

JEFFREY S. ARNOLD

ATTORNEY AT LAW, P.C.

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BANKRUPTCY PACKET – CONTACT INFORMATION

Total Bankruptcy costs: _____

NAME(S): _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

PROPERTY

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

H/W/ joint	Address of property	Fair market value
	1st Mortgage	payment
	2nd Mortgage (if applicable)	payment
	Land contract (address of owner or person/company you pay)	payment
	Rental	payment

PERSONAL PROPERTY

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. For the value think of what it would cost if you had to replace it, considering the age and condition of the property. For property acquired for personal use, replacement value is the price a retail merchant would charge for property of that kind, again considering the age and condition of that property.

H/W/ joint	Automobiles, trucks, motorcycles, trailers, etc... (any vehicle in your name) (make, model, miles market value)	value
H/W/ joint	Watercraft, Motor homes, ATV's, Aircraft, other recreational vehicles & accessories	value
H/W/ joint	Household goods (Example: beds x2, dressers x3, couch, fridge, stove, washer/dryer, etc.)	value

H/W/ joint	Electronics (TV's, DVD's, etc)	value
H/W/ joint	Collectibles of value, home décor, books, CDs, DVDs	value
H/W/ joint	Equipment for sports and hobbies	value
H/W/ joint	Firearms	value
H/W/ joint	Clothing (in your closet)	value
H/W/ joint	Jewelry, Furs (wedding bands, watch, earrings, etc)	value
H/W/ joint	Non-farm animals (dogs, cats, birds, etc)	value
H/W/ joint	Any other personal and household items you did not list	value
H/W/ joint	Cash on hand (wallet, purse, safe, emergency cash, etc.)	value
H/W/ joint	Checking, Savings accounts	value

H/W/ joint	Life Insurance (with cash value, please include name of company & policy #)	value
H/W/ joint	Cash on hand (wallet, purse, safe, emergency cash, etc.)	value
H/W/ joint	Bonds, mutual funds & stocks	value
H/W/ joint	Non-publicity traded stock and interests in incorporated businesses	value
H/W/ joint	Government & corporate bonds	value
H/W/ joint	IRAs/401Ks/retirement accounts/pensions/etc. (Company who controls & value)	value
H/W/ joint	Security Deposits (utilities, landlords, etc.)	value
H/W/ joint	Annuities	value
H/W/ joint	Interests in an education IRA	value

H/W/ joint	Trusts, equitable or future interest in property	value
H/W/ joint	Patents, copyrights, trademarks, trade secrets	value
H/W/ joint	Licenses or franchises	value
H/W/ joint	Tax refunds owed to you	value
H/W/ joint	Alimony, maintenance, child support & property settlements owed to you	value
H/W/ joint	Other amounts someone owes you (unpaid wages, disability, social security benefits, etc)	value
H/W/ joint	Life Insurance (with cash value, please include name of company & policy #)	value
H/W/ joint	Any interest that is due to you from someone who has died	value

H/W/ joint	Claims against third parties, weather or not you filed a lawsuit	value
H/W/ joint	Other contingent and unliquidated claims of every nature, including counterclaims	value
H/W/ joint	Other financial assets you did not already list	value

Monthly Expenses

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. Answer every question.

Describe Your Household

<p>1. Is this a joint case ___ yes ___ no</p>	<p>Name of dependant</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Dependent's age</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Does dependent live with you</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>2. Do you have dependents? ___ yes ___ no</p>			
<p>3. Do your expenses include expenses of people other than yourself or your dependants? _____</p>			

Estimate your ongoing monthly expenses as of your bankruptcy filing date

Your expenses

<p>4. The rental or home ownership expenses for you residence. Include the 1st mortgage payments and any rental for the ground or lot</p> <p>If not included in line 4:</p> <p>4a. Real estate taxes</p> <p>4b. Property, homeowner's or renter's insurance</p> <p>4c. Home maintenance, repair and upkeep expenses</p> <p>4d. Homeowner's association or condo dues</p>	<p>4. \$ _____</p> <p>4a. \$ _____</p> <p>4b. \$ _____</p> <p>4c. \$ _____</p> <p>4d. \$ _____</p>
<p>5. Additional mortgage payments for your residence, such as home equity loans</p>	<p>5. \$ _____</p>

