Name Addre	ress: P.O. Wic	ce & Lehman, L.L.C. Box 75037 hita, KS 67275-5037 phone: 316-264-8000	
•	•	simile: 316-267-4488 uce@KsAdvocates.com	
BANKRUPTCY CHECK LIST			
1.	. Today's Date:		
2.	2. Total amount of debt when bankruptcy petition filed: \$	otal amount of debt when bankruptcy petition filed: \$ Annual percentage rate:	
3.	Please itemize all interest, fees, expenses or other charges incurred before the petition was filed. Security Description Current Market Value Original Price Original Loan		
4.	Amount needed to bring loan current: \$as of	(date)	
5.	5. Current payment: \$ per (month) or _	(bi-weekly) (check one)	
6.	Date and amount of payments received after bankruptcy:		
	Date: \$		
7.	7. The amount of deposits in the financial institution: \$		
8.	3. What "extra" products (if any) are included in the contract? (warranty, credit life or GAP insurance,		
	etc.): Extended warranty value: \$		
GAP insurance value: \$			
Credit life/disability value: \$			
9.	9. Ongoing expenses: Escrow \$ Monthly insurance charges: \$		
10. Please include the following documents:			
	Copy of the Bankruptcy Notice		
	B) Copy of Promissory Note or		
C) Copies of Security Agreement (front & back) or Copies of the Real Estate Mortgage			
D) Copy of the last account statement sent to the debtor			
E) Copies of Financing Statements or Copies of the Lienholder's Copy of Title			
11. Name of anyone with recourse			
Please list other items attorney should know about:			