

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_



Macomb County Location:  
49 Macomb Place, Ste. 27  
Mt. Clemens, MI 48043

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**DOCUMENTS YOU MUST HAVE IN ORDER TO FILE BANKRUPTCY**

**Date Received:**

- \_\_\_\_\_ CREDIT COUNSELING CERTIFICATE
- \_\_\_\_\_ ORIGINAL DRIVERS LICENSE AND SOCIAL SECURITY CARD (**FOR COURT ONLY**)
- \_\_\_\_\_ BANK ACCOUNT STATEMENTS ON ALL ACCOUNTS FOR LAST 3 MONTHS
- \_\_\_\_\_ 401K PLAN, IRA, STOCK OR MUTUAL FUND ACCOUNT STATEMENTS
- \_\_\_\_\_ LAST 2 YEARS OF FEDERAL AND STATE INCOME TAX RETURNS / W2'S / 1099'S \_\_\_\_\_
- \_\_\_\_\_ PAY STUBS/PROOF OF SOCIAL SECURITY OR DISABILITY PAYMENTS FOR THE LAST SIX (6) MONTHS FOR BOTH CLIENT AND SPOUSE
- \_\_\_\_\_ MONTHLY PROFIT AND LOSS STATEMENTS (IF YOU ARE SELF-EMPLOYED) FOR THE LAST SIX MONTHS
- \_\_\_\_\_ ALL CREDIT CARD STATEMENTS, MEDICAL BILLS, JUDGEMENTS, GARNISHMENTS, NOTICE OF SHERIFF SALE, ETC.
- \_\_\_\_\_ REAL ESTATE PROPERTY'S STATE EQUALIZED VALUE
- \_\_\_\_\_ REAL ESTATE PROPERTY MONTHLY MORTGAGE/EQUITY LOAN STATEMENTS
- \_\_\_\_\_ AUTOMOBILE/MOTORCYCLE/TRAILER, ETC. MONTHLY PAYMENT STATEMENTS
- \_\_\_\_\_ TITLES TO ALL AUTOS, MOTORCYCLES, RVS CAMPERS, BOATS, ETC
- \_\_\_\_\_ ALL LIFE INSURANCE POLICIES
- \_\_\_\_\_ APARTMENT/HOUSE LEASE
- \_\_\_\_\_ CHILD SUPPORT ARREARS STATEMENTS/NAME & ADDRESS OF RECIPIENT
- \_\_\_\_\_ JUDGMENTS OF DIVORCE
- \_\_\_\_\_ PRIOR BANKRUPTCY CASE NUMBER AND INFORMATION
- \_\_\_\_\_ RECORDED MORTGAGE(S) TO REAL ESTATE. THESE DOCS CAN BE OBTAINED ONLY FROM THE REGISTER OF DEEDS OFFICE IN YOUR COUNTY.
- \_\_\_\_\_ RECORDED DEED TO ALL REAL ESTATE. THIS DOC CAN BE OBTAINED ONLY FROM THE REGISTER OF DEEDS OFFICE IN YOUR COUNTY.