

**LAW OFFICES OF  
COHEN & ASSOCIATES, P.C.**  
30 CHURCH STREET # 202  
SALEM, MASSACHUSETTS 01970  
TEL. (978)744-1144  
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Thank you for choosing to speak with an attorney at Cohen & Associates, P.C. The information on the following pages will help us to prepare your bankruptcy petition. Your bankruptcy petition is a document to be filed with the bankruptcy court that lists all of your assets and liabilities (debts) along with some statements regarding your finances over the last several years.

Our Firm will register you for pre-filing counseling, obtain your credit report, and be available to answer any questions you may have. Please gather documents required to assemble your bankruptcy petition. Some of the documents that we will need to complete your bankruptcy petition include the following:

**GENERAL:**

- Copy of your driver's license or state identification card as well as your social security card
- Your last filed tax return

**INCOME:**

- Every paystub for the past two (2) months for you and your spouse (if any)
- All documents that show the amount that someone else contributes to your household expenses
- Proof of all other sources of income such as pensions, interest income, child support, alimony, severance pay, rental income for the past two (2) months
- If you are in business, proof of your gross business income and business expenses for the past two (2) months

**HOME:**

- Copy of deeds to property owned in the last three (3) years, including houses, townhomes, condominiums, cooperatives, vacant land, timeshares, etc.
- Mortgage, home equity loan or line of credit statements
- Most recent statement of homeowners or renters insurance

**VEHICLES:**

- Certificate of insurance

**FINANCIAL:**

- Bank account, credit union and investment or stock trading account statements for the past 2 months.
- Statement for any IRA, 401(k), annuity, education individual retirement account, tuition credit program or medical savings plan

**DOMESTIC MATTERS:**

- Child or family support orders
- Dissolution agreements or judgments

**MISCELLANEOUS:**

- Lawsuits filed against you or by you in the past two (2) years

Please complete the attached questionnaire. Some questions may not apply to your situation.

## YOUR MONTHLY INCOME

YOUR MONTHLY INCOME		
	DEBTOR	SPOUSE
EMPLOYER'S NAME		
EMPLOYER'S STREET ADDRESS		
EMPLOYER'S CITY, STATE, ZIP CODE		
OCCUPATION		
HOW LONG HAVE YOU BEEN THERE?		
PAY FREQUENCY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY
GROSS PAY PER PAY PERIOD		
ESTIMATED OVERTIME PER PAY PERIOD		
..... <b>SUBTOTAL</b>		
TAXES (FICA, STATE, SOCIAL SECURITY, MEDICARE)		
MEDICAL, DENTAL, AND LIFE INSURANCE		
UNION DUES		
PENSION / RETIREMENT DEDUCTIONS		
PENSION / RETIREMENT LOAN REPAYMENTS		
CREDIT UNION DEDUCTION		
CHILD SUPPORT DEDUCTION		
..... <b>NET PAY</b>		
REGULAR INCOME FROM OPERATION OF BUSINESS		
INCOME FROM RENTAL PROPERTIES		
REGULAR INTEREST AND/OR DIVIDENDS		
ALIMONY / CHILD SUPPORT / MAINTENANCE INCOME		
SOCIAL SECURITY INCOME		
PUBLIC AID / FOOD STAMPS		
PENSION / RETIREMENT INCOME		
UNEMPLOYMENT COMPENSATION		
CONTRIBUTIONS TO HOUSEHOLD EXPENSES		
OTHER : _____		
OTHER: _____		
..... <b>TOTAL</b>		
DO YOU EXPECT ANY INCREASE OR DECREASE IN INCOME OF 10% OR MORE OVER THE NEXT YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	

