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BANKRUPTCY QUESTIONNAIRE

YOUR FULL NAME HERE: _____

YOUR SPOUSE'S FULL NAME: _____

ALONG WITH THE COMPLETED QUESTIONNAIRE, PLEASE BRING IN THE FOLLOWING:

1. _____ Paycheck stubs for the past six (6) entire months
2. _____ The payoff amount of each secured loan (car or mortgage)
3. _____ Tax returns for the past two (2) years
4. _____ Copies of all lawsuits, judgments, and garnishments served on you within the past two years
5. _____ Copies of the Plan Summary for 401(k) Plans, IRA's, Pension Plans, or similar plans for the past TWO quarters
6. _____ Descriptions (including current mileage) of any cars, trucks, motorcycles or boats. Please include name and address of lender, interest rate, and payoff. Include copies of registration and title for each item.
7. _____ Description of any real estate. If you have a mortgage, please include the interest rate, current statement, and payoff for each mortgage.
8. _____ Copies of any uncompleted contracts of leases - personal or business
9. _____ Copies of **ALL** bills/statements and collection letters
10. _____ Checking accounts statements for past three (3) months
11. _____ Savings account statements for past three (3) months

MEMORANDUM

TO: NEW BANKRUPTCY CLIENT(S)
FROM: DAVID THORPE, ESQ.
RE: PROPER COMPLETION OF CLIENT INFORMATION WORKSHEET(S)
("THE PAPERWORK")

Thank you again for retaining this firm as your attorneys for the preparation and filing of **your** Bankruptcy Petition and Schedules with the United States Bankruptcy court.

In an effort to keep down the cost to our clients for the preparation and filing of **your** bankruptcy and schedules, it is important that you cooperate with us by properly and correctly completing your evaluation worksheets (the paperwork) and provide us the necessary information for the accomplishment of this goal.

Please be advised that should your paperwork be filled out improperly or incompletely, this will **delay** your bankruptcy petition and **increase the cost to you for the services that his firm is providing**. Therefore, please take note of the following suggestions when you are completing your paperwork:

1. Please make sure your worksheets are completed in legible manner, either by hand prints or, if possible, typing the information.
2. When listing any interest in real estate, please provide us with the actual mailing address of the real estate.

Your Property

3. Personal Property – should be the amount of cash that you carry on your person on a daily basis (should not exceed \$20.00).

4. Deposits of Money – you are required to identify all banks and/or credit unions where you have any open accounts by its name, complete address, the type of account, the current balance therein. (Ex: SouthTrust, NA, 2323 Cleveland Street, Clearwater, FL 33755-7777; Checking: Account # 123456789, \$25.00; Savings: Account # 234567-10, \$25.00).

5. Security Deposits – please identify anyone who is holding a security deposition on your behalf. (Ex: Mr. James Smith, 123 Main Street, Seminole, FL 33600; Re: security deposit for apartment, \$500.00) (Ex: Florida Power and Light, 1010 Main Street, Tampa, FL 77777-2333, Re: utilities security deposit, \$200.00).

6. Household Goods, Supplies and furniture – as you were advised at your consultation, it is necessary for you to list all of your assets, and it is recommended that you proceed to do so in a room-by-room fashion. *(Ex: Master bedroom – bed and box spring (\$75); dresser with mirror (\$50); armoire/tall dresser (\$50); armoire/tall dresser (\$50); 2 table nightstands (\$20); 2 lamps (410); area rug (\$20); 19” TV \$20; VCR (\$10); chair (\$20); misc throw pillows (\$5); etc. Continue in this manner for Questions 5, 6, 7, and 8.

*Please realize that the above is an example only, and that the dollar value that you put on your personal property should be based on the type of property, the age and condition of the property, and the demand for the property in its used condition. It is recommended that the values that you put on this property are values which you or a reasonable person would expect to get if you sold your property at a liquidation or garage/estate sale.

PLEASE MAKE SURE THAT YOU DO A COMPLETE ROOM-TO-ROOM LISTING OF ALL THE ASSETS, INCLUDING THE CONTENTS OF ANY GARAGES AND SHEDS WHICH YOU MAY HAVE.

7. Interests in Insurance Policies – you must identify the insurance company, the policy number, and the type of insurance policy, whether it is “term life” (i.e., just a death benefit to be paid to the beneficiary upon the death of the insured) or “whole life (i.e., the policy in which you pay monthly premiums and the said policy builds equity and can be borrowed from or surrendered for its cash value).