6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$ _____
- 6b. Water, sewer, garbage collection 6b. \$ _____
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ _____
- 6d. Other. Specify: 6d. \$ _____

7. **Food and housekeeping supplies** 7. \$ _____
8. **Childcare and children's education costs** 8. \$ _____
9. **Clothing, laundry, and dry cleaning** 9. \$ _____
10. **Personal care products and services** 10. \$ _____
11. **Medical and dental expenses** 11. \$ _____
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ _____
13. **Entertainment, clubs, recreation, newspapers, magazines & books** 13. \$ _____
14. **Charitable contributions and religious donations** 14. \$ _____

Insurance.

15. Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \$ _____
- 15b. Health insurance 15b. \$ _____
- 15c. Vehicle insurance 15c. \$ _____
- 15d. Other insurance. Specify: _____ 15d. \$ _____

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ 16. \$ _____

17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \$ _____
- 17b. Car payments for Vehicle 2 17b. \$ _____
- 17c. Other. Specify: _____ 17c. \$ _____
- 17d. Other. Specify: _____ 17d. \$ _____

18. **Your payments of alimony, maintenance, and support not included on your pay check** 18. \$ _____

19. **Other payments you make to support others who do not live with you.** Specify: _____ 19. \$ _____

20. **Other real property expenses not included in lines 4 or 5 of this form**
- 20a. Mortgages on other property 20a. \$ _____
- 20b. Real estate taxes 20b. \$ _____
- 20c. Property, homeowner's, or renter's insurance 20c. \$ _____
- 20d. Maintenance, repair, and upkeep expenses 20d. \$ _____
- 20e. Homeowner's association or condominium dues 20e. \$ _____
21. **Other:** Specify: _____ 21. \$ _____

- Glasses & Contacts _____
- Cigarettes _____
- School Fees (books, lunches) _____
- Child Care _____

QUESTIONNAIRE

FINANCIAL AFFAIRS

1a. Income from other sources such as unemployment, child support, social security, pension, rental:

current year \$ _____ Source: _____

last year \$ _____ Source: _____

2 years ago \$ _____ Source: _____

1b. Spouse income from other sources:

current year \$ _____ Source: _____

last year \$ _____ Source: _____

2 years ago \$ _____ Source: _____

2a. Have you paid any creditors over \$600 in the last 90 days? (Includes mortgages, cars, unsecured)

Company _____ amount paid _____ amount owing _____

Company _____ amount paid _____ amount owing _____

Company _____ amount paid _____ amount owing _____

2b. Have you paid back any family members or friends money in the 2 years?

Name _____ Address _____

Relationship to you _____ amount paid \$ _____ date paid _____

Name _____ Address _____

Relationship to you _____ amount paid \$ _____ date paid _____

3. Have you had a repossession, foreclosure, or returned any property to creditors in the last year? Yes or No

Creditor _____ Date taken or returned _____

Property description _____ Property Value _____

4a. Have you made any financial gifts to charity in the last year?

Name of organization _____ Address _____

Amount given _____ date given _____

4b. Have you given any gift of money or property to family members in the last year?

Name of individual _____ Address _____

Describe/amount _____ Relationship to you _____

5. Have you had any losses due to fire, theft, flood, gambling etc. or in the last year?

Property Loss _____ Date of loss _____ Value _____

Circumstances _____ Where you covered by insurance? _____

6. Have you paid any organization/atty for debt consolidation, bankruptcy in the last year?

Name of organization _____ Date paid _____ amount paid _____

Address _____

7a. Have you transferred or sold any property in the last year i.e. sold a car, house?

Person you transferred it to _____ Their address _____

Property you transferred _____ Amount it was worth _____

Person you transferred it to _____ Their address _____

Property you transferred _____ Amount it was worth _____

7b. Have you paid a bill for a relative in the last year?

