THE LAW OFFICE OF TRACY A. BROWN, P.C.
ATTORNEYS AND COUNSELORS AT LAW
TRACY A. BROWN*, ATTORNEY / CPA PAMELA B. LEONARD, ATTORNEY C. SCOTT BRINKMAN, ATTORNEY

1034 S. BRENTWOOD BLVD. , SUITE 1830 PHONE: (314) 644-0303
ST. LOUIS, MISSOURI 63117 FAX: (314) 644-0333

Name: ____

Date / Time of Appointment: ________________ @ __ : __ am / pm ____________________

Please print and complete the following Documents. Bring all pages with you to your initial consultation.

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To expedite the filing of your case, please bring the following information to your initial consultation:

____________ There is no charge due at the Initial Consultation; *however* if you would like to retain our services and be able to refer your Creditors to us, you can do so with a minimum of $100**.**

____________ Driver's License (or State issued I.D. card)

____________ Social Security Card

____________ Proof of income for the last month.

____________ Most recently filed Federal and State Tax Returns

STATEMENT OF FINANCIAL AFFAIRS

Attach additional sheets if necessary.

	Debtor	Spouse
1. **Gross income from job** What is your total year-to-date (YTD) gross income? i.e. How much have you made so far this year? On your pay stub, this is the *Total YTD Gross Income*. If you have more than one job you must add all of the YTD amounts together. If you operated a business in addition to working for a company, you must list the total gross income from everything.	2009 This Year $ ________________________	2009 This Year $________________
What was your total gross income from last year? i.e. How much did you make last year? This can be found on last year's tax return. If you do not have the tax return, use your W-2s. If you operated a business in addition to working for a company, you must list the total gross income from everything.	2008 Last Year $ ________________________	2008 Last Year $________________
What was your total gross income from the year **before** last year? This can be found on that year's tax return. If you do not have the tax return, use your W-2. If you operated a business in addition to working for a company, you must list the total gross income from everything.	2007 Year Before $ ________________________	2007 Year Before $________________
2. **Additional income** (i.e. Not money from a job or operation of a business which was listed in #1 above.) Did you receive any money this year or in the 2 previous years from: SSI, disability, pension, retirement, unemployment, AFDC, child support, alimony, etc.? NOTE: Your Tax Return will list some of these amounts after your wages from working are listed.	2009 This Year $ ________________________ 2008 Last Year $ ________________________ 2007 Year Before $ ________________________ **From**: ___ Social Security ___ SSI ___ unemployment ___ AFDC or other Government Aid ___ child support ___ disability ___ pension / retirement ___ other ________________ ___ other ________________ ___ other ________________	2009 This Year $________________ 2008 Last Year $________________ 2007 Year Before $________________ **From**: ___ Social Security ___ SSI ___ unemployment ___ AFDC or other Gov. Aid ___ child support ___ disability ___ pension / retirement ___ other ________________ ___ other ________________ ___ other ________________

3a. **In the last 90 days, have you made payments to any creditor that total more than $600?** (Don't include mortgage/rent or autos).	**Yes____** How much in **total**: $________ Paid to: ____________________________ Address: ____________________________ Payment date:______ Still owe: $_______	**No__**
3b. **If your debts are mostly business related, list each payment made to a creditor in the last 90 days that total more than $5,475**	**Yes_____** How much in **total**: $_______ Paid to: ____________________________ Address: ____________________________ Payment date:______ Still owe: $_______	**No__**

3c. **In the last year, have you repaid any money to friends or family that you borrowed?**	**Yes_____** How much in **total**: $_______ Paid to: ___________________________ Address: ___________________________ Relationship to you: _________________ Payment date:______ Still owe: $______	
4a. **In the last year, have you been a party to a lawsuit?** i.e. Have you been sued or have you sued anyone? Please send me a copy of the Summons, Original Petition, Judgment, Notice of Garnishment or anything else you have from the court. ****Use additional sheets if necessary.****	**Yes_____** State name of all parties: ________________________________ ___ vs. ________________________________ Court: ____________________________ Case No. __________________________ Reason for suit:_____________________ Status:___ pending; ___ won; ___ lost _____	**No__**

4b. **Has any property or money been seized, attached or garnished in the <u>last year</u>?** NOTE – This is <u>not</u> how much you owe them. It's how much they have actually taken so far and when they took it.	**Yes_____** How much in **total**: $_______ From: Paycheck___; Bank account_____ Garnishment date(s)_________________ Creditor's name: ___________________ Address:_________________________ Is your check being garnished by this creditor now? ______________________	**No__**
5. **Has any property been repossessed, sold at a foreclosure or Voluntarily returned to the creditor in the last year?** **What was the value of the property when taken / sold? $__________	**Yes_____** When? __________________ What was it? ______________________ Who took it? ______________________ Address:_________________________	**No__**
6a. **Has any property been assigned for the benefit of a creditor in the last 4 months or been held by a court or other party in the last year?** Terms of assignment:____	**Yes_____** What was it? ______________ Date: _______Who has it now? _______ Address:_________________________	**No__**
6b. **In the last 12 months, has any of your property been held by the Court, a Custodian or Receiver?**	**Yes_____** What was it? ______________ Date: _______Who has it now? _______ Address:_________________________	**No__**
7. **Have you made <u>gifts</u> or <u>charitable contributions</u> in the <u>last year</u>?** **Examples:** **Family members** **Friends** **Church** **United Way** **Salvation Army** (Answer **NO** if the total of all gifts to a family member is less than $200 or if the total given to each church or charity is less than $100)	**Yes_____** When?___________________ Was it money?____ How much? $______ Describe anything else: ______________ _________________________________ How much was it worth? $___________ Name of who you gave it to: _________________________________ Relationship to you:_________________ Address of person, church or charity: _________________________________	**No__**
8. **Have you had losses in the last year?** **Examples: fire, theft, gambling, burglary**	**Yes____** Date __________; Value $____________ Fire ____ Theft ____ Gambling ____ Burglary___ Description:	**No__**

