

GLOVER-DRENNAN INC.

CONSULTATION INTERVIEW (BANKRUPTCY / PROPOSAL)

HOW DID YOU HEAR ABOUT US? Yellow Pages / Internet / Elevator Ad / Creditor / Friend / Lawyer / Accountant NAME OF INDIVIDUAL REFERRED BY: (office use only)

PERSONAL DATA (please print)

Surname Given name Middle name in full

Social Insurance Number Birthdate (day/mo./yr.) Home: Phone Numbers Work: Cell:

Civic AND Mailing Address City/Province Postal Code

Resided at present address since (day/mo./yr.) Own Rent Monthly payment Name of Landlord:

Your Email address:

Occupation Date of employment Name of present employer

Address of present employer

Highest Level of Education: 0-8 years Some high school High School Graduate Some Post Secondary Post Secondary Cert./Diploma University Degree Refuse to Answer

Marital Status: Single / Married / Common Law / Widowed / Separated / Divorced (Specify year and month of event if it occurred in the last five years.)

SPOUSE: Name in full S.I.N. Birthdate (day/mo./yr.)

Complete address (or indicate same as spouse's above)

Occupation Date of employment Name of present employer

Address of present employer

Estimated annual earnings of spouse \$ Is spouse also claiming bankruptcy? Yes No

Number of dependents who rely on you for financial support: (Complete the following chart for these dependents)

Table with 5 columns: Name, Relation, Birthdate (day/mo./yr.), Present address, Income. Contains 6 rows for dependents.

For each source of income earned/received since January 1 of the current year, please complete the following:

Employer/UIC/Welfare Pension/WCB, etc.	Period From-To	Total Gross Income Earned/Received	Total Withholdings		
			CPP	UIC	Income tax

When was the last year you filed an income tax return? _____
 (Provide us with a copy of your last return and any notice received from Canada Customs and Revenue Agency)

Total due to Canada Customs and Revenue Agency for income tax arrears \$ _____

Are you receiving/paying any child support/alimony payments pursuant to a Court Order or written agreement? **If Yes – date of Order/Agreement** _____ Yes _____ No _____

If yes, total received/paid January 1 to current date \$ _____.

Name and address of recipient/payor _____

Is child support paid/received included as income/deduction for tax purposes? Yes _____ No _____

HAVE YOU BEEN BANKRUPT OR FILED A PROPOSAL BEFORE? Yes _____ No _____

If yes:

Name of Trustee _____ Date of Proposal _____
 Date of Bankruptcy _____ Place Proposal filed _____
 Place Assignment filed _____ Date Proposal completed _____
 Date of Discharge _____
 Causes of bankruptcy _____

HAVE YOU BEEN SELF-EMPLOYED IN THE LAST FIVE YEARS? Yes _____ No _____

If yes, Occupation _____

(Provide details for all self employment in the last two years) _____

HAVE YOU OWNED A BUSINESS IN THE LAST FIVE YEARS? Yes _____ No _____

If yes, complete the following: (if there is more than one, attach a separate sheet)

Business name _____

Address _____

Primary business activity _____

Type of Ownership Ltd. Company / Sole Proprietorship / Partnership

Name of partner(s)/shareholder(s) _____

% of ownership/shareholding _____

Date business commenced _____ Date business ceased _____

Was business placed in bankruptcy or receivership? No _____ Bankruptcy _____ Receivership _____

Canada Customs payroll deduction # _____ GST # _____

Social Services Tax Remittance # _____ WCB # _____

Last GST return filed: Period _____ to _____
 (Provide a copy of the last remittance filed for each of the above)

PLEASE NOTE THAT YOU ARE REQUIRED TO FILE ALL OUTSTANDING RETURNS

FORM 65
(Must be completed as part of the application)

INCOME AND EXPENSE STATEMENT FOR THE MONTH OF _____

NET MONTHLY INCOME

Net Salary (attach copies of your payslips) _____
Pensions/ Annuities _____
Spousal income _____
Child Tax Benefit _____
Alimony/Child Support _____
Employment Insurance Benefits _____
Social Assistance _____
Rental Income _____
Other Income (specify) _____

TOTAL NET MONTHLY INCOME _____

MONTHLY EXPENSES

Non-discretionary expenses (attach receipts)

Child Support Payments _____
Spousal Support Payments _____
Child care _____
Health-related expenses _____
Fines/Penalties being paid _____
Debts where stay has been lifted by Court _____

Discretionary expenses (do not attach receipts)

Rent/Mortgage _____
Property Taxes _____
Electricity _____
Heating and/or Gas _____
Telephone _____
Cable _____
Car Maintenance _____
Transportation Costs _____
Vehicle Insurance _____
House Insurance _____
Life Insurance _____
Food and Meals _____
Hygiene Products _____
Clothing _____
Aesthetics Services _____
Other specify: _____

TOTAL MONTHLY EXPENSES _____

SURPLUS OR DEFICIT _____

The above is an accurate statement of my income and expenses as witnessed by my signature. The Trustee has made me aware of my obligations to contribute a portion of my surplus income to the estate for the general benefit of my creditors until I am discharged from bankruptcy.

NAME (please print) _____ TOTAL # IN FAMILY _____

ADDRESS _____ PHONE # _____

SIGNATURE _____ DATE _____

LIST OF CREDITORS (all personal debts including every credit card, mortgages, leases, etc.)

Complete Name of Creditor	Complete Address and Postal Code	Account Number	Total Debt	Trustee use only
		TOTAL DEBT :	\$	

If there is insufficient space provided, please attach additional list

Have you guaranteed or co-signed any corporate or individual debts? Yes _____ No _____

If yes, complete the following:

Name of Corp. or Individual	Nature of Business	Creditor's Name	Complete Address and Postal Code	Amount Guaranteed

Note: Indicate whether the corporation(s) is/are in bankruptcy (B) and/or receivership (R), as well as listing the name of the Trustee and/or Receiver handling the Estate.

Amounts owed to you, including accounts receivable (attach list if necessary)

Name of Debtor _____
 Address _____
 Nature of debt _____
 Amount: Good _____ Bad _____ Doubtful _____
 Estimated to Produce _____

WITHIN THE LAST 12 MONTHS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU, EITHER IN CANADA OR ELSEWHERE:

• **Disposed of any of your property?** If yes, provide details: Yes _____ No _____
 (Include any RRSP's, GIC's, CSB's or term deposits that you cashed and provide statement showing date of redemption)
 Description _____ When (DD/MM/YY) _____
 Funds received _____ Funds used for _____

Description _____ When sold _____
 Funds received _____ Funds used for _____

• **Made any payments in excess of regular payments to creditors?** Yes ____ No _____
 Details: _____

• **Had any assets seized by a creditor?** Yes _____ No _____
 Details: _____

WITHIN THE LAST 5 YEARS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU EITHER IN CANADA OR ELSEWHERE:

• **Sold or transferred any property?** If yes, provide details: Yes _____ No _____

Description _____ When sold _____
 Funds received _____ Funds used for _____

Description _____ When sold _____
 Funds received _____ Funds used for _____

• **Made any gifts to relatives or others in excess of \$500?** Yes _____ No _____
 Details: _____

• **Do you expect to receive any sums of money which are not related to your normal income or any other property within the next 12 months?** Yes _____ No _____
 Details: _____

• **Have you made any arrangements to continue paying any creditors?** Yes _____ No _____
 Details: _____

• **Do you have or did you have any credit cards?** Yes _____ No _____
 Destroyed / To Trustee (please circle one and initial) _____

• **Do you have any debts arising from a student loan?** Yes _____ No _____
 If yes, date you ceased to be a full time student? _____

