

ROBERT I. COHEN, P.C.

A Professional Corporation

1888 Sherman Street, Suite 400

Denver, Colorado 80203

Telephone: (303) 830-2811 Fax: (303) 830-7016

E-Mail: cohenroberti@qwestoffice.net

Robert I. Cohen

Mark E. Henze

BANKRUPTCY INFORMATION SHEET

(Use the back of each sheet if more room is needed)

DEBTOR: _____

First Middle Last Soc Sec No.
(full name, no initials)

Other names you have used (maiden / previous married / nicknames / business names / tradenames): _____

WORK PHONE: (____) _____ CELL PHONE: : (____) _____

E-MAIL: _____

CO-DEBTOR: _____

First Middle Last Soc Sec No.
(full name, no initials)

Other names you have used (maiden / previous married / nicknames / business names / tradenames): _____

WORK PHONE: (____) _____ CELL PHONE: : (____) _____

E-MAIL: _____

HOUSEHOLD INFORMATION:

ADDRESS: _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

HOME PHONE: (____) _____

What is the best way to contact you in an emergency? _____

Is your mailing address different from the above address? If so:

ADDRESS _____ CITY _____ STATE _____ ZIP _____

To your knowledge, has anyone you've owed money to, or been owed money from, ever filed bankruptcy with this firm? Yes _____ No _____

If so, who? _____

PRIOR BANKRUPTCIES Have you filed bankruptcy before? Y ___ N ___

If so, please complete for every case filed:

<u>Where Filed /Location</u>	<u>Case No.</u>	<u>Chapter (7 or 13)</u>	<u>Date Filed</u>	<u>Status</u> (Discharged or Dismissed)
------------------------------	-----------------	--------------------------	-------------------	--

PLEASE NOTE: We reserve the right to withdraw as counsel if you fail to disclose all previous bankruptcies.

<u>TAXES:</u>	<u>Filed on Time?</u>	<u>Amt. of Refund</u>	<u>Amt Owed</u>
2013	IRS <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	Colo <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
2012	IRS <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	Colo <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
2011	IRS <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	Colo <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Do you expect a refund over \$500 in 2014??? _____

GENERAL INFORMATION

(Please answer all questions)

1. PAST EMPLOYMENT INFORMATION

(Please include spouse's income regardless of whether or not your spouse is filing)

Please include all employers with whom you were employed for the past three years, in the space provided below.

	<u>Income</u>	<u>Employer(s)</u>
Debtor:	2014 _____ (YTD)	_____
	2013 _____	_____
	2012 _____	_____
	2013 _____	_____
Co-Debtor: (Spouse) (Even if not filing)	2014 _____ (YTD)	_____
	2013 _____	_____
	2013 _____	_____
	2011 _____	_____

2. INCOME FROM OTHER THAN EMPLOYMENT (Social Security, disability, child support, alimony, workers comp, unemployment, etc)

Debtor:		Co-Debtor (Spouse): (Even if not filing)	
Amount	Source	Amount	Source
2014 _____	_____	2014 _____	_____
2014 _____	_____	2014 _____	_____
2013 _____	_____	2013 _____	_____
2013 _____	_____	2013 _____	_____
2012 _____	_____	2012 _____	_____
2012 _____	_____	2012 _____	_____

3. PAYMENTS TO CREDITORS

YES NO Have you made any unusual payments or payments exceeding (\$600) to any of your creditors (people being bankrupted), in the past 90 days or any payments to relatives or business partners within the past year? Include any payments made for child support or alimony. For each payment, list the following:

<u>Person Paid</u>	<u>Amount Paid</u>	<u>Month / Year</u>	<u>Reason for Payment</u>
--------------------	--------------------	---------------------	---------------------------

4. LAWSUITS (List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under Chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

(Providing court case numbers are essential in order for the court to locate your case in their data base.)

PLEASE ATTACH COPIES OF EACH LAWSUIT.

