



NAME:

Referred By:

CLIENT FORM

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION:

	<u>APPLICANT</u>	<u>SPOUSE</u>
PROVIDE COPIES OF STATEMENTS, LOAN AGREEMENTS, LEASE AGREEMENTS, MORTGAGE DETAILS (IF AVAILABLE), INSURANCE POLICES, REGISTERED RETIREMENT SAVINGS PLANS, CANADA SAVINGS BONDS, GIC'S, ETC.	_____	_____
PROVIDE ANY COURT DOCUMENTS YOU MAY HAVE (I.E. NOTICE OF GARNISHMENT, FAMILY COURT SETTLEMENTS, STATEMENTS OF CLAIM)	_____	_____
ALL CREDIT CARDS, EVEN IF THERE IS NOT A BALANCE OWING	_____	_____
YOUR MOST RECENT PAY STUB	_____	_____
BRING YOUR IDENTIFICATION (I.E. BIRTH CERTIFICATE, CITIZENSHIP OR PASSPORT)	_____	_____
IF YOU HAVE A VEHICLE, BRING YOUR OWNERSHIP, CAR INSURANCE, LOAN OR LEASE AGREEMENTS, IF APPLICABLE	_____	_____

DEPOSIT OF \$ _____

FEEES \$ _____, PAYABLE

AS FOLLOWS _____

ABDC APPLICATION ASSESSMENT

APPLICANT'S NAME ----- **SPOUSE'S NAME:** -----
GIVEN NAME: ----- **GIVEN NAMES:** -----
AKA: ----- **AKA:** -----
ADDRESS: -----
HOME TELEPHONE: ----- **Dependants: #** -----

NAME	AGE	DATE OF BIRTH

Date of Birth: ----- **Date of Birth:** -----
SIN Number: ----- **SIN Number:** -----
Occupation: ----- **Occupation:** -----
Employer: ----- **Employer:** -----
Address: ----- **Address:** -----
Work Telephone: ----- **Work Telephone:** -----

MARITAL STATUS: (LAST 5 YEARS)
DATE: -----**MONTH**-----**YEAR** **STATUS:**M() W() D() Separated() CL() Single()
DATE: -----**MONTH**-----**YEAR** **STATUS:**M() W() D() Separated() CL() Single()
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CHECKLIST

DUTIES OF BANKRUPT

- | | | |
|--|---|--|
| <input type="checkbox"/> ASSETS PRIOR AND DURING | <input type="checkbox"/> SURPLUS INCOME | <input type="checkbox"/> CONDITIONAL DISCHARGE |
| <input type="checkbox"/> TYPES OF CREDITORS | <input type="checkbox"/> MEDIATION | <input type="checkbox"/> SUSPENDED DISCHARGE |
| <input type="checkbox"/> INCOME TAX AND GST | <input type="checkbox"/> ADDRESS CHANGE | <input type="checkbox"/> DEBTS NOY DISCHARGED |
| <input type="checkbox"/> PERSONAL RECORDS | <input type="checkbox"/> INCOME CHANGE | <input type="checkbox"/> STUDENT LOANS |
| <input type="checkbox"/> OR EXAMINATION | <input type="checkbox"/> TWO COUNSELLING SESSIONS | |
| <input type="checkbox"/> CREDITOR MEETING | <input type="checkbox"/> ABSOLUTE DISCHARGE | |

CONSUMER PROPOSALS

- | | |
|---|--|
| <input type="checkbox"/> CRITERIA | <input type="checkbox"/> TWO CONSELLING SESSIONS |
| <input type="checkbox"/> CREDITOR MEETING | <input type="checkbox"/> DEFAULT CONSEQUENCES |

MISCELLANEOUS INFORMATION

- | | | |
|--|--|--|
| <input type="checkbox"/> GUARANSHEES / HARRASSMENT | <input type="checkbox"/> EFFECT ON BANK ACCOUNTS | <input type="checkbox"/> CREDIT RATING |
|--|--|--|

OTHER OPTIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> CREDIT COUNSELLING | <input type="checkbox"/> NEGOTIATION WITH CREDITORS | <input type="checkbox"/> COMMUNITY REFFERRALS |
| <input type="checkbox"/> BUDGET COUNSELLING | | |

DECISION: -----

Referred By: ----- **Consultation Done By:** ----- **Date:** -----

WITHIN THE 12 MONTHS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU EITHER IN CANADA OR ELSEWHERE:

(Please Circle)
Applicant Spouse

Disposed of or transferred assets?