8. Annuities; Pensions or Profit-Sharing Plans; Stocks and Interest in Incorporated and Unincorporated Companies – When giving your answers to these questions, you must list the name of the company, any account number or certificate, the number of shares which you hold, and the value per share.

9. Accounts Receivable - If anyone owes you money for goods sold or services provided, please list their full name, address, amount owed, and nature of account.

10. Family Support - You must list the amount of any child support or alimony you are receiving or pay out.

11. Other Liquidated Debts Owning Debtor - If there is any other money owed to you from anyone else, please list their full name, address, amount owed, and nature of account.

12. Other Contingent and Unliquidated Claims – When considering other liquidated debts owing debtor, make sure you include whether or not you have the right to sue anyone or presently have a lawsuit in progress. Identify the attorney who represents you, the address, the phone number, and the nature of the lawsuit (i.e., personal injury for auto accident).

13. Automobiles, Trucks, Trailers and Other Vehicles – Identify any vehicles or boats you own, or which are in your possession or used by you, by the year, make, model, VIN number, and current value.

14. Office Equipment – When considering office equipment, the value that you should list on said equipment should be similar to the value that you put on your personal property. If you have equipment in your home which you use as office equipment, it is considered personal property.

15. Other Personal Property – Any other property which you own, or have an interest in which has NOT already been listed.

Your Debts – Secured and Priority

16. Mortgage, Automobile Loans, etc. – When listing the debts that you owe, it is important that you identify the person or company to whom you owe the debt by their full name, giving the actual mailing address where the notice should be sent to, the account number which corresponds to the account for your debt (and any toll-free, 1-800 numbers that can be provided). (Ex: Chase Manhattan Mortgages, Inc., 100 Center Street, Suite 5000, New York, NY, 10017; first mortgage account # 1234568-0099; Automobile loans (Ex: Ford Motor Credit Company, 5432 Jones Street, Omaha, NE 12345-8800; Account # 98-12345-6789).

17. Unsecured Debts – When listing your unsecured debts, again make sure to list each individual creditor, the proper mailing address, the account number, and the amounts owed. (Ex: city Bank MasterCard, NA 9797 Cleveland Street, Delaware, MD 36035; Account # 99-11-2345678. Identify the type of debt (credit card, credit line, money loaned, medical bill, etc.) and the current amount owed (\$1,000.00). Also, if the creditor's debt is presently being managed by a billing service or collection agency, list the agency and identify which creditor they are working for.

Glossary

SECURED DEBTS: Items to which collateral has been or can be attached. (Ex: real estate; auto; furniture; etc.)

UNSECURED DEBTS: Items which involve no collateral and to which nothing can be attached (Ex: credit card purchases; cash advances; personal services; etc.)

BANKRUPTCY INFORMATION SHEET

BANKRUPTCY LAW IS A FEDERAL LAW, THIS SHEET GIVES YOU SOME GENDERAL INFORMATION ABOUT WHAT HAPPENS IN A BANKRUPTCY CASE. THE INFORMATION HERE IS NOT COMPLETE. YOU MAY NEED LEGAL ADVICE.

WHEN YOU FILE BANKRUPTCY

You can choose the kind of bankruptcy that best meets your needs:

Chapter 7- A trustee is appointed to take over your property. Any property of value will be sold or turned into money to pay your creditors. You may be able to keep some personal items and possibly real estate depending on the law of the state where you live.

Chapter 13 – You can usually keep your property, but you must earn wages or have some other source of regular income and you must agree to pay part of your income to your creditors. The Court must approve your repayment plan and your budget. A trustee is appointed and will collect the payments from you, pay your creditors, and make sure you live up to the terms of your repayment plan.

Chapter 12- Like chapter 13, but it is only for family farmers.

Chapter 11- This is used mostly by businesses. In chapter 11, you may continue to operate you business, but your creditors and the Court must approve a plan to repay your debts. There is no trustee unless the Judge decides that one is necessary; if a trustee is appointed, the trustee takes control of your business and property.

If you have already filed bankruptcy under chapter 7, you may be able to change your case to another chapter.

Your bankruptcy may be reported on your credit record for as long as ten years. It can affect your ability to receive credit in the future.

WHAT IS A BANKRUPTCY DISCHARGE AND HOW DOES IT OPERATE?

One of the reasons people file bankruptcy is to get a “discharge.” A discharge is a Court order which states that you do not have to pay most of your debts. Some debts cannot be discharged. For example, you cannot discharge debts for—

- most taxes;
- child support;
- alimony;
- most student loans;
- Court fines and criminal restitution; and
- personal injury caused by driving drunk or under the influence of drugs

The discharge only applies to debts that arose before the date you filed.