## YOUR MONTHLY EXPENSES

EXPENSE LIST		DEBTOR OR JOINT EXPENSES	SPOUSE, IF RESIDING SEPARATELY
RENT PAYMENT		\$	\$
MORTGAGE PAYMENT		\$	\$
SECOND MORTGAGE PAYMENT		\$	\$
ARE REAL ESTATE TAXES INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
IS HOME INSURANCE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
LOT RENTAL (MOBILE HOME)		\$	\$
ELECTRICITY BILL (MONTHLY)		\$	\$
NATURAL GAS BILL / HEATING OIL / PROPANE (MONTHLY)		\$	\$
WATER & SEWER (MONTHLY)		\$	\$
GARBAGE PICKUP (MONTHLY)		\$	\$
TELEPHONE BILL (MONTHLY)		\$	\$
CABLE BILL (MONTHLY)		\$	\$
HOME MAINTENANCE / REPAIRS (MONTHLY)		\$	\$
FOOD / GROCERIES (MONTHLY)		\$	\$
CLOTHING (MONTHLY)		\$	\$
LAUNDRY / DRY CLEANING (MONTHLY)		\$	\$
MEDICAL & DENTAL EXPENSES (MONTHLY)		\$	\$
GASOLINE (MONTHLY)		\$	\$
OTHER TRANSPORTAION (BUS/TRAIN) (MONTHLY)		\$	\$
RECREATION / ENTERTAINMENT (MONTHLY)		\$	\$
CHARITABLE CONTRIBUTIONS (MONTHLY)		\$	\$
LIFE INSURANCE (MONTHLY)		\$	\$
HEALTH INSURANCE (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
AUTOMOBILE INSURANCE (MONTHLY)		\$	\$
TAXES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
UNION DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
PROFESSIONAL DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
VEHICLE PAYMENT #1		\$	\$
VEHICLE PAYMENT #2		\$	\$
OTHER INSTALLMENT PAYMENT		\$	\$
CELLULAR TELEPHONE		\$	\$
ALIMONY PAID		\$	\$
CHILD SUPPORT PAID (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
REGULAR BUSINESS EXPENSES		\$	\$
AUTO REPAIRS / MAINTENANCE (MONTHLY AVERAGE)		\$	\$
HAIRCUTS/PERSONAL CARE		\$	\$
CHILD CARE / DAY CARE / BABYSITTING		\$	\$
SCHOOL BUS EXPENSES		\$	\$
SCHOOL LUNCH EXPENSES		\$	\$
COLLEGE TUITION		\$	\$
STUDENT LOAN PAYMENTS (MONTHLY)		\$	\$
OTHER: _____		\$	\$
OTHER: _____		\$	\$

# Client Questionnaire for Non-Business Debtor

## Section 1~Basic Information

### Part A. Name and Address

Name: \_\_\_\_\_  
*Last First Middle*

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

Have you used any other names in the past eight years? ? No ? Yes ***If yes, list other names:***

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver' License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Have you lived at this address for at least 180 days? ? No ? Yes

Have you lived at this address for at least 730 days (2 years)? ? No ? Yes

If you answered no to either of the questions above, please list your previous address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

If you have a different mailing address, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: \_\_\_\_\_  
*Last First Middle*

Has your spouse used any other names in the past eight years? ? No ? Yes ***If yes, list other names:***

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver' License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address: ***(if different from your address)*** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If your spouse has a different mailing address, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part C. Prior/Pending Bankruptcy Cases**

Has a bankruptcy case been filed by you or against you in the last 8 years? ? No ? Yes If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? ? No ? Yes If yes, name of debtor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_

Judge: \_\_\_\_\_ In which district of which state was the case filed? \_\_\_\_\_

**Exhibit "C" to the Voluntary Petition**

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? ? No ? Yes (If yes, please attach a list and description of the property.)

**Debtors Who Reside as Tenants of Residential Property**

If you rent your home, does a landlord hold a judgment against you? ? No ? Yes

If yes, please provide the name and address of the landlord:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2\* Property

### Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, or even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint, or Community	Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	<b>List all mortgages, home equity loans, and liens:</b> What is the \$ value of the loan, lien, or mortgage? What is your monthly payment? How many payments are left?	Who issued the lien, loan, or mortgage? (Name, Address of Institution)	<b>Office Use Only</b> Exemptions?