Y	N	Y	N
----------	----------	----------	----------

Made any excess payments to creditors or have you repaid relatives for loans?

Y	N	Y	N
----------	----------	----------	----------

Had any assets seized by creditors?

Y	N	Y	N
----------	----------	----------	----------

WITHIN FIVE YEARS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, WHILE YOU KNOW YOURSELF TO BE INSOLVENT, HAVE YOU EITHER IN CANADA OR ELSEWHERE :

Sold/ disposed of/transferred real estate?

Y	N	Y	N
----------	----------	----------	----------

Made gifts relatives over \$500.00 in the past 5 years?

Y	N	Y	N
----------	----------	----------	----------

Have you made arrangements to continue to pay any creditor?

Y	N	Y	N
----------	----------	----------	----------

Do you expect to receive any sums of money which are related to your normal income or any other property within the next twelve months?

Y	N	Y	N
----------	----------	----------	----------

Are you involved in civil litigation from which you may receive money / property?

Y	N	Y	N
----------	----------	----------	----------

Have you or will you receive an inheritance?

Y	N	Y	N
----------	----------	----------	----------

DEBTS

CREDITOR NAME AND ADDRESS

BALANCE

COMMENTS

9				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
10				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
11				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
12				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
13				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
14				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
15				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			
16				
		<u>Joint</u>	<u>Applicant</u>	<u>Spouse</u>
	Account#			

LOANS CONIGNED BY APPLICANT

Borrower's Name: _____ Amount: _____

Address: _____

Is the party bankrupt? _____

Business or Personal Debt? _____

Type of Business: _____

LOANS COSINED BY SPOUSE

Borrower's Name: _____ Amount: _____

Address: _____

Is the party bankrupt? _____

Business or Personal Debt? _____

Type of Business: _____

HAS THE APPLICANT OR SPOUSE DEBTS ARISING FROM: (PLEASE CIRCLE)

	Applicant		Spouse	
Fine or penalty imposed by the court?	Y	N	Y	N
Recognizance or bail bond?	Y	N	Y	N
Alimony or support?	Y	N	Y	N
Fraud, embezzlement, or misappropriation?	Y	N	Y	N
Student Loans?	Y	N	Y	N
Damages awarded by court for bodily harm or sexual assault?	Y	N	Y	N
Defalcation while acting in a fiduciary capacity?	Y	N	Y	N
Obtaining property by false misrepresentation?	Y	N	Y	N

PREVIOUS BANKRUPTCY / PROPOSAL IN CANADA OR ELSEWHERE:

Applicant	Y	N	Spouse	Y	N
Trustee Name:			Trustee Name:		
Date of Bankruptcy / proposal:			Date of Bankruptcy / proposal:		
Place Filed:			Place Filed:		
Discharge or Certificate of Compliance Date:			Discharge or Certificate of Compliance Date:		
Proposal Successful?	Y	N	Proposal Successful?	Y	N

INCOME AND EXPENSE STATEMENT WORKSHEET

NET MONTHLY INCOME	BANKRUPT	OTHER MEMBERS
NET SALARY	_____	_____
PENSION / ANNUITIES	_____	_____
CHILD SUPPORT	_____	_____
SPOUSAL SUPPORT	_____	_____
CHILD TAX CREDIT	_____	_____
E / B / WCB	_____	_____
SOCIAL ASSISTANCE	_____	_____
EMPLOYMENT GROSS-----NET	_____	_____
OTHER INCOME	_____	_____
TOTAL NET MONTHLY INCOME	1 <input type="text"/>	2 <input type="text"/>
TOTAL FAMILY INCOME	3 _____	_____
MONTHLY EXPENSES		
NON-DISCRETIONARY EXPENSES		
CHILD SUPPORT PAYMENTS	_____	_____
SPOUSAL SUPPORT PAYMENTS	_____	_____
CHILD CARE	_____	_____
ON GOING MEDICAL	_____	_____
FINES /PENALTIES	_____	_____
EMPLOYMENT RELATED EXPENSE	_____	_____
DEBT NOT STAYED	_____	_____
TOTAL NON DISCRETIONARY	4 <input type="text"/>	5 <input type="text"/>
TOTAL FAMILY NON DISCRETIONARY	6 _____	_____
DISCRETIONARY EXPENSES		
HOUSING		
RENT, MORTGAGE OR BOARD	_____	_____
PROPERTY TAXES	_____	_____
WATER	_____	_____
HYDRO	_____	_____
NATURAL GAS / OIL	_____	_____
TELEPHONE	_____	_____
CABLE	_____	_____
HOSEHOLD MAINTENACE	_____	_____
OTHER (SPECIFY)	_____	_____
SUB TOTAL	<input type="text"/>	_____
LIVING		
FOOD / GROCERIES	_____	_____
CLOTHING	_____	_____
LAUNDRY / DRY CLEANING	_____	_____
GROOMING / TOILETRIES	_____	_____
ROUTINE MEDICAL	_____	_____
OTHER (SPECIFY)	_____	_____
SUB TOTAL	<input type="text"/>	_____
INSURANCE		
DISABILITY /LIFE	_____	_____
AUTOMOBILE	_____	_____
HOUSEHOLD	_____	_____
SUB TOTAL	<input type="text"/>	_____

