

DEMING LAW OFFICE

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Please answer to the best of your knowledge.

PERSONAL DATA (Debtor)

Surname: _____ Soc. Sec. No. _____
Given and Middle Names: _____ Birth date: (Y/M/D) _____
Are you known by any other name(s): _____ Please Circle One Mr. / Ms. / Mrs. / Miss
Street Address: _____ Telephone: (Home) _____
Town/City: _____ Telephone: (Bus.) _____
State: _____ Zip Code: _____
E-mail address: _____

I have resided at the above address since: Year _____ Month _____ Day _____

Mailing Address (if different): _____

If you have resided in the state for less than two years please list your addresses for the last two years

Present Occupation: _____

Name of Present Employer: _____

You have been employed since when? _____

Marital Status

Married Single Widowed Separated Divorced

Number of dependents who rely on you for financial support: _____

Have you ever been bankrupt? Yes _____ No _____

If yes, give the following information:

Filing Date: _____

Location: _____

Date of discharge: _____

PERSONAL DATA (Spouse)

Surname: _____ Soc. Sec. No. _____
Given and Middle Names: _____ Birth date: (Y/M/D) _____
Are you known by any other name(s): _____ Please Circle One Mr. / Ms. / Mrs. / Miss
Street Address: _____ Telephone: (Home) _____
Town/City: _____ Telephone: (Bus.) _____
State: _____ Zip Code: _____
E-mail address: _____

I have resided at the above address since: Year _____ Month _____ Day _____

Mailing Address (if different): _____

If you have resided in the state for less than two years please list your addresses for the last two years:

Present Occupation: _____

Name of Present Employer: _____

You have been employed since when? _____

Marital Status

Married Single Widowed Separated Divorced

Number of dependents who rely on you for financial support: _____

Have you ever been bankrupt? Yes _____ No _____

If yes, give the following information:

Filing Date: _____

Location: _____

Date of discharge: _____

BUSINESS INFORMATION

Have you been self-employed in the last five (5) years?

Yes _____

No _____

	Business #1	Business #2	Business #3
Name			
Proprietorship, Partnership or Limited Company			
Period of Operation			
What happened to business			
Where are books and records of Company			

Names of partners? _____

Place of business (city)? _____ Nature of business? _____

Are you an officer or a director of a corporation or limited liability company? Yes _____ No _____

If yes, give details.

Household Size _____

MONTHLY INCOME			
Gross Income		Other net income	
Net Income		Net Spousal Support	
Gross Income (Spouse)		Net Unemployment Insurance Benefits	
Net Earnings of Spouse		Net Social Assistance	
Net Pensions/Annuities		Self-Employed Gross _____ Net _____	
Net Child Support		TOTAL MONTHLY INCOME (A)	
MONTHLY NON-DISCRETIONARY EXPENSES			
Child Support Payments		Fines/Penalties Imposed by Court	
Spousal Support Payments		Expenses as a Condition of Employment	
Child Care			
Medical Condition Expenses		Other	
TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)			
AVAILABLE MONTHLY INCOME (A – B) = (C)			
MONTHLY DISCRETIONARY EXPENSES			
Housing Expenses		Living Expenses	
Rent/Mortgage		Food/grocery	
Property taxes/condo fees		Laundry/dry cleaning	
Heating/gas/oil		Grooming/toiletries	
Telephone		Clothing	
Cable/Internet		Other	
Water		Transportation Expenses	
Other		Car lease/payments	
		Repairs/maintenance/gas	
Personal Expenses		Public transportation	
Smoking		Other	
Alcohol		Insurance Expenses	
Dining/lunches		Vehicle	
Entertainment/sports		House	
Gifts/charitable donations		Furniture/contents	
Allowances		Life insurance	
Pet Care		Other	
Other		Payments	
Non-recoverable Medical Expenses			
Prescriptions		To secured creditor	
Dental		(Other than mortgage and vehicle)	
Other		Other	
TOTAL MONTHLY DISCRETIONARY EXPENSES (D)			
TOTAL - SURPLUS/(SHORTFALL) (C)-(D)			

ASSETS DESCRIPTION	BEST ESTIMATE OF PRESENT VALUE
Cash on Hand /In Bank	
Household Furniture	
Retirement Savings Plans	
Loans Due to You /Accounts Receivable	
Cash Surrender Value of Insurance Policies	
Savings Plans /Bonds/ 401(k) etc.	
Clothing and Medical Aids	
Jewelry	
Stocks /Shares	
Estimated Tax Refund	
Collectibles (Stamps, etc.)	
House/Cottage/Land (Sole/Joint/Part Owner) (Fully/Partially Pledged)	
Mobile Home	
Automobiles	
Motorcycles	
Other Motorized Vehicles	
Boat /Trailer	
Any Other Assets/Tools of the Trade	
Business Equipment/Fixtures	
Farming Equipment	

Have any debts arisen from your guarantee or co-signing of debts for another individual or corporation?

Yes _____ No _____

Please Specify _____

Is borrower bankrupt?

Yes _____ No _____

GENERAL

1. Within the last two (2) years, have you sold, traded, disposed of or transferred any of your assets? (eg. vehicles, property, stocks/bonds, furniture)

Yes _____ No _____

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

2. Within the last twenty-four (24) months, have you made payments in excess of regular payments to any creditor?

Yes _____ No _____

3. Within the last twenty-four (24) months, have you had any assets seized by a creditor?

Yes _____ No _____

If yes, provide details

Asset seized _____

Date seized _____

Name of party seized by _____

Was party who made seizure a secured creditor? Yes _____ No _____

Form of security? _____

4. Do you expect to receive any sums of money, or any other property within the next 12 months, which are not related to your normal income?

Yes _____ No _____

5. (a) Please list the banks that you are currently dealing with:

Bank	Address	City	Zip Code	Amount Currently In Account

(b) Do you have a safety deposit box? Yes _____ No _____
 If so, which bank? _____
 Please provide details of the contents: _____

6. Are you a beneficiary of a will or will you receive an inheritance or life insurance payout within the next six months? Yes _____ No _____

7. Has anyone started legal proceedings against you? Yes _____ No _____
 If yes, give details.

8. Do any of your debts arise from:

- A fine or penalty imposed by court? Yes _____ No _____
- Credit purchases of luxury goods or services in the last 90 days? Yes _____ No _____
- Loans or cash advances in the last 70 days? Yes _____ No _____
- Debts from willful injury to another person or another person's property? Yes _____ No _____
- Child Support or Alimony? Yes _____ No _____
- Student loans? Yes _____ No _____
- Recent income tax debts and all other tax debts? Yes _____ No _____
- Fraud, embezzlement, misappropriation? Yes _____ No _____
- Debt for personal injury or death caused by your intoxicated driving? Yes _____ No _____
- Obtaining property by false pretences/ fraudulent misrepresentation? Yes _____ No _____

9. For which year did you file your last income tax return? _____
 Did you receive a refund? Yes _____ No _____
 Are there arrears owing? Yes _____ No _____

10. Are you paying/receiving any Child support or alimony payments? Yes _____ No _____
 If yes, to/from whom and how much? _____