

The Law Offices of ERIC KORNBLUM
68 COURT STREET
WESTFIELD, MA 01085
413.568.3900
www.DebtFreeMA.com

CLIENT CONFIDENTIAL WORKSHEET

Your Name _____ Marital Status _____

Address _____ City _____ State ____ Zip _____ - _____

Are you filing jointly with your spouse or individually? _____

Spouse Name _____ Marital Status _____

Address _____ City _____ State ____ Zip _____ - _____

Prior Bankruptcy Filed? If Yes: Where _____ When _____

Judge's Name _____ Status of Case _____

LIST OF CREDITORS

Please list creditors below. Any additional creditors, please list on back.

CREDITOR _____

Account Number _____ Balance _____

PROPERTY INFORMATION

Real Property: (i.e.: home or land)

1. Location of property: (Full Address)
Value: \$ _____
2. Cash on hand: \$ _____
3. Checking Account: \$ _____ Bank _____ Acct.No. _____
4. Savings Account: \$ _____ Bank _____ Acct.No. _____
5. Security deposits _____ \$ _____
6. Home Furnishings: Make a separate itemized list of all home furnishings broken down by room. (I.e.:
Bedroom 1:bed -\$25, dresser -\$50, TV-\$10)
7. Furs or Jewelry _____ Value _____
8. Firearms, sports or other hobby equipment: _____ Value _____
9. Interest in insurance policies, annuities, IRA, ERISA, 401k etc.
_____ Value _____
10. Stock interest in an incorporated or unincorporated business.
_____ Value _____
11. Interest in partnerships or joint ventures _____
12. Alimony, maintenance, support payments you are entitled to _____
13. Any tax refunds you are expecting \$ _____
14. Auto, truck, trailer, other vehicle: Year _____ Make _____ Model _____ Value _____
15. Auto, truck, trailer, other vehicle: Year _____ Make _____ Model _____ Value _____
16. Boats, Motors, Accessories _____ Value _____

EMPLOYER INFORMATION

Your Employer

Name _____ Occupation _____

Address (Full) _____

How often paid: (Circle one) Weekly Bi-weekly Twice a month Monthly

Gross pay: \$ _____ (before deductions)

Spouse Employer

Name _____ Occupation _____

Address (Full) _____

How often paid: (Circle one) Weekly Bi-weekly Twice a month Monthly

Gross pay: \$ _____ (before deductions)

Any other source of income not listed _____ \$ _____
(Child support, pension, unemployment compensation, disability etc.)

ESTIMATED MONTHLY LIVING EXPENSES

Rent or Mortgage payment \$ _____

Property Taxes \$ _____ (if not included in mortgage payment)

Property Insurance \$ _____

Electric \$ _____

Water / Sewer \$ _____

Phone \$ _____

Garbage \$ _____

Cable \$ _____

Food \$ _____

Car Payment 1 \$ _____

Car Payment 2 \$ _____

Car Insurance \$ _____

Health Insurance \$ _____

Life Insurance \$ _____

Medical Insurance \$ _____

Cell Phone \$ _____

Other \$ _____ Nature of Payment _____

We put in standard amounts the court allows for transportation, home maintenance, recreation and clothing.

Please fill out to the best of your ability. Thank you.