

## **CHAPTER 13 CHECKLIST**

1. Certificate of Credit Counseling: [www.consumerbankruptcycounseling.info](http://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](http://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 21<sup>st</sup> 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 different address? (\_\_\_) Yes (\_\_\_) No. If yes, please provide the Payroll Mailing Address:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_
6. Does a specific person handle this transaction? If so, please specify (ex: Attn: Payroll Dept.) \_\_\_\_\_
7. Employee I.D. #: \_\_\_\_\_

Acknowledged \_\_\_\_\_ Date \_\_\_\_\_  
Debtor's Signature

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 Case #: \_\_\_\_\_

Property Address: \_\_\_\_\_

- Residence
- Rental
- Other Describe: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Attorney name: (if any) \_\_\_\_\_

THE FOLLOWING INFORMATION MUST BE COMPLETED ON ALL CLAIMS LISTED IN CLASS 1. PLEASE BE SURE TO COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY AND ATTACH THE PAYMENT COUPON OR STATEMENT THAT WAS SUPPLIED TO YOU FROM EACH CREDITOR.

Creditor Name: _____		
Account #: _____		
Payment Address: _____		
Street Address		
_____	_____	_____
City	State	Zip
Creditor Phone Number: (if known) _____		
Regular Monthly Payment Amount: \$ _____ Current Interest Rate: _____		
Monthly Payment Due Date: _____		
Date Payment Late: _____ Monthly Late Charge Amount: \$ _____		
Is this a variable interest rate loan?	€ Yes	No
If yes, when is the next anticipated adjustment date? _____		
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 years?	€ Yes	No
If yes, date due: _____		

**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 captioned 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 this bankruptcy filing.

The information to be released includes but is not limited to the amount of the post-petition monthly installment, the annual interest rate and its type, the loan balance, impound accounts, amount of the contractual late charge and the mailing address for payments. This information will only be used by the Trustee and his staff in the administration of the bankruptcy estate and 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

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**MICHAEL MEYER**  
CHAPTER 13 TRUSTEE  
P.O. BOX 28950  
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(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: \*\*** (    ) \_\_\_\_\_