<u>Creditor</u>	<u>Court/County</u>	<u>Case No.</u>	<u>Status</u>
-----------------	---------------------	-----------------	---------------

5. REPOSSESSIONS/GARNISHMENTS (Within the past year)

Creditor Name/Address Date Description of Property/wages seized

6. ASSIGNMENTS/RECEIVERSHIPS

YES NO Have you made any assignment of your property for the benefit of your
 creditors, or any general settlement with your creditors, within the past 120 days?

7. GIFTS

YES NO Have you (or your spouse) made any gifts to relatives or charities over the past year
 that exceeded \$200.00 in value? If so, please list the following:

Gift Made Value of Gift Month / Year Person Receiving
Gift & Relationship

8. LOSSES

YES NO Have you suffered any losses from fire, theft or gambling during the past year?
 Describe: (**When? How much? Describe the loss**)

 Was this loss covered by insurance? What insurance company? What amount was paid by the insurance company?

9. ATTORNEYS

List any and all attorneys (other than this office) that you have consulted within the last year regarding bankruptcy or financial counseling.

Attorney Date Amount paid Status

10a. OTHER TRANSFERS

YES NO Have you sold, transferred, traded in, returned or given any property to another person

or entity within the last two years? (include the sale or trade-in of vehicles)

Person/Entity Month/Year Description of Property and Value received

10b. TRANSFERS TO TRUSTS

YES NO Have you sold, transferred, or given any property to a trust in which you are a beneficiary?

Name of Trust Month/Year Description of Property and Value – Interest in Trust

11. CLOSED FINANCIAL ACCOUNTS

Please list all financial accounts with institutions held in your name, used for your benefit, which were closed, sold or otherwise transferred within **one year** immediately preceding the commencement of this case.

Name of Banking Institution Month/Year Account Was Closed Amount Of Your Final Balance

12. SAFE DEPOSIT BOXES

YES NO Do you have a safe deposit box? Please list the financial institution, contents of the box, and value of the items.

Bank Name/Address Contents of box Value of items

13. SETOFFS

YES NO Did you have any debts which were set-off by a creditor within the past 6 months?
 year? (Generally, a set-off occurs when a creditor to whom you owe, takes something in the creditor's possession and applies it to the debt. For example, a bank taking money from your savings account and applying it to an overdrawn checking account.)

Creditor keeping Setoff Date Description and Value of items

14. PROPERTY HELD FOR ANOTHER PERSON

List all property owned by another person that you hold or control. Include possessions of roommates, non-filing spouses, etc.

Name/Address Property Value

15. PRIOR ADDRESSES

If you have moved within the past three (3) years, list all previous addresses, complete with city, state and zip. You do not need to list your current address.

ADDRESS

OCCUPANCY DATES

		month & year	month & year
1.	_____	TO	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

16. FORMER SPOUSES AND SUPPORT OBLIGATIONS: If you have been previously married or owe child support or alimony (maintenance) to any person, please complete the following:

<u>Name of Prior Spouse</u>	<u>State Where Spouse</u>	<u>Type and Amount of Support</u>
	<u>Currently Resides</u>	<u>Owed (Are you current or behind?)</u>

17. ENVIRONMENTAL ISSUES: Are you the owner of any property or real estate that where you have been notified that environmental conditions are present that require cleanup or other forms of remediation? Have you ever notified an environmental agency of the release of Hazardous Materials? If so, please describe the incident or situation below:

18. BUSINESSES/PARTNERSHIPS If you have been engaged in a business or involved in a business or partnership with others during the last **six (6) years**, complete the following:

Name of Business/Address Tax ID # Type of Business Dates of Operation

Describe the work that the business was engaged in:

17. FOR EACH BUSINESS LISTED ABOVE, please answer the following:

- A. Is the business still operating?
- B. What was your ownership interest? ___ Sole Proprietorship
(Corporation or LLC): ___% of ownership interest
(Partnership): ___% of partnership
What is your title? _____
- C. Who has the financial records for the business (Name / Address)
- D. Who has been a Director, Officer or Partner of the business within the past year? (Provide name and current address)
- D. What assets does the business still have?
Tools / Equipment: _____
_____ Value: \$ _____
Bank Accounts in the business' name: _____
Type of Account: _____ Current Balance: \$ _____
Inventory Remaining: _____
_____ Value: \$ _____
Accounts Receivable (Money owed to business): _____

Debts owed in the business' name: _____

Any taxes owed by the business: _____

REAL PROPERTY

(Exemption of up to \$60,000 in Equity / \$90,000 if over age 60)

- A. DO YOU OWN A **HOUSE** YES ___ NO ___
RAW LAND YES ___ NO ___
MOBILE HOME YES ___ NO ___
TIMESHARE YES ___ NO ___

1. **PROPERTY #1:** DO YOU CURRENTLY LIVE HERE? _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

FAIR MARKET VALUE \$ _____
How did you arrive at this Fair Market Value? _____
When did you purchase this home? _____
IS YOUR HOME IN FORECLOSURE? YES ___ NO ___

- A. **1ST MORTGAGE**
CREDITOR _____ **Acct. #:** _____
Address of Creditor: _____ **City:** _____
State: _____ **Zip:** _____ **Telephone #:** (____) _____

Monthly payment: \$ _____
Number of months past due: _____ Balance of debt: \$ _____
Year debt incurred: _____
If secured by additional collateral, what is collateral: _____
Co-signer Name _____
Address _____
City _____ State _____ Zip _____
What is your relationship to Co-Signer _____

2. **DO YOU HAVE MORE THAN ONE MORTGAGE SECURING THIS PROPERTY?**
YES ___ NO ___ IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

TYPE OF MORTGAGE(2ND, 3RD, LIEN, ETC.) _____
A. **CREDITOR** _____ **Acct. #:** _____
Address of Creditor: _____ **City:** _____
State: _____ **Zip:** _____ **Telephone #:** (____) _____

Monthly payment: \$ _____
Number of months past due: _____ Balance of debt: \$ _____
Year debt incurred: _____
If secured by additional collateral, what is collateral: _____
Co-signer Name _____

2. PROPERTY #2: (Not Exempt!)(Be sure to include Timeshares!)

ADDRESS _____
CITY _____ STATE _____ ZIP _____

FAIR MARKET VALUE \$ _____

How did you arrive at this Fair Market Value? _____

When did you purchase this property? _____

IS THIS PROPERTY IN FORECLOSURE? YES ___ NO ___

A. 1ST MORTGAGE

CREDITOR _____ **Acct. #:** _____

Address of Creditor: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone #:** (____) _____

Monthly payment: \$ _____

Number of months past due: _____ Balance of debt: \$ _____

Year debt incurred: _____

If secured by additional collateral, what is collateral: _____

Co-signer Name _____

Address _____

City _____ State _____ Zip _____

What is your relationship to Co-Signer _____

2. DO YOU HAVE MORE THAN ONE MORTGAGE SECURING THIS PROPERTY?
YES ___ NO ___ IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

TYPE OF MORTGAGE(2ND, 3RD, LIEN, ETC.) _____

A. CREDITOR _____ **Acct. #:** _____

Address of Creditor: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone #:** (____) _____

Monthly payment: \$ _____

Number of months past due: _____ Balance of debt: \$ _____

Year debt incurred: _____

If secured by additional collateral, what is collateral: _____

Co-signer Name _____

IS THIS A RENTAL PROPERTY??? If so,

Who is currently renting the property? Name: _____

Address: _____

Rent Amount: \$ _____ Security Deposit: \$ _____

Lease ending date: _____

I

PERSONAL PROPERTY

Please list your personal property under the appropriate heading. Value the property based on the amount you would receive at a used property sale (garage sale / newspaper classifieds, etc.)

