

CHANG & DIAMOND, APC

WWW.THEBKLAHYERS.COM

ATTORNEY

RECORD NUMBER & DATE

HOW DID YOU HEAR OF US: THEBKLAHYERS.COM YELLOW PAGES REFERRED BY: _____

MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED WIDOWED

PRIMARY FILER INFO:

FIRST NAME			MIDDLE		LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDAY		ALSO KNOWN AS	
ADDRESS			CITY		CA	
MAILING ADDRESS (IF DIFFERENT)			CITY		CA	
HOME NUMBER			CELL NUMBER		E-MAIL	

IS SPOUSE FILING? NO YES

SECONDARY FILER INFO:

FIRST NAME			MIDDLE NAME		LAST NAME	
SOCIAL SECURITY NUMBER			DATE OF BIRTH		ALSO KNOWN AS	
MAILING ADDRESS(IF DIFFERENT)			CITY		CA	
WORK NUMBER			CELL NUMBER		E-MAIL	

HAVE EITHER OF YOU FILED FOR A BANKRUPTCY BEFORE? NO YES (PROVIDE DETAILS)

CASE NUMBER:	FILING DATE:	DISTRICT:	DISCHARGED <input type="checkbox"/> YES <input type="checkbox"/> NO
			CHAPTER <input type="checkbox"/> 7 <input type="checkbox"/> 13

HOW LONG HAVE YOU LIVED IN CA? _____

DO YOU HAVE ANY INTEREST IN INCORPORATED & UNINCORPORATED BUSINESSES, PARTNERSHIP, OR JOINT VENTURE WITHIN THE LAST 6 YEARS?

NAME OF BUSINESS:	DATES OF BUSINESS OPERATION:

NAME

RECORD #

DATE

REAL ESTATE

DO YOU OWN: SINGLE FAMILY TIMESHARE CONDO MOBILE HOME MULTI-UNIT

PRIMARY PROPERTY: SURRENDER RETAIN **FORECLOSURE/SALE DATE?** _____

ADDRESS:	CITY, STATE & ZIP:
NAMES ON TITLE:	PURCHASED/REFINANCE DATE:

1ST MORTGAGE/LIEN HOLDER

CREDITOR'S NAME:	BALANCE: \$	MONTHLY PAYMENT: \$	ESCROW ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
FAIR MARKET VALUE: \$	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LAST PAYMENT:	YEARLY TAXES: \$ YEARLY INSURANCE: \$

2ND MORTGAGE/LIEN HOLDER

CREDITOR'S NAME:	BALANCE: \$	MONTHLY PAYMENT: \$	ESCROW ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
FAIR MARKET VALUE: \$	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LAST PAYMENT:	YEARLY TAXES: \$ YEARLY INSURANCE: \$

SECONDARY PROPERTY: SURRENDER RETAIN **FORECLOSURE/SALE DATE?** _____

ADDRESS:	CITY, STATE & ZIP:
NAMES ON TITLE:	PURCHASED/REFINANCE DATE:

1ST MORTGAGE/LIEN HOLDER

CREDITOR'S NAME:	BALANCE: \$	MONTHLY PAYMENT: \$	ESCROW ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
FAIR MARKET VALUE: \$	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LAST PAYMENT:	YEARLY TAXES: \$ YEARLY INSURANCE: \$

2ND MORTGAGE/LIEN HOLDER

CREDITOR'S NAME:	BALANCE: \$	MONTHLY PAYMENT: \$	ESCROW ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
FAIR MARKET VALUE: \$	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LAST PAYMENT:	YEARLY TAXES: \$ YEARLY INSURANCE: \$

ARE YOU COLLECTING RENT ON ANY PROPERTY: YES NO

PLEASE PROVIDE ANY OTHER REAL ESTATE PROPERTY ON A SEPARATE SHEET OF PAPER

PERSONAL PROPERTY

CHECKING OR SAVING ACCOUNTS INFORMATION

DO YOU OWE YOUR BANK MONEY?