CALCULATION	
FAMILY SIZE	_____
NET FAMILY INCOME 1+2	_____ 3
NON DISCRETIONARY EXPENSES 4+5	_____ 6
BALANCE 3-6	_____ 8
STANDARDS	_____
TOTAL SURPLUS INCOME	<input type="text"/>
APPLICANT 1-4	= _____ 7
APPLICAT'S PORTION 7/8X100	= _____ 9
SPOUSE 2-5	= _____
SPOUSE'S PORTION	_____
PAYMENTS REQUIRED:	15

TRANSPORTATION	
GASOLINE / OIL	_____
PUBLIC TRANSIT/ TAXI	_____
PARKING / CAR POOL	_____
CAR REPAIRS / LICENSE	_____
CAR LEASE	_____
OTHER (SPECIFY)	_____
SUB TOTAL	<input type="text"/>
PERSONAL	
ALCOHOL	_____
CIGARETTES	_____
DINING OUT /LUNCHES / COFFEE	_____
SPORTS /HOBBIES	_____
MOVIE RENTALS	_____
RECREATION /LEISURE	_____
NEWSPAPERS / MAGAZINES	_____
ALLOWANCES	_____
OTHER (SPECIFY)	_____
SUB TOTAL	<input type="text"/>
PAYMENTS	
ESTATE	_____
SECURED CREDITOR	_____
OTHER	_____
SUB TOTAL	<input type="text"/>

COMMENTS:

TOTAL DISCRETIONARY EXPENSES
SURPUS OR DEFICIT 3-6-10=

Applicant owned or operated a business within the last five years: Y N

Business name:
Address:
Type of Ownership:
Type of business:
Name(s) of Partner(s):
Date Started:
Date Ceased:
Debts Incurred in business:
% of debts from Business:

Spouse owned or operated a business within the last five years? Y N

Business name:
Address:
Type of Ownership:
Type of business:
Name(s) of Partner(s):
Date Started:
Date Ceased:
Debts Incurred in business:
% of debts from Business:

FOR BUSINESS BANKRUPTCY ONLY:

Previously in Receivership?					
Applicant	Y	N	Spouse:	Y	N
Date of Receivership:	Y	N	Date of Receivership:		
Agent (Receivership)	Agent (Receivership):				

FEE CALCULATION

BANKRUPTCY

Applicant

Spouse

INCOME TAX ESTIMATE:

Last year filed: _____

Last year filed: _____

Refund received: _____

Refund received: _____

Refund expected: _____

Refund expected: _____

Tax Owed: _____

Tax Owed: _____

GST: _____

GST: _____

ASSETS: _____

ASSETS: _____

Equity Calculation: _____

Equity Calculation: _____

SURPLUS INCOME: _____

SURPLUS INCOME: _____

PDC'REQUIRED: _____ @ _____ =
_____ @ _____ =

PDC'REQUIRED: _____ @ _____ =
_____ @ _____ =

TOTAL FROM BANKRUPTCY: _____

TOTAL FROM BANKRUPTCY: _____

PROPOSAL

PROPOSAL PAYMENT SCHEDULE

_____ @ \$ _____ = _____

START DATE: _____

DETAILS RE TERMS OF PROPOSAL:

OTHER INFORMATION NEEDED FOR REPORT TO CREDITORS:

BANK ACCOUNT INFORMATION**Name of Bankrupt:** _____

Bank :	Account Number:
Address:	
	Joint
	Single(Name)

Bank :	Account Number:
Address:	
	Joint
	Single(Name)