CHAPTER 13 CHECKLIST

- 1. Certificate of Credit Counseling: www.consumerbankruptcycounseling.info
- 2. Signed Copies of Federal Income Tax Returns for 2011 2012, 2013 & 2014
- 3. Seven months worth Proof of Income (paycheck stubs, award letters, bank statements, etc.)
- 4. Credit Report (www.annualcreditreport.com)
- 5. For any rental property, provide a list of rents by month along with detailed expenses & copies of any rental agreements
- 6. Most Recent copies of any and all statements for your vehicles and home loan.
- 7. For all retirement loans, provide a copy of the loan document showing the payments, number of months remaining and balance due
- 8. Court order for all court ordered payments (i.e. child support, spousal support, etc)
- 9. Copy of all deeds on real property in which the debtor(s) has an interest
- 10. A Copy of all trusts in which the debtor(s) is a beneficiary
- 11. Photo ID (driver's license) and Original Social Security Card
- 12. Wage Order Information Sheet
- 13. Copies of vehicle registration for all vehicles you own or have co-signed
- 14. Business Questionnaire (only if debtor owns a business)

730 21st Street Bakersfield, CA 93301

WAGE ORDER INFORMATION SHEET

1.	Name of Debtor(s):	Phone No.:	
2.	Name & SSN of Debtor Requesting Payroll Deduction:		
3.	Case #	Attorney:	
4.	Employer Name:		
	Employer Address:		
	City, State, Zip:	·	
	Phone No.:	Fax No.:	
5.	Do your paychecks come from a di Payroll Mailing Address:	ferent address? () Yes () No. If yes, please provide the	
	Phone No.:	Fax No.:	
6.	Does a specific person handle this t	ansaction? If so, please specify (ex: Attn: Payroll	
	Dept.)		
7.	Employee I.D. #:		
Ac	knowledged Debtor's Signature	Date	

The Wage Order will be processed based on the information you provide. Please be sure that all information is accurate. Errors may cause a delay in deductions. It is your responsibility to see that all payments are made to the office of the Chapter 13 Trustee prior to the Wage Order going into effect. You must make sure your employer has started your wage deductions before you stop making direct payments to the Chapter 13 Trustee.

CLASS 1 CHECKLIST

FILE WITH TRUSTEE ONLY DO NOT FILE WITH THE COURT

]	Debtor Name (s): BK C	ase #:			
]	Property Address:				
	Residence Rental				
- (Other Describe:				
]	Daytime Phone: () Eve	ning: ()			
1	Attorney name: (if any)				
]	THE FOLLOWING INFORMATION MUST BE COMPLIN CLASS 1. PLEASE BE SURE TO COMPLETE THIS I ABILITY AND ATTACH THE PAYMENT COUPON OF SUPPLIED TO YOU FROM EACH CREDITOR.	FORM TO THE	BEST OF YOUR		
	Creditor Name:				
	Account #:				
	Payment Address				
Payment Address: Street Address					
	City State Creditor Phone Number: (if known)	Zip			
	Regular Monthly Payment Amount: \$ Monthly Payment Due Date:	Current Interest	Rate:		
Date Payment Late: Monthly Late Charge Amount		ount:\$			
	Is this a variable interest rate loan? If yes, when is the next anticipated adjustment date?	€Yes	No		
	Are property taxes included in the monthly payment	? € Yes	No		
	Is insurance included in the monthly payment?	€ Yes	No		
	Is the loan due in full and payable in less than 5 year If yes, date due:		No		

AUTHORIZATION TO RELEASE INFORMATION TO THE TRUSTEE REGARDING SECURED CLAIMS BEING PAID BY THE TRUSTEE

FILE WITH TRUSTEE ONLY DO NOT FILE WITH THE COURT

Debtor Name(s):	Bk Case #:
The debtor(s) in the above caption	ed bankruptcy case do hereby authorize any and all lien
holder(s) on real and personal property	of the bankruptcy estate to release information to the
standing Trustee (as indicated below) in the	nis bankruptcy filing.
post-petition monthly installment, the ann impound accounts, amount of the contract payments. This information will only be u	ludes but is not limited to the amount of the ual interest rate and its type, the loan balance, ual late charge and the mailing address for used by the Trustee and his staff in the d may be included in motions before the Court.
Date:	Debtor's Signature
Date:	Joint Debtor's Signature
Standing Trustee (check one):	
□ Jan Johnson□ Larry Loheit□ Russell Greer□ Michael Meyer	
(7/1/03	

LAW OFFICES OF NEIL E. SCHWARTZ

2130 Chester Ave Suite 101 Bakersfield Ca 93301 Phone (661) 326-1122 Fax (661) 748-1993 Email: schwartz@schwartz-law.org

MICHAEL MEYER

CHAPTER 13 TRUSTEE

P.O. BOX 28950 FRESNO, CA 93729-8950 (559) 275-9512 (559) 275-9518 Fax

NAME:				
CASE NUMBER:				
HOME PHONE NUMBER: ()				
MR. CELL NUMBER: ()				
MRS. CELL NUMBER: ()				
MR. EMPLOYER:				
NAME OF COMPANY:				
JOB TITLE:				
PAYROLL MAILING ADDRESS:				
CITY: STATE: ZIP:				
PAYROLL PHONE NUMBER: ** ()				
PAYROLL FAX NUMBER: ** ()				
MRS. EMPLOYER:				
NAME OF COMPANY:				
JOB TITLE:				
PAYROLL MAILING ADDRESS:				
CITY: STATE: ZIP:				
PAYROLL PHONE NUMBER: ** ()				
PAYROLL FAX NUMBER: ** ()				