1. CASH ON HAND \$ _____

2. BANK ACCOUNTS, CREDIT UNION ACCOUNTS, BROKERAGE ACCOUNTS

<u>BANK/ADDRESS</u>	<u>TYPE OF ACCOUNT</u>	<u>CURRENT BALANCE</u>
---------------------	------------------------	------------------------

List ALL open Bank Accounts! **DO YOU OWE ANY LOANS / CREDIT CARDS / OVER-DRAFT PROTECTION / RESERVE ACCTS / OR OTHER DEBTS TO ANY OF THESE BANKS?**

3. SECURITY DEPOSITS (rent deposit, utilities, phone, etc)

_____ \$ _____
 _____ \$ _____

YES NO Do you rent or lease your residence? If so, what is the name and address of your landlord? _____

Time remaining on the lease: _____

YES NO Are you up-to-date in your payments on this lease?
 If not, how much are you behind? \$ _____ # of Months _____
 Has an eviction proceeding been started? _____

4. HOUSEHOLD PROPERTY: (Please give a brief description of each)

MOVIES/CD's/DVD's/Recordings: \$ _____
PAINTINGS _____ \$ _____ \$1,500 is
ART OBJECTS _____ \$ _____ Exempt

CLOTHING: \$ _____ (\$1,500.00 per person exempt)

JEWELRY Description: _____
 \$ _____ (\$2,000.00 per person exempt)

SPORTING EQUIPMENT(please describe briefly)

_____ \$ _____
 _____ \$ _____ These are
 _____ \$ _____ NOT Exempt
GUNS: _____ \$ _____ These are

HOBBY EQUIPMENT _____ \$ _____ *NOT Exempt!*

PETS: _____ \$ _____ (Only if a breeding or show animal ☺)

HOUSEHOLD GOODS Please give a brief description and Garage sale value of all your household goods. (Furniture, electronics, appliances, etc.) *(\$3,000 per person exempt)*

HOUSEHOLD GOODS			
Item	Garage Sale Value	Item	Garage Sale Value
Living Rm Furniture		Washer	
Den or Family Rm Furniture		Dryer	
End Tables		Cameras / Camcorder	
Coffee Tables		Bicycles ()	
Dinette Set / Dining Rm		Children's Toys	
Bedroom Furniture		Household Tools	
TVs ()		Sewing Machine	
Stereo / Sound System		Exercise Equipment	
DVD/VCR		Home Office Equipment	
Microwave		Computer & Monitor ()	
Refrigerator		Printer ()/ Peripherals	
Small Kitchen Appliances		Software / Game Console	
Kitchen Utensils		Lawnmower / Tools:	
Tableware / Pots & Pans		Other:	
Flatware / Silverware			

6. PENSION PLANS, 401K's, KEOUGH PLANS, RETIREMENT PLANS, INCLUDING NAME, ADDRESS, VALUE AND WHETHER PLAN IS VESTED. (Normally fully exempt)

Do you have any loans against your Pension Plan???

IF SO, How much is owed? \$ _____ What are your monthly payments? \$ _____

7. OTHER ACCOUNTS (Stocks, Commodities, Bonds, Education Funds, etc.) NAME, ACCOUNT NO., TYPE OF ACCOUNT, COMPANY SERVICING ACCOUNT:

8. TOOLS USED IN YOUR TRADE / PROFESSION (Exempt if owned personally)

ITEM	VALUE	ITEM	VALUE
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

9. DO YOU PAY FOR ANY LIFE INSURANCE OR ANNUITIES (Do not list insurance provided by your employer):

Name of Company: _____
 Who's Life is Insured? _____ When did you buy this policy? _____
 Face Amount: \$ _____ Policy No. _____
 Does the policy have any Cash or Loan Value? **Cash Value Today:** \$ _____
 What is your premium payment? \$ _____ **Cash Value 4 years ago:** \$ _____
Please bring a copy of your latest statement

