

Scott, Pichelli & Easter Limited

Trustee in Bankruptcy
Receiver and Manager

3600 Billings Court, Suite 109
Burlington, Ontario
L7N 3N6
Telephone (905) 632-5853
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CONSULTING DATE: _____ SIGNING DATE: _____

FILE TYPE: _____ REFERRED BY: _____

PAYMENT: _____ No. OF INCOME AND EXPENSE STMTS: _____

PERSONAL INFORMATION

FAMILY NAME: _____

ALL GIVEN NAMES: _____

ALIAS: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL: _____

LIVED THERE SINCE: _____ SIN: _____

DATE OF BIRTH: _____ TELEPHONE: Home: _____
 Y M D

Work: _____

Cell: _____

E-Mail: _____

MARITAL STATUS: _____ Date of Separation if less than 5 yrs _____

USUAL OCCUPATION: _____

PRESENT EMPLOYER: _____

DATE OF EMPLOYMENT/UNEMPLOYMENT: _____

HIGHEST LEVEL OF EDUCATION COMPLETED BY DEBTOR: _____

SPOUSE'S PERSONAL INFORMATION

NAME: _____

ALIAS: _____

ADDRESS: _____

SIN: _____ DATE OF BIRTH: _____
 Y M D

OCCUPATION: _____

EMPLOYER: _____

DATE OF EMPLOYMENT/UNEMPLOYMENT: _____

HIGHEST LEVEL OF EDUCATION COMPLETED BY SPOUSE: _____

DEPENDANTS

NAME:

RELATIONSHIP:

DATE OF BIRTH:

TAX INFORMATION

YEAR LAST RETURN WAS FILED: _____ **AMOUNT OWING/REFUND:** _____

REFUND PENDING: _____ **REFUND RECEIVED:** _____

RENT OR PROPERTY TAXES PAID

FIRST

SECOND

	FIRST	SECOND
ADDRESS		
DATE TO/FROM		
AMOUNT PAID		
LANDLORD NAME		

EMPLOYERS FOR LAST TWO YEARS

FIRST

SECOND

	FIRST	SECOND
EMPLOYER		
DATE STARTED		
DATE ENDED		

FAMILY SUPPORT

AMOUNT OF: ALIMONY: _____ **CHILD SUPPORT:** _____ **HOW OFTEN:** _____

DO YOU HAVE A LEGAL SEPARATION: _____ **SEPARATION DATE:** _____

PAID TO: NAME: _____

ADDRESS: _____

SELF EMPLOYMENT

FIRST BUSINESS

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

DEBTS INCURRED BY BUSINESS: YES ____ NO ____ PERCENTAGE: _____ %

OWNERSHIP TYPE: _____ GUARANTEED LOAN: _____

BUSINESS NATURE: _____

PARTNERS: _____

INCEPTION DATE: _____ MAX. # EMPLOYEES: _____

OPERATION STARTED ON: _____ ENDED ON: _____

SECOND BUSINESS

NAME OF BUSINESS: _____

DEBTS INCURRED BY BUSINESS: YES ____ NO ____ PERCENTAGE: _____ %

OWNERSHIP TYPE: _____ GUARANTEED LOAN: _____

BUSINESS NATURE: _____

PARTNERS: _____

INCEPTION DATE: _____ MAX. # EMPLOYEES: _____

OPERATION STARTED ON: _____ ENDED ON: _____

PREVIOUS BANKRUPTCY INFORMATION

FIRST INSOLVENCY

DATE OF BANKRUPTCY/PROPOSAL: _____

CITY OF BANKRUPTCY/PROPOSAL: _____

NAME OF TRUSTEE FIRM: _____

SECOND INSOLVENCY

DATE OF BANKRUPTCY/PROPOSAL: _____

CITY OF BANKRUPTCY/PROPOSAL: _____

NAME OF TRUSTEE FIRM: _____

MONTHLY INCOME & EXPENSES

NET MONTHLY INCOME	BANKRUPT	SPOUSE
NET EMPLOYMENT INCOME		
NET PENSION INCOME		
NET CHILD SUPPORT		
NET SPOUSAL SUPPORT		
NET EMPLOYMENT INSURANCE BENEFITS		
NET SOCIAL ASSISTANCE		
NET SELF-EMPLOYED INCOME		
GROSS SELF-EMPLOYED INCOME		
OTHER INCOME SPECIFY:		
TOTAL INCOME		