**Part B. Personal Property (Schedule B)**

For each type of property listed below, indicate whether you own any property of that category and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, replacement value is the price a rental merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	<b>Office Use Only</b> Exemptions?
1. Cash on hand					
2. Checking/ Savings Account, Certificates of Deposit, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	<b>Office Use Only</b> Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interest in an education IRA, as defined in 26 USC §530 (b)(1)					
12. Interests in pension or profit sharing plans					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
13. Stock and interest in incorporated / unincorporated business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts Receivable					
17. Alimony/ Family support to which you are entitled					
18. Other liquidated debts owed to you, including taxes refunds					
19. Equitable or future interests or life estates					
20. Interests in estate of decedent or life insurance plan or trust					
21. Other contingent / unliquidated claims, including tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	<b>Office Use Only</b> Exemptions?
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, trailers, and accessories					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipments, supplies					
29. Machinery, fixtures, etc. for business					
30. Inventory					
31. Animals					
32. Crops-growing or harvested					
33. Farming equipment and implements					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	<b>Office Use Only</b> Exemptions?
34. Other personal property of any kind not listed					

## Statement of Financial Affairs

Please fill out the information below. If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under Chapter 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "None" box.

### 1. Income from employment or operation of business

State your gross income **from employment** or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

**NONE**

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
January 1 of this year through date of commencement of case			
Last year, (January 1 - December 31)			
The year before last, (January 1 - December 31)			

### 2. Income other than from employment or operation of business

State the amount of income received **other than from employment** or operation of business during the **two years** immediately preceding the commencement of this case: (unemployment, ssdi, etc.)

**NONE**

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
During the last year			
Year before last			

### 3. Payments to creditors

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case.

**NONE**

<u>Name of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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b. List all payments made within **one year** immediately preceding the commencement of this case to creditors who were **your relatives, your business partners and their relatives, your corporations.**

**NONE**

<u>Name of Creditor and Relationship to You</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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**4. Suits, executions, garnishments and attachments**

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

**NONE**

<u>Caption of Suit and Case Number</u>	<u>Nature of Proceeding</u>	<u>Court or Agency and Location</u>	<u>Status or Disposition</u>
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b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Person/Company for Whom the Property Was Seized (Creditor)</u>	<u>Date of Seizure</u>	<u>Description and Value of Property</u>
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**5. Repossessions, foreclosures, and returns**

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Creditor</u>	<u>Date of Repossession, Foreclosure, Transfer or Return</u>	<u>Description and Value of Property</u>
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**6. Assignments and receiverships**

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Assignee</u>	<u>Date of Assignment</u>	<u>Terms of Assignment/Settlement</u>
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Custodian</u>	<u>Name and location of Court, Case Title and Number</u>	<u>Date of Order</u>	<u>Description and Value of Property</u>
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**7. Gifts**

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case. This **should not include** ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

<u>Name and Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description and Value of Gift</u>
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**8. Losses**

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

NONE

<u>Description and Value of Property</u>	<u>Description of Circumstances and Amount Covered by Insurance, if Any</u>	<u>Date of Loss</u>
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**9. Payments related to debt counseling or bankruptcy**

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

NONE

<u>Name and Address of Payee</u>	<u>Date of Payment</u>	<u>Name of Person Who Paid, if Not You</u>	<u>Amount of Money/ Description and Value of Property</u>
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1. Cohen & Associates, P.C.  
30 Church Street, Suite 202  
Salem, MA 01970

2. Name of debt consolidation company used, if any:

**10. Other transfers, (including sale of your property)**

List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **one year** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Transferee and Relationship to you</u>	<u>Date of Transfer</u>	<u>Description of Property Transferred and Value Received</u>
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**11. Closed financial accounts**

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Institution</u>	<u>Type and Number of Account &amp; Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
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**12. Safe deposit boxes**

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

<u>Name and Address of Bank or Other Depository</u>	<u>Name and Address of Those With Access to Box or Depository</u>	<u>Description of Contents</u>	<u>Date of Transfer, if Any</u>
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**13. Setoffs**

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

<u>Name and Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
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**14. Property held for another person**

List all property that you hold or control that is owned by another person.

NONE

<u>Name and Address of Owner</u>	<u>Description and Value of Property</u>	<u>Location of Property</u>
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**15. Prior address of debtor**

If you have moved within the two years immediately preceding the commencement of this case, list all residences during the last two years, excluding your present address.

NONE

<u>Address</u>	<u>Your Name at the Time</u>	<u>Dates of Occupancy</u>
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**16. Nature, location and name of business**

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, 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 **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, 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 **six years** immediately preceding the commencement of this case.