BANK: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AVERAGE BALANCE:	<input type="checkbox"/> MORTGAGE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL LOAN <input type="checkbox"/> AUTO LOAN <input type="checkbox"/> NSF/OVERDRAFT FEE'S	<input type="checkbox"/> WARNED
BANK: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AVERAGE BALANCE:	<input type="checkbox"/> MORTGAGE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL LOAN <input type="checkbox"/> AUTO LOAN <input type="checkbox"/> NSF/OVERDRAFT FEE'S	<input type="checkbox"/> WARNED
BANK: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AVERAGE BALANCE:	<input type="checkbox"/> MORTGAGE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL LOAN <input type="checkbox"/> AUTO LOAN <input type="checkbox"/> NSF/OVERDRAFT FEE'S	<input type="checkbox"/> WARNED

AUTOMOBILES, BOATS, TRUCKS, TRAILERS, MOTORCYCLES, SNOWMOBILES, AIRCRAFT, AND OTHER ACCESSORIES

YEAR:	MAKE:	MODEL:	TRIM:	YEAR:	MAKE:	MODEL:	TRIM:
<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED	MILEAGE:	PURCHASE DATE:	PAYMENT:	<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED	MILEAGE:	PURCHASE DATE:	PAYMENT:
LENDER:				LENDER:			
<input type="checkbox"/> SURRENDER <input type="checkbox"/> RETAIN		BALANCE:		<input type="checkbox"/> SURRENDER <input type="checkbox"/> RETAIN		BALANCE:	
YEAR:	MAKE:	MODEL:	TRIM:	YEAR:	MAKE:	MODEL:	TRIM:
<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED	MILEAGE:	PURCHASE DATE:	PAYMENT:	<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED	MILEAGE:	PURCHASE DATE:	PAYMENT:
LENDER:				LENDER:			
<input type="checkbox"/> SURRENDER <input type="checkbox"/> RETAIN		BALANCE:		<input type="checkbox"/> SURRENDER <input type="checkbox"/> RETAIN		BALANCE:	

PROPERTY YOU ARE FINANCING OR BUYING ON CREDIT (EX: JEWELRY, FURS, ELECTRONICS, ETC.)

PROPERTY	FINANCE CO.	DATE OF PURCHASE	CURRENT BALANCE	CURRENT EST. VALUE

PERSONAL PROPERTY WHICH IS WORTH MORE THAN \$400.00

<input type="checkbox"/> FURNITURE <input type="checkbox"/> COMPUTER <input type="checkbox"/> LAWN EQUIPMENT <input type="checkbox"/> BICYCLES <input type="checkbox"/> FIREARMS <input type="checkbox"/> CAMERAS/CAMCORDER <input type="checkbox"/> T.V./VCR	<input type="checkbox"/> YES <input type="checkbox"/> NO VALUE:

INTERESTS IN INSURANCE POLICIES (TERM AND WHOLE LIFE)

DO YOU HAVE LIFE INSURANCE WITH A CASH VALUE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ANNUITIES, INTERESTS IN IRA, ERISA, KEOUGH, OR OTHER PENSION PLANS, INCLUDING 401K.

DO YOU HAVE A PENSION PLAN, 401K, OR OTHER TYPE OF RETIREMENT PLAN THROUGH YOUR EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
AMOUNT VESTED (PRIMARY FILER):	AMOUNT VESTED (JOINT FILER):

STOCKS AND BONDS

DO YOU HAVE STOCKS, BONDS WHICH ARE PUBLICLY TRADED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE:	

ACCOUNTS RECEIVABLES FROM OTHERS.

DOES ANYONE OWE YOU ALIMONY OR CHILD SUPPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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EQUITABLE FUTURE INTERESTS IN LIFE ESTATES.

HAS ANYONE PASSED AWAY AND LEFT YOU MONEY OR PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ANY LAWSUITS FILED AGAINST YOU, OR FILED BY YOU WITHIN THE LAST 12 MONTHS?

