

CHAPTER 13 ATTORNEY CHECKLIST

Gretchen D. Holland, Chapter 13 Trustee

Revised February 2009

PLEASE USE THIS CHECKLIST AS A COVER SHEET AND PROVIDE ALL INFORMATION TO THE TRUSTEE AT THE TIME OF THE FILING OF THE CASE.

- 1 Do not file with the Court.
- 2 Do not send originals of any of these documents as they are subject to being destroyed.
- 3 Email is preferred method of transmission:

Case No.: _____ Name of Debtor(s): _____

Attorney: _____

Assets

The current year tax appraisal(s) are: Enclosed: _____ Other: _____

Date of purchase: _____ Purchase Price: _____

Income

The last four (4) paystubs for the debtor, joint debtor, or non-filing spouse or partner are:

Enclosed: _____ Other: _____

The first Debtor listed in the budget is paid:

- _____ Once per week
- _____ Once every two weeks
- _____ Twice per month on the following dates: _____
- _____ One per month
- _____ Other: _____

The second Debtor listed in the budget is paid:

- _____ Once per week
- _____ Once every two weeks
- _____ Twice per month on the following dates: _____
- _____ One per month
- _____ Other: _____

If debtor contributes to a retirement account, have payments increased within one year?

_____ Yes; explain: _____

_____ No

For each outstanding retirement account loan being repaid, provide the balance owed and expected payoff date: _____

Household Size

List number of people who actually reside full-time in the household: _____

List number of people in household whose expenses are included in Schedule J: _____

Tax Returns

_____ The debtor(s) is/are not required to file tax returns.

_____ The debtor(s) has/have filed all required tax returns.

_____ A copy of the **most recent**, final, signed and filed tax return (or transcript) containing all pages and attachments is enclosed

_____ A copy of the tax return or transcript cannot be provided because: _____

Business Information

If the debtor or joint debtor (or non-filing spouse/partner if not a joint case) is self-employed, please provide all of the following:

_____ Business questionnaire with attachments

_____ Tax returns (if filed separately from the personal return)

_____ Profit and Loss Statements for the 6 months prior to filing

_____ Profit and Loss Statements for the most current complete month

Non-filing Spouse Expenses

Provide an itemization of all monthly expenses of a non-filing spouse/partner:

Creditor name and type of debt	Balance owed	Minimum monthly paymetn	Collateral (if any)	Expected payoff date

Expenses Claimed High than Standards

Please provide documentation of any variation from the standard allowed expenses (e.g., health care expenses in excess of the allowable standard amount), including a written statement for the reason for the additional expense or variance.

_____ Enclosed

_____ N/A

Domestic Support Obligations

Provide the name, address and phone number for each person to whom the debtor(s) owes a domestic support obligation (DSO):

_____	_____
_____	_____
_____	_____
_____	_____

Wage Order Request

Please complete and submit one of the attached forms if the debtor(s) wants plan payments to be made by automatic payroll deduction.

If plan proposes to pay secured creditors an interest rate lower than what is required by Local Rules or Operating Order, please attach copy of retail installment contract showing the contract rate of interest.

I certify that in preparation of the debtor(s)' bankruptcy schedules, this office has reviewed the information provided to the trustee herewith, and that on _____ I provided a copy to the trustee via _____ email or _____ U.S. mail or _____ hand delivery.

 (Signature of attorney or employee of attorney's office on behalf of attorney)