for non-mandatory contributions to retirement funds (including loan repayment)		
MONTHLY operation of business, profession or farm (attach statement)		
MONTHLY other expenses		

FORM 7: STATEMENT OF FINANCIAL AFFAIRS

1. **ANNUAL INCOME from employment** or operation of business **FOR THE PAST TWO FULL YEARS PLUS the Year-to-date amount for the current year.**

Name of Source	Husband/Wife	<u>ANNUAL</u> \$ Amount	Year

2. **ANNUAL INCOME** from sources **OTHER THAN employment** **FOR THE PAST TWO FULL YEARS PLUS the Year-to-date amount for the current year.** (Unemployment, alimony, maintenance, support, retirement fund or insurance policy cash outs, etc.)

Name of Source	Husband/Wife	<u>ANNUAL</u> \$ Amount	Year

- 3a. If your debts are primarily consumer debts **LIST ALL PAYMENTS** on loans, installment purchases of goods or services, and other debts, **TOTALLING MORE THAN \$600 TO ANY CREDITOR** made during the 90 days just prior to filing this bankruptcy.

Creditor's Name & <u>COMPLETE</u> Address	Dates paid	Amount paid	Balance

- 3b. If your debts are primarily consumer debts **LIST ALL PAYMENTS OR TRANSFERS TOTALLING MORE THAN \$5,000 TO ANY CREDITOR** made during the 90 days just prior to filing this bankruptcy.

Creditor's Name & <u>COMPLETE</u> Address	Dates paid	Amount paid	Balance

FORM 7: STATEMENT OF FINANCIAL AFFAIRS

3c. **LIST ALL PAYMENTS** made **within ONE YEAR** just prior to filing this bankruptcy to creditors who were “insiders.” (“Insiders” include your relatives, your business partners and their relatives, your corporations, or your affiliates)

Creditor’s Name & <u>COMPLETE</u> Address	Dates paid	Amount paid	Balance

4a. List all **LAW SUITS** against you or by you within the last 12 months just prior to filing this bankruptcy (attach separate sheet if necessary).

Suit Caption	Case #	Nature	Court & address	Status/disposition

4b. **DESCRIBE ANY PROPERTY** that has been garnished, attached or seized by any creditor during the past 12months just prior to filing this bankruptcy.

Creditor Name & <u>COMPLETE</u> Address	Date of Seizure	Property Description & Value

5. **LIST ALL PROPERTY** that has been repossessed, foreclosed on or voluntarily returned to a creditor during the past 12 months just prior to filing this bankruptcy.

Creditor Name & <u>COMPLETE</u> Address	Date of Reposs.	Property Description & Value

6a. Describe any assignment of property for the benefit of creditors made within the last 120 days. On a separate sheet list the name and address of assignee, date of assignment and terms of assignment or settlement.

6b. List all property which has been in the hands of a custodian, receiver, or court-appointed official during the past year. On a separate sheet list the name and address of custodian, name and location of court, case title and number, date of order, description and value of property.

FORM 7: STATEMENT OF FINANCIAL AFFAIRS

7. List all gifts or charitable contributions made **within the last year** just prior to filing this bankruptcy except ordinary and usual gifts to family members whose value is less than \$200 per family member and less than \$100 per charitable recipient.

Recipient's Name & <u>COMPLETE</u> Address	Relationship	Date of gift	Description/Value Of gift

8. List all losses from fire, theft, other casualty or gambling during the past year. On a separate sheet list the description and value of property, circumstance of loss, if loss was covered by insurance (give particulars) and date of loss.
9. List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy **within the last year** just prior to filing this bankruptcy.

Payee Name & <u>COMPLETE</u> Address	Date of Payment & Payor	Amount Paid or Value of property transferred

- 10a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security **within the last two years** just prior to filing this bankruptcy to a creditor or family member (including sale of your property).

Transferee Name & <u>COMPLETE</u> Address & relationship	Date	Describe property transferred and value received

- 10b. List all property you transferred **within 10 years** just prior to filing this bankruptcy to a self-settled trust, or similar device of which you are the beneficiary.

11. List all **financial accounts and instruments** held by or for the benefit of the debtor which were **closed, sold or otherwise transferred within one year** just prior to filing this bankruptcy. Include checking, savings, or other financial accounts, CDs, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, etc.

Institution Name & <u>COMPLETE</u> Address	Account type & No.	Date & Amount at closing

FORM 7: STATEMENT OF FINANCIAL AFFAIRS

12. List each **safe deposit or other box or depository** in which you have had valuables within the past year just prior to filing this bankruptcy.

Institution Name & <u>COMPLETE</u> Address	Who has access? (Name & Address)	Describe contents	Date of transfer Surrender

13. List **all setoffs** (money taken from an account to repay a loan at the same bank as where your money has been deposited) made by any creditor, including a bank, against a debt of the debtor **within the past 90 days** just prior to filing this bankruptcy.

Creditor Name & <u>COMPLETE</u> Address	Date of Setoff	Amount of Setoff

14. List all property OWNED by another person that the debtor (you or you and your spouse) holds or controls.

Creditor Name & <u>COMPLETE</u> Address	Describe property	Location of property

15. If you have **moved within the last THREE years**, list all premises occupied and vacated during that period.

Address	Name used	Dates of occupancy

16. If you reside or resided in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin **within the last EIGHT years** just prior to filing this bankruptcy, identify **the name of your spouse and of any former spouse who resides or resided with you.**

Name

FORM 7: STATEMENT OF FINANCIAL AFFAIRS

17a. List the name and address of every site for which you have received notice in writing by a governmental unit that you be liable or potentially liable for under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and if known, the Environmental Law.

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

Site Name & <u>COMPLETE</u> Address	Name & address of governmental unit	Date of notice	Environmental Law

17b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit, the date of the notice, and if known, the Environmental Law.

Site Name & <u>COMPLETE</u> Address	Name & address of governmental unit	Date of notice	Environmental Law

17c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

Name & address of governmental unit	Docket No.	Status or Disposition

FORM 7: STATEMENT OF FINANCIAL AFFAIRS

18a. If you are an individual, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates **of all businesses** in which you were an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or were a self-employed professional within the last six years, or in which you owned 5 percent or more of the voting or equity securities within the last six years.

If you are a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which you were a partner or owned 5 percent or more of the voting or equity securities within the last six years.

If you are a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the last six years.

Name	Taxpayer ID No.	Address	Name of business	Begin & End dates

18b. Identify any **business** listed above that is "single asset real estate."

Name	Address