

PERSONAL Bankruptcy Worksheet

INSTRUCTIONS

Please answer these questions carefully. The information you give us will be used to compile the documents the Court requires in order to have your bankruptcy case approved. Your answers will determine what will be on your bankruptcy "petition" that initiates the case. Any errors, omissions or misrepresentations may seriously affect the discharge of your debts (meaning that you may need to pay them despite your having filed for bankruptcy). Discuss this with your attorney.

Where space permits, provide the entire answer to each question on this questionnaire. However, do not let the size of the space available determine the extent of your response. If additional space is necessary, use a separate sheet or the back of this form, identifying by number and letter the question answered. A question asking for a date, or when something happened, can usually be answered with the month and year only. A question asking for an address must include the ZIP code, along with a complete street or post office box address.

The instructions in this questionnaire should answer most of your questions. In addition, we have tried to eliminate "legalese" (or lawyer jargon) by using clear and simple language. Where terms are used that we feel might be unfamiliar to you, we try to provide clear definitions. Nonetheless, if you are uncertain about what is being requested, then please call with your questions, because accuracy at this stage is of utmost importance.

Remember, **these questions must be answered fully and accurately.** If you absolutely cannot remember, find out, or estimate with reasonable accuracy, answer "Unknown." The effort you expend now will help determine how quickly your bankruptcy can be filed and will economize on legal costs or the time required for legal work.

There are many parts of the worksheet that will ask you to place a value on property that you own. Please use the following as a guideline for determining those values:

REAL PROPERTY: LIST ALL OF YOUR ASSETS. When valuing real property (land and any structures built on it), indicate the appraised tax value from your yearly property tax statement or, alternatively, base the value upon sales price paid for similar properties in your area.

PERSONAL PROPERTY & HOUSEHOLD GOODS: LIST ALL OF YOUR ASSETS. When filling out this part of the worksheet for any items that are collateral on a secured debt, use the replacement value of the property as of the filing date without deducting any costs of sale. Replacement value is the price a retail merchant would charge for an item of that kind, considering the age and condition of the property. Cars should be valued by the N.A.D.A. Official Used Car Guide or Kelly Blue Book. Other household goods and clothing can be valued at fair market value, which is the price that you would charge for an item of that kind in similar circumstances.

DEBTS: LIST ALL OF YOUR DEBTS. For each creditor, please provide us with the following information: name and complete address (use any address listed for bankruptcy notices), account number, the amount owed based on the most recent statement you received and monthly payment amount, the date the debt was created, and any other information requested in these worksheets. You may plan to repay some creditors, including relatives and friends, but you must nevertheless list them as creditors. Your attorney can discuss with you the procedures for “reaffirming” a debt to a creditor or how to go about repaying your relatives or friends. If you have debts that are disputed, list them. If you have potential debts for which no one has yet made a direct claim against you, list them. Failure to list a creditor can result in you not being discharged of your obligation to that creditor. **At your request, we can provide you with an Excel spreadsheet template to input the information. The worksheets must be filled out and completed –a copy of your credit report is not sufficient.**

CODEBTORS: Your codebtors are obligated to pay the debts you do not. For most people, a codebtor is just someone who cosigned a loan. However, partners, spouses and others who are not part of your petition may be liable on many of your debt without actually cosigning anything. If this is your situation, you will need to attach additional sheets listing all debtor for which someone else may be jointly liable.

CURRENT MONTHLY INCOME: You are required to provide information about all the income you have received over the last six months, including wages from regular employment or side jobs, investment income, interest income, or any other income from a business or other source. Only benefits received under the Social Security Act and payments made to victims of war crimes or terrorism can be excluded. Current monthly income will be an average of the prior six months’ income.

DISPOSABLE INCOME: You must provide your average actual monthly living expenses where requested. Under section 707(b)(2) and section 1325(b)(2) of the Bankruptcy Code, however, some of your expenses will be determined by standards for expenses issued by the Internal Revenue Service. To compute your disposable income, you would deduct your allowable expenses from your current monthly income.

EXEMPT ASSETS: We will assist you in determining which of your assets are exempt from the bankruptcy trustee or your creditors. You will need to inform us where you have lived for the past 2 ½ years, which will determine which state’s exemption laws apply. You must provide us with the value, as discussed above, of any property listed as exempt.

DOCUMENTS NEEDED

You will need to provide the following documents to our office when you turn in the completed worksheet. **It is very important that you provide these items. WE WILL NOT RETURN ANY OF THE DOCUMENTS PROVIDED, SO PLEASE MAKE COPIES IF YOU WISH TO KEEP THE ORIGINALS.** In addition, we are providing cover sheets to assist in the classification and arrangement of the documents. Use this page as a checklist as you gather the documents.

_____ Proof of ID: State Driver's License/ID, Government ID, Student ID, Military ID, Resident Alien card or U.S. passport

_____ Proof of SSN: Social Security Card, Medical insurance card, Pay Stub, W-2 Form, IRS Form 1099 or Social Security Administration report

INCOME:

_____ Seven (7) months payroll stubs for each employed person (including a non-filing spouse) for all current employer. This should also include any unemployment benefits received. Include the current month plus prior six (6) months.

_____ Copies of all documents regarding any child or spousal support received within last six (6) months.

_____ Copies of all documents regarding Social Security payments received by any member of your household within the last six (6) months .

_____ Copies of any pension or retirement benefits received within the last six (6) months.

_____ Copies and/or listing of any other income received for the last six (6) months.

_____ A listing of money contributed to household or living expenses by other members of your household, even if they are not related to you, including your non-filing spouse.

_____ Tax returns or tax transcripts from the IRS for the last four (4) years.

DEDUCTIONS FROM INCOME/EXPENSES:

_____ Copies of any retirement or pension plan contributions made in the last six (6) months.

_____ Copies of any retirement loan currently owed.

_____ Copies of any other deductions from your paycheck this is required or mandatory. This will include wage garnishment order, domestic support order, etc.

_____ Copies of all utility bills for the past six (6) months.

_____ Copies of current mortgage statement(s) and vehicle loan(s) for the last six (6) months.

ASSETS AND DEBTS:

- _____ Copies of any promissory notes, deeds of trust, mortgages, property tax statements, or contracts relating to any real estate owned or being purchased, including timeshares and condominiums, for the past ten (10) years and any statements showing balances owed.
- _____ Copies of registrations/title for every vehicle owned.
- _____ Copies of any notes, retail installment contracts or UCC-1 Financing Statements from banks, credit unions, finance companies or other lenders. Also, any security agreements or other documents listing your property as collateral for the purchase of cars, furniture, mobile homes, other personal property, or cash loans, and any statements showing balance owed for last three (3) years.
- _____ Copies of all pension plan statements and documents stating the cash surrender values of life insurance policies. You do not need to bring copies of term life policies.
- _____ Copies of six (6) months of statements for each depository account, (i.e. bank statements, credit union statements, brokerage statements, etc.).
- _____ Copies of your last statement for any IRA, 401K, medical savings plan, or education savings.
- _____ Copies of last four (4) current statements and bills from all creditors, (please make sure that you make copies of the front and back), including letters from collection agencies.

OTHER FINANCIAL DOCUMENTS:

- _____ Copy of current credit report. (With your authorization, we can obtain the credit report for you.)
- _____ Copies of student loan documents or statements.
- _____ Copies of eviction notices or notice of default from landlord(s).
- _____ Proof of Insurance. If the policy is new, please provide the "binder" which is issued until the policy is in full force. If the policy is not new, then please provide the declarations page. Insurance information must state, at a minimum, the names of the insureds (you and other drivers in the case of car insurance), the policy number, the collateral that is insured, and the loss payee (the company(ies) that have liens on the property). This will include copies of insurance policy for all automobiles, homeowners, etc.,
- _____ All legal documents pertaining to lawsuits and/or administrative proceedings which are pending or which have been finalized in the past 24 months.
- _____ Copies of all papers regarding dissolution of marriage, domestic support/obligations, etc.
- _____ Copies of six (6) months of evidence of payments of domestic support obligations.
- _____ All judgment, court orders, or tax liens entered against you or in your favor.
- _____ All executory contracts; for instance, leases, contracts for sale or deed and lease-purchase contracts.

For individual(s) doing business:

- _____ Copies of your books and records of your business, including but not limited to any and all personal property tax affidavits, bank statements, canceled checks, insurance policies for the last two years, up to and including the date of filing.
- _____ Last two years of year-end financial statements (i.e., annual balance sheets and income statements).
- _____ Most recent monthly financial statement (i.e., balance sheets and income statements).
- _____ A complete listing of all your monthly business expenses for the last six (6) months.
- _____ Partnership Agreements, LLC Agreement, or Corporate Record Book for Company.

GENERAL INFORMATION

Name, First	Middle (spell out)	Last
Social Security Number	Date of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Street Address		
City	State	Zip

MAILING ADDRESS - If you would like any correspondence by the bankruptcy court to be sent to a different mailing address than the physical address you provided above (i.e, PO Box, etc.), please provide that address below:

County of Residence	Length of Time at this Address
Home Phone	Other Phone
Email Address:	
Have you used any other names in the past 8 years? (Include married, maiden and trade names) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name Used _____	Dates Used _____ thru _____
Name Used _____	Dates Used _____ thru _____

SPOUSE'S INFORMATION *If married, fill out spouse sections even if spouse is not filing.* **NOT MARRIED**

If married, do you and your spouse maintain separate household? Yes No

Name, First	Middle (spell out)	Last
Social Security Number	Date of Birth	
Street Address (if living separately)		
City	State	Zip
County of Residence	Length of Time at this Address	
Home Phone	Other Phone	
Email Address:		
Have you used any other names in the past 8 years? (Include married, maiden and trade names) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Used _____	Dates Used _____ thru _____	
Name Used _____	Dates Used _____ thru _____	

OTHER INFORMATION

Have you received Credit Counseling? Yes No Date Completed _____ Please attach certificate.

Have you filed bankruptcy within the last 8 years? Yes No When? _____ Chapter _____ Results _____

Are there currently any bankruptcy cases pending against you, your spouse or your businesses? Yes No

Do you have any property that poses a threat to public safety? Yes No

Do you rent your home? Yes No Are you behind in your rent payments? Yes No Monthly Rent: \$ _____

Landlord's Name & Address: _____

If you rent your home, does a landlord hold a judgment against you? Yes No

Are you a disabled Veteran with debts incurred primarily during active duty/homeland defense? Yes No

Are you filing this bankruptcy petition with your spouse? Yes No If "no", explain: _____

Have you lived at the current address for at least the past: 180 days (6 ms)? Yes No 730 days (2 yrs)? Yes No

YOUR REAL ESTATE **NO REAL ESTATE**Check the type of real estate you own: House Condo Lot/Land Timeshare Other _____

Name(s) on the Deed _____

Location _____

Description of Real Estate _____

Purchase Price \$ _____ Date of Purchase _____ Current Market Value: \$ _____

Name of Mortgage Company _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date you obtained this mortgage _____

Is there a co-signer on this loan? **Yes** **No** If yes, state name and address of co-signer _____

What are the monthly payments? \$ _____ What is the payoff amount on this mortgage? \$ _____

Are you behind in payments? **Yes** **No** If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

Are taxes or insurance included in your payment? **Yes** **No** Taxes \$ _____ Insurance \$ _____Do you have a second mortgage on the real estate? **Yes** **No** Intention: **KEEP** **SURRENDER****SECOND MORTGAGE / EQUITY LINE INFORMATION (IF APPLICABLE)**

Name of Mortgage Company _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date you obtained this mortgage _____

What are the monthly payments? \$ _____ What is the payoff amount on this mortgage? \$ _____

Are you behind in payments? **Yes** **No** If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

Do you have a third mortgage on the real estate? **Yes** **No****FORECLOSURE ACTION (IF APPLICABLE)**Is this property in the process of a foreclosure action? **Yes** **No**Have you received a Notice of Sheriff's Sale? **Yes** **No**

Name of Attorney _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Do you own any other real estate? **Yes** **No**

OTHER REAL ESTATE **NO OTHER REAL ESTATE**Check the type of real estate you own: House Condo Lot/Land Timeshare Other _____

Name(s) on the Deed _____

Location _____

Description of Real Estate _____

Purchase Price \$ _____ Date of Purchase _____ Current Market Value: \$ _____

Name of Mortgage Company _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date you obtained this mortgage _____

Is there a co-signer on this loan? Yes No If yes, state name and address of co-signer _____

What are the monthly payments? \$ _____ What is the payoff amount on this mortgage? \$ _____

Are you behind in payments? Yes No If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

Are taxes or insurance included in your payment? Yes No Taxes \$ _____ Insurance \$ _____Do you have a second mortgage on the real estate? Yes No Intention: KEEP SURRENDER**SECOND MORTGAGE / EQUITY LINE INFORMATION (IF APPLICABLE)**

Name of Mortgage Company _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date you obtained this mortgage _____

What are the monthly payments? \$ _____ What is the payoff amount on this mortgage? \$ _____

Are you behind in payments? Yes No If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

Do you have a third mortgage on the real estate? Yes No**FORECLOSURE ACTION (IF APPLICABLE)**Is this property in the process of a foreclosure action? Yes NoHave you received a Notice of Sheriff's Sale? Yes No

Name of Attorney _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Do you own any other real estate? Yes No

YOUR MOBILE HOME **NO MOBILE HOME**

Name(s) on the Deed _____

Location _____

Description of Mobile Home _____

_____ Purchase Price \$ _____ Date of Purchase _____

Are the wheels removed and the mobile home attached to the ground? Yes NoDoes your mobile home sit in a mobile park? Yes No If yes, what is the monthly lot rent? \$ _____Does your mobile home sit on a piece of ground you own? Yes No Size _____ Value \$ _____Do you have a mortgage on this piece of ground? Yes No

Name of Mortgage Company _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date you obtained this mortgage _____

Is there a co-signer on this loan? Yes No If yes, state name and address of co-signer _____

What are the monthly payments? \$ _____ What is the payoff amount on this mortgage? \$ _____

Are you behind in payments? Yes No If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

What year was your real estate last appraised? _____ What was the appraised value? \$ _____

Do you have a second mortgage on this mobile home? Yes No Intention: KEEP SURRENDER**SECOND MORTGAGE INFORMATION (IF APPLICABLE)**

Name of Mortgage Company _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date you obtained this mortgage _____

What are the monthly payments? \$ _____ What is the payoff amount on this mortgage? \$ _____

Are you behind in payments? Yes No If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

COLLECTION INFORMATION (IF APPLICABLE)Is this mobile home in the process of a foreclosure action? Yes NoHave you received a Notice of Sheriff's Sale? Yes No

Name of Collection Agency or Attorney _____

Address _____

City _____ State _____ Zip Code _____

YOUR HOUSEHOLD INVENTORY

Please indicate whether you currently own the items listed below. Then, provide the **REPLACEMENT VALUE** for each item. For property acquired for personal or family use, the replacement value is the price a retail merchant (consignment shop, EBay, etc.) would charge for property of that kind **CONSIDERING THE AGE AND CONDITION OF THE PROPERTY**. Indicate whether the property is owned by the man (**M**), woman (**W**), or owned jointly (**J**) or (**C**) Community. Please use only black ink.

<u>Yes</u> <u>No</u>	<u>Current Value</u>	<u>Circle One</u>	<u>Yes</u> <u>No</u>	<u>Current Value</u>	<u>Circle One</u>
<input type="checkbox"/> <input type="checkbox"/> Stove/Oven	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Photographic Equipment	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Dishwasher	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Exercise Equipment	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Microwave	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Fishing Equipment	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Refrigerator	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Camping Equipment	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Freezer	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Golf Clubs	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Kitchenware	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Bicycles	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Armoire	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Other Sports Equipment: _____	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Washer/Dryer	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Other Hobby Equipment: _____	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Dining Tables and Chairs	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Guns -Describe: _____	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Lamps, Mirrors, Clocks	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Firearms -Describe: _____	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Living Room Furniture	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Toys	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Recliner	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Musical Instruments	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Television(s)	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Computer	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Entertainment Center	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Printer	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Satellite Disks	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Scanner	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> VCR	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Fax Machine	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> CD/DVD Player	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Copier	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Speakers	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Desk/Office Furniture	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Other Stereo _____	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Boats, motors and accessories	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Bed	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Aircraft and accessories	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Nightstands	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Business machinery, fixtures, etc.	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Books	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Inventory of any goods, products	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Pictures	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Animals (that you could sell)	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Stamps	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Crops-growing or harvested	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Sports Cards	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Farming equipment and supplies	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Art	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Lawnmower	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Antiques	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Snow Blower	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Collectibles _____	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Yard Tools and Equipment	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Music, Movies	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Carpenter Tools	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> All Clothing-incl. shoes, hats, etc.	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Mechanic Tools	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Furs	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Misc. Household Goods (linens, etc.)	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Fur Coats	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Cash in your pocket	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Wedding Rings	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Other _____	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Engagement Rings	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Other _____	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Jewelry (watches)	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Other _____	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Costume Jewelry	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Other _____	\$ _____	M W J C
<input type="checkbox"/> <input type="checkbox"/> Other Jewelry _____	\$ _____	M W J C	<input type="checkbox"/> <input type="checkbox"/> Other _____	\$ _____	M W J C

YOUR MOTOR VEHICLES **NO MOTOR VEHICLES**

Type: Automobile Truck Motorcycle Mobile Home Boat Trailer Camper Other _____

Year _____ Make _____ Model _____ Style _____ 2dr 4dr Other _____

Condition Excellent Good Fair Poor Not Running Mileage _____

Name(s) on vehicle title _____ Date of Purchase _____

Is this vehicle leased? Yes No Lease Term: _____ Months - Beginning _____ Ending _____

Lease Monthly Payments: \$ _____ What is the "buy out" on the lease? \$ _____

Do you have a loan on this vehicle? Yes No If yes, name of the company _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date loan was established _____

Is there a co-signer on this loan? Yes No If yes, state name and address of co-signer _____

What are the monthly payments? \$ _____ What is the payoff amount on this loan? \$ _____

Are you behind in payments? Yes No If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

Has this loan been turned over for collection? Yes No If yes, state name and address of collection agency or attorney _____

Have you listed this vehicle as collateral on a personal loan? Yes No

Would you like to keep this vehicle and continue making monthly payments? Yes No

Type: Automobile Truck Motorcycle Mobile Home Boat Trailer Camper Other _____

Year _____ Make _____ Model _____ Style _____ 2dr 4dr Other _____

Condition Excellent Good Fair Poor Not Running Mileage _____

Name(s) on vehicle title _____ Date of Purchase _____

Is this vehicle leased? Yes No Lease Term: _____ Months - Beginning _____ Ending _____

Lease Monthly Payments: \$ _____ What is the "buy out" on the lease? \$ _____

Name of the company you make payments for this vehicle _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date loan was established _____

Is there a co-signer on this loan? Yes No If yes, state name and address of co-signer _____

What are the monthly payments? \$ _____ What is the payoff amount on this loan? \$ _____

Are you behind in payments? Yes No If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

Has this loan been turned over for collection? Yes No If yes, state name and address of collection agency or attorney _____

Have you listed this vehicle as collateral on a personal loan? Yes No

Would you like to keep this vehicle and continue making monthly payments? Yes No

YOUR MOTOR VEHICLES

NO MOTOR VEHICLES

Type: Automobile Truck Motorcycle Mobile Home Boat Trailer Camper Other _____

Year _____ Make _____ Model _____ Style _____ 2dr 4dr Other _____

Condition Excellent Good Fair Poor Not Running Mileage _____

Name(s) on vehicle title _____ Date of Purchase _____

Is this vehicle leased? **Yes** **No** Lease Term: _____ Months - Beginning _____ Ending _____

Lease Monthly Payments: \$ _____ What is the "buy out" on the lease? \$ _____

Do you have a loan on this vehicle? **Yes** **No** If yes, name of the company _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date loan was established _____

Is there a co-signer on this loan? **Yes** **No** If yes, state name and address of co-signer _____

What are the monthly payments? \$ _____ What is the payoff amount on this loan? \$ _____

Are you behind in payments? **Yes** **No** If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

Has this loan been turned over for collection? **Yes** **No** If yes, state name and address of collection agency or attorney _____

Have you listed this vehicle as collateral on a personal loan? **Yes** **No**

Would you like to keep this vehicle and continue making monthly payments? **Yes** **No**

Type: Automobile Truck Motorcycle Mobile Home Boat Trailer Camper Other _____

Year _____ Make _____ Model _____ Style _____ 2dr 4dr Other _____

Condition Excellent Good Fair Poor Not Running Mileage _____

Name(s) on vehicle title _____ Date of Purchase _____

Is this vehicle leased? **Yes** **No** Lease Term: _____ Months - Beginning _____ Ending _____

Lease Monthly Payments: \$ _____ What is the "buy out" on the lease? \$ _____

Name of the company you make payments for this vehicle _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date loan was established _____

Is there a co-signer on this loan? **Yes** **No** If yes, state name and address of co-signer _____

What are the monthly payments? \$ _____ What is the payoff amount on this loan? \$ _____

Are you behind in payments? **Yes** **No** If yes, how many months are you behind? _____

What interest rate do you pay? _____% Amount to catch up back payments? \$ _____

Has this loan been turned over for collection? **Yes** **No** If yes, state name and address of collection agency or attorney _____

Have you listed this vehicle as collateral on a personal loan? **Yes** **No**

Would you like to keep this vehicle and continue making monthly payments? **Yes** **No**

CURRENT MONTHLY INCOME

To complete this form please have your pay stubs and proof of income from all sources handy. If you are self employed, you will need a spreadsheet detailing gross income, itemized business expenses and other deductions for the past 12 mos.

YOU	YOUR SPOUSE
Your Name _____	Spouse's Name _____
Employer's Name _____	Employer's Name _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Payroll Office Phone _____	Payroll Office Phone _____
Occupation _____	Occupation _____
How long employed? _____ Years _____ Months	How long employed? _____ Years _____ Months
How often do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ Hourly Wage / Salary \$ _____	How often do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ Hourly Wage / Salary \$ _____
Average GROSS Pay before deductions \$ _____	Average GROSS Pay before deductions \$ _____
Average commissions per pay period \$ _____	Average commissions per pay period \$ _____
Average overtime per pay period \$ _____	Average overtime per pay period \$ _____
Fed./State Tax deductions per pay period \$ _____	Fed./State Tax deductions per pay period \$ _____
Social Sec. Tax deductions per pay period \$ _____	Social Sec. Tax deductions per pay period \$ _____
Medicare deductions per pay period \$ _____	Medicare deductions per pay period \$ _____
Life Insurance deduction? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Life Insurance deduction? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Company _____	Company _____
<input type="checkbox"/> Term Life - Face value \$ _____	<input type="checkbox"/> Term Life - Face value \$ _____
<input type="checkbox"/> Whole Life-Cash value \$ _____	<input type="checkbox"/> Whole Life-Cash value \$ _____
Other Insurance – Health, Disability, etc. \$ _____	Other Insurance – Health, Disability, etc. \$ _____
Union dues deductions per pay period \$ _____	Union dues deductions per pay period \$ _____
401k / Pension / Retirement per pay period \$ _____	401k / Pension / Retirement \$ _____
Retirement Loan deductions per pay period \$ _____	Retirement Loan deductions \$ _____
Alimony/Child Support deductions \$ _____	Alimony/Child Support deductions \$ _____
Court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other deduction _____ \$ _____	Other deduction _____ \$ _____
Other deduction _____ \$ _____	Other deduction _____ \$ _____
Average Net Pay after all deductions \$ _____	Average Net Pay after all deductions \$ _____
Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other temporary or side jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide information in a separate sheet of paper.	Do you have any other temporary or side jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide information in a separate sheet of paper.
Do you anticipate any increase or decrease in income to occur within the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you anticipate any increase or decrease in income to occur within the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe when and why:	

Do you have any dependents? Yes No If so, how many? _____ Please list them below:

Name _____	Age _____	Relationship _____	Is this person leaving with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Age _____	Relationship _____	Is this person leaving with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Age _____	Relationship _____	Is this person leaving with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT MONTHLY BUDGET

To complete this schedule please have all your bills and support documentation for all your expenses handy.

The Bankruptcy Courts now require supporting documentation for all claimed expenses. Please save receipts for every bill and for every purchase.

