

# CHANG & DIAMOND, APC

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ATTORNEY

RECORD NUMBER & DATE

HOW DID YOU HEARS OF US?

MARITAL STATUS     MARRIED     SINGLE     SEPARATED     DIVORCED     WIDOWED

### PRIMARY FILER INFO:

FIRST NAME			MIDDLE			LAST NAME		
SOCIAL SECURITY NUMBER			DATE OF BIRTH			ALSO KNOWN AS		
ADDRESS			CITY			CA	ZIP	COUNTY
MAILING ADDRESS (IF DIFFERENT)			CITY			CA	ZIP	COUNTY
HOME PHONE			CELL NUMBER			E-MAIL		

IS SPOUSE FILING?     NO     YES

### SECONDARY FILER INFO:

FIRST NAME			MIDDLE			LAST NAME		
SOCIAL SECURITY NUMBER			DATE OF BIRTH			ALSO KNOWN AS		
MAILING ADDRESS (IF DIFFERENT)			CITY			CA	ZIP	COUNTY
WORK PHONE			CELL NUMBER			E-MAIL		

HAVE EITHER OF YOU FILED FOR A BANKRUPTCY BEFORE?     NO     YES (PROVIDE DETAILS)

CASE NUMBER:	FILING DATE:	DISTRICT:	DISCHARGED? <input type="checkbox"/> YES <input type="checkbox"/> NO
			CHAPTER? <input type="checkbox"/> 7 <input type="checkbox"/> 13

HOW LONG HAVE YOU LIVED IN CA? \_\_\_\_\_

DO YOU HAVE ANY INTEREST IN INCORPORATED & UNINCORPORATED BUSINESSES, PARTNERSHIP, OR JOINT VENTURE WITHIN THE LAST 6 YEARS?

NAME OF BUSINESS	DATES OF BUSINESS OPERATION:
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NAME

RECORD #

DATE

REAL ESTATE

DO YOU OWN:  SINGLE FAMILY  TIMESHARE  CONDO  MOBILE HOME  MULTI-UNIT

PRIMARY PROPERTY:  SURRENDER  RETAIN FORECLOSURE/SALE DATE? \_\_\_\_\_

ADDRESS:		CITY, STATE & ZIP:	
NAMES ON TITLE:		PURCHASED/REFINANCE DATE:	FAIR MARKET VALUE

1<sup>ST</sup> MORTGAGE/LIEN HOLDER

CREDITOR'S NAME:		BALANCE: \$	MONTHLY PAYMENT: \$	ESCROW ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REINSTATEMENT AMOUNT	DATE OF LAST PAYMENT:	YEARLY TAXES: \$	YEARLY INSURANCE: \$

2<sup>ND</sup> MORTGAGE/LIEN HOLDER

CREDITOR'S NAME:		BALANCE: \$	MONTHLY PAYMENT: \$	ESCROW ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REINSTATEMENT AMOUNT	DATE OF LAST PAYMENT:	YEARLY TAXES: \$	YEARLY INSURANCE: \$

DO YOU OWN:  SINGLE FAMILY  TIMESHARE  CONDO  MOBILE HOME  MULTI-UNIT

SECONDARY PROPERTY:  SURRENDER  RETAIN FORECLOSURE/SALE DATE? \_\_\_\_\_

ADDRESS:		CITY, STATE & ZIP:	
NAMES ON TITLE:		PURCHASED/REFINANCE DATE:	FAIR MARKET VALUE

1<sup>ST</sup> MORTGAGE/LIEN HOLDER

CREDITOR'S NAME:		BALANCE: \$	MONTHLY PAYMENT: \$	ESCROW ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REINSTATEMENT AMOUNT	DATE OF LAST PAYMENT:	YEARLY TAXES: \$	YEARLY INSURANCE: \$

2<sup>ND</sup> MORTGAGE/LIEN HOLDER

CREDITOR'S NAME:		BALANCE: \$	MONTHLY PAYMENT: \$	ESCROW ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REINSTATEMENT AMOUNT	DATE OF LAST PAYMENT:	YEARLY TAXES: \$	YEARLY INSURANCE: \$

ARE YOU COLLECTING RENT ON ANY PROPERTY:  YES  NO

PLEASE PROVIDE ANY OTHER REAL ESTATE PROPERTY ON A SEPARATE SHEET OF PAPER

## PERSONAL PROPERTY

BANK <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AVERAGE BALANCE	<input type="checkbox"/> MORTGAGE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL LOAN <input type="checkbox"/> AUTO LOAN <input type="checkbox"/> NSF/OVERDRAFT FEE'S	<input type="checkbox"/> WARNED
BANK <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AVERAGE BALANCE	<input type="checkbox"/> MORTGAGE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL LOAN <input type="checkbox"/> AUTO LOAN <input type="checkbox"/> NSF/OVERDRAFT FEE'S	<input type="checkbox"/> WARNED
BANK <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AVERAGE BALANCE	<input type="checkbox"/> MORTGAGE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL LOAN <input type="checkbox"/> AUTO LOAN <input type="checkbox"/> NSF/OVERDRAFT FEE'S	<input type="checkbox"/> WARNED

