



INFORMATION FORM

PERSONAL DATA

Surname: _____ S.I.N.: _____

Given and Middle Names: _____ Birthdate (Y/M/D): _____

Any other known name(s)?: _____ Please select one: Mr. Ms. Mrs. Miss

Street Address: _____ Telephone (home): _____

Town/City: _____ Telephone (cell): _____

Province: _____ Language: English French Other _____

Postal Code: _____

E-mail: _____

I have resided at the above address since: Year: _____ Month: _____ Day: _____

I have resided in B.C. since: Year: _____ Month: _____ Day: _____

Present Occupation: _____

Full Name and Address of Present Employer (including postal code): _____

You have been employed since when?: _____

Highest level of education completed:

0-8 years Some High School High School Graduate

Some Post-Secondary Post-Secondary Certificate/Diploma University Degree

Marital Status (Specify month and year of event if it occurred in the last five years, if applicable, for each of the below):

Married Common-Law Single Widowed

Separated Divorced Month/Year of Event: _____

Full name and address of spouse or common-law partner: _____

Occupation and place of employ of spouse: _____

Birthdate of spouse: _____ Spouse's S.I.N.: _____

Number of dependants who rely on you for financial support: _____

Name	Relationship	Birthdate	Address

Have you ever been **bankrupt**, either in Canada or elsewhere, or filed a proposal under the Bankruptcy and Insolvency Act?

Yes

No

What caused your financial difficulties for the previous bankruptcy or proposal?: _____

Have you been self-employed in the last **five (5) years**?

Yes

No

	BUSINESS #1	BUSINESS #2	BUSINESS #3
Name			
Proprietorship, Partnership or Limited Company			
If Limited Company, are you an officer or director?			
Period of Operation (start date)			
What happened to business?			
Where are books and records of Company?			
Place of business (full business address)			
Nature of business			
Business number (eg. GST/Payroll)			
Date of last return filed			

Within the last **twelve (12) months**, have you sold, disposed of or transferred any of your assets, either in Canada or elsewhere? (eg. vehicles, RRSP's, stocks/bonds, furniture)

Yes

No

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

Within the last **five (5) years**, have you sold, disposed of or transferred any real estate?

Yes

No

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

****NOTE: When completing this page record ALL of the income and expenses for your FAMILY unit.**

MONTHLY INCOME

Net Employment Income: _____ Net Child Support: _____
Net Earnings of Spouse: _____ Other Net Income: _____
Net Pensions/Annuities: _____ Child Tax Benefit: _____

Next Pay Day: _____ Net Spousal Support: _____
Paycheque Amount: _____ Net Employment Insurance Benefits: _____
Frequency of pay dates (check one): Net Social Assistance: _____
 Weekly Bi-weekly Semi-monthly (1 & 15) Self-Employed: Gross: _____ Net: _____
 Semi-monthly (15 & 30) Monthly

TOTAL MONTHLY INCOME (A): _____

MONTHLY NON-DISCRETIONARY EXPENSES

Child Support Payments: _____ Fines/Penalties Imposed by Court: _____
Spousal Support Payments: _____ Condition of Employment Expenses: _____
Child Care: _____ Debts Where Stay Has Been Lifted: _____
Medical Condition Expenses: _____ Other: _____

TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B): _____

AVAILABLE MONTHLY INCOME (A-B) = (C): _____

MONTHLY DISCRETIONARY EXPENSES

Housing Expenses

Rent/Mortgage: _____
Property Taxes/Condo Fees: _____
Heating/Gas/Oil: _____
Telephone: _____
Cable: _____
Hydro: _____
Water: _____
Furniture: _____

Personal Expenses

Smoking: _____
Alcohol: _____
Dining/Lunches/Restaurants: _____
Entertainment/Sports: _____
Gifts/Charitable Donations: _____
Bank Fees: _____
Other Personal Expenses: _____

Non-recoverable Medical Expenses

Drug store items: _____
Dental: _____

Living Expenses

Food/Grocery: _____
Laundry/Dry Cleaning: _____
Grooming/Toiletries: _____
Clothing: _____

Transportation Expenses

Car Lease/Payments: _____
Repairs/Maintenance/Gas: _____
Public Transportation: _____

Insurance Expenses

Vehicle: _____
House: _____
Furniture/Contents: _____
Life Insurance: _____

Payments

To Trustee: _____
Asset Repurchase (if applicable): _____
To Secured Creditor
(other than mortgage and vehicle): _____
Other: _____

TOTAL MONTHLY DISCRETIONARY EXPENSES (D): _____

TOTAL - SURPLUS/(SHORTFALL) (C)-(D): _____

ASSETS DESCRIPTION	LOCATION	BEST ESTIMATE OF PRESENT VALUE
Cash on Hand/In Bank		
Household Furniture		
Registered Plans (RRSP, RESP, TFSA, LIRA, RRIF, RDSP)		
Loans Due to You/Accounts Receivable		
Cash Surrender Value of Insurance Policies		
Savings Plans/Bonds		
Clothing and Medical Aids		
Stocks/Shares		
Collectibles (Stamps, etc.)		
House/Cottage/Land (Sole/Joint/Part Owner) (Fully/Partially Pledged)		
Mobile Home		
Automobile/Model _____ Serial No. _____ (Fully/Partially Pledged/Exempt)		
Motorcycle/Model _____ Serial No. _____		
Other Motorized Vehicle <i>(please specify)</i>		
Boat/Trailer		
Any Other Assets/Tools of the Trade		

Please describe briefly the circumstances which caused your financial difficulties.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS A TRUE, CORRECT AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

Your Signature

Date

INFORMATION FORM CHECKLIST

1. Information Form Complete all questions
2. Vehicles Copy of vehicle registration
3. Creditor's Statements Copies of most recent statements/letters received from creditors/collection agencies
4. Agreements Debentures, mortgages, separation, alimony, child support, leases, sales contracts, judgements, fines, wage assignments, court order
5. Credit Cards **All** must be turned over to the Trustee, or destroyed at home, including those with a nil balance.
6. Life Insurance Copy of all policies
7. Stocks/Bonds/RRSP/Securities/RESP/TFSA/RDSP/RRIF All pertinent documentation/statements including contributions and withdrawals in the past twelve (12) months
8. Pay Stubs Most current one available and for spouse, if applicable
 Current statement for Canada Child Benefit, Pension, OAS, CPP, WCB and any other source of income
 Current month bank statement
9. Tax Information Copy of last tax return filed and Notice of Assessment
 If you have not filed up to date, please provide information for Trustee to file any previous years (T4's, receipts, etc.)
 Re current year - a list of all employers with gross earnings and deductions made for tax, CPP, EI, union dues and any maintenance/support payments and spousal earnings
10. Identification Two pieces of identification, one of which should have your photograph on it (Examples: driver's license, birth certificate, social insurance card, Canadian citizenship papers, passport)
11. Bank Account Open a new **debt-free bank account** and provide our office with a copy of your preauthorized payment information or a void cheque
12. Service Email Set up service email address to ensure delivery of legal documents. Gmail is recommended.