

5452 Arlington Expressway Jacksonville, FL 32211 904.725.0822 904.725.0855 FAX court@planlaw.com

Cost to File:

Chapter 7: \$495 initial retainer with \$1400 paid at \$100 monthly after filing via ACH deductions

Chapter 13: \$600 initial retainer with remaining fees paid in Plan - \$310 Modification Costs if modifying mortgage through Plan

CHAPTER 7/13 INFORMATION REQUIRED

1. Complete name(s) and	Complete name(s) and any other name used in the past eight years.				
(Client)		Social Security #			
(Spouse)		Social Security #			
Marital Status:Number of Dependents:					
Referred by					
2. E-Mail address:	-				
3. Addresses for the past	two years:				
Present (Street)	(City)	(State)	(Zip)		
Former (Street)	(City)	(State)	(Zip)		
4. All phone numbers (ho	me, work, pager, etc.) wh	nere you can be reached.			
(Client)					
(Cell)	(Work)	(Home)			
(Spouse)					
(Cell)	(Work)	(Home)			

DOCUMENTS REQUIRED PRIOR TO FILING YOUR CASE

<u>1</u>. Copies of filed Federal Income Tax returns for the two (2) years prior with all schedules and attachments.

_____ 2. Copies of most recent 7 MONTHS of paystubs for you and your spouse if you live together (even if they are not filing this case with you).

_____ 3. Copies of any <u>bank account statements</u>, <u>Cash App</u>, <u>Venmo and/or Paypal</u> statements for the past 6 MONTHS for any account with your name on bank account.

4. If Self Employed, please provide a Profit and Loss Statement for 6 MONTHS immediately preceding filing (We have a form for this information – please ask us to provide).

5. Chapter 7 Only - Proof of Insurance Coverage and registrations for all Vehicles.

_____ 6. Copy of Driver's License and Proof of Social Security Number.

_____ 7. Copy of any Divorce Decree within the past 4 YEARS.

8. List of Assets Filled out below.

9. Secured Payments and Monthly Budget Filled out below.

_____ 10. Amount of Taxes Due (if any) and years owed.

List of assets and estimated market value

(based on amount for which item could be sold at a garage sale, for example: sofa and love seat, \$150.00)

MORTGAGE/RENT AND VEHICLE PAYMENTS

1 st Mortgage/Rent Paid Name of Creditor:	Monthly Payment: \$	Number Behind:	of	Months
Account Number:				
2 nd Mortgage (if any) Name of Creditor:	Monthly Payment: \$	Number Behind:	of	Months
Account Number:				
Homeowners Association (if any) Name of Creditor:	Monthly Payment: \$	Number Behind:	of	Months
Account Number:				
1 st Car Loan Vehicle:	Monthly Payment: \$	Number Behind:	of	Months
Name of Creditor:				
Account Number:				
2 nd Car Loan Vehicle:	Monthly Payment: \$	Number Behind:	of	Months
Name of Creditor:				
Account Number:				

MONTHLY BUDGET

Electricity/Water: \$	Life Insurance NOT taken from paycheck: \$
Home Phone: \$	Health Insurance
Cell Phone: \$	NOT taken from paycheck: \$
Internet: \$	
Cable/Satellite: \$	
Food: \$	Vehicle Insurance: \$
Child Care: \$	Alarm monitoring: \$
Laundry/Dry Cleaning: \$	Child Support/Alimony NOT taken from paycheck: \$
Medical/Dental costs: \$	Monthly Help for Relatives (if applicable): \$
Gas/Car Repairs: \$	Any Other Expenses Not Listed Above: \$
Charitable Giving/Tithing: \$	Any Other Expenses Not Listed Above: \$

Other Bills Not on Credit Report – Medical Bills, Charge-offs for apartment leases, cell phones or pay day loans:

Creditor	account number	balance
Address	city/state/zip	
Creditor	account number	balance
Address	city/state/zip	
Creditor	account number	balance
Address	city/state/zip	
Creditor	account number	balance
Address	city/state/zip	
Creditor	account number	balance
Address	city/state/zip	
Creditor	account number	balance
Address	city/state/zip	
Creditor	account number	balance
Address	city/state/zip	