

**LAW OFFICE OF STEPHEN J. ROSS, PC**  
**High & Hanover Street**  
**Pottstown, PA 19464**  
**(610) 323-5300**  
**FAX (610) 323-6081**

## **CLIENT WORKSHEET**

INSTRUCTIONS: Please fill out this worksheet as completely as possible. We understand it may be difficult to answer personal questions; however, we need this information to complete the bankruptcy documents and to properly advise you of your rights and responsibilities. It is important you disclose all information to your attorneys, so please feel confident that **all information you supply to us will be kept private and confidential.**

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Debtor Information:

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Prior Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_

Prior Address: \_\_\_\_\_ County: \_\_\_\_\_

(Within 2 Yrs) \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

Marital Status (Circle):      Single          Divorced          Widowed          Married          Separated

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Spouse Information:

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Prior Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

(If Separated)

Dates of Occupancy: \_\_\_\_\_

Prior Address: \_\_\_\_\_ County: \_\_\_\_\_

(Within 2 Yrs) \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

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Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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Child/Dependent Age: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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Prior Bankruptcy (Circle):      Yes          No          Chapter: \_\_\_\_\_ File Date: \_\_\_\_\_

**Real Estate**  
(All Property You Own)

Property Address: \_\_\_\_\_ Do you reside in the property? Yes No

Primary Mortgage Company: \_\_\_\_\_ Are payments current? Yes No

Secondary Mortgage Company: \_\_\_\_\_ Are payments current? Yes No

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Primary Mortgage Company: \_\_\_\_\_ Are payments current? Yes No

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Check here if you own additional property. Please list all additional addresses on the back of this page.

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Do You Own a Timeshare: Yes No Do you want to surrender the Timeshare? Yes No

Address/Location: \_\_\_\_\_

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Have you purchased or sold any real property within the past four years? Yes No

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Are you currently in a Residential Lease Agreement? Yes No

Name and Address of Landlord: \_\_\_\_\_

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**Vehicles, Motorcycles, Boats and Trailers**

(Please List All Vehicles with Your Name on the Loan or Title)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Is this a Lease? Yes No Are payments current? Yes No Lender: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Is this a Lease? Yes No Are payments current? Yes No Lender: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Is this a Lease? Yes No Are payments current? Yes No Lender: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Is this a Lease? Yes No Are payments current? Yes No Lender: \_\_\_\_\_

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Do you own any additional items such as snowmobiles, jet skis, 4 runners, etc? Yes No

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(Please List All Vehicles Returned or Repossessed within 1 Year)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Date of Repossession: \_\_\_\_\_ Lender: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Date of Repossession: \_\_\_\_\_ Lender: \_\_\_\_\_

## Financial Information

Please list **all** bank accounts in your name regardless of the current balance:

Bank: _____	Account Type: _____	Current Balance: \$ _____
Bank: _____	Account Type: _____	Current Balance: \$ _____
Bank: _____	Account Type: _____	Current Balance: \$ _____
Bank: _____	Account Type: _____	Current Balance: \$ _____

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Please list any UTMA, 529 or Children's Accounts:

Bank: _____	Account Type: _____	Current Balance: \$ _____
Bank: _____	Account Type: _____	Current Balance: \$ _____
Bank: _____	Account Type: _____	Current Balance: \$ _____
Bank: _____	Account Type: _____	Current Balance: \$ _____

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Please list **all** 401(k), IRA, Pension or any other Retirement Accounts:

Location: _____	Account Type: _____	Current Balance: \$ _____
Location: _____	Account Type: _____	Current Balance: \$ _____
Location: _____	Account Type: _____	Current Balance: \$ _____
Location: _____	Account Type: _____	Current Balance: \$ _____

Have you withdrawn or deposited any money in or out of any of these accounts?      Yes      No

