

ROBERT S. THOMAS, II, CHAPTER 13 TRUSTEE

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CASE # _____

NAME(S): _____

MAILING ADDRESS: _____
STREET ADDRESS

HOME PHONE NUMBER: CITY STATE ZIP
() CELL#:()

EMAIL ADDRESS (1): EMAIL ADDRESS (2):

PEOPLE LIVING IN HOME: _____
(GIVE AGES)

EMPLOYER(S): _____

EMPLOYER ADDRESS: _____

NUMBER YEARS EMPLOYED: _____

VEHICLES	MILES	CONDITION	INSURED	LEASE OR OWN
1				
2				
3				
4				

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAVE YOU RECEIVED WITHIN THE LAST YEAR OR DO YOU EXPECT TO RECEIVE AN INHERITANCE, SEVERANCE PAY, EMPLOYMENT BONUSES, PAYMENTS FROM A PENSION PLAN, OR HAVE ANY OTHER ADDITIONAL INCOME DURING THE NEXT FIVE YEARS? IF YES, HOW MUCH AND FROM WHERE?

ARE YOU NOW OR DO YOU ANTICIPATE HAVING ANY LEGAL MATTERS RESOLVED BY AN ATTORNEY OVER THE NEXT FIVE YEARS? PLEASE BE ADVISED YOUR BANKRUPTCY ATTORNEY MUST BE NOTIFIED OF ANY OTHER LEGAL MATTERS.

DO YOU HAVE ANOTHER LAWYER HANDLING ANYTHING FOR YOU? IF YES, EXPLAIN

WILL YOU HAVE ANY PROBLEMS MAKING YOUR CHAPTER 13 PAYMENTS? IF YES, EXPLAIN

DO YOU OWE CHILD SUPPORT OR ALIMONY, HOW LONG WILL YOU HAVE TO PAY IT AND TO WHOM?
Yes or No
First and last name of Person You Owe:
Street Address, city, and zip code of Person You Owe:
County and State you make payments to:

HAVE YOU LIVED IN MARYLAND FOR THE PAST 5 YEARS? Yes or No

HAVE YOU EVER FILED BANKRUPTCY BEFORE? IF YES, WHEN?

HAVE YOU FILED TAX RETURNS FOR THE LAST 4 YEARS? Yes or No

I (WE) CERTIFY THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY (OUR) KNOWLEDGE.

YOUR SIGNATURE: _____

SPOUSE'S SIGNATURE: _____