

MARSH, HIGGINS, BEATY & HATCH, P.C.
BANKRUPTCY CONSULTATION INTAKE SHEET

Name: _____

Date: _____

Please complete the following budget form to the best of your ability.

I. Monthly Income

Your gross pay (pre-tax, monthly): \$ _____
Your spouse's gross pay (pre-tax, monthly): \$ _____
Income from business or profession: \$ _____
Alimony or support payments paid to you: \$ _____
Pension, Social Security, Retirement, or Disability: \$ _____
Other income: \$ _____

Total Gross Monthly Income: \$ _____

II. Monthly Expenses

Rent or home mortgage payment (include lot rent for mobile home) \$ _____
Are real estate taxes included? Yes No
Is property insurance included? Yes No

Utilities

Electricity and heating fuel \$ _____
Water and sewer \$ _____
Telephone \$ _____
Garbage \$ _____
Cable TV \$ _____
Other \$ _____
Home maintenance (repairs & upkeep) \$ _____
Food \$ _____
Clothing \$ _____
Laundry & dry cleaning \$ _____
Medical & dental expenses \$ _____
Transportation (do not include car payments) \$ _____
Recreation, clubs, entertainment, newspaper, and magazines \$ _____
Charitable contributions \$ _____

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's \$ _____
Life \$ _____
Health \$ _____
Auto \$ _____
Other \$ _____

Taxes (not deducted from wages or included in home mortgage payments)

Specify: _____ \$ _____

Installment payments (in Chapter 13 cases, do not list payments to be included in the plan)

Auto \$ _____
Other \$ _____
\$ _____

Alimony, maintenance, and support paid to others \$ _____
Payments for support of additional dependents not living in your home \$ _____
Regular expenses from operation of business, profession, or farm \$ _____

Total Expenses: \$ _____

Have you used any credit cards or transferred the balance of any credit cards in the last ninety days? Yes No

If yes, please list: _____