**NONE**

<u>Name</u>	<u>Taxpayer I.D. Number</u>	<u>Address</u>	<u>Nature of Business</u>	<u>Beginning and End Dates of Operation</u>
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## Non - Credit Card Debt

Creditor Name: _____		Address: _____		City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____		
Type of Creditor:	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan		
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only		
Collection Agency or Attorney: _____		Address: _____		City: _____	State: _____	Zip: _____

Creditor Name: _____		Address: _____		City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____		
Type of Creditor:	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan		
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only		
Collection Agency or Attorney: _____		Address: _____		City: _____	State: _____	Zip: _____

Creditor Name: _____		Address: _____		City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____		
Type of Creditor:	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan		
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only		
Collection Agency or Attorney: _____		Address: _____		City: _____	State: _____	Zip: _____

Creditor Name: _____		Address: _____		City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____		
Type of Creditor:	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan		
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only		
Collection Agency or Attorney: _____		Address: _____		City: _____	State: _____	Zip: _____

Creditor Name: _____		Address: _____		City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____		
Type of Creditor:	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan		
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only		
Collection Agency or Attorney: _____		Address: _____		City: _____	State: _____	Zip: _____

# **BANKRUPTCY CODE DISCLOSURES**

This is not a contract for legal representation in your bankruptcy matter. Your signature as a potential client is required.

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## **NOTICE TO ASSISTED PERSONS UNDER SECTION 527(a)(2) OF THE BANKRUPTCY CODE**

The Bankruptcy Code, 11 U.S.C. Section 101(3) defines “assisted person” to mean any person whose debts consist primarily of consumer debts and the value of whose nonexempt property is less than \$150,000.00.

All information that an assisted person is required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be complete, accurate, and truthful. All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset must be stated in those documents where requested after reasonable inquiry to establish such value.

All current monthly income is required to be stated after reasonable inquiry. Information that an assisted person provides during his/her case may be audited pursuant to the Bankruptcy Code, and failure to provide such information may result in dismissal of the case under the Bankruptcy Code or other sanction, including a criminal sanction.

**Continue to next page**

**NOTICE TO ASSISTED PERSONS UNDER SECTION 527(b) OF THE BANKRUPTCY CODE**

**IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM  
AN ATTORNEY OR BANKRUPTCY PETITION PREPARER.**

If you decide to seek bankruptcy relief, you can represent yourself or you can hire an attorney to represent you. **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 this 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, and 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. 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.

**Continue to next page**

## **NOTICE TO BE PROVIDED IN ACCORDANCE WITH SECTION 527(c) OF THE BANKRUPTCY CODE**

Except to the extent Cohen & Associates, P.C. (“Debt Relief Agency”) provides the required information after its reasonable inquiry of the CLIENT (“Person Assisted”) or others so as to obtain such information reasonably accurately for inclusion on the petition, schedules or statement of financial affairs, Cohen & Associates, P.C. hereby, by this CLEAR AND CONSPICUOUS WRITING desires to inform you how to provide the information required in your Bankruptcy Petition, Schedules and Statements of Financial Affairs:

### **(1) HOW TO VALUE ASSETS AT REPLACEMENT VALUE:**

You must determine how much your personal property is worth as it is today. If your property is new, or close to new, consider retail value adjusted to whatever extent appropriate for the amount the property has been used. If there is a market for your property as used, you may use that market to determine value. For example, you may consider using thrift store prices or prices at house or garage sales or at a secondary marketplace such as eBay to determine what it would cost you to replace your personal property.

### **(2) HOW TO DETERMINE CURRENT MONTHLY INCOME**

In order to determine current monthly income, you must consider your income for the six months immediately prior to the commencement of your Bankruptcy Petition. If you provide us with accurate payment advices for the six months immediately prior to the commencement of the Bankruptcy Petition, we will assist you in determining your “Current Monthly Income.”

### **(3) HOW TO DETERMINE THE AMOUNTS SPECIFIED IN SECTION 707(b)(2) AND IN A CHAPTER 13 CASE, HOW TO DETERMINE DISPOSABLE INCOME IN ACCORDANCE WITH SECTION 707(b)(2) AND RELATING CALCULATIONS**

In order to determine these amounts, you should provide us with actual expenditures you make in each of the pertinent categories. We will compare them to the allowed amounts pursuant to current Internal Revenue Standards in order to determine your “Disposable Income” in accordance with Section 707(b)(2).