Also, if the Judge finds that you received money or property by fraud, that debt may not be discharged.

It is important to list all your property and debts in your bankruptcy schedules. If you do not list a debt, for example, it is possible the debt will not be discharged.

The Judge can also deny your discharge if you do something dishonest in connection with your bankruptcy case, such as destroy or hide property, falsify records, or lie, or if you disobey a Court order.

You can only receive a chapter 7 discharge once every eight years. No one can make you pay a debt that has been discharged, but you can voluntarily pay any debt you wish to pay. You do not have to sign a reaffirmation agreement or any other kind of document to do this.

Some creditors hold a secured claim (for example, the bank that holds the mortgage on your house or the loan company that has a lien on your car). You do not have to pay a secured claim if the debt is discharged, but the creditor can still take the property.

WHAT IS A REAFFIRMATION AGREEMENT?

Even if a debt can be discharged, you may have special reasons why you want to promise to pay it. For example, you may want to work out a plan with the bank to keep your car. To promise to pay that debt, you must sign and file a reaffirmation agreement with the Court. Reaffirmation agreements are under special rules and are voluntary. They are not required by bankruptcy law or by any other law. Reaffirmation agreements—

- Must be voluntary;
- Must not place too heavy a burden on you or your family;
- Must be in your best interest; and
- Can be canceled anytime before the Court issues your discharge or within 60 days after the agreement is filed with the Court, whichever gives you the most time,

If you are an individual and you are not represented by an attorney, the Court must hold a hearing to decide whether to approve the reaffirmation agreement. The agreement will not be legally binding until the Court approved it.

If you reaffirm a debt and then fail to pay it, you owe the debt the same as though there was no bankruptcy. The debt will not be discharged and the creditor can take action to recover any property on which it has a lien or mortgage. The creditor can also take legal action to recover a judgment against you.

IF YOU WANT MORE INFORMATION OR HAVE QUESTIONS ABOUT HOW THE BANKRUPTCY LAWS AFFECT YOU, YOU MAY NEED LEGAL ADVICE. THE TRUSTEE IN OUR CASE IS NOT RESPONSIBLE FOR GIVING YOU LEGAL ADVICE.

Client Questionnaire
Section 1 - Basic Information

Part A. Name and Address

Name: _____

Have you used any other names in the past eight years? No Yes

If yes, please list other names used:

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: ____ - ____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least 730 days (2 years)? No Yes

If you answered no to either of the questions above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____ County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: _____

Has your spouse used any other names in the past eight years? No Yes

If yes, please list other names used:

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: ____ - ____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address: *(enter only if different address)* _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: *(enter only if different address)* _____

City: _____ State: _____ Zip: _____ County: _____

Part C. Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____

Date Filed: _____

Are there currently any bankruptcy cases pending involving you, your business, your spouse, or your spouse's business?

No Yes

If yes, name of debtor: _____

Relationship to you: _____

Case Number: _____

Date Filed: _____

District (If known): _____

Judge (If known): _____

Part D. Exhibit "C" to the Voluntary Petition (Hazards to Public Health\Safety)

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes

If yes, please list and describe the property:

Part E. Debtors who reside as Tenants of Residential Property

If you rent your place of residence, does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
1. Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes				
2. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes				
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> No <input type="checkbox"/> Yes				
4. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes				
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes				
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes				
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes				
9. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes				
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes				
12. Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes				
13. Stock and interests in incorporated/unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes				
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
16. Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes				
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes				
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
20. Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes				
21. Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes				
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes				
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes				
24. Customer List or other compilation	<input type="checkbox"/> No <input type="checkbox"/> Yes				
25. Automobiles, trucks, trailers, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
26. Boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only Exemptions?
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes				
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes				
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes				
32. Crops: growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes				
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes				
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
35. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Section 3 - Debts

Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or Mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Home loan and/or Mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or Mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Home loan and/or Mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Car loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Car loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Car loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Department Store credit card debts	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Department Store credit card debts	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (Gas cards, phone cards, etc.)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Cash Advances	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Cash Advances	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part C. Medical Debts

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid Medical Bills	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid Medical Bills	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid taxes	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part E. Student Loan Debts

