

THE LAW FIRM OF JAY MEYERS  
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BANKRUPTCY CLIENT INFORMATION SHEET

IS THIS A JOINT PETITION (only available for husband and wife) YES \_\_\_ NO \_\_\_

YOURSELF

Name: \_\_\_\_\_  
A/K/A: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
How long at current address: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Dependents (age): \_\_\_\_\_

Child Support? Yes \_\_\_ No \_\_\_  
Paid or Received?  
Amount: \_\_\_\_\_  
Do you receive SSI, Workers Comp., or  
Welfare? Amount: \_\_\_\_\_

EMPLOYMENT INFORMATION

Employers Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Position: \_\_\_\_\_  
Length of time employed: \_\_\_\_\_  
Annual Gross Income: \_\_\_\_\_  
Net income per pay: \_\_\_\_\_  
How often paid: \_\_\_\_\_

SPOUSE

Name: \_\_\_\_\_  
A/K/A: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
How long at current address: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Dependents (age): \_\_\_\_\_

Child Support? Yes \_\_\_ No \_\_\_  
Paid or received?  
Amount: \_\_\_\_\_  
Do you receive SSI, Workers Comp., or  
Welfare? Amount: \_\_\_\_\_

PROPERTY INFORMATION

Do you own a **home(s) or vacant land?** Y/N **HAVE YOU EVER OWNED A Home  
or vacant land?** Y/N if so when:

Type of Property: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Approximate market Value: \_\_\_\_\_

FIRST MORTGAGE

Name of bank/mortgage company: \_\_\_\_\_

Primary mortgage balance \_\_\_\_\_ Monthly pmt: \_\_\_\_\_

Arrears? Yes No How many months? \_\_\_\_\_ How much? \_\_\_\_\_ Foreclosure? Yes No

SECOND MORTGAGE (if any)

Name of bank/mortgage company: \_\_\_\_\_

Secondary mortgage balance \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

Arrears? Yes No How many months? \_\_\_\_\_ How much? \_\_\_\_\_ Foreclosure? Yes No

(OVER)

RENT Paid: Monthly payment: \_\_\_\_\_

**VEHICLE:**

Do you have a car/motorcycle? Yes or No

If yes: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Is it FINANCED? \_\_\_ OR LEASED? \_\_\_ or Owned Outright \_\_\_

Company leasing or financing:

Balance owed: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

Retain or Surrender:

Additional vehicles? Yes No

If yes: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

OWNERSHIP \_\_\_ / FINANCED \_\_\_ OR LEASED \_\_\_

Company leasing or financing:

Balance owed: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

Retain or Surrender:

Savings account? Bank name: \_\_\_\_\_ Balance: \_\_\_\_\_

Checking account? Bank name: \_\_\_\_\_ Balance: \_\_\_\_\_

Safe Deposit Box? Yes No Where: \_\_\_\_\_ Content: \_\_\_\_\_

Pension Plan? Yes No With whom & amount: \_\_\_\_\_

Annuity? Yes No With whom & amount: \_\_\_\_\_

401K Plan? Yes No With whom & amount: \_\_\_\_\_

IRA? Yes No With whom & amount: \_\_\_\_\_

Stocks/Bonds? Yes No With whom & amount: \_\_\_\_\_

LAWSUIT PENDING? SUING OR BEING SUED: \_\_\_\_\_

DETAILS:

Bank account seized? By whom? \_\_\_\_\_

Salary garnished? By whom? \_\_\_\_\_

When was the last time you used your credit cards? \_\_\_\_\_

Approximate credit card debt: \_\_\_\_\_;

Medical debt: \_\_\_\_\_

Tax debt: \_\_\_\_\_

Other debts: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date of initial consultation: \_\_\_\_\_

Filing: Chapter 7 \_\_\_\_\_ Chapter 11 \_\_\_\_\_ Chapter 13 \_\_\_\_\_

Legal fee: \_\_\_\_\_

Date retained: \_\_\_\_\_

NOTES: