

Modification Worksheet

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Instructions:

Please answer these questions as carefully as possible. The information you give us will be used to prepare your Modification, which must be signed under penalty of perjury. Any errors, omissions or misrepresentations may seriously affect or prevent your Modification from being approved by the Judge.

WARNING: FEDERAL CRIMINAL LAW PROVIDES SEVERE PENALTIES, INCLUDING FINES AND IMPRISONMENT, FOR WHOEVER KNOWINGLY AND FRAUDULENTLY CONCEALS OR TRANSFERS PROPERTY, MAKES A FALSE OATH, PRESENTS A FALSE CLAIM, OR OFFERS OR RECEIVES A BRIBE IN CONNECTION WITH A BANKRUPTCY CASE. SEE 18 UNITED STATES CODE SECTION 151, ET SEQ.

Where space permits, answer the questions on this questionnaire. If additional space is necessary, use a separate sheet or the back of this form. Please use all the space needed to answer all questions and parts of questions as completely as possible.

Do not let the size of the space given to answer determine the extent of your response. A question asking a date, or when something happened, can usually be answered with the month and year only.

Remember, these questions must be answered fully and accurately. Failure to supply information will necessitate whatever additional contact with our firm as is required to obtain it. If you absolutely cannot remember, or find out, or guess with reasonable accuracy, answer "Unknown." The effort expended on this questionnaire will help determine how quickly to prepare your Modification.

Please project your future monthly expenses here. Remember, you are projecting to the court how much you think you will spend each month after your Modification is filed. Also remember that you may have to adjust your spending habits in order to have the necessary surplus to pay the Chapter 13 trustee.

******IMPORTANT: SEND A COPY OF YOUR MOST RECENT PAYSTUB******

HELP US UPDATE INFORMATION ABOUT YOU

Name: _____ Today's Date: _____

Name: _____ Home Telephone No.: _____

Address: _____ City, ST, ZIP _____

Debtor's Email: _____ Debtor's Cellular: _____

Spouse's Email: _____ Spouse's Cellular: _____

EMPLOYMENT INFORMATION

Occupation: _____ Employer: _____

Length of Time Employed: _____ Employer's Address: _____

City/State/Zip: _____ Telephone Number: _____

CO-DEBTOR'S EMPLOYMENT INFORMATION

(If spouse is not filing, please include the employment information anyway, and attach a paystub)

Occupation: _____ Employer: _____

Length of Time Employed: _____ Employer's Address: _____

City/State/Zip: _____ Telephone Number: _____

OTHER JOBS OR CHANGES IN EMPLOYMENT

Any extra jobs? Yes. No. If so, please explain: _____

Is any change in employment about to take place Yes. No. If so, describe: _____

Is your employment stable? Yes. No. If not, please explain: _____

Do you expect an increase or decrease in income in the near future Yes. No. If so, please explain: _____

PLEASE DON'T FORGET TO ATTACH YOUR TWO MOST RECENT PAYCHECK STUBS

REASON FOR REQUESTING A MODIFICATION

Please Describe in detail Changes in Circumstances, Job, unexpected expense etc. that prompted you to request a Modification of your Chapter 13 Plan, or what got you behind: **(Please be very detailed)**: ____

What would you like to see accomplished by a Modification (in other words a faster payoff, lower payments, variable payments, etc.): _____

If you want your payments lowered, please state what items you could surrender to accomplish this: _____

Trustee's Motion to Dismiss hearing date? (If applies) _____

Your Dependents:

Dependant's Name Age Dependant's Name Age

PLEASE DON'T FORGET TO ATTACH YOUR TWO MOST RECENT PAYCHECK STUBS

UPDATED MONTHLY INCOME

***IMPORTANT: PROVIDE YOUR MOST RECENT PAYSTUB WITH YOUR COMPLETED WORKSHEET**

DEBTOR:

CO-DEBTOR:

I am paid <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly
--

I am paid <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly
--

Gross Earnings (Per Pay Period)\$ _____

Gross Earnings (Per Pay Period)\$ _____

Overtime (per pay period).....\$ _____

Overtime (per pay period).....\$ _____

Total Gross Pay\$ _____

Total Gross Pay.....\$ _____

Payroll Deductions:

Payroll Deductions:

Payroll Taxes (WH/SS).....\$ _____

Payroll Taxes (WH/SS).....\$ _____

Insurance.....\$ _____

Insurance.....\$ _____

Insurance.....\$ _____

Union Dues.....\$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Total Deductions (Per Pay Period).....\$ _____

Total Deductions (Per Pay Period).....\$ _____

Any Other Income:

Any Other Income:

Total Business Income.....\$ _____

Total Business Income.....\$ _____

Income Real Estate.....\$ _____

Income Real Estate.....\$ _____

Interest and Dividends.....\$ _____

Interest and Dividends.....\$ _____

Alimony and Support.....\$ _____

Alimony and Support.....\$ _____

Social Security/Government Help.....\$ _____

Social Security/Government Help.....\$ _____

Pension/Retirement Income.....\$ _____

Pension/Retirement Income.....\$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Net Income (Per Pay Period).....\$ _____

Net Income (Per Pay Period).....\$ _____

NOTES: _____

UPDATED MONTHLY EXPENSES

Rent/House Payment.....\$ _____

Are taxes included in your payment? Yes. No.

Is insurance included in your payment? Yes.

No.

Utilities

Electric and heat\$ _____

Water and Sewer\$ _____

Telephone\$ _____

Cable\$ _____

Trash Pickup:\$ _____

Other:\$ _____

Home Maintenance\$ _____

Food (Groceries/Work Lunches)\$ _____

Clothing\$ _____

Laundry and Dry Cleaning.....\$ _____

Medical and Dental\$ _____

Transportation (Gas/Oil)\$ _____

Recreation/Reading\$ _____

Charitable Contributions\$ _____

Insurance (Calculated Monthly)

Homeowners/Renters\$ _____

Life Insurance.....\$ _____

Health Insurance.....\$ _____

Auto Insurance\$ _____

Other:\$ _____

Other:\$ _____

Taxes (Calculated Monthly)

Property Tax\$ _____

Other (Specify).....\$ _____

Installment Payments

Automobile:\$ _____

Other:\$ _____

Other:\$ _____

Alimony or Child Support\$ _____

Specify: _____

Regular Monthly Business Expenses

Specify:\$ _____

Specify:\$ _____

Specify:\$ _____

Specify:\$ _____

Specify:\$ _____

Total Business Expenses\$ _____

Other Expenses

Specify:\$ _____

Specify:\$ _____

Specify:\$ _____

Specify:\$ _____

Specify:\$ _____

Specify:\$ _____

NOTES: _____

I/We, the undersigned individual(s), do hereby swear and/or affirm under penalty of perjury that the information contained in this Modification Questionnaire is true and correct, to the best of my/our knowledge, information, and belief.

Client Signature _____

Client Signature (if applicable) _____

Date Signed: _____

Date Signed: _____

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