ASSETS	Details	Exempt?	Amount/Value
Cash on hand or in bank	_____	_____	_____
Household furniture and appliances – approximately fair market value (up to \$4,000 exempt)	_____	_____	_____
Livingroom _____	Dining Room _____		
Kitchen _____	Bedroom #1 _____		
Bedroom #2 _____	Bedroom #3 _____		
Antiques _____	Paintings _____		
Outside _____	Tools _____		
Miscellaneous _____	Study _____		
Encumbered? Name of secured creditor: _____			
Jewellery	_____	_____	_____
Life insurance policies: (attach separate list if necessary)			
Insurance Company _____			
Policy Number _____			
Cash surrender value _____			
Beneficiary _____			
Stocks/shares/savings bonds/investments	_____	_____	_____
RRSP's/annuities	_____	_____	_____
Date of last contribution to RRSP: _____			
Vehicles: (up to \$5,000 exempt, only \$2,000 if alimony or child support are in arrears)			
Make, model and year _____			
Serial Number _____			
Approximate value _____			
Encumbrances (name of secured creditor) _____			
Make, model, and year _____			
Serial Number _____			
Approximate value _____			
Encumbrances (name of secured creditor) _____			
Tools of Trade – (up to \$10,000 exempt) – attach list	_____	_____	_____
Recreational equipment	_____	_____	_____
Pensions entitlement	_____	_____	_____
Collections	_____	_____	_____
Other Assets	_____	_____	_____
Do you expect to receive an inheritance or a financial settlement? Yes ___ No _____			
Details: _____			
Real Estate: (up to \$12,000 exempt for principal residence in Victoria-\$9,000 elsewhere)			
Civic Address _____			
Share of ownership _____			
Property owners _____			
Appraised value _____	Are taxes paid? Yes _____ No _____		
Vacant _____ Occupied _____	Insurance coverage? Yes _____ No _____		
Mortgage owed \$ _____ (name of creditor) _____			
Has any government agency registered a charge, lien or judgement against your property? Yes _____ No _____			
If rented, please provide name of tenant and amount of monthly rent _____			

PROVIDE A SEPARATE LISTING OF ANY OTHER ASSETS THAT YOU OWN.

Are you involved in civil litigation from which you may receive monies or property?

Details: _____ Yes _____ No _____

Do any of your debts arise from....?

Fine or penalty imposed by Court	Yes _____	No _____
Civil fines for sexual assault or causing bodily harm	Yes _____	No _____
Recognizance or bail bond	Yes _____	No _____
Fraud/embezzlement/misappropriation	Yes _____	No _____
Defalcation while acting in fiduciary capacity	Yes _____	No _____
Obtaining property by false pretences or fraudulent misrepresentation	Yes _____	No _____
Student loans less than 7 years old	Yes _____	No _____

If yes, provide details: _____

Are there any writs, judgments, garnishee orders or wage assignments outstanding against you at this time?

Yes _____ No _____

If yes, provide details: _____

When did you first become aware of your insolvency? _____

Please provide details of circumstances which caused your bankruptcy.

Have you incurred any debts since becoming aware of your insolvency? Yes _____ No _____

If yes, provide details: _____

Any other pertinent information

I HEREBY CERTIFY THAT THE INFORMATION IN THIS FORM AND IN DOCUMENTS ATTACHED THERETO IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT AND FULL DISCLOSE THE STATE OF MY ASSETS AND LIABILITIES AND SPECIFICALLY THAT I HAVE NO OTHER ASSETS OTHER THAN THOSE STATED IN THIS CONSULTATION INTERVIEW RECORD.

Signature

Date

ABBREVIATED LIST OF ITEMS THAT BANKRUPT MUST PROVIDE

- A copy of all vehicle registrations and insurance.
- A copy of every life insurance policy.
- A copy of the last Income Tax Return filed and earnings info for year to date.
- All credit cards in your possession.
- All stocks, bonds or other forms of marketable securities owned by you.
- List of Tools of Trade.
- All writs, judgments or garnishee orders.
- A copy of house insurance if owner of residence.
- Copy of BC Assessment of real property. (i.e. your house)
- Separation and/or divorce agreement.
- Copy of maintenance/child support agreement.
- Piece of identification with a photograph.
- Most recent paystub.
- Copy of Discharge Order if previously bankrupt.

GLOVER-DRENNAN INC.

Trustees in Bankruptcy

6th Floor, 612 View St.
Victoria, BC V8W 1J5

Reception: (250) 380-2407

Fax: (250) 380-1004

Direct Lines:

Ken Glover/Gene Drennan	(250) 995-4244
Lesley Bentley	(250) 995-4233
Ruby Cajuguiran	(250) 995-4209
Carole Ellis	(250) 995-4208
Jennifer Thom	(250) 995-4203

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Email: trustees@glover.ca **Website:** <http://www.glover-drennan.com>