	Nnaka & Associates,	
č	Chartered.	A FULL SERVICE LAW FIRM
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	BA	NKRUPTCY INTAKE SHEET
I. BIO	GRAPHIC INFORMATION	
Will th	his be a joint bankruptcy petition? ( )	YES ( ) NO
	If yes, include information for Hust	oand and Wife; if no, include information only for
	yourself.	
Husba	and's name & residence address	
Telepł	hone number(s)	
Home	2:	
Work:	:	
Count	ty of residence	
Soc. S	ec. No	
How lo	long at this address?	
Have	you used any other name(s) in the las	it six years? If yes, please list here:
Wife's	s name & residence address	
Telepł	hone number(s)	
Home	2:	
Work:	:	
Count	ty of residence	
Soc. S	ec. No	

How long at this address?									
Have you used any other name	e(s) in the last six ye	ears (including ma	iden name)? If yes,						
please list here:			_						
Are you currently: Single?	Separated?	Married?	Divorced?						
If married, how long?									
If divorced, how long?	_								
Note: If you are married, but separated from your spouse, please provide the spouse's name and									
address here									
Please provide the names and	ages of minor child	lren living with yo	u						
Name		age							
Name		age							
Name		age							
Please provide the names, age	s, and amount of cl	hild support paid							
Name	age	amoun	t \$						
Name	age	amoun	t \$						
Please list previous addresses	for the last two yea	irs:							
1			_how long?						
2			_how long?						
3			_how long?						
II. DEBTS									
Do you owe any money to the	Internal Revenue S	ervice? ( ) No ( ) Y	/es						
If yes, for which tax year(s)?	Approximate	ly how much?							
Do you owe any money to stat	e tax authorities? (	) No ( ) Yes							
If yes, for what year(s)?	_ Approximately ho	ow much?							
Do you have any unpaid stude	nt loans? ( ) No	( ) Yes							

If yes, approximately how much?
III. EMPLOYMENT
Husband's employer:
How long at this job?
Occupation?
How often you are paid: Weekly 2x month Every 2 weeks
Please provide your income per pay period: Gross:Net:
Wife's employer:
How long at this job?
Occupation?
How often you are paid: Weekly 2x month Every 2 weeks
Please provide your income per pay period: Gross:Net:
Have you received income from any other source than your job last year (for instance, social security, child support, workers' compensation, etc)? If yes, please provide the source and monthly amount here:
What amount of income have you made at your job as follows: Husband: year-to-date: Wife: year-to-date:
Husband Last Year: Wife Last Year:
Husband Two Years Ago: Wife Two Years Ago:
Note: If you have more than one job, please list year-to-date and income information for the last
two years here:
IV. MONTHLY EXPENSES
Rent
Real estate taxes

Electric	
Home maintenance	
Gas	_
Life insurance	
Water	
Health insurance	
Phone	
Auto insurance	
Cable	
Homeowner/rent ins _	
Trash	
House payment	
Car expenses	
Food	
Medical	
Entertainment	
Education	
Clothing	
Laundry	
Child care	
Other	
Do you pay anyone spo	ousal support? (alimony) ( ) Yes ( ) No
If yes, to whom and ho	ow much?
How much is your car p	payment every month?
Car #1:	
Car #2:	

\_\_\_\_\_

\_\_\_\_\_

Car #3:\_\_\_\_\_

Do you anticipate a substantial change in your expenses in the immediate future?

() No () Yes If yes, please explain:

Have you been in a partnership with anyone during the last six years, or have you been an officer in a corporation within the last six years? If yes, give name of business and/or corporation, dates of operation, nature of business/corporation, and your approximate yearly income from the business.

Have you given away, sold or transferred any valuable item (over \$1,000) in the last year? If yes, please state the nature of the sale or transfer, what was transferred, for how much, and when the transfer occurred.

What amount of income have you received from other sources in the last two years?

Will you be eligible for a tax refund this year? () No () Yes If yes, how much?

## V. ASSETS

Please list all banks with which you have an account, and indicate whether checking or savings,

and the approximate balance.

\_\_\_\_\_ Amount: \$\_\_\_\_\_ ( ) Checking ( ) Savings In your name alone? \_\_\_\_

\_\_\_\_\_ Amount: \$\_\_\_\_\_ ( ) Checking ( ) Savings In your name alone? \_\_\_\_

Have you had a safe deposit box in the last two years? Yes () No ()

If yes, please give location and the contents of the safe deposit box

Are you holding valuable property that belongs to another person? ( ) No ( ) Yes

If yes, please describe\_\_\_\_\_

VI. MISCELLANEOUS	
Have you had a prior bankruptcy? ( ) No ( ) Yes	
If yes, list the case #, date filed,	
and the outcome ( ) Dismissed ( ) Discharged successfully	
Is any of your property in the hands of a receiver, trustee, or other liquidating agent?	
( ) No ( ) Yes If yes, please describe	
Are you suing anyone right now?	-
( ) No ( ) Yes If yes, please describe	
Have you been involved in a workers' compensation or personal injury lawsuit from which you money?	expect to recover
( ) No ( ) Yes If yes, please describe	
Have you had any repossessions in your past history?	-
( ) No ( ) Yes If yes, please describe	
Have you suffered any losses by fire, theft, or gambling during the last year?	-
( ) No ( ) Yes If yes, please describe	
	-

Please list the years in which your debt was incurred: \_\_\_\_\_