

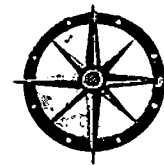
Bankruptcy

NEW CLIENT INTAKE PACKET



LAW OFFICE OF PATRICK D. BOYLE, P.A.





DATE: _____

INITIAL INTERVIEW QUESTIONNAIRE (BANKRUPTCY)

Please print all of your answers completely and legibly.

Please answer each question fully. If it does not apply to you or the answer is none, please write N/A in the space provided.

Briefly explain your financial circumstances? _____

If you are married, you must complete information for both you and your spouse, even if only one is seeking our services.

MARITAL STATUS: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

DEBTOR 1 INFORMATION:

LAST NAME: _____
FIRST NAME: _____
MIDDLE: _____
DOB: ____ / ____ / ____
PHYSICAL ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

DEBTOR 1 INFORMATION:

LAST NAME: _____
FIRST NAME: _____
MIDDLE: _____
DOB: ____ / ____ / ____
PHYSICAL ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

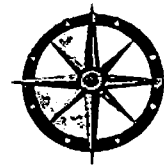
DL#: _____ STATE: _____

DL#: _____ STATE: _____

Other Names Used in Last 6 Years

Other Names Used in Last 6 Years

If you have a present mailing address that is different from your present physical address please write it below:



HAVE EITHER OF YOU FILED BANKRUPTCY BEFORE? YES / NO

IF YES, state who, when and where: _____

DEPENDENTS and/or CHILDREN INFORMATION:

NAME	AGE	SCHOOL GRADE	LIVE AT HOME? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State all other members of your household:

IS EITHER OF YOU SELF EMPLOYED? YES / NO

If yes, state the name, address and type of business:

EMPLOYER INFORMATION:

DEBTOR 1:
OCCUPATION: _____

EMPLOYER NAME: _____

ADDRESS: _____

CITY/STATE _____

ZIP CODE _____

LENGTH OF EMPLOYMENT _____

DEBTOR 2 (SPOUSE):
OCCUPATION: _____

EMPLOYER NAME: _____

ADDRESS: _____

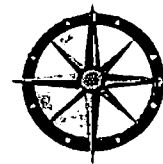
CITY/STATE _____

ZIP CODE _____

LENGTH OF EMPLOYMENT _____

If more than one present employer, please provide the same information about other employers as above for each Debtor:

ANTICIPATED CHANGES IN INCOME IN NEXT 12 MONTHS:



Are you behind on mortgage payments? YES / NO \$ _____

Do either of you have any interest in any real property besides your residence? YES / NO

Are any of your mortgages Adjustable Rate Mortgage? YES / NO

Are any of your properties facing foreclosure? YES / NO Date: _____

Are you behind on vehicle payments? YES / NO \$ _____

Do either of you have any title loans on any of your vehicles? YES / NO

Are you behind on property taxes? YES / NO \$ _____

Are either of you required to pay child/spousal support? YES / NO

 If yes, are you behind? YES / NO \$ _____

Are any bad checks still circulating for either of you? YES / NO \$ _____

Is either of your wages being garnished? YES / NO

 If yes, who? _____ \$ _____

Has anyone co-signed on a debt for either of you? YES / NO

Have either of you co-signed on a debt for anyone? YES / NO

Do either of you have any Judgments against you? YES / NO

Are either of you presently named and/or involved in any type of lawsuit? YES / NO

Are all years of IRS and State taxes filed for both of you? YES / NO

 If no, which years are not filed and for whom (IRS / State)? _____

Do either of you owe any IRS or State taxes? YES / NO

 If yes, who? _____ \$ _____

Do either of you have over \$500.00 in a savings account or CD? YES / NO

 If yes, who? _____ \$ _____

Have either of you received any cash advances, payday loans, credit for luxury items or signature loans of \$550.00 or more within the past ninety (90) days? YES / NO

Do either of you have a 401K loan? YES / NO

Does either of you regularly contribute to any charitable organizations? YES / NO

If yes, please provide documentation showing your contributions.

Do either of you expect to receive an inheritance or windfall within six (6) months of the filing of your case? YES / NO

 If yes, please explain: _____

Besides a Drivers' License, please state any and all other types of Licenses either of you possess:

I certify that the information given above in this questionnaire is true and correct and my listing of assets, debts as follows, income & expenses is complete to the best of my knowledge.

DATE: _____

Signature: _____

Signature: _____



BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.

IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.

SECURED CREDITOR INFORMATION

Mortgages, Car Lenders, Property Taxes, Furniture, Appliances, Mechanic's Liens or any other lender to whom collateral is pledged as security on the loan.

NAME (Mortgage): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	

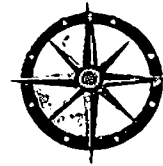
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO	If Yes, how much: \$ _____ * & # of months behind: _____
<i>Are you facing FORECLOSURE?</i>	<i>YES / NO If YES, what is the sale date?</i> _____
Intention: KEEP / SURRENDER	Creditor Phone #: (____) _____ - _____

CO-SIGNER:	COLLECTION AGENT:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

NAME (Mortgage 2 ND): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	

Collateral Description: _____	Next due date: _____
Are you behind: YES / NO	If Yes, how much: \$ _____ * & # of months behind: _____
<i>Are you facing FORECLOSURE?</i>	<i>YES / NO If YES, what is the sale date?</i> _____
Intention: KEEP / SURRENDER	Creditor Phone #: (____) _____ - _____

CO-SIGNER:	COLLECTION AGENT:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____



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SECURED CREDITOR INFORMATION

Continued:

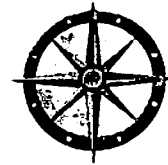
NAME (Auto): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO	If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER	Creditor Phone #: (____) _____ - _____

CO-SIGNER:	COLLECTION AGENT:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

NAME (Auto): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO	If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER	Creditor Phone #: (____) _____ - _____

CO-SIGNER:	COLLECTION AGENT:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

NAME (Other): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO	If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER	Creditor Phone #: (____) _____ - _____



CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME (Other): _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Date Incurred: _____
Pay-off: \$ _____
Value: \$ _____
Monthly Payment: \$ _____

ACCOUNT #: _____

Collateral Description: _____

Next due date: _____

Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind:

Intention: KEEP / SURRENDER Creditor Phone #: (____) _____ - _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

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If more space is needed due to additional SECURED CREDITORS, please write on back.

PRIORITY CREDITOR INFORMATION

IRS Taxes, State Taxes, Business Taxes; Child Support or Spousal Support (Domestic Support Obligations - DSO)*. You must list DSO even if you are current on all payments.

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Date Incurred: _____
Balance: \$ _____
Monthly Payment: \$ _____
Next due date: _____

ACCOUNT #: _____

Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind:

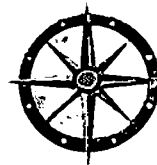
Creditor Phone #: (____) _____ - _____

CO-DEBTOR:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

If DSO, list who is entitled to the support:*

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____



NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____

Date Incurred: _____
Balance: \$ _____
Monthly Payment: \$ _____
Next due date: _____

Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind:

Creditor Phone #: (____) _____ - _____

CO-DEBTOR: *If DSO*, list who is entitled to the support:*

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____

Date Incurred: _____
Balance: \$ _____
Monthly Payment: \$ _____
Next due date: _____

Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind:

Creditor Phone #: (____) _____ - _____

CO-DEBTOR:

If DSO*, list who is entitled to the support:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

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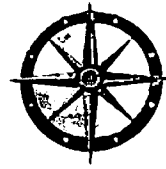
If more space is needed due to additional PRIORITY CREDITORS, please write on back.

UNSECURED CREDITOR INFORMATION

Credit Cards, Payday Loans, Medical Bills, Signature Loans, Mail Orders, Student Loans, Services Provided, Bad Checks, Gas Cards or any other debt that you owe that is not already listed above (even if you believe the debt has been charged off).