Please list below all Student Loan debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Student Loan	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Student Loan	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Student Loan	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Student Loan	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Please Describe the Type of Debt <i>(i.e. unpaid rent, alimony or child support, service fees, other bank loans, personal loans, or enter a description of your own.)</i>	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Please Describe the Type of Debt (i.e. unpaid rent, alimony or child support, service fees, other bank loans, personal loans, or enter a description of your own.)	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Please Describe the Type of Debt <i>(i.e. unpaid rent, alimony or child support, service fees, other bank loans, personal loans, or enter a description of your own.)</i>	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe:	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Section 4 - Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and address of Other Party or Parties	Date that Contract Expires	Office Use Only

Section 5 - Current Income

Part A. Marital Status and Dependents

Please select your current Marital Status:

- Single
 Married
 Divorced
 Separated
 Widowed
 Common Law
 Unknown

Please list all dependents of you and your spouse with their age and relationship to you (*if applicable*).

Part B. Debtor's Employer Information

Name and Address of your employer:

How long have you been employed at this job: _____

Occupation (*please state job title or provide brief description*): _____

Second employer (*if applicable*):

Name and Address of your **Second** employer:

How long have you been employed at this second job: _____

Occupation (*please state job title or provide brief description*): _____

Notes: _____

Part C. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

How long has spouse been employed at this job: _____

Occupation (*please state job title or provide brief description*): _____

Second employer (*if applicable*):

Name and Address of your spouse's **Second** employer:

How long has spouse been employed at this second job: _____

Occupation (*please state job title or provide brief description*): _____

Notes: _____

Part D. Debtor's Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out? _____

How often do you get paid? once a week every two weeks
 twice a month once a month other _____

What is your estimated overtime pay per month? _____

How much is taken out of each paycheck for taxes and social security? (combined total) _____

How much is automatically deducted for insurance? _____

How much is deducted for union dues? _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from real estate property outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive social security payments or other forms of monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive other social security payments or other forms of monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money?

No Yes

If **yes**, how much do you receive per month? _____

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

Part E. Joint Debtor's (Spouse's) Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out? _____

How often do you get paid? once a week every two weeks
 twice a month once a month other _____

What is your estimated overtime pay per month? _____

How much is taken out of each paycheck for taxes and social security? (combined total) _____

How much is automatically deducted for insurance? _____

How much is deducted for union dues? _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from real estate property outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive social security payments or other forms of monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive other social security payments or other forms of monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money?

No Yes

If **yes**, how much do you receive per month? _____

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

Part F. Debtor's Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 ____ / ____	Month 4 ____ / ____	Month 5 ____ / ____	Month 6 ____ / ____	For Office Use Only
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, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

Part G. Joint Debtor's (Spouse's) Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 ____ / ____	Month 4 ____ / ____	Month 5 ____ / ____	Month 6 ____ / ____	For Office Use Only
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, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

Section 6 - Current Expenses

Do you and your spouse live separately and maintain separate households? No Yes. If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month:

1.	Rent or Home Mortgage:	\$	
	Does that amount include real estate taxes: <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Does that amount include property insurance: <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.	Utilities:		
	a. Electricity and heating fuel:	\$	
	b. Water and sewer:	\$	
	c. Telephone service/long distance:	\$	
	d. Do you have any other utility bills? If yes , describe and enter monthly amount below:		
	_____	\$	
	_____	\$	
	_____	\$	
3.	Home maintenance (including repairs and upkeep):	\$	
4.	Food:	\$	
5.	Clothing:	\$	
6.	Laundry and dry cleaning:	\$	
7.	Medical and dental expenses:	\$	
8.	Transportation (do NOT include car payments):	\$	
9.	Recreation and entertainment:	\$	
10.	Charitable contributions:	\$	
11.	Insurance NOT deducted from wages or included in home mortgage payments:		
	a. Homeowner's or renter's insurance:	\$	
	b. Life insurance:	\$	
	c. Health insurance:	\$	
	d. Auto insurance:	\$	
	e. Other insurance (describe and list monthly amount):		
	_____	\$	
	_____	\$	
	_____	\$	
12.	Tax bills NOT deducted from wages or included in home mortgage payments:		
	_____	\$	
	_____	\$	
	_____	\$	

13. Installment payments for car, furniture, etc. *(Describe)*:
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
14. Alimony, maintenance and support paid to others: _____ \$ _____
15. Payments for support of additional dependents not living at your home: _____ \$ _____
16. Regular expenses from operation of business, profession or farm: _____ \$ _____
17. Other expenses *(Describe)*: **(please see "Additional Expenses" below before putting anything here)**
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
19. Describe any increase or decrease in expenses you expect to occur within the next year?
- _____

