

Law Office of Charles J. Schneider, PC.
 39319 Plymouth Road, Suite 1, Livonia, MI 48150
 (734) 591-4890

Name of Debtor(Husband) (Last, First, Middle)	Name of Joint Debtor (Wife)(Last, First, Middle)
All other Names Used by the Debtor within last 8 yrs. (Include married, maiden, and trade names)	All other Names Used by the Joint Debtor within last 8 yrs (Include married, maiden, and trade names)
Soc. Sec./Tax I.D. No. (If more than one, state all)	Soc. Sec./Tax I.D. No. (If more than one, state all)
Street Address, City and Zip Code of Debtor Home ☎: () Work ☎: () Cell ☎: ()	Street Address, City and Zip Code of Joint Debtor Home ☎: () Work ☎: () Cell ☎: ()
Email :	Email :
County of Residence or of the Principal Place of Business	County of Residence or of the Principal Place of Business
Mailing Address, City and Zip Code of Debtor	Mailing Address, City and Zip Code of Joint Debtor
Driver's License No. of Debtor	Driver's License No. of Joint Debtor
Date of Birth of Debtor	Date of Birth of Joint Debtor

APPOINTMENT DATE AND TIME: _____

Staff Initials: _____

INCOME AND DEPENDENTS INFORMATION

Please provide the following information regarding current employer and dependents.

Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

Dependents of Debtor & Spouse

Name	Age	Relationship	Does dependent live w/you

Employment	Debtor	Spouse
Occupation		
Name of Employer		
How Long Employed		
Employer Address <small>(Please provide complete address)</small>		

MONTHLY EXPENSE BUDGET

Please fill in the **estimated monthly expenses** for you and your family. These amounts represent an **average monthly amount over an entire year (total year divided by 12)**. They should neither be winter or summer, but an average of both. The law does not require that you live on a meager average, but you should not appear to be pampering yourself either. This will assist the attorney in determining your qualifications for filing either a Chapter 7 or Chapter 13 Bankruptcy Case.

	<u>You</u>	<u>Spouse</u>
(Only if you live separately)		
Mortgage, Rent, Mobile Home Payment	\$ _____	\$ _____
Property Taxes (do not list if included in above payment)	\$ _____	\$ _____
Insurance: Homeowner's or Renter's (do not list if included in above payment)	\$ _____	\$ _____
Home Maintenance, Repair, Upkeep (light bulbs, lawnmower gas, minor repairs)	\$ _____	\$ _____
Homeowner's Association, Condominium Dues, or Lot fees	\$ _____	\$ _____
Second Mortgage Payment (home equity, home improvement, etc.)	\$ _____	\$ _____
Utilities:		
Electricity, Heat, Natural Gas	\$ _____	\$ _____
Water, Sewer, Garbage collection (billed monthly, 2 mos., 3 mos.?)	\$ _____	\$ _____
Telephone, Cell Phone, Internet, Satellite & Cable	\$ _____	\$ _____
Other Cellular Phone	\$ _____	\$ _____
Alarm System	\$ _____	\$ _____
Pager	\$ _____	\$ _____
Food and Housekeeping Supplies (groceries, work & school lunches, cleaning supplies)	\$ _____	\$ _____
Childcare and Children's Education Costs	\$ _____	\$ _____
Clothing, Laundry and Dry Cleaning	\$ _____	\$ _____
Personal Care Products and Services	\$ _____	\$ _____
Medical and Dental Expenses (eyeglasses/contacts, prescription/other medication, feminine hygiene, etc) .	\$ _____	\$ _____
Transportation (gasoline, oil changes, repairs, license/registration renewals) (not car payment)	\$ _____	\$ _____
Entertainment/Recreation (clubs, recreation, newspapers, magazines, books, including toys for kids at Christmas and Birthdays)	\$ _____	\$ _____
Charitable Contributions and Religious Donations	\$ _____	\$ _____
Insurance (if not deducted by employer from pay)		
Life Insurance	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Vehicle Insurance	\$ _____	\$ _____
Motorcycle Insurance	\$ _____	\$ _____
Other Insurance (please state) ex: Flood, RV, Disability	\$ _____	\$ _____
Other Taxes (not property & not deducted from wages)	\$ _____	\$ _____
Installment or Lease Payments		
Payment for Vehicle 1	\$ _____	\$ _____
Payment for Vehicle 2	\$ _____	\$ _____

Alimony / Child Support Payments (not reported as deducted from pay)	\$ _____	\$ _____
Other Payments you make to support others who do not live with you	\$ _____	\$ _____
Other Real Property not previously listed above:		
Mortgage on Other Property	\$ _____	\$ _____
Real Estate Taxes	\$ _____	\$ _____
Property, Homeowner's, Renter's Insurance	\$ _____	\$ _____
Maintenance, Repair and Upkeep expenses	\$ _____	\$ _____
Homeowner's Association or Condominium Dues	\$ _____	\$ _____
Other Expenses:		
Cigarettes / Tobacco	\$ _____	\$ _____
Tool Purchases	\$ _____	\$ _____
Professional License Fees	\$ _____	\$ _____
New Baby Expenses (formula, diapers, wipes, etc.)	\$ _____	\$ _____
After School Activities	\$ _____	\$ _____
Private / Parochial School Tuition	\$ _____	\$ _____
Student Loan Payments	\$ _____	\$ _____
Pet Expenses	\$ _____	\$ _____
Furniture Rental	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Storage Facility Payments	\$ _____	\$ _____
Other Expenses (please state)	\$ _____	\$ _____