### AUTOMOBILES, BOATS, TRUCKS, TRAILERS, MOTORCYCLES, SNOWMOBILES, AIRCRAFT, AND ACCESSORIES

YEAR:	MAKE:	MODEL:	TRIM:	YEAR:	MAKE:	MODEL:	TRIM:
<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED	MILEAGE	PURCHASE DATE:	PAYMENT:	<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED	MILEAGE	PURCHASE DATE:	PAYMENT:
LENDER:				LENDER:			
<input type="checkbox"/> SURRENDER <input type="checkbox"/> RETAIN		BALANCE:		<input type="checkbox"/> SURRENDER <input type="checkbox"/> RETAIN		BALANCE:	
YEAR:	MAKE:	MODEL:	TRIM:	YEAR:	MAKE:	MODEL:	TRIM:
<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED	MILEAGE	PURCHASE DATE:	PAYMENT:	<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED	MILEAGE	PURCHASE DATE:	PAYMENT:
LENDER:				LENDER:			
<input type="checkbox"/> SURRENDER <input type="checkbox"/> RETAIN		BALANCE:		<input type="checkbox"/> SURRENDER <input type="checkbox"/> RETAIN		BALANCE:	

### PERSONAL PROPERTY WHICH IS WORTH MORE THAN \$400.00

<input type="checkbox"/> FURNITURE <input type="checkbox"/> COMPUTER <input type="checkbox"/> LAWN EQUIPMENT <input type="checkbox"/> BICYCLES <input type="checkbox"/> FIREARMS <input type="checkbox"/> CAMERAS/CAMCORDER <input type="checkbox"/> T.V./VCR	<input type="checkbox"/> YES <input type="checkbox"/> NO VALUE:

### INTERESTS IN INSURANCE POLICIES (TERM AND WHOLE LIFE)

DO YOU HAVE LIFE INSURANCE WITH A CASH VALUE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**ANNUITIES, INTERESTS IN IRA, ERISA, KEOUGH, OR OTHER PENSION PLANS, INCLUDING 401S.**

DO YOU HAVE A PENSION PLAN, 401K, OR OTHER TYPE OF RETIREMENT PLAN THROUGH YOUR EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AMOUNT VESTED (PRIMARY FILER):	AMOUNT VESTED (JOINT FILER)	

**STOCKS AND BONDS**

DO YOU HAVE STOCKS, BONDS WHICH ARE PUBLICLY TRADED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DESCRIBE:		

**ACCOUNTS RECEIVABLES FROM OTHERS**

DOES ANYONE OWE YOU ALIMONY OR CHILD SUPPORT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>PARTY'S NAME</b>	<b>RELATIONSHIP</b>	<b>ADDRESS (CITY, STATE &amp; ZIP)</b>

**EQUITABLE FUTURE INTERESTS IN LIFE ESTATES.**

HAS ANYONE PASSED AWAY AND LEFT YOU MONEY OR PROPERTY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**ANY LAWSUITS FILED AGAINST YOU, OR FILED BY YOU WITHIN THE LAST 12 MONTHS?**

WHO?	FOR WHAT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**PATENTS, COPYRIGHTS, INTELLECTUAL PROPERTIES, LICENSES, FRANCHISES & ALL OTHER INTANGIBLES.**

DO YOU OWN ANY PATENTS, COPYRIGHTS OR OTHER INTELLECTUAL PROPERTIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PLEASE DESCRIBE:		

**INCOME**

**DEBTOR**

OCCUPATION:	<u>TRUST/BENEFICIARY INCOME:</u>
EMPLOYER:	BAS INCOME:
YEARS OF EMPLOYMENT:	BAH INCOME:
PAY PERIOD: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY	PENSION OR RETIREMENT INCOME:
PAY PERIOD GROSS:	CHILD SUPPORT/ALIMONY INCOME:
YEAR TO DATE INCOME:	SOCIAL SECURITY INCOME:
	UNEMPLOYMENT INCOME:

**CO-DEBTOR**

OCCUPATION:	<u>TRUST/BENEFICIARY INCOME:</u>
EMPLOYER:	BAS INCOME:
YEARS OF EMPLOYMENT:	BAH INCOME:
PAY PERIOD: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY	PENSION OR RETIREMENT INCOME:
PAY PERIOD GROSS:	CHILD SUPPORT/ALIMONY INCOME:
YEAR TO DATE INCOME:	SOCIAL SECURITY INCOME:
	UNEMPLOYMENT INCOME:

INTEREST IN INCORPORATED & UNINCORPORATED BUSINESSES, PARTNERSHIP, OR JOINT VENTURE WITHIN THE LAST 6 YEARS

NAME OF BUSINESS:		DATE OF BUSINESS OPERATION	
CURRENT WITH ALL STATE AND FEDERAL TAXES			<input type="checkbox"/> YES <input type="checkbox"/> NO
PARTNERS NAME			
TAX ID NUMBER:			
EMPLOYEES:			<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE DESCRIBE YOUR OFFICE EQUIPMENT:			
PLEASE DESCRIBE YOUR ACCOUNTS RECEIVABLE:			
PLEASE DESCRIBE YOUR INVENTORY:			
PLEASE DESCRIBE THE DEBTS OWED BY YOUR BUSINESS:			

**MONTHLY EXPENSES**

ARE YOU IN MILITARY HOUSING?  YES  NO

RENT OR MORTGAGE		HOMEOWNERS/RENTERS INSURANCE	
<input type="checkbox"/> INSURANCE INCLUDED <input type="checkbox"/> TAXES INCLUDED		LIFE INSURANCE	
SECOND MORTGAGE		HEALTH INSURANCE	
ELECTRIC		AUTO INSURANCE	
GAS		AUTO REGISTRATION	
WATER		AUTO MAINTENANCE	
SEWER		CAR PAYMENT	
HOME PHONE		FUEL	
CELL PHONE		DAYCARE	
CABLE		BUSINESS EXPENSES	
INTERNET		EDUCATION	
HOME MAINTENANCE (IF OWN YOUR HOME)			
FOOD		NON DISCHARGABLE DEBT:	
CLOTHING		IRS PAYMENT	
LAUNDRY & DRY CLEAN		ALIMONY	
MEDICAL & DENTAL		CHILD SUPPORT	
DETAILED LIST OF MEDICAL/DENTAL EXPENSES		STUDENT LOANS	
		FEDERAL & STATE TAXES	
		TOTAL EXPENSES	

**DEPENDENTS**

DEPENDENTS NAME	RELATIONSHIP	AGE	INFORMATION

**FINANCIAL AFFAIRS**

**PERSONAL STATE & FEDERAL TAXES**

DID YOU FILE TAXES IN THE LAST 2 YEARS? IF YES, ENTER YEAR(S). I.E., 2015, 2016, ETC.				<input type="checkbox"/> YES	ENTER YEAR	ENTER YEAR
				<input type="checkbox"/> NO		
HOW MUCH WAS YOUR TAX REFUND				\$	\$	
DO YOU HAVE ANY UNFILED TAX RETURNS				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DO YOU PRESENTLY OWE TAXES TO THE IRS OR A STATE TAXING AUTHORITY				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TO:	TYPE OF TAX:	YEAR:	WHEN FILED:	ASSESSED:	LIABILITY	

**LIST ANY PAYMENTS TO ANY CREDITORS TOTALING MORE THAN \$600.00 WITHIN THE LAST 90 DAYS.**

CREDITOR:	DATE PAID:	AMOUNT PAID

**LIST ALL TRANSFERS OF PROPERTY, MONEY OR GOODS TO RELATIVES, CO-SIGNORS, OR FRIENDS WITHIN THE LAST 4 YEARS.**

CREDITOR:	DATE PAID:	AMOUNT PAID

**LIST ANY REPOSSESSIONS, FORECLOSURES, OR WAGE GARNISHMENTS WITHIN THE LAST YEAR:**

PROPERTY:	CREDITOR:	DATE:	AMOUNT OWED:
PROPERTY:	CREDITOR:	DATE:	AMOUNT OWED:

**LIST ANY LOSSES FROM FIRE, GAMBLING, THEFT, OR CASUALTY WITHIN THE LAST YEAR:**

PROPERTY:	CIRCUMSTANCES:	DATE:	VALUE:	INSURED?

**LIST ANY PAYMENTS MADE TO ANYONE FOR THE PURPOSE OF DEBT CONSOLIDATION OR BANKRUPTCY:**

NAME:	AMOUNT PAID	NAME	AMOUNT PAID

**LIST ALL FINANCIAL ACCOUNTS (IRA'S, INSURANCE POLICIES) THAT YOU CLOSED WITHIN THE LAST YEAR:**

LOCATION:	TYPE OF ACCOUNT:	DATE:	BALANCE

**LIST ANY SAFE DEPOSIT BOXES THAT YOU OWN OR HAVE ACCESS TO WITHIN THE LAST YEAR:**

LOCATION:	PERSON WITH ACCESS	CONTENTS	SURRENDER

**ATTORNEY NOTES:**

<input checked="" type="checkbox"/> GARNISHMENT	<input type="checkbox"/> SALE DATE	<input type="checkbox"/> LIEN STRIP	<input type="checkbox"/> RUSH