### **(4) HOW TO COMPLETE THE LIST OF CREDITORS, INCLUDING HOW TO DETERMINE WHAT AMOUNT IS OWED AND WHAT ADDRESS FOR THE CREDITOR SHOULD BE SHOWN**

It is important to list all of your creditors on your petition and the amount you owe. It is vital to have the proper address for each creditor. Failure to provide this information may result in any notice given to that creditor being treated as invalid, resulting in that debt not being discharged in your bankruptcy case.

**Continue to next page**



**BANKRUPTCY CONSULTATION IMPORTANT INFORMATION**

It is important for clients to be aware that the United States Bankruptcy Court imposes time deadlines on the financial information submitted for your case. Based on this, the Firm needs all time sensitive information (bank statements and income among others) to be updated through the date of filing.

Therefore if you wish to take advantage of our *Pay-at-Your-Pace Program*, it is your duty to provide us with as current information as necessary based on the timing of your final payment.

Also the Firm makes no guarantee or determination as to whether you are an absolute candidate for a Chapter 7, Chapter 11, or Chapter 13 bankruptcy until all current information is provided through the date of filing. The determination is made by mathematical formula.

Further, while you may qualify for protection under a certain chapter of the bankruptcy code when we first consult, the time period between making a down payment and a final payment may change your eligibility for a particular type of filing.

Please make note of the following:

- Credit purchases **CANNOT** be made within **90 days** prior to your filing date.
- You may **NOT** apply for nor accept cash advances **180 days** prior to your filing date.

I am signing below to demonstrate my complete understanding of the above.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Consumer Request & Agreement for Consumer Liability Report (CLR)

Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name (if joint) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This writing constitutes my written instructions to Credit Infonet to obtain my credit files and compile a list of all accounts with a balance owing. The completed results in the form of a creditor liability report is to be delivered on-line or via Fax to the CIN Referral Agent. Data elements from this request may also be utilized for downloading into the Agents automated bankruptcy filing system.

TERMS OF SALE

The undersigned (hereinafter referred to as Consumer(s) contracts with Credit Infonet for the use of its services under the terms, conditions, and agreements outlined below. The Fair Credit Reporting Act "FCRA" (Public Law 91-508) provides in section (Sec. 604) Permissible purposes of reports: that any consumer reporting agency may provide a report (Sec. 604) (2) In accordance with the written instructions of the consumer to whom it relates The FCRA also provides (Sec. 619) that anyone who knowingly and willfully obtains information under false pretenses shall be fined under Title 18, or imprisoned not more than one year, or both. Having been made aware of these provisions of the law, the Consumer(s) agree to the following. They are the person(s) on whom they are requesting the report be prepared, and they have presented positive identifying information to prove so. They are requesting this report under the right granted them in (Sec. 604) (2) of the FCRA as disclosed above.

The Consumer(s) agree that the sole purpose and obligation of Credit Infonet in this transaction is to provide a means by which they may obtain a report consisting of the data from national credit files at their written instructions. The FCRA places no restrictions on how Consumer(s) may utilize or share a report that is ordered at their written instructions. Consumer(s) acknowledges and agree that after a report is delivered to their possession Credit Infonet and its sources of information can in no way be held responsible or liable for its use.

Credit Infonet agrees that it will provide the Consumer with a report in a Creditor liability summary or schedule format showing all Creditors listed with balances owing. Credit Infonet shall provide, when available the names, address, and direct phone numbers of information furnishers (Credit Grantors or Public Records sources) within the file. No additional information from the files shall be included in this report. Consumer(s) agree to pay in advance the fee for this report to the participating referral agent.

Signature \_\_\_\_\_ Spouse's (if Joint) \_\_\_\_\_

Date \_\_\_\_\_ Product Requested: CLR (2) Repository  Individual  Joint
CLR (3) Repository  Individual  Joint

Referral Agent Code A17410 Name Jeremy Cohen
Phone (978) 744 - 1144 Fax (978) 744 - 1145 E-mail JMC@jmcohenlaw.com

Prior to accessing the CLR Report this Consumer request and a photocopy of proper picture identification must be faxed to: 800-803-3307. Alternatively it may be scanned and up-loaded to the CIN On-Line transaction. Picture ID may be copied on lower portion of this order or as a separate attachment. May also be printed on legal for additional space.