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## Personal Property

Household Items	Description	Market Value
Kitchen Furniture & appliances	_____	\$ _____
Dining Room Set	_____	\$ _____
Living Room Set	_____	\$ _____
Stereo, VCR, TV, DVD	_____	\$ _____
Bedroom Set	_____	\$ _____
Washer/Dryer	_____	\$ _____
Books, Pictures, Art Objects	_____	\$ _____
Wearing Apparel	Used Men's/Women's Clothing	\$ _____
Jewelry (Engagement/Wedding Rings, etc)	_____	\$ _____
Term or Whole Life Insurance Policy	_____	\$ _____
Firearms, Sport/Hobby Equipment	_____	\$ _____
Tools Used in Your Business	_____	\$ _____
Professionally Prescribed Health Aids	_____	\$ _____
Any Personal Debts Owed to You	_____	\$ _____

## **Employment/Income Information**

Debtor's Current Employer: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Do you currently have any Rental Income? Yes No

Are you currently receiving any alimony or child support? Yes No

Are you currently receiving any Social Security/Government Assistance? Yes No

Are you currently receiving any Pension or Retirement Income? Yes No

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Spouse's Current Employer: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Do you currently have any Rental Income? Yes No

Are you currently receiving any alimony or child support? Yes No

Are you currently receiving any Social Security/Government Assistance? Yes No

Are you currently receiving any Pension or Retirement Income? Yes No

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## **Additional Information**

Do you have any stocks or interest in a Business? Yes No

Are there any pending personal bodily injury awards, claim or law suits? Yes No

If so, what is the estimated value? \$ \_\_\_\_\_

Are there any pending Veteran's Benefits, Social Security Disability,  
Worker's Compensation or Unemployment owed to you? Yes No

If so, what is the estimated value? \$ \_\_\_\_\_

Have you made any payments to family members in the prior year? Yes No

If so, please list Person/Relationship: \_\_\_\_\_ Total Amt: \$ \_\_\_\_\_

List all law suits to which you are/were a party listed within 2 years:

Caption: \_\_\_\_\_ Case No: \_\_\_\_\_

Caption: \_\_\_\_\_ Case No: \_\_\_\_\_

Caption: \_\_\_\_\_ Case No: \_\_\_\_\_

Have you made any payments to any creditors in the past 90 days? Yes No

## **EXPENSES – Monthly**

Rent or Mortgage Payment (include lot rent for mobile home)	\$ _____
Are property taxes included (Circle)? Yes No If No, monthly pmt:	\$ _____
Is property insurance included (Circle)? Yes No If No, monthly pmt:	\$ _____
Home maintenance, repair and upkeep expenses .....	\$ _____
Homeowner association or condominium dues .....	\$ _____
Additional mortgage payments for residence (such as home equity loans) .....	\$ _____
Utilities: Electricity, Heat and natural gas .....	\$ _____
Water, sewer, garbage collection .....	\$ _____
Telephone, cell phone, Internet, satellite and cable .....	\$ _____
Other .....	\$ _____
Food and Housekeeping supplies .....	\$ _____
Childcare and Children's education costs .....	\$ _____
Clothing .....	\$ _____
Laundry/Dry cleaning .....	\$ _____
Personal care products and services .....	\$ _____
Medical and dental expenses .....	\$ _____
Transportation (include gas, maintenance, bus, train - but not car payments) .....	\$ _____
Entertainment, clubs, recreation, newspapers, magazines and books .....	\$ _____
Charitable contributions and religious donations .....	\$ _____
Insurance (not deducted from wages or included in home mortgage)	
Life Insurance .....	\$ _____
Health Insurance (if not provided by Employer) .....	\$ _____
Vehicle Insurance .....	\$ _____
Other Insurance (specify) .....	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) .....	\$ _____
Auto installment or lease payments	
Car payment for Vehicle 1 .....	\$ _____
Car payment for Vehicle 2 .....	\$ _____
Other Installment Payments .....	\$ _____
Payments of Alimony, Maintenance and Support (Not deducted from wages) .....	\$ _____
Name: _____	
Address: _____	
_____	
Expenses for a rental or additional property	
Mortgage .....	\$ _____
Real Estate Taxes .....	\$ _____
Property, homeowners or renters insurance .....	\$ _____
Maintenance repair and upkeep expenses .....	\$ _____
Homeowner association or condominium dues .....	\$ _____
Other Monthly Expenses .....	\$ _____