Name of creditor _____ Date _____

Address _____

Name of family member paid for _____ Amount paid _____

8. Have you closed any bank or other financial accounts in the last year (ex: IRA, insurance policy, bank account)

Bank Name _____ type of account _____

Address _____ final balance _____ date closed _____

9. Have you had any safe deposit boxes in the last year?

Bank Name _____ Address _____

Name of all who have access _____ Address _____

Contents _____ Surrender date if applicable _____

10. Has any money or property been taken by a creditor to pay any debt in the last 90 days?

Creditor _____ Address _____

Property taken _____ Date taken _____

11. Is your name on title to anyone else's home, bank account or other property? Yes or No

Whose property or account _____ Address _____

Describe property or account _____ Who has possession? _____

12. Have you lived any where besides your current residence in the last three years?

Address _____ Dates from _____ to _____

Address _____ Dates from _____ to _____

Address _____ Dates from _____ to _____

13. Have you had a business in the last 6 years?

Name of Business _____ Address _____

Taxpayer ID number and SS number _____ Sole proprietorship or Inc.? _____

Type of business _____ dates of operation _____ to _____

DEBTOR'S ACKNOWLEDGMENT OF REPORTING REQUIREMENTS

Fort Wayne Division

By signing this form I hereby acknowledge and agree that I have read this document, had an opportunity to discuss any questions with my counsel, and understand the contents of this document.

TAX REFUNDS:

I understand that the Trustee is entitled to administer my tax refund for the tax year occurring during the date of the filing of my bankruptcy or its conversion to Chapter 7, and for any prior tax years. I understand that I have a duty to provide the Trustee with copies of my return should the Trustee so request, as soon as it is prepared. I understand and agree that if I receive a tax refund exceeding \$500.00 in aggregate for the current tax year or any prior tax years, I am not to cash those checks, but agree to forward the checks to my attorney or directly to the Trustee, for the Trustee's administration on behalf of my creditors.

INHERITANCES, LIFE INSURANCE, DIVORCE/PROPERTY SETTLEMENTS:

I understand that the Trustee is entitled to any interest that I currently have in any estates or as the beneficiary of any life insurance policies, or any divorce property settlement. I further understand that to the extent that I become entitled to an inheritance, a death benefit under a life insurance policy by reason of the death of any relative or friend occurring within 180 days after the date I filed my bankruptcy petition, or a divorce property settlement within 180 days after the date I filed my bankruptcy petition, is also property of my bankruptcy estate to be administered by my Trustee. Should I receive notice that I am entitled to an interest in an estate, or that I am listed as a beneficiary under a life insurance policy for someone dying within 180 days of the date I filed my bankruptcy petition, I agree to immediately notify the Trustee in my bankruptcy case of the occurrence of such event. I understand that I have a duty to fully cooperate with the Trustee in the administration of the estate and/or the collection of the non-exempt insurance benefits. I further understand that should I receive any check or other payment directly from an estate or insurance company that may constitute property of the bankruptcy estate, I will not cash those checks but will immediately contact my attorney or the Trustee for instructions with respect to the handling of those checks.

CLAIMS AND LAWSUITS:

I understand that any claims or lawsuits that I may have the right to bring belong to my bankruptcy estate should my Trustee decide to administer the claim. I acknowledge that I have a duty, and agree, to keep the Trustee fully informed of any such claims or causes of action, including their status. I will promptly notify the Trustee of any offers of settlement. I agree that I will not cash any settlement checks issued to me without receiving a written acknowledgment from the Trustee that he or she has no interest in the proceeds. I have been advised and understand that, to the extent that a cause of action belongs to the bankruptcy estate, only the Trustee has the authority to settle the claim.

If, after today, I learn of a legal right I may have to a potential claim of any type including, but not limited to, medical conditions or medical treatment that occurred before the filing of the bankruptcy or of any rights or cause of action, including class actions, that give me a potential claim for the recovery of damages for financial transactions or violations of any rule or statute by financial institutions or creditors, I should contact the Trustee immediately, even if I learn of these rights later than 180 days after the filing of the bankruptcy case.