	________________________ ________________________________ ___ Did you have insurance?_____________ How much did insurance pay? $________	
9. **Have you paid <u>anyone other</u> than Tracy A. Brown for advice on bankruptcy or consolidating your bills within the last year?**	**Yes_____** How much in **<u>total</u>**? $_______________ Paid to: ______________________ When? ______ **Yes_____** How much in **<u>total</u>**? $_______________ Paid to: ______________________ When? ______	**No__**
10. **Have you <u>sold</u> or <u>given away</u> any property in the last year?** (this includes garage sales & items sold at a flea market) **Have you signed any <u>Quit Claim Deeds</u> on any real estate in the last 2 years? __________ If your answer is "yes", provide the details on the back of this packet.**	**Yes___** Date: _____ $ received:_______ Description:_____________________ ___ Sold/given to:______________________ Address:________________________ ___	**No__**
11. **Have you closed any bank or other financial accounts in the last year?** Bank Name: __________________City & State________________	**Yes___** When? ________ Final balance $________ Account Type: Checking _______Savings _______	**No__**
12. **Do you have a safe deposit box?** Bank Name: _________________City & State______________________ Name of other(s) with access to the box?____________________________	**Yes_____** Describe contents: _________ _______________________________ ___ _______________________________ ___	**No__**
13. **Have there been any setoffs by a creditor/bank in the last 90 days** (money from one account taken to pay another).	**Yes_____** How much in **total**? $_______ Creditor: __________________________ Address___________________Date__ ___	**No__**

14. **Are you holding property that belongs to another person?** Relationship of person to you: father____, mother_____, describe other ____	**Yes_____** Owner: __________________ Address: _________________________ Describe:_________________________ Estimated Value $ __________________	**No__**
15. **Have you moved in the last 2 years?** Don't list your current address. Give complete address & move in & move out dates. Use additional paper if more than two.	**Yes ____** Address___________________________ ___________________________________ Dates moved : in ______ / out ________ Address___________________________ ___________________________________ Dates moved : in ______ / out ________	**No__**
16. **Spouses and Former Spouses – Did you live in a community property state within the last 6 years?** If yes, identify the name of your current spouse and the name of your former spouse if that person lived with you in the community property state. Community property states include: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington & Wisconsin.	**Yes_____** State ____________________ Name of current Spouse who lived with me ______________________________ Name of former Spouse who lived with me ______________________________	**No__**
17. **Environmental Issues –** Do you own any property that has any hazardous waste on it or have you been notified by the government that you may be potentially liable under or in violation of an Environmental Law?	**Yes _______** Please complete the Environmental Information below.	**No__**
18. **You must complete additional questions 18 through 25 if any of the following applies:** a) You currently own or operate a business b) You owned or operated a business in the past 6 years c) You were an officer of any business d) You had more than a 5% interest in any business	NOTE: If you need the additional attachment for questions 18 through 25 and did not receive it at the consultation, please call the office and request it.	

Monthly Expenses:

Please list the amount you spend each month for each category.

Expenses	Debtor	Spouse (only if separate)
(circle one) Rent - Mortgage - Lot rental – Pad Fee	$ Taxes / Insurance included? Y___ N___	$ Taxes / Insurance included? Y___ N___
Electricity & Gas (give average amount)	$	$
Water & Sewer	$	$
Telephone	$	$
Cable	$	$
Alarm System	$	$
Home maintenance (repairs & upkeep)	$	$
Food (home, work and eating out)	$	$
Clothes (include coats, boots, winter/summer items)	$	$
Laundry & Dry cleaning	$	$
Medical & Dental expenses	$	$
Transportation (gas, bus, Metrolink, taxi, etc)	$	$
Recreation	$	$
Charitable contributions	$	$
Homeowner's/Renter's Insurance (if not listed above)	$	$
Life Insurance (if you pay directly)	$	$
Health Insurance (if you pay directly)	$	$
Auto Insurance	$	$
Auto payments 1. 2. 3. 4.	$	$
Alimony payments	$	$
Child care	$	$
Other expenses (hair care, barber shop, etc): ______________________	$	$
Other:	$	$
Other:	$	$
Other:	$	$

What is the amount of your bill each year for:

1. **Real Estate Taxes $__________________________**
2. **Personal Property Taxes $__________________________**