

DOCUMENT CHECKLIST

CASE NAME: _____

CASE NUMBER: _____

*PLEASE FILL IN THE APPROPRIATE INFORMATION ON THE **FRONT AND BACK** OF EACH PAGE AND CHECK THE BOX TO THE LEFT IF THE DOCUMENTS HAVE BEEN SENT TO OR RECEIVED BY THE TRUSTEE*

REAL ESTATE:

#1: Description of Property (Address): _____

Permanent Parcel #: _____

Creditor: _____

_____ Recorded Mortgage (Date Recorded): _____

_____ Deed of Title (H, W, or Jt): _____

_____ Proof of Insurance (Date of Expiration): _____

_____ SEV (Amount): _____

_____ Proof Of Insurance (Date of Expiration): _____

_____ Appraisal, if any (Date & Amount): _____

_____ Listing Agreement, if any (Date & Amount): _____

#2: Description of Property (Address): _____

Permanent Parcel #: _____

Creditor: _____

_____ Recorded Mortgage (Date Recorded): _____

_____ Deed of Title (H, W, or Jt): _____

_____ Proof of Insurance (Date of Expiration): _____

_____ SEV (Amount): _____

_____ Proof Of Insurance (Date of Expiration): _____

_____ Appraisal, if any (Date & Amount): _____

_____ Listing Agreement, if any (Date & Amount): _____

#3: Description of Property (Address): _____

Permanent Parcel #: _____

Creditor: _____

_____ Recorded Mortgage (Date Recorded): _____

_____ Deed of Title (H, W, or Jt): _____

_____ Proof of Insurance (Date of Expiration): _____

_____ SEV (Amount): _____

_____ Proof Of Insurance (Date of Expiration): _____

_____ Appraisal, if any (Date & Amount): _____

_____ Listing Agreement, if any (Date & Amount): _____

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VEHICLES

#1: Description of Property: _____

Creditor: _____

Title (H, W, or Jt): _____

Proof of Insurance (Date of Expiration): _____

#2: Description of Property: _____

Creditor: _____

Title (H, W, or Jt): _____

Proof of Insurance (Date of Expiration): _____

#3: Description of Property: _____

Creditor: _____

Title (H, W, or Jt): _____

Proof of Insurance (Date of Expiration): _____

REQUIRED INFORMATION

PAYROLL ORDER (DEBTOR) Employer: _____

Amount: _____ Frequency: _____

PAYROLL ORDER (SPOUSE) Employer: _____

Amount: _____ Frequency: _____

DIVORCE JUDGMENT: Date of Order _____ State: _____

Does Debtor Pay Child Support or Alimony? YES or NO _____

CHILD SUPPORT ORDER DETAILS: Child #1 Age _____ Amount: _____

Child #2 Age _____ Amount: _____

Child #3 Age _____ Amount: _____

ARE ALL POST-PETITION CHILD SUPPORT PAYMENTS CURRENT? Y or N _____

IS CHILD SUPPORT DIRECT PAY - Y/N? _____ VIA PAYROLL ORDER - Y/N? _____

WHO IS RECIPIENT OF DSO PAYMENT? _____

DSO CONTACT INFORMATION

Is the FOC & Recipient listed on Schedule E? Y or N _____

If NO, Has an Amendment been prepared? Y or N _____

PRIOR TWO (2) MONTHS CHECK STUBS PROVIDED? §521(a)(l)(B)(vi)

DEBTOR _____ Date(s) of Check Stubs: _____

SPOUSE _____ Date(s) of Check Stubs: _____

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REQUIRED INFORMATION

_____ **TAX RETURNS PROVIDED?** 2006 _____ 2006 Gross Income _____
§521(e)(2)(A)(i)(ii) 2005 _____ 2005 Gross Income _____
also 1308 (a) 2004 _____ (Evidence of Filing only)
2003 _____ (Evidence of Filing only)