Do you and your spouse maintain separate households? Yes No If so, fill one budget out for your household and another for your spouse's.

HOUSING EXPENSES		INSURANCE	
Rent	\$	Renters Insurance	\$
First Mortgage	\$	Term Life Ins. (not deducted from wages)	\$
Second Mortgage	\$	Whole Life Ins. (not deducted from wages)	\$
Taxes (not included in mortgage payments)	\$	Health Ins. (not deducted from wages)	\$
Insurance (not included in mortgage payments)	\$	Auto Insurance	\$
Lot for mobile home payment	\$	Disability Insurance	\$
Monthly Common Charges / Assessments		Other Insurance _____	\$
UTILITIES	\$	INSTALLMENT PAYMENTS	
Electric and Heat	\$	Automobile Installments	\$
Water and Sewer	\$	Furniture Installments	\$
Telephone (home basic service)	\$	Appliances Installments	\$
Telephone (cell phones)	\$	Computer/Electronics Installments	\$
Internet	\$	Jewelry Installments	\$
Cable TV / Satellite TV	\$	Other Installments _____	\$
Trash Pick-Up		OTHER EXPENSES	
BASIC NEEDS	\$	Alimony/Maintenance you pay	\$
Repairs and Maintenance (if you own your home)	\$	Child support you pay	\$
Food and Grocery Items	\$	Care of dependent not living with you	\$
Clothing	\$	Care for elderly or disabled	\$
Laundry/Dry Cleaning	\$	Union Dues (not deducted from wages)	\$
Medical Expenses (not paid by insurance)	\$	Child care expenses (receipts needed)	\$
Dental Expenses (not paid by insurance)		Health Savings Account payments	\$
	\$	Education Expenses (child must be < 18)	\$
TRANSPORTATION	\$	Personal care items	\$
Gasoline / Bus fare		Student Loan Repayment	\$
Auto Maintenance (oil change, tires, etc.)		Other (specify)	\$
RECREATION	\$	Other (specify)	\$
Recreation / Entertainment	\$	Other (specify)	\$
Newspapers / Magazines		Other (specify)	\$
CHARITY	\$	Other (specify)	\$
Charitable contributions (receipts will be needed)	\$	Other (specify)	\$

Do you anticipate any increase or decrease in expenses to occur within the next year?

Yes No

Please describe when and why:

FINANCIAL AFFAIRS

ALL QUESTIONS MUST BE ANSWERED FULLY, COMPLETELY AND HONESTLY. If you are filing jointly with your spouse, include information about both you and your spouse. **VERY IMPORTANT:** If you are filing under Chapter 13 and you are married and not separated, you must provide information about your spouse even if you are not filing jointly. If you answer "Yes" to any of the questions below, please provide further information.

YOUR INCOME:

HAVE YOU RECEIVED INCOME FROM:		<u>So far this year</u>	<u>Last Year</u>	<u>Year Before Last</u>
Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Business, Flea market? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Real Estate Rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Interests, Dividends? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Unemployment Comp.? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Alimony, Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Retirement, Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Gambling, Lottery? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
ANY other source? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	

YOUR SPOUSE'S INCOME: Spouse's Name: _____

HAVE YOU RECEIVED INCOME FROM:		<u>So far this year</u>	<u>Last Year</u>	<u>Year Before Last</u>
Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Business, Flea market? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Real Estate Rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Interests, Dividends? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Unemployment Comp.? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Alimony, Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Retirement, Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
Gambling, Lottery? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	
ANY other source? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	

HOUSEHOLD CONTRIBUTIONS:

Has anyone helped you pay your bills in the past 2 years? YES NO

Name	Relationship	For what Bills?	Date of Receipts	Amounts

YOUR CURRENT MONTHLY INCOME (LAST 6 MONTHS)

If you answered YES to any question on the prior page, please also provide income for last six months. The new bankruptcy law requires that we analyze the last six months of household income. **Please photocopy each and every pay stub for the past six months and attach it to your questionnaire.** If you have income from other sources during this six month period (dividends, one-time payments, etc.), please photocopy whatever documentation you have.

	Month 1 (last month)	Month 2 (2 months ago)	Month 3	Month 4	Month 5	Month 6
Your Name: _____	_____/200__	_____/200__	_____/200__	_____/200__	_____/200__	_____/200__
Gross wages, salary, tips, bonuses, overtime, commissions						
Income from operation of business:						
a. Gross income b. Expenses c. Net Income						
Rent and other Real Property Income:						
a. Gross income b. Expenses c. Net Income						
Interest, dividends, and royalties						
Pension and retirement income (NOT SOCIAL SECURITY)						
Regular contributions from others to the household expenses						
Alimony / Child Support						
Unemployment compensation						
Social Security income						
Other sources not already mentioned. Specify: _____						
Other sources not already mentioned. Specify: _____						
Other sources not already mentioned. Specify: _____						

YOUR SPOUSE'S CURRENT MONTHLY INCOME

If you answered YES to any question on the prior page, please also provide income for last six months. The new bankruptcy law requires that we analyze the last six months of household income. **Please photocopy each and every pay stub for the past six months and attach it to your questionnaire.** If you have income from other sources during this six month period (dividends, one-time payments, etc.), please photocopy whatever documentation you have.

	Month 1 (last month)	Month 2 (2 months ago)	Month 3	Month 4	Month 5	Month 6
Your Name: _____	_____/200__	_____/200__	_____/200__	_____/200__	_____/200__	_____/200__
Gross wages, salary, tips, bonuses, overtime, commissions						
Income from operation of business: a. Gross income b. Expenses c. Net Income						
Rent and other Real Property Income: a. Gross income b. Expenses c. Net Income						
Interest, dividends, and royalties						
Pension and retirement income (NOT SOCIAL SECURITY)						
Regular contributions from others to the household expenses						
Alimony / Child Support						
Unemployment compensation						
Social Security income						
Other sources not already mentioned. Specify: _____						
Other sources not already mentioned. Specify: _____						
Other sources not already mentioned. Specify: _____						

FINANCIAL ACCOUNTS:

Do you have or is your name on any financial accounts (checking, savings, certificate of deposit, etc.) YES NO

COMPANY NAME	ADDRESS	ACCOUNT NUMBER / TYPE	NAME(S) ON THE ACCOUNT	CURRENT BALANCE

SECURITY DEPOSITS:

Do you have any security deposits being held by anyone, including landlords or utility companies? YES NO

NAME	ADDRESS	DEPOSIT FOR WHAT?	WHO PAID THIS?	AMOUNT

LIFE INSURANCE / ANNUITIES:

Do you have any annuity contracts? YES NO Do you have a life insurance policy? YES NO

COMPANY NAME	ADDRESS	POLICY #	POLICY TYPE	NAME ON THE POLICY	CASH VALUE

Are you now entitled to any life insurance policy proceeds, or an inheritance as a result of someone's death? YES NO
Are you the beneficiary of any will, trust or estate? YES NO

FIDUCIARY'S NAME	ADDRESS	AMOUNT	DATE YOU HAVE ACCESS TO THE FUNDS

EDUCATIONAL / RETIREMENT ACCOUNTS:

Do you have an Educational IRA or a Qualified State Tuition Plan? YES NO
Do you have any retirement or pension plan, such as an IRA, ERISA, Keogh, profit sharing plan, 401K, or SEP plan? YES NO

COMPANY NAME	ADDRESS	ACCOUNT NUMBER	POLICY TYPE	NAMES ON THE ACCOUNT	CASH VALUE

STOCKS, BONDS, BUSINESS INTERESTS:

Do you have any shares of stocks, bonds, interests in businesses, partnerships or joint ventures?

 YES NO

COMPANY NAME	ADDRESS	ACCOUNT NUMBER	QUANTITY/ PERCENT	NAMES ON THE ACCOUNT	CASH VALUE

OTHER ASSETS:Do you have any accounts receivables, customer lists, patents, copyrights, other intellectual property or licenses, franchises and other general intangibles? YES NO If yes, please give particulars in a separate sheet.**TAXES:**Are there any years when you did not file federal or state tax returns? YES NO What years? _____Do you have copies of your tax returns for the past 5 years? YES NOHave you ever charged any back taxes on credit card? YES NO Amount \$ _____ Year Charged _____Have you received a tax refund this year? YES NO State \$ _____ Federal \$ _____ Used for _____Do you expect a tax refund for the current year? YES NO Amount Expected \$ _____Do you owe any tax to the U.S. Government, state, county, district or city? YES NO

TYPE OF TAX	AGENCY NAME AND ADDRESS	ACCOUNT NUMBER	TAX YEAR	TOTAL TAXES DUE	RETURN FILED?	IN WHOSE NAME?	INSTALLMENT AGREEMENT FILED?

ALIMONY, CHILD SUPPORT AND PROPERTY SETTLEMENTS:Have you had any previous marriages? YES NO Name/Address of Former Spouse _____Does anyone owe you any money for spousal or child support? YES NO

NAME OF PERSON WHO OWE YOU MONEY	ADDRESS	AMOUNT OWED

Do you owe anything for child support, alimony, or have agreed to pay any kind of debt per a divorce decree? YES NO

Give Particulars: _____

CONTRACTS:Do you have any executory contracts or unexpired leases? YES NO*"Executory" contracts are contracts that currently oblige both parties to some sort of performance. "Unexpired" leases are leases that are active and the lease period has not yet run out. Examples: auto leases, residential leases, rental agreements, service (cell phone) contracts, gym, health spas, business leases, furniture rentals, time shares, rent-to-own or other rental-purchase transactions.*

TYPE OF CONTRACT/LEASE	TERM	LESSOR'S NAME	LESSOR'S COMPLETE ADDRESS	MONTHLY PAYMENT	KEEP OR SURRENDER?
	<input type="checkbox"/> 1 YR <input type="checkbox"/> 2 YRS <input type="checkbox"/> Other:				
	<input type="checkbox"/> 1 YR <input type="checkbox"/> 2 YRS <input type="checkbox"/> Other:				
	<input type="checkbox"/> 1 YR <input type="checkbox"/> 2 YRS <input type="checkbox"/> Other:				

DEBTS REPAID:

Have you made any payments totaling more than \$600 to any single creditor within the last 90 days?

 YES NO

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT OF EACH PAYMENT	AMOUNT STILL OWING

Have you made any payments on debts owed to creditors that are or were insiders (relatives or business partners) during the past year?

 YES NO

NAME AND ADDRESS OF CREDITOR	RELATIONSHIP	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING

PURCHASES AND CASH ADVANCES:

Have you made any large purchases or used credit to purchase any luxury goods (non-necessity items such as jewelry, televisions and other electronics, furniture, etc.) totaling more than \$500 within the past 90 days?

 YES NO

ITEM	DATE PURCHASED	CREDITOR	AMOUNT

Have you taken any cash advances or payday loans in the last 90 days?

 YES NO

ITEM	DATE PURCHASED	CREDITOR	AMOUNT

RETIREMENT PLAN LOANS AND WITHDRAWALS:

Have you taken any loans on a retirement plan, made any withdrawals from a retirement plan, or liquidated or closed out any retirement plans?

 YES NO

DATE	AMOUNT RECEIVED	WHAT DID YOU DO WITH THE MONEY?

INSTALLMENT LOANS:Are you buying any items (furniture, jewelry, electronics) in installments? Provide copy of installment note. YES NO

ITEM	COMPANY	MONTHLY PAYMENT	KEEP OR SURRENDER?

SUITS:

(If you answer yes to any of the following questions, please state details below.)

