

LANDER C. McLOYD, BANKRUPTCY ATTORNEY

www.bankruptcymich.com

734-669-9080

Fill in the information to the best of your ability. Use the back for additional creditors if necessary

Basic Information	CLIENT		SPOUSE	
Name				
E-mail address				
Street Address				
City, State, ZIP				
Phone Numbers Circle the best one to reach you	Home: Work:	Cell: Other	Home: Work:	Cell: Other
How long at this address?				
Social Security number	SS#:		SS#:	
Employer name Your position				
Current yearly Income				
MAJOR ASSETS	<input checked="" type="checkbox"/>	CLIENT	<input type="checkbox"/>	SPOUSE
Automobile (year make model)				
Real Estate (Location/address)				
Checking Account				
Savings Account				
Pension/IRA/401K				
Life Insurance				
Household Furniture				
Collections/ Jewelry				
Stocks/Bonds				
Other				
	Yes/No	Description		
Filed bankruptcy before?		Year filed:		
Are you being garnished?		By whom:		
Are you being sued?		By whom:		
Has any of your property been repossessed?		Describe property:		
Is your home in foreclosure		Date:		

CREDITOR NAME	Balance	Monthly payment	# of months behind	Joint account?

Please provide a copy of your driver's license when you return this form.