_____ **W-2's OR 1099's PROVIDED?** DEBTOR: 2005 _____ 2006 _____
SPOUSE: 2005 _____ 2006 _____

_____ **SIX MONTHS OF BANK STATEMENTS PROVIDED?** Bank: _____
§521(F)(4)(B) Bank: _____

_____ **RETIREMENT STATEMENTS PROVIDED:** DEBTOR _____ SPOUSE _____

_____ **UNEMPLOYMENT STATEMENTS, IF ANY:** DEBTOR _____ SPOUSE _____

_____ **PROVIDED STATEMENT OF MONTHLY INCOME REFLECTING NET MONTHLY INCOME ON SCHEDULE I ? §521(a)(1)(B)(5)**

_____ **COMPLETE COPY OF ALL C.M.I. CALCULATIONS PROVIDED? §707(B)(2)(C)**

_____ **DOES THE APPLICABLE COMMITMENT PERIOD MATCH THE TAX REFUND LANGUAGE IN THE PLAN? (EITHER 36 OR 60 MONTHS)** YES _____
NO _____

_____ **RECORD OF INTEREST IN EDUCATIONAL IRA OR STATE TUITION PROGRAM PROVIDED?**

_____ **MISC: (PLEASE LIST BELOW)**

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BUSINESS INFORMATION (IF APPLICABLE)

_____ **QUESTIONNAIRE COMPLETED AND RETURNED TO THE TRUSTEE**

_____ **PROFIT & LOSS STATEMENTS FOR PRIOR 12 MONTHS PROVIDED**
(MUST BE DIVIDED OUT MONTH BY MONTH)
INDICATE MONTHS PROVIDED _____

_____ **BALANCE SHEETS FOR THE PRIOR TWELVE (12) MONTHS PROVIDED**
(MUST BE DIVIDED OUT MONTH BY MONTH)
INDICATE MONTHS PROVIDED _____

_____ **WRITTEN EXPLANATION AS TO WHY BUSINESS WILL BE BETTER OR WORSE THAN THE PRIOR TWELVE (12) MONTHS**

_____ **PRIOR SIX (6) MONTHS OF BUSINESS BANK STATEMENTS**
INDICATE MONTHS PROVIDED _____

_____ **COMPLETE BUSINESS BUDGET PROVIDED?** YES _____ NO _____
NOTE: THIS MUST MATCH SCHED I AND J.
*** BUSINESS BUDGET SHOULD NOT INCLUDE PERSONAL EXPENSES ALREADY LISTED ON SCHED I OR J AND IT CANNOT INCLUDE THE CH 13 PLAN PAYMENT*

_____ **COPIES OF ALL BUSINESS INSURANCE DOCUMENTS DETAILING WHAT IS COVERED**

_____ **PROOF OF BUSINESS INSURANCE PAYMENTS FOR THE PRIOR TWELVE (12) MONTHS**
EXPIRATION DATE OF CURRENT POLICY _____

_____ **PROOF OF INDIVIDUAL, EMPLOYEE AND SALES TAX PAYMENTS FOR THE PRIOR TWELVE (12) MONTHS**

_____ **ANY/ALL REQUIRED BUSINESS LICENSES PROVIDED TO THE TRUSTEE**

_____ **DETAILED INVENTORY LIST(S) THAT INCLUDES VALUES OF PROPERTY**

_____ **ARE THERE ANY LIENS ON INVENTORY, EQUIPMENT, BUILDING(S), OR ANY RECEIVABLES?** YES _____ NO _____

_____ **** IF YES, HAVE THE SECURITY AGREEMENTS AND EVIDENCE OF PERFECTION RELATING TO SUCH LIENS BEEN PROVIDED TO THE TRUSTEE?** YES _____ NO _____

_____ **COMPLETE LIST OF EMPLOYEES THAT INCLUDES HOURLY RATE, AVG. HOURS WORKED, WEEKLY GROSS AND FREQUENCY OF PAYMENT**
**NOTE: IF THE DEBTOR(S) RECEIVE A W-2 FROM THE BUSINESS, THEY MUST LIST THEMSELVES AS AN EMPLOYEE*

_____ **COMPLETE COPIES OF CHECK REGISTERS AND CHECK RECONCILIATIONS FOR ALL BUSINESS ACCOUNTS**

_____ **ACCOUNTS PAYABLE AND ACCOUNTS RECEIVABLE AGING STATEMENTS**