Name of Company: _____
 Who's Life is Insured? _____ When did you buy this policy? _____
 Face Amount: \$ _____ Policy No. _____
 Does the policy have any Cash or Loan Value? **Cash Value Today:** \$ _____
 What is your premium payment? \$ _____ **Cash Value 4 years ago:** \$ _____
Please bring a copy of your latest statement

Name of Company: _____
 Who's Life is Insured? _____ When did you buy this policy? _____
 Face Amount: \$ _____ Policy No. _____
 Does the policy have any Cash or Loan Value? **Cash Value Today:** \$ _____
 What is your premium payment? \$ _____ **Cash Value 4 years ago:** \$ _____
Please bring a copy of your latest statement

10. OTHER PROPERTY: LIST ANY OTHER PROPERTY OF VALUE YOU OWN: (EX. SEASON TICKET RIGHTS, RIGHTS TO LEGAL SETTLEMENTS OR PERSONAL INJURY AWARDS, AMOUNTS OWED TO YOU BY OTHERS, AND/OR OTHER INVESTMENTS)

ITEM	VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

AUTOMOBILES/OTHER VEHICLES

(Exemption of Equity of \$5,000 per person / \$10,000 if over age 60)

(PLEASE PROVIDE A COPY OF THE VEHICLE REGISTRATION!)

L. LIST YOUR VEHICLES: (for any vehicle listed that is financed, please provide information regarding the lienholder's name, balance owed and insurance information).

VEHICLE #1 ___ Auto ___ Truck ___ Motorcycle ___ Boat
 ___ Trailer ___ Motor Home ___ Mobile Home ___ Other

VIN # _____ Lienholder: _____
Make/Model _____ Balance Owed: _____
Year _____ ** Do you have full coverage
Mileage _____ insurance on this vehicle _____
Resale Value: \$ _____ Insurance Company: _____
Purchase Date _____ Agent's Name: _____
Repairs Needed: _____ Policy No.: _____

OPTIONS (Check if Yes) Effective Date: _____
Sunroof _____ Expiration Date: _____
4 Wheel Drive _____ Telephone No: _____
Automatic Transmission _____ Deductibles: Comp _____ Coll _____

If any other extra options, please list: _____

CREDITOR _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
Balance Owed _____ **Monthly Payment \$** _____
payments behind _____ **Amount Behind \$** _____

VEHICLE #2 ___ Auto ___ Truck ___ Motorcycle ___ Boat
 ___ Trailer ___ Motor Home ___ Mobile Home ___ Other

VIN # _____ Lienholder: _____
Make/Model _____ Balance Owed: _____
Year _____ ** Do you have full coverage
Mileage _____ insurance on this vehicle _____
Resale Value: \$ _____ Insurance Company: _____
Purchase Date _____ Agent's Name: _____
Repairs Needed: _____ Policy No.: _____

OPTIONS (Check if Yes) Effective Date: _____
Sunroof _____ Expiration Date: _____
4 Wheel Drive _____ Telephone No: _____
Automatic Transmission _____ Deductibles: Comp _____ Coll _____

If any other extra options, please list: _____

VEHICLE 2, CONT.

CREDITOR _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
Balance Owed _____ **Monthly Payment \$** _____
payments behind _____ **Amount Behind \$** _____

VEHICLE #3 ___ Auto ___ Truck ___ Motorcycle ___ Boat
 ___ Trailer ___ Mobile Home ___ Other

VIN # _____ Lienholder: _____
Make/Model _____ Balance Owed: _____
Year _____ ** Do you have full coverage
Mileage _____ insurance on this vehicle _____
Resale Value: \$ _____ Insurance Company: _____
Purchase Date _____ Agent's Name: _____
Repairs Needed: _____ Policy No.: _____
OPTIONS (Check if Yes) Effective Date: _____
 Sunroof _____ Expiration Date: _____
 4 Wheel Drive _____ Telephone No: _____
 Automatic Transmission _____ Deductibles: Comp _____ Coll _____
If any other extra options, please list: _____

CREDITOR _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
Balance Owed _____ **Monthly Payment \$** _____
payments behind _____ **Amount Behind \$** _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES _____ NO _____
PLEASE FURNISH US WITH A PHOTOCOPY OF IT.