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses (707(b) Expenses for Form 22)

26. or 31. Mandatory payroll deductions not already listed:
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
28. or 33. Court ordered payments not already listed:
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
29. or 34. Education for employment or for a physically or mentally challenged child: _____ \$ _____
30. or 35. Child care *(baby sitting, day care, nursery & preschool, etc.)*: _____ \$ _____
- 34b. or 39b. Disability Insurance *(if not listed above)*: _____ \$ _____
- 34c. or 39c. Health Savings Account: _____ \$ _____
35. or 40. Care for elderly, chronically ill or disabled family members: _____ \$ _____
36. or 41. Protection from family violence: _____ \$ _____
38. or 43. Education expense for your children under 18: _____ \$ _____
55. *(c13's)* Non-mandatory contributions to retirement accounts *(including loan repayments)*:
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Section 7 - Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you know that you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Debtor

Period	Dollar Amount you were paid	Source (i.e. employer name or business name)
January 1 of this year through date of commencement of case	_____	_____
Last year (January 1 - December 31)	_____	_____
The year before last (January 1 - December 31)	_____	_____

Joint Debtor or Spouse (if applicable)

Period	Dollar Amount you were paid	Source (i.e. employer name or business name)
January 1 of this year through date of commencement of case	_____	_____
Last year (January 1 - December 31)	_____	_____
The year before last (January 1 - December 31)	_____	_____

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the two years immediately preceding the commencement of this case:

NONE

Debtor

Period	Dollar Amount you were paid	Source
During the last year	_____	_____
Year before last	_____	_____

Joint Debtor or Spouse (if applicable)

Period	Dollar Amount you were paid	Source
During the last year	_____	_____
Year before last	_____	_____

3. Payments to creditors

- a. **If your debts are primarily consumer debts (i.e. non-business)**, list all payments totaling over **\$600** made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation (i.e. *alimony, child support, etc.*) or that were made as part of an alternative repayment plan.

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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- b. **If your debts are primarily non-consumer debts (i.e. business)**, list all payments totaling over **\$5,475** made within the last 90 days to any creditor.

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
-------------------------------------	--------------------------	--------------------	--------------------------

- c. **All debtors**, list all payments made within **one year** to any "insider" or for the benefit of any "insider". (*"Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.*)

NONE

<u>Name and Address of Creditor / Relationship to Debtor</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
--	--------------------------	--------------------	--------------------------

4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
_____	_____	_____	_____

b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company for Whom the Property was Seized (Creditor)	Date of Seizure	Description and Value of Property
_____	_____	_____

5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Repossession Foreclosure, Transfer or Return	Description and Value of Property
_____	_____	_____

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement
_____	_____	_____

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Custodian	Name and location of Court, Case Title and Number	Date of Order	Description and Value of Property
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7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift
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8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/Description and Value of Property
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10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case

NONE

Name and Address of Transferee / Relationship to Debtor	Date of Transfer	Description of Property and Value Received
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b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
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11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name and Address of those with Access to Box or Depository	Description of Contents	Date of Transfer, if any
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13.. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
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14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
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15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
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16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory(including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

Name and Address of Governmental Unit	Docket Number	Status or Disposition
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18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole partnership, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as define in 11 U.S.C. § 101.

NONE

Name	Address
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The following questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. 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 books of account and records.

NONE

Name and Address	Dates Services Rendered
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b. 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 debtor.

NONE

Name	Address	Dates Services Rendered
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c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

Name and Address	Comments
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d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NONE

Name and Address	Dates Issued
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20. Inventories

a. 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 basis of each inventory.

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
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b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory	Name and Address of Custodian of Inventory Records
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21. Current partners, officers, directors, and shareholders

a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address	Nature of Interest	Percentage of Interest
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b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or holds 5% or more of the voting securities of the corporation.

NONE

Name and Address	Title	Nature and Percentage of Stock Ownership
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22. Former partners, officers, directors and shareholders

a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE

Name and Address	Date of Withdrawal
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b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one**

year immediately preceding the commencement of this case.

NONE

Name and Address	Title	Date of Termination
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23. Withdrawals from a partnership or distributions by a corporation

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 exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

Name and Address of Recipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property
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24. Tax Consolidation Group.

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

NONE

Name of Parent Corporation	Taxpayer Identification Number
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25. Pension Funds

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NONE

Name of Pension Fund	Taxpayer Identification Number
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