

**PLEASE RETURN TO:**

BETH MAYNARD & ASSOCIATES INC.  
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<b>FOR OFFICE USE ONLY</b>
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**CONSUMER DEBTOR  
INFORMATION SHEET**

1. Family Name:		Given Names:		Date of Birth:	
2. Also known as:			SIN		
3. Complete address, including postal code:				Telephone:	
4. Marital Status:		Since:			
Married	Single	Widowed	Separated	Divorced	Common-Law
5. Name of spouse in full			Date of Birth		SIN
6. Dependent's name			Age	Date of Birth	
7A. Number of persons in household family unit, including bankrupt:					
7B. Number of persons 17 years of age or less:					
8. Name of present employer (Bankrupt):			Occupation:		
Name of present employer (Spouse):			Occupation:		
9. Have you operated a business within the last five years?		Yes	No	(If yes) Name, type and period of operation:	

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

9A. Sold or disposed of any of your property?	Yes	No
9B. Made payments in excess of the regular payments to creditors?	Yes	No
9C. Had any property seized by a creditor?	Yes	No

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

10A. Sold or disposed of any property?	Yes	No
10B. Made any gifts to relatives or others in excess of \$500?	Yes	No

**D. BUDGET INFORMATION:** see attached Form 65

11A. Have you ever made a proposal under the <i>Bankruptcy and Insolvency Act</i> ?	Yes	No
11B. Have you been bankrupt before, either in Canada or elsewhere?	Yes	No

(If you answered Yes, provide the following details for all insolvency proceedings; (a) Filing date and location of the proceedings; (b) Name of the trustee or administrator; (c) If applicable, was the proposal successful; (d) Date on which Certificate of Full Performance or Discharge was obtained;)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Do you expect to receive any sums of money which are not related to your normal income, or any other property within the next 12 months?	Yes	No
13. Have you co-signed or guaranteed any debts for anyone else?	Yes	No
14. Do you have any credit cards?	Yes	No
15. Are there any writs, judgements, garnishments against you?	Yes	No

16. If you answered Yes to any of questions 9, 10, and 12, provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Give reasons for your financial difficulties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## ASSETS

Type of Asset		Description & Location	Exempt (office use)		Value
			Yes	No	
Cash (on hand, bank accounts)					
Stocks, Bonds, Investments, RRSPs					
Real Property	House				
	Cottage				
	Land				
Motorized Vehicle	Automobile				
	Motorcycle				
	Other				
Recreational (boats, snowmobiles..)					
Other Assets (jewellery, collections, tools)					

**STATEMENT OF MONTHLY INCOME**

Salary or Wages (Net)	_____	Social Assistance	_____
Spouse's Wages (Net)	_____	Pensions	_____
Employment Insurance	_____	Disability Pension	_____
Worker's Compensation	_____	Support	_____
Child Tax Benefit	_____	Other	_____

**TOTAL INCOME \$**

**STATEMENT OF MONTHLY EXPENSES**

Rent/Mortgage	_____	Taxis/Bus	_____
Property Taxes	_____	Car Insurance	_____
Property Insurance	_____	Gas & Oil	_____
Electricity	_____	Car Repairs	_____
Water	_____	Entertainment	_____
Heating (oil, wood, gas)	_____	Recreation	_____
Cable T.V.	_____	Grooming	_____
Telephone	_____	Gifts	_____
Property Repairs	_____	Child Care	_____
Groceries/Lunches	_____	Support Paid	_____
Clothing	_____	Cigarettes/Alcohol	_____
Laundry/Dry Cleaning	_____	Debt Repayment	_____
Medicine/Prescriptions	_____	Lease Payment	_____
Dental Care	_____	Payment to Trustee	_____
Insurance (life, medical)	_____	Other	_____

**TOTAL EXPENSES \$**

**INCOME TAX INFORMATION**

LAST YEAR FILED	SELF		SPOUSE	
RESULT OF ASSESSMENT:	TAX OWING?	PAID?	TAX OWING?	PAID?
	REFUND?	REC'D?	REFUND?	REC'D?

HAVE YOU MADE ANY ALIMONY OR CHILD SUPPORT PAYMENTS? \_\_\_\_\_

IF YES, TO WHOM WHERE THEY PAID? \_\_\_\_\_

IS THERE A COURT ORDER? \_\_\_\_\_

ARE THERE ANY ARREARS? \_\_\_\_\_

LIST ALL EMPLOYERS AND SOURCES OF INCOME SINCE THE YEAR OF THE LAST TAX RETURN FILED INCLUDING E.I. PERIODS.

NAME	ADDRESS	WHEN WORKED/COLLECTED

RENT PAID SINCE THE YEAR OF THE LAST TAX RETURN WAS FILED

LANDLORD'S NAME	ADDRESS OF RENTED PREMISES	AMOUNT OF RENT	DATES