DO YOU HAVE ANY RENT-TO-OWN PAYMENTS?

If so, what are you renting: _____
From Who: Creditor: _____
 Address: _____
 City: _____ State _____ Zip _____
 How many more months do payments continue? _____
Payment: \$ _____ (Weekly _____; Every two weeks _____, Monthly _____)

HOUSEHOLD INFORMATION

Marital Status: Married: ___ Divorced: ___ Separated: ___ Single: ___

Persons living in Household: (Yes/No)

Name: _____	Age: _____	Relationship: _____	Dependent: _____
Name: _____	Age: _____	Relationship: _____	Dependent: _____
Name: _____	Age: _____	Relationship: _____	Dependent: _____
Name: _____	Age: _____	Relationship: _____	Dependent: _____
Name: _____	Age: _____	Relationship: _____	Dependent: _____
Name: _____	Age: _____	Relationship: _____	Dependent: _____

HOUSEHOLD INCOME

(Please attach or bring copies of recent paystubs – through the date of filing)

Employment: DEBTOR

CO-DEBTOR / SPOUSE (Even if not filing)

Occupation: _____	_____
Employer: _____	_____
Years employed: _____	_____
Address: _____	_____
_____	_____

How often paid: Weekly: ___ Every Two Weeks: ___
 Twice a Month: ___ Monthly: ___

	DEBTOR	CO-DEBTOR / SPOUSE
GROSS INCOME:	_____	_____
Deductions (Taxes)	(_____)	(_____)
Insurance:	(_____)	(_____)
Union Dues:	(_____)	(_____)
Other _____	(_____)	(_____)

TAKE HOME INCOME: _____

OTHER INCOME SOURCES:

Child Support	\$ _____
Alimony	\$ _____
Rent/Contributions	\$ _____
Government Assistance:	\$ _____
	\$ _____
Other: _____	\$ _____

NOTE: IF YOU HAVE A ROOMMATE OR RELATIVES LIVING WITH YOU WHO ARE NOT TAKEN AS DEPENDENTS ON YOUR TAX RETURN, list only the actual average expenses that you spend per month for yourself and your dependents that live with you.

AVERAGE MONTHLY EXPENSES

Rent / 1st Mortgage	\$ _____
2nd Mortgage	\$ _____
Utilities:	
Public Service	\$ _____
Water / Sewer	\$ _____
Telephone	\$ _____
Cable TV / Internet or Package	\$ _____
Trash Removal	\$ _____
Homeowner's Assn / Other: _____	\$ _____
Home Maintenance	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry / Drycleaning	\$ _____
Medical / Prescriptions	\$ _____
Gasoline / Repairs	\$ _____
Bus / Other Transportation	\$ _____
Recreation / Clubs / Entertainment	\$ _____
Insurance: <i>(If not deducted from your paycheck or mortgage)</i>	
Auto	\$ _____
Homeowner's / Renters	\$ _____
Health	\$ _____
Life	\$ _____
Other: _____	\$ _____
Taxes: <i>(If not deducted from your paycheck or mortgage)</i>	
Property Taxes	\$ _____
Auto Taxes	\$ _____
Other: _____	\$ _____
Installment Payments:	
Auto #1	\$ _____
Auto #2	\$ _____
Student Loan	\$ _____
Non-filing Spouse's Credit Card and Debt Payments:	\$ _____
Alimony / Child Support Paid	\$ _____
Daycare / Babysitting	\$ _____
Monthly Charitable Contributions <i>(Historically showing on tax return)</i>	\$ _____
School Expenses / Lunches	\$ _____
Tuition	\$ _____
Misc: (Haircuts, grooming, postage, etc.)	\$ _____
Pet Care	\$ _____
Rent-to Own Payments: _____	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____