- 1. Have you ever been sued by any person, company or organization? YES NO
- 2. Have any court suits resulted in a lien being placed on your property? YES NO
- 3. Have you ever sued any person, company or organization? YES NO
- 4. Do you have any criminal charges or convictions? YES NO
- 5. Do you owe fines, restitution or any other money for charges or citations? YES NO
- 6. Have you ever been involved in any administrative agency cases (unemployment compensation, worker's compensation, arbitration, etc.) in the past 12 months? YES NO

#	CASE NAME, CASE NUMBER	CASE TYPE	COURT/AGENCY LOCATION	RESULT OF CASE

CLAIMS:

- Do you expect to receive any money from any insurance claim in the next year? YES NO
- Do you currently have a judgment ordered against someone else? YES NO

DESCRIPTION	AMOUNT	DATE EXPECTED

- Do you have any back wages, commissions or vacation time that is due from an employer? YES NO

EMPLOYER'S NAME AND ADDRESS	AMOUNT OWED TO YOU	REASON	DATE EXPECTED

- Do you have any possible reason for suing someone for any reason, including for damage to your property or for injuries to yourself or other members of your family? YES NO

- Have you, your family or your vehicle been involved in an accident in the last 4 years? YES NO

- Do you have any claims that you have decided not to pursue? YES NO

WHO COULD YOU SUE?	REASON

- Does anyone owe you money for any reason, even if you never expect to collect? YES NO

NAME AND ADDRESS	REASON	AMOUNT LOANED	DATE LOANED

EXECUTIONS, GARNISHMENTS AND ATTACHMENTS:

Has money from your pay check or bank account been garnished, or taken or frozen by a creditor, including your bank or credit union, because of a debt? YES NO

NAME AND ADDRESS OF CREDITOR WHO RECEIVED THE MONEY	AMOUNT TAKEN	DATES

REPOSSESSIONS, FORECLOSURES AND RETURNS:

Have you had any property repossessed during the past one year? YES NO

WHAT PROPERTY WAS REPOSSESSED?	VALUE OF PROPERTY	DATE OF REPOSSESSION	NAME AND ADDRESS OF CREDITOR

Have you voluntarily returned any property to the seller during the past one year? YES NO

Have you ever had any property listed for or sold at a foreclosure, tax sale, or sheriff's sale, or levied upon? YES NO

PROPERTY	VALUE OF PROPERTY	DATE	NAME AND ADDRESS OF CREDITOR

PROPERTY OF YOURS HELD BY SOMEONE ELSE:

Have you given or made any assignments of any of your property for the benefit of your creditors or any settlements with your creditors within the past 2 years? YES NO

Is any of your property in the hands of a court-appointed person (a receiver), or in the hands of a person who is holding it for your benefit and use (a trustee), or has it been in their hands within the last one year? YES NO

Is any of your property in the possession of a pawnbroker, storage company or repairman? YES NO

Is anyone else holding any property on your behalf? YES NO

TYPE OF PROPERTY	VALUE OF PROPERTY	BEING HELD BY (NAME AND ADDRESS)	WHY IS THIS PERSON HOLDING THE PROPERTY?

GIFTS:

Have you made any gifts totaling more than \$200 to any individual family member within the past one year? YES NO

Have you made any charitable contribution of more than \$100 to any single charitable organization within the past one year? YES NO

NAME AND ADDRESS	RELATIONSHIP	DATES OF GIFTS OR CONTRIBUTIONS	DESCRIPTION	VALUE

LOSSES:

Have you had any losses from fire, theft, gambling or other casualty within the past one year?

 YES NO

WHAT CAUSED THE LOSS?	VALUE OF THE MONEY OR PROPERTY THAT WAS LOST	DATE OF LOSS

Did insurance pay for any part of the loss? YES NO If YES, How much was paid? \$_____ Date paid _____**PAYMENTS OR TRANSFERS TO ATTORNEYS, CREDIT COUNSELORS, OR DEBT CONSULTANTS:**

Did you make any payment or transferred any property to any persons, including attorneys, credit counselors, for consultation concerning the debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within the past one year?

 YES NO

NAME AND ADDRESS OF PAYEE	PAYMENT DATE	NAME OF PERSON WHO PAID, IF NOT YOU.	AMOUNT PAID OR DESCRIPTION AND VALUE OF PROPERTY

OTHER TRANSFERS: (Including real estate, boat, car, coins, collectibles, stocks, bonds, mutual funds or anything else.)

Have you transferred, sold or given away any property to anyone (either absolutely or as a security) within the past 4 years?

 YES NO

Have you transferred any property to a self-settled trust, or a similar device of which you are the beneficiary within the past 10 years?

 YES NO

Have you owned, sold or transferred any real estate during the last 4 years?

 YES NO

NAME AND ADDRESS OF PAYEE	RELATIONSHIP	TRANSFER DATE	DESCRIPTION	VALUE

CLOSED FINANCIAL ACCOUNTS:

Have you or your spouse had your name on any financial account (savings, checking, certificate of deposit, etc.) that is now closed or was sold or otherwise transferred within the past one year?

 YES NO

BANK'S NAME AND ADDRESS	ACCOUNT TYPE	ACCOUNT NO.	NAMES ON THE ACCOUNT	DATE CLOSED	FINAL BALANCE

SAFE DEPOSIT BOXES:

Do you currently have, or have had within the past one year, a safe deposit box, self-storage unit or other depository for securities, cash, or other valuables? YES NO

NAME AND ADDRESS OF INSTITUTION	NAME AND ADDRESS OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER

SETOFFS:

Have you had any setoffs made by any creditor, including a bank, against a debt or deposit of yours within the last 90 days? (A setoff occurs when you owe a bank money, and have money in an account with that bank, and that bank takes the money to satisfy the debt that you owe.) YES NO

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

PROPERTY HELD FOR ANOTHER PERSON:

Do you have any money, property, furniture, automobile, etc. that belongs to another person or that you are holding for the benefit of someone else (in trust)? (Includes automobiles you drive that belong to someone else.) YES NO

NAME AND ADDRESS OF OWNER	RELATIONSHIP	DESCRIPTION OF PROPERTY	VALUE OF PROPERTY	LOCATION OF PROPERTY

PRIOR ADDRESSES:

Have you moved within the last 3 years? YES NO

PRIOR ADDRESS	YOUR NAME AT THIS TIME	DATES OF OCCUPANCY

SPOUSES AND FORMER SPOUSES:

Have you resided in a community property state, commonwealth, or territory (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the last 8 years?

Name of Spouse / Ex-Spouse who resided with you in the community property states: _____

ENVIRONMENTAL INFORMATION:

Have you received notice in writing by a governmental unit that you may be liable or potentially liable under or in violation of any Environmental Law? YES NO

NATURE, LOCATION AND NAMES OF BUSINESS:

Do you own rental real estate with 3 or fewer units, and is your only income and only business? YES NO

Address of Rental Property: _____

Have you or spouse been in business by yourself or with others during the past 6 years? YES NO

NAME	TAXPAYER ID NO.	ADDRESS	NATURE OF BUSINESS	DATES

If you answered YES to the above question, please complete the Business Section of this Questionnaire.