NAME: _____
ADDRESS: _____

Date Incurred: _____
Balance: \$ _____

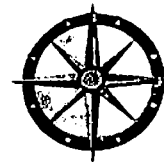


CITY: _____ Type of Debt: _____
 STATE: _____ ZIP: _____
 ACCOUNT #: _____
 Creditor Phone #: (____) _____ - _____
CO-SIGNER: **COLLECTION AGENT:**
 NAME: _____ NAME: _____
 ADDRESS: _____ ADDRESS: _____
 CITY: _____ CITY: _____
 STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
 ADDRESS: _____ Balance: \$ _____
 CITY: _____ Type of Debt: _____
 STATE: _____ ZIP: _____
 ACCOUNT #: _____
 Creditor Phone #: (____) _____ - _____
CO-SIGNER: **COLLECTION AGENT:**
 NAME: _____ NAME: _____
 ADDRESS: _____ ADDRESS: _____
 CITY: _____ CITY: _____
 STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
 ADDRESS: _____ Balance: \$ _____
 CITY: _____ Type of Debt: _____
 STATE: _____ ZIP: _____
 ACCOUNT #: _____
 Creditor Phone #: (____) _____ - _____
CO-SIGNER: **COLLECTION AGENT:**
 NAME: _____ NAME: _____
 ADDRESS: _____ ADDRESS: _____
 CITY: _____ CITY: _____
 STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
 ADDRESS: _____ Balance: \$ _____
 CITY: _____ Type of Debt: _____
 STATE: _____ ZIP: _____
 ACCOUNT #: _____
 Creditor Phone #: (____) _____ - _____
CO-SIGNER: **COLLECTION AGENT:**
 NAME: _____ NAME: _____
 ADDRESS: _____ ADDRESS: _____



CITY: _____
STATE: _____ ZIP: _____

CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

CO-SIGNER:

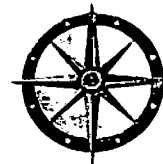
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____



Creditor Phone #: () -

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

ACCOUNT #: _____

Creditor Phone #: () -

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

If more space is needed due to additional UNSECURED CREDITORS, please write on back.

DO YOU HAVE ANY OTHER DEBTS NOT LISTED ABOVE? YES / NO

If so, state name, amount owed and past due amount: _____

If so, why they are not listed above: _____

BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.

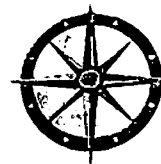
IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.

EXECUTORY CONTRACTS & LEASES

Residential Leases, Vehicle Leases, Cell Phone Contracts, Gym Memberships, Country Club Memberships, Service Contracts, Contracts for Deed, Rent to Own or any other contract that if broken you will be charged penalties.

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

Date Began: _____
Date Ending: _____
Type of Contract: _____



ACCOUNT #: _____
 Creditor Phone #: (____) _____ - _____ Monthly Payment: _____
 Are you in default? YES / NO If Yes, how much: \$ _____ & # of months behind: _____
 What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

NAME: _____ Date Began: _____
 ADDRESS: _____ Date Ending: _____
 CITY: _____ Type of Contract: _____
 STATE: _____ ZIP: _____

ACCOUNT #: _____
 Creditor Phone #: (____) _____ - _____ Monthly Payment: _____
 Are you in default? YES / NO If Yes, how much: \$ _____ & # of months behind: _____
 What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

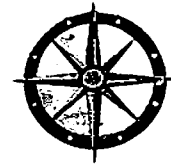
NAME: _____ Date Began: _____
 ADDRESS: _____ Date Ending: _____
 CITY: _____ Type of Contract: _____
 STATE: _____ ZIP: _____

ACCOUNT #: _____
 Creditor Phone #: (____) _____ - _____ Monthly Payment: _____
 Are you in default? YES / NO If Yes, how much: \$ _____ & # of months behind: _____
 What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

NAME: _____ Date Began: _____
 ADDRESS: _____ Date Ending: _____
 CITY: _____ Type of Contract: _____
 STATE: _____ ZIP: _____

ACCOUNT #: _____
 Creditor Phone #: (____) _____ - _____ Monthly Payment: _____
 Are you in default? YES / NO If Yes, how much: \$ _____ & # of months behind: _____
 What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

If more space is needed due to additional EXECUTORY CONTRACTS & LEASES, please write on back.



BUDGET QUESTIONS

Gross wages **PER PAY CHECK** (please select only one pay period per Debtor)

DEBTOR 1:

- Weekly
- Every Two Weeks
- Twice Monthly
- Monthly
- Other (Explain)

DEBTOR 2 (SPOUSE):

- Weekly
- Every Two Weeks
- Twice Monthly
- Monthly
- Other (Explain)

PAY CHECK INCOME:

How much are you paid per
Pay check? (BEFORE TAXES)

Amount of overtime per
Pay period, if any?

DEBTOR 1:

\$ _____

\$ _____

DEBTOR 2 (SPOUSE):

\$ _____

\$ _____

Deductions per pay period

- Federal & State Taxes *
- Social Security *
- Medicare *
- Insurance (Health, Life & AD&D) *
- Union Dues *
- Retirement (Voluntary / Mandatory) *
- Other Deductions (Explain)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total Monthly Income (Office Use Only)

\$ _____

\$ _____

OTHER INCOME PER MONTH:

- If self-employed, regular income after expenses:
(Please provide Profit / Loss Statements)
- Income from real property:
- Interest and dividends:
- Alimony & Child Support:
- Social Security / Disability:
- Pension / Retirement:
- Other income: (Explain)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

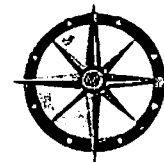
\$ _____

TOTAL MONTHLY NET INCOME:

(Office Use Only)

\$ _____

\$ _____



Any anticipated changes in income?

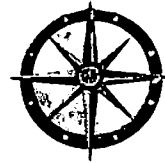
YES / NO

If YES, please explain:

Any deduction marked with an asterisk (*) may qualify for the Means Test (Office Use Only)

MONTHLY EXPENSES: Please answer these as completely as you can using averages

Rent/Mortgage: *	\$ _____
Are your property taxes included? If not, state amount *	\$ _____
Is property insurance included? If not, state amount *	\$ _____
Electricity and gas	\$ _____
Water and sewer	\$ _____
Telephones & Cell Phones (Basic Service)	\$ _____
Long Distance *	\$ _____
Pagers *	\$ _____
Caller ID / Call Waiting *	\$ _____
Security System *	\$ _____
Cable / Satellite	\$ _____
Internet Service *	\$ _____
Other Utilities (Explain) _____	\$ _____
Home Maintenance	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Medical/Dental *	\$ _____
Transportation (Gas, Repairs, etc.)	\$ _____
Entertainment/Magazines	\$ _____
Charitable Contributions *	\$ _____
Insurance:	
Home/Renters' Insurance *	\$ _____
Life Insurance *	\$ _____
Auto Insurance	\$ _____
Health Insurance *	\$ _____
Other Insurance (Explain) _____	\$ _____
Installment Payments:	
Automobile *	\$ _____
Automobile *	\$ _____
Other (Explain)	\$ _____

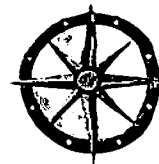


Other (Explain).....	\$ _____
Other (Explain).....	\$ _____
Other Taxes Not Withheld *.....	\$ _____
Child Care *.....	\$ _____
Alimony/Support Payments *.....	\$ _____
Support of Dependents not at Home (Elderly or Disabled Family) *	\$ _____
Other Expenses _____	\$ _____
Other Expenses _____	\$ _____
Other Expenses _____	\$ _____
<u>TOTAL MONTHLY EXPENSES</u>	\$ _____

Any anticipated changes in expenses? YES / NO

If YES, please explain: _____

Any expense marked with an asterisk () may qualify for the Means Test (Office Use Only)*



List of Often Overlooked Expenses

Bank charges (monthly checking account fees, ATM fees, overdraft fees, new check orders, online bill-pay fees, etc.)

Tax return preparation fees

Other accounting fees

Ongoing legal fees and costs

Medical/hospital/vision/dental/specialist/physical therapy/chiropractor/mental health visits

Medical equipment (canes, crutches, wheelchair, brace, oxygen, etc.)

Eye glasses (care and replacement)

Contact lenses and solutions

Dental hygiene products (toothpaste, whiteners, brush, floss, mouthwash)

Physical therapy products (TENS unit, weights, strengthening aids, etc.)

Batteries for hearing aids and other health care devices

Non-prescription medications, antacids

Pain killers (Tylenol, aspirin, Excedrin, etc.)

Cold, allergy and sinus medications

Vitamins

Humidifier, neti pot, dehumidifier (and supplies)

Weight loss programs and aids

Home office supplies (computer, printer, toner, ink, paper, software, general office supplies, etc.)

Postage

Work expenses (including lunches and snacks)

Parking, tolls

Job hunting (resumes, mileage, postage, fees, stationary)

Home alarm system maintenance and fees

Home landscaping and lawn care (lawnmower, trimmer, gas, mulch, etc.)

Home maintenance (pressure washing, painting inside/outside, etc.)

Pool care

Motor vehicle oil changes

Tires

Car washes

Other motor vehicle maintenance (brakes, tire rotation, washer fluid, etc.)

Annual registration cost for motor vehicles

Inspection, preparation costs

OnStar system payments

EZ pass costs