

# Bankruptcy Counseling Record

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State TN Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

Counselor	Time Begun
Date of Session	Time Ended

Task	Tool
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***Determine net assets***

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> List and total assets               | SP612-A, SP612-B       |
| <input type="checkbox"/> Compile list of debts and creditors | List of Creditors Form |
| <input type="checkbox"/> List and total liabilities          | SP612-A, SP612-B       |
| <input type="checkbox"/> Total net assets                    | SP612-A, SP612-B       |

***Determine monthly expenses***

- |  |                  |
|--|------------------|
| <input type="checkbox"/> List and total monthly net income                     | SP613-A, SP613-B |
| <input type="checkbox"/> Determine monthly amount needed for periodic expenses | SP613-A, SP613-B |
| <input type="checkbox"/> List and total monthly fixed expenses                 | SP613-A, SP613-B |
| <input type="checkbox"/> List and total monthly flexible expenses              | SP613-A, SP613-B |
| <input type="checkbox"/> Total monthly expenses                                | SP613-A, SP613-B |

***Make spending/debt reduction plan***

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> Adjust monthly expenses (above)   | SP613-A, SP613-B  |
| <input type="checkbox"/> Make payment plan (if applicable) | Payment Plan Form |

***Course of action decided by debtor***

- Self-administered payment plan (Provide copy of plan to client)
- Debt management service (Referral \_\_\_\_\_)
- Bankruptcy (Provide certificate to attorney)
  - Attorney \_\_\_\_\_
  - Address \_\_\_\_\_
  - Phone \_\_\_\_\_
  - FAX \_\_\_\_\_

**Fee** \_\_\_\_\_

**Received date** \_\_\_\_\_