WHO?	FOR WHAT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PATENTS, COPYRIGHTS, INTELLECTUAL PROPERTIES, LICENSES, FRANCHISES, & ALL OTHER INTANGIBLES.

DO YOU OWN ANY PATENTS, COPYRIGHTS OR OTHER INTELLECTUAL PROPERTIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE DESCRIBE:	

INCOME**DEBTOR**

OCCUPATION:	EMPLOYER'S ADDRESS:
EMPLOYER:	PHONE NUMBER:
YEARS OF EMPLOYMENT:	PENSION OR RETIREMENT INCOME:
PAY PERIOD: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY	CHILD SUPPORT/ALIMONY INCOME:
PAY PERIOD GROSS:	SOCIAL SECURITY INCOME:
YEAR TO DATE INCOME:	UNEMPLOYMENT INCOME:

CO-DEBTOR

OCCUPATION:	EMPLOYER'S ADDRESS:
EMPLOYER:	PHONE NUMBER:
YEARS OF EMPLOYMENT:	PENSION OR RETIREMENT INCOME:
PAY PERIOD: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY	CHILD SUPPORT/ALIMONY INCOME:
PAY PERIOD GROSS:	SOCIAL SECURITY INCOME:
YEAR TO DATE INCOME:	UNEMPLOYMENT INCOME:

INTEREST IN INCORPORATED & UNINCORPORATED BUSINESSES, PARTNERSHIP, OR JOINT VENTURE WITHIN THE LAST 6 YEARS

NAME OF BUSINESS:		DATES OF BUSINESS OPERATION:	
CURRENT WITH ALL STATE AND FEDERAL TAXES			<input type="checkbox"/> YES <input type="checkbox"/> NO
PARTNERS NAMES:			
TAX ID NUMBER:			
EMPLOYEES :			<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE DESCRIBE YOUR OFFICE EQUIPMENT:			
PLEASE DESCRIBE YOUR ACCOUNTS RECEIVABLE:			
PLEASE DESCRIBE YOUR INVENTORY:			
PLEASE DESCRIBE THE DEBTS OWED BY YOUR BUSINESS:			

MONTHLY EXPENSES

ARE YOU IN MILITARY HOUSING: YES NO

RENT OR MORTGAGE	\$	HOMEOWNERS/RENTERS INSURANCE	\$
<input type="checkbox"/> INSURANCE INCLUDED <input type="checkbox"/> TAXES INCLUDED		LIFE INSURANCE	\$
SECOND MORTGAGE	\$	HEALTH INSURANCE	\$
ELECTRIC/GAS	\$	AUTO INSURANCE	\$
WATER & SEWER	\$	CAR PAYMENT	\$
TELEPHONE	\$	AUTO REGISTRATION & MAINTENANCE	\$
CABLE & INTERNET	\$	FUEL	\$
HOME MAINTENANCE (IF OWN YOUR HOME)	\$	DAYCARE	\$
FOOD	\$	BUSINESS EXPENSES	\$
CLOTHING	\$	EDUCATION	\$
LAUNDRY & DRY CLEANING	\$	NON DISCHARGABLE DEBT:	
MEDICAL & DENTAL	\$	IRS PAYMENT	\$
DETAILED LIST OF MEDICAL/DENTAL EXPENSES		ALIMONY	\$
	\$	CHILD SUPPORT	\$
	\$	STUDENT LOANS	\$
	\$	FEDERAL & STATE TAXES	\$
	\$	TOTAL EXPENSES	\$

DEPENDENTS

DEPENDENTS NAME	RELATIONSHIP	AGE	INFORMATION

FINANCIAL AFFAIRS

PERSONAL STATE & FEDERAL TAXES

DID YOU FILE TAXES IN THE LAST 2 YEARS?				<input type="checkbox"/> 2008 FILED	<input type="checkbox"/> 2009 FILED
HOW MUCH WAS YOUR TAX REFUND?				\$	\$
DO YOU HAVE ANY UNFILED TAX RETURNS?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU PRESENTLY OWE TAXES TO THE IRS OR A STATE TAXING AUTHORITY?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TO:	TYPE OF TAX:	YEAR:	WHEN FILED:	ASSESSED:	LIABILITY

LIST ANY PAYMENTS TO ANY CREDITORS TOTALING MORE THAN \$600.00 WITHIN THE LAST 90 DAYS.