NON-DISCRETIONARY EXPENSES

NON DISCRETIONARY EXPENSE	BANKRUPT	SPOUSE
CHILD SUPPORT		
SPOUSAL SUPPORT		
CHILD CARE		
MEDICAL CONDITION		
FINES/PENALTIES IMPOSED BY COURT		
EXPENSES AS A CONDITION OF EMPLOYMENT		
DEBTS WERE STAY HAS BEEN LIFTED		
OTHER: SPECIFY:		
TOTAL NON DISCRETIONARY		

AVAILABLE MONTHLY INCOME: _____

DISCRETIONARY EXPENSES

HOUSING EXPENSES:

Rent/Mortgage _____
Property Taxes/Condo Fees _____
Heat _____
Telephone _____
Cable _____
Hydro _____
Water _____
Other _____

PERSONAL EXPENSES:

Smoking _____
Alcohol _____
Dining/Lunches/Restaurants _____
Entertainment/Sports _____
Gift/Charitable Donations _____
Allowances _____

NON-RECOVERABLE MEDICAL EXPENSES:

Prescriptions _____
Dental _____

LIVING EXPENSES:

Food/Grocery _____
Laundry/Dry Cleaning _____
Grooming _____
Clothing _____
Other _____

TRANSPORTATION EXPENSES:

Car Payments _____
Gas/Maintenance _____
Public Transportation _____
Other _____

INSURANCE:

Vehicle _____
House _____
Contents _____
Life _____
Other _____

PAYMENTS:

To the Estate: _____
To the Secured Creditor _____

TOTAL NON-DISCRETIONARY EXPENSES: _____

SURPLUS INCOME

A. FAMILY INCOME:

1. Net Family Income (all Sources)	\$ _____
2. Minus Non-Discretionary Expenses	\$ _____
3. Total Net Monthly Family Income	\$ _____

B. BANKRUPT'S INCOME

1. Total Monthly Income of Bankrupt	\$ _____
2. Bankrupt's Income as a % of Total Income	\$ _____

C. SURPLUS INCOME – FAMILY

1. Total Net Monthly Income (line A3.)	\$ _____
2. Minus Standard (See Chart Below)	\$ _____
3. Family surplus Income	\$ _____

D. REQUIRED MONTHLY PAYMENT PER DIRECTIVE ON SURPLUS INCOME

1. Family Surplus Income \$ _____ x _____ % = _____ X ½ \$ _____
2. Amount Bankrupt has Agreed to Pay Monthly \$ _____
3. Difference between Amounts (D1) and (D2) \$ _____

SUPERINTENDANTS STANDARDS – 2022 – TOTAL MONTHLY SURPLUS INCOME:

1 Person \$2,355.00	5 Persons \$4,962.00
2 Persons \$2,931.00	6 Persons \$5,597.00
3 Persons \$3,604.00	7 + Persons \$6,231.00
4 Persons \$4,375.00	

ASSETS

ASSET	AMOUNT	EXEMPT	SECURITY/DESCRIPTION
CASH			
HOUSEHOLD GOODS			
PERSONAL EFFECTS			
INSURANCE POLICIES			
STOCKS/SHARES			
HOUSE			
LAND			
COTTAGE			
AUTOMOBILE			
AUTOMOBILE			
MOTORCYCLE			
SNOWMOBILE			
BOAT/MOTOR			
TRAILER/CAMPER			
RRSP			
PROFIT SHARING PLAN			
CANADA SAVINGS BOND			
TOOLS			
ESTIMATED TAX REFUND			

NOTES:

CREDITORS

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	
AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	
AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	
AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	
AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____	SECURED TO: _____
ADDRESS: _____	
AMOUNT: _____	ACCOUNT No. _____

CREDITOR NAME: _____ **SECURED TO:** _____
ADDRESS: _____

AMOUNT: _____ **ACCOUNT No.** _____

CREDITOR NAME: _____ **SECURED TO:** _____
ADDRESS: _____

AMOUNT: _____ **ACCOUNT No.** _____

CREDITOR NAME: _____ **SECURED TO:** _____
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AMOUNT: _____ **ACCOUNT No.** _____

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AMOUNT: _____ **ACCOUNT No.** _____

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AMOUNT: _____ ACCOUNT No. _____

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