BUSINESS SECTION

Complete this section if you have owned more than 5% of a business or been an officer, director or manager of a business within the past 6 years. If additional space is necessary, use a separate sheet, identifying by number and letter the question answered.

1. BOOKS, RECORDS AND FINANCIAL STATEMENTS:

(a) List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of your books of account and records. (b) Also, list all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the client.

NAME	ADDRESS	DATE(S) SERVICES RENDERED

(c) List all firms or individuals who at the time of the filing of this case were in possession of your books of account and records. If any of the books of account and records are not available, explain.

NAME	ADDRESS	IS THIS PERSON AVAILABLE? IF NO, EXPLAIN.

(d) List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the filing of this case by the client.

NAME	ADDRESS	DATE ISSUED

2. INVENTORIES:

List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and value basis (market or other) of each inventory.

DATE OF INVENTORY	SUPERVISOR	DOLLAR AMOUNT	PERSON HAVING POSSESSION OF INVENTORY

3. CURRENT PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS:

NAME	ADDRESS	TITLE	NATURE AND PERCENTAGE OF INTEREST

4. FORMER PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS:

NAME	ADDRESS	TITLE	WITHDRAWAL/TERMINATION DATE

5. WITHDRAWAL AND DISTRIBUTIONS FROM PARTNERSHIP OR CORPORATIONS WITHIN PAST 12 MONTHS:

If your business is a **partnership or corporation**, list all withdrawals or distributions credited or given to an **insider**, including compensation in any form - bonuses, loans, stock redemptions, options, etc. - exercised and any other perquisite during **one year** immediately preceding the filing of this case.

NAME AND RELATION	ADDRESS	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT / DESCRIPTION AND VALUE OF PROPERTY

6. TAX CONSOLIDATION GROUP:

If your business is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which your business has been a member at any time within the **six-year** period immediately preceding the filing of the case.

NAME OF PARENT CORPORATION	TAX ID NUMBERS

7. PENSION FUNDS:

If your business is to be the debtor (filer of bankruptcy), list the name and federal taxpayer identification number of any pension fund to which your business, as an employer, has been responsible for contributing at any time within the **six-year** period immediately preceding the filing of the case.

NAME OF PENSION FUND	TAX ID NUMBERS

DECLARATION CONCERNING RESPONSES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read this questionnaire and truthfully answered all the questions. I further declare that the information and any documents provided with this questionnaire are also true, complete and accurate.

Date _____

Signature _____
Debtor

Date _____

Signature _____
Joint Debtor, if any

DEBT SHEET

◆ It is VERY IMPORTANT that you provide an accurate address for every creditor. You must physically write out the information required on this page. We will not do it for you. Use only black ink. Please print legibly. ◆

Name of Creditor _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Balance / Amount of Claim \$ _____

When was the debt incurred, and how long did you have this debt: (Month/Year) _____ through _____

What is the type of debt? Medical Credit Card Personal Loan Payday loans Other _____

Briefly describe the reason for this debt (e.i. furniture, appliances, electronics, injury, illness, etc.) _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

Who is financially responsible for this debt? Man Woman Joint Other _____

Is this debt secured by a property? Yes No If yes, what property? _____

Is there a co-signer on this debt? Yes No If yes, state name and address of co-signer _____

Do you dispute this debt? Yes No If yes, explain: _____

Has this debt been turned over to a collection agency? Yes No If yes, state:

Name of Collection Agency or Law Firm _____

Address _____

City _____ State _____ Zip Code _____

Name of Creditor _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Balance / Amount of Claim \$ _____

When was the debt incurred, and how long did you have this debt: (Month/Year) _____ through _____

What is the type of debt? Medical Credit Card Personal Loan Payday loans Other _____

Briefly describe the reason for this debt (e.i. furniture, appliances, electronics, injury, illness, etc.) _____

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Address _____

City _____ State _____ Zip Code _____

DEBT SHEET

◆ It is **VERY IMPORTANT** that you provide an accurate address for every creditor. You must physically write out the information required on this page. We will not do it for you. Use only black ink. Please print legibly. ◆

Name of Creditor _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Balance / Amount of Claim \$ _____

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What is the type of debt? Medical Credit Card Personal Loan Payday loans Other _____

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Is there a co-signer on this debt? Yes No If yes, state name and address of co-signer _____

Do you dispute this debt? Yes No If yes, explain: _____

Has this debt been turned over to a collection agency? Yes No If yes, state:

Name of Collection Agency or Law Firm _____

Address _____

City _____ State _____ Zip Code _____

Name of Creditor _____

Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Balance / Amount of Claim \$ _____

When was the debt incurred, and how long did you have this debt: (Month/Year) _____ through _____

What is the type of debt? Medical Credit Card Personal Loan Payday loans Other _____

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City _____ State _____ Zip Code _____

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IF YOU HAVE MORE THAN 21 DEBTS, PLEASE PRINT OUT ADDITIONAL PAGES.

Now, review all the debts you have listed on this questionnaire. Have you forgotten any:

*medical bills?
credit card bills?
store charges?
cable T.V. bills?
utility or telephone bills?
pension or 401k loans?
furniture loans?
electronics loans?
home improvement loans?*

*mail order bills?
judgments?
loan companies?
debts you cosigned?
payday loans?
jewelry loans?
tax liens?
income taxes?*

*schools?
student loans?
welfare debts?
back rent?
bills owed to old landlords?
loans from relatives?
debts that were written off?
club memberships?
bank overdrafts?*

*condominium assessments?
traffic tickets?
parking violations?
criminal restitution debts?
bill for goods or services?
provided to your dependants?
health club / spa memberships?
unpaid debts from prior marriages?
money owed to creditors who repossessed property?*

Please list other financial dealings/issues in the past 12 months that you think may be important for us to know:

DISCLOSURE CERTIFICATE

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

I further acknowledge that in the event a creditor is omitted from any bankruptcy petition filed by my attorneys as a result of an omission on this questionnaire, I will not have the protection of the Bankruptcy Court from actions by that creditor.

Date _____

Signature _____
Debtor

Date _____

Signature _____
Joint Debtor, if any