



REMBOLDT LAW FIRM, LLC

BANKRUPTCY CLIENT RESPONSIBILITIES

I, THE UNDERSIGNED, HEREBY ATTEST AND AFFIRM that all debts, whether joint debts, co-signed debts, claims or lawsuits for collection of debts, whether disputed or not, have been listed on my questionnaire.

I FURTHER ACKNOWLEDGE AND UNDERSTAND that my attorney relies on the information provided in this questionnaire in order to assist and advise me, and that it is my responsibility to provide my attorney with a full, complete and accurate financial disclosure. I further agree to update my attorney with regard to any incomplete information contained herein.

I FURTHER ACKNOWLEDGE AND UNDERSTAND that it is my responsibility to provide my attorney with the correct mailing address for all of my creditors prior to the filing of my Bankruptcy Petition and that this information must be provided directly to my attorney in writing.

I FURTHER ACKNOWLEDGE AND UNDERSTAND that in the event a creditor is omitted from any bankruptcy petition filed by my attorney as a result of an omission on this questionnaire, I will not have the protection of the Bankruptcy Court from action by that creditor and any such creditor could continue collection activity after the filing of the petition, and such omission may prohibit the discharge of those creditors.

I FURTHER ACKNOWLEDGE AND UNDERSTAND that an additional fee of **\$150.00** will be charged and must be paid to my attorney in order to include additional creditors after the petition has been filed and that this information must be provided to my attorney in writing and by scheduling an appointment with my attorney.

I FURTHER ACKNOWLEDGE AND UNDERSTAND that there are time limits which may prohibit the inclusion of additional creditors to my bankruptcy and that there are other legal requirements and/or prohibitions against the inclusion of additional creditors and that I must schedule an appointment with my attorney's office immediately after the filing of my bankruptcy petition for the purpose of adding additional creditors.

I FURTHER ACKNOWLEDGE AND UNDERSTAND that it is important that my attorney be able to contact me as additional information or instructions are required and will, therefore, keep my attorney informed of any change of address and/or phone number, in writing, so that my file is always current.

Date _____ Signature _____

Date _____ Signature _____