LOTTERY TICKET(S):

I understand that the winnings with respect to any lottery ticket(s) purchased before the filing of my bankruptcy case belong to my bankruptcy estate. To the extent that I am the holder of any lottery ticket(s) purchased before the filing of my bankruptcy case exceeding the amount of \$100.00 in the aggregate, I will promptly disclose the existence of the winning ticket or tickets to the Trustee upon my discovery that I am holding a winning ticket. I will not cash any check issued to me with respect to such winning ticket(s) without the prior written consent of the Trustee in my bankruptcy case. Should the Trustee so instruct me, I understand that I have a legal obligation to deliver the check to the Trustee for administration for the benefit of my creditors.

UNSCHEDULED PROPERTY:

I understand that my bankruptcy schedules have been filed under penalties of perjury, and that the Trustee is relying upon those schedules in administering my bankruptcy estate. To the extent that I become aware of property to which I am entitled, and to which I was entitled as of the date of the filing of my bankruptcy petition, I agree to immediately disclose the existence of such property to the Trustee to the extent the value of such property exceeds the sum of \$100.00 in the aggregate. Should the Trustee so instruct me, I understand I have a legal obligation to deliver any such property to the Trustee for administration for the benefit of my creditors, unless I have properly exempted such property on my bankruptcy schedules.

ADVICE OF COUNSEL:

I hereby represent and warrant to the Trustee that I have read this complete document, and that I have had the opportunity to discuss the contents of this document with my attorney, and that I understand my obligations to report to the Trustee and cooperate with the Trustee in the administration of my bankruptcy estate as set forth in this acknowledgment.

THESE OBLIGATIONS CONTINUE TO EXIST WHETHER THIS CASE HAS BEEN CLOSED OR THE TRUSTEE FILED A NO ASSET REPORT.

Bankruptcy Case No. _____

PURSUANT TO 18 U.S.C. §152, A PERSON WHO KNOWINGLY AND FRAUDULENTLY CONCEALS FROM A TRUSTEE ANY PROPERTY BELONGING TO THE ESTATE OF THE DEBTOR IS GUILTY OF A FEDERAL CRIME PUNISHABLE BY FINE AND IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS. FURTHER, TO THE EXTENT THAT YOU CONCEAL PROPERTY OF THE BANKRUPTCY ESTATE FROM THE TRUSTEE OR FAIL TO FOLLOW ANY LAWFUL ORDER OF THE COURT, THE TRUSTEE MAY SEEK TO HAVE YOUR DISCHARGE DENIED OR REVOKED. A DENIAL OF YOUR DISCHARGE WILL NOT AFFECT THE TRUSTEE’S RIGHT TO ADMINISTER THE PROPERTY ON BEHALF OF THE CREDITORS. THE TRUSTEE MAY SEEK BOTH THE TURNOVER OF THE PROPERTY AND A DENIAL OF YOUR DISCHARGE SHOULD YOU CONCEAL PROPERTY OF THE BANKRUPTCY ESTATE.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF INDIANA

IN RE:

CASE NO:

Debtor

CHAPTER 7 or 13

CERTIFICATE OF DOMESTIC SUPPORT OBLIGATION

Debtor (1) _____

Debtor (2) _____

____ Not Required to pay Domestic Support

____ Not Required to pay Domestic Support

____ Required to pay Domestic Support

____ Required to pay Domestic Support

Obligation Owed To:

Obligation Owed To:

Name: _____

Name: _____

Address: _____

Address: _____

Ordered By _____ Court

Ordered by _____ Court

I Pay \$ _____ per _____

I pay \$ _____ per _____

Of this amount \$ _____ is for past due support

Of this amount \$ _____ is for past due support

My total DSO arrearage is estimated at

My total DSO arrearage is estimated at

\$ _____

\$ _____

Signed and sworn by:

Signed and sworn by:

Debtor (1)

Debtor (2)

Date: _____

Date: _____

BANKRUPTCY RETAINER AGREEMENT

Chapter 7 – paid in full

In Consideration of legal services to be rendered by JEFFREY S. ARNOLD, Attorney at Law, P.C., Client hereby employs said counsel to represent Client in bankruptcy proceedings.