CREDITOR:	DATE PAID:	AMOUNT PAID:

LIST ALL TRANSFERS OF PROPERTY, MONEY OR GOODS TO RELATIVES, CO-SIGNORS OR FRIENDS WITHIN THE LAST 4 YEARS:

CREDITOR:	DATE PAID:	AMOUNT PAID:

LIST ANY REPOSSESSIONS, FORECLOSURES, OR WAGE GARNISHMENTS WITHIN THE LAST YEAR:

PROPERTY:	CREDITOR:	DATE:	AMOUNT OWED:
PROPERTY:	CREDITOR:	DATE:	AMOUNT OWED:

LIST ANY LOSSES FROM FIRE, GAMBLING, THEFT, OR CASUALTY WITHIN THE LAST YEAR:

PROPERTY	CIRCUMSTANCE	DATE	VALUE	INSURED?

LIST ANY PAYMENTS MADE TO ANYONE FOR THE PURPOSE OF DEBT CONSOLIDATION OR BANKRUPTCY:

NAME	AMOUNT PAID	NAME	AMOUNT PAID

LIST ALL FINANCIAL ACCOUNTS (IRA'S, INSURANCE POLICIES) THAT YOU CLOSED WITHIN THE LAST YEAR:

LOCATION	TYPE OF ACCOUNT	DATE	BALANCE

LIST ANY SAFE DEPOSIT BOXES THAT YOU OWN OR HAVE ACCESS TO WITHIN THE LAST YEAR:

LOCATION	PERSON WITH ACCESS	CONTENTS	SURRENDER

ATTORNEY NOTES:

- Garnishment Sale Date Lien Strip RUSH



CREDIT REPORT ORDER FORM AND CONSENT

DEBTORS FULL NAME _____ CO-DEBTORS FULL NAME (IF A JOINT REQUEST) _____

BIRTH DATE _____ CO-DEBTORS BIRTH DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ CO- DEBTORS SSN _____

FORMER ADDRESS _____

CITY _____ STATE _____ ZIP _____

I GIVE AUTHORIZATION FOR **ONLINE CREDIT REPORTING CORPORATION** TO ACCESS MY CREDIT REPORT INFORMATION INCLUDING ALL MEDICAL INFORMATION REPORTED.

BY SIGNING THIS DOCUMENT YOU ARE VERIFYING ALL THE INFORMATION ABOVE IS CORRECT.

DEBTOR SIGNATURE _____ DATE _____

CO-DEBTOR SIGNATURE _____ DATE _____

COPIES OF TWO (2) FORMS OF IDENTIFICATION REQUIRED WITH CURRENT ADDRESS, ONE OF WHICH MUST BE A PHOTO ID. THE OTHER CAN BE A UTILITY BILL, CREDIT CARD STATEMENT, CANCELLED CHECK, PAY STUB OR CAR REGISTRATION.

AUTOMATED AUTHENTICATION QUESTIONNAIRE

1. WHAT YEAR WERE YOU BORN? _____
2. WHAT STATE WAS YOUR SOCIAL SECURITY NUMBER ISSUED IN? _____
3. PLEASE LIST PREVIOUS ADDRESSES (STREET, CITY AND COUNTY): _____

4. EMPLOYER NAME: _____
5. MORTGAGE NAME: _____
6. MORTGAGE AMOUNT: _____
7. COUNTY OF RESIDENCE: _____
8. EDUCATION LEVEL: _____
9. AUTO LOAN NAME: _____