*The flat fee for handling your Chapter 7 case to its conclusion is **\$950.00** OR **\$925.00** if paid in full, up front. This includes the filing fee, and attorney fees for the basic proceedings.*

The Client understands that the funds paid in this matter will NOT be segregated and filing fees will be kept in the normal interest bearing account of attorney, along with fees paid, until paid to the court.

This flat fee includes representation in a basic Chapter 7 case. This includes preparation of your initial filing paperwork (petition, schedules, and the like), representation at the Initial Meeting of Creditors, and processing reaffirmation agreements as needed and provided. The flat fee does **NOT** include representation in adversary proceedings related to the bankruptcy, representation in Motions to Dismiss proceedings, proceedings outside the normal course in a Bankruptcy, proceedings related to the conversion of Chapters, including dealings with the U.S. Trustee related to “substantial abuse” motions. Retainer fee for services described in this paragraph is at least \$800.00, which is payable prior to our office agreeing to perform these additional services. Fees for court proceedings will be billed on an hourly basis according to the fee schedule set out below and will be billed in addition to the flat fee. You will be notified when you will be billed in this manner.

Additional fees are charged on an hourly basis for proceedings in a Chapter 12 case post Chapter 13 Plan Confirmation, whether for Plan Modification or Motions to Dismiss proceedings, or any other services provided after Confirmation of the Chapter 13 Plan. Specific additional services billed on Flat fee basis are listed below as well. Hourly charges for the attorney and office staff are as follows:

Jeffrey S. Arnold, Attorney	\$200.00 per hour
Legal Assistant	\$65.00 per hour

If the foregoing hourly rates are changed you will be given twenty (20) days written notice of the change. After such notice, and without objection, your fees will be based on the revised hourly rate.

Flat Fees for the additional services are as follows:

Preparation of Reaffirmation Agreement:	\$50.00 per Agreement
Preparation of Amendment:	\$75.00 1-10 added
	\$100.00 11+added
Motion to Avoid Lien:	\$250.00 per Lien
Missed Hearing:	\$100.00
Incorrect Personal Information on Filings	\$100.00
Motion to Redeem Property	\$325.00 initial fee
Adversary Case	\$1000.00
US Trustee Audit	\$600.00

If your case requires expenditures for appraisals, expert's depositions, investigations, extraordinary long distance phone calls, extraordinary photocopying or other related expenses that are advanced by this firm, your statement will reflect those expenditures.

You will receive a detailed statement every month describing the legal service performed on your behalf. If expenditures are advanced by this firm, you will be expected to reimburse this firm promptly after billing. Other expenditures may require your advancement of funds before the expenditure is made, and you will be contacted accordingly. All month billings must be paid in full within Thirty (30) days of receipt, unless specific arrangements are made with this firm prior to the commencement of representation. All delinquent accounts will be charged interest at the rate of one and one half percent (1 ½%) per month (18% annual rate). You will be required to advance all court costs.

NO GUARANTEES OR PROMISES REGARDING THE OUTCOME OF THIS CASE HAVE BEEN MADE BY THE ATTORNEY. IF INCORRECT INFORMATION IS GIVEN TO THE ATTORNEY OR A MEMBER OF THE OFFICE STAFF IN ORDER TO MISLEAD OR PRESENT A FALSE IMPRESSION, CLIENT ACKNOWLEDGES THAT COUNSEL HAS A DUTY TO DISCLOSE THAT INFORMATION TO THE COURT AND TO CEASE REPRESENTATION OF CLIENT.

Executed this _____ day of _____, _____.

Signature of Client

Jeffrey S. Arnold, Attorney at Law, P.C.,

Signature of Client