

**THE VIDA LAW FIRM, PLLC  
3000 CENTRAL DRIVE  
BEDFORD, TEXAS 76021  
(817)358-9977**

**QUESTIONNAIRE**

NAME: \_\_\_\_\_

**WARNING: Your Bankruptcy will be prepared using the information contained in the questionnaire. You will be required to sign your bankruptcy petition under OATH AND PENALTY OF PERJURY. The failure to provide complete and accurate information on your bankruptcy and/or documents can constitute a FEDERAL CRIME and your debts may not be discharged.**

**INSTRUCTIONS:**

Please PRINT your answer to each question in spaces provided. Should you need additional space to fully respond insert your own sheet behind the page with your response. **Answer all of the questions completely. If a question does not apply to your situation insert “N/A” for your response. It is important that you do not guess!**

**ITEMS THAT MUST BE TURNED IN WITH THE QUESTIONNAIRE**

1. A copy of tax appraisal for all real estate.
2. A copy of the declaration page of each insurance policy for ALL vehicles and real estate.
3. A copy of your Federal Income Tax Return for the past two years.
4. A copy of your pay stubs for the last 6 months (if married, provided spouse’s too).
5. If self-employed, a month by month copy of your business income and business expenses for the last 6 months.
6. A copy of your most recent mortgage statement (it is important that we have this!!)
7. A copy of your social security card (you will have to take the original card to your meeting of creditors).
8. A copy of your driver’s license (you will have to take the original to your meeting of creditors).

**WARNING**

**DO NOT TELL ANY CREDITOR THAT YOU HAVE RETAINED AN ATTORNEY IF THE CREDITOR HAS A LIEN ON ANY ITEMS, WHICH ARE SUBJECT TO IMMEDIATE REPOSSESSION. THIS INCLUDES BUT IS NOT LIMITED TO MOTOR VEHICLES AND/OR MOBILE HOMES.**



**IMPORTANT:** We need to know all possible telephone numbers where you can be reached so that we will always be able to contact you, especially in case of a deadline. For your information, if we need to contact you at work or at a friend's or relative's house, we will just leave a name and number for call back. To protect your confidentiality, we will not discuss your case with anyone without your permission in writing. If your numbers change after you turn in this questionnaire, please notify this office of the changes in writing.

Home number:	( ) --	( ) --
May we contact you at work?	<b>Yes No</b>	<b>Yes No</b>
Work Number:	( ) --	( ) --
Work (alternate):	( ) --	( ) --
Mobile Phone:		
Who may we contact in case of emergency?		
Phone Number:	( ) --	( ) --
Do you wish to receive communications via e-mail?	<b>Yes No</b>	<b>Yes No</b>
If yes, please provide e-mail address.		

### INFORMATION ON YOUR DEPENDENTS AND SUPPORT PAYMENTS

Dependent's Name	Dependent's Relationship to You	Age	Does Dependent Live with You?	Do You Pay Support?	How much and how often do you pay?	Name and address of the recipient of the support payment
			<b>YES</b>	<b>YES</b>		
			<b>NO</b>	<b>NO</b>		
			<b>YES</b>	<b>YES</b>		
			<b>NO</b>	<b>NO</b>		
			<b>YES</b>	<b>YES</b>		
			<b>NO</b>	<b>NO</b>		

	<b>Debtor</b>	<b>Spouse</b>
Have you filed for bankruptcy in the last 8 years?	<b>Yes No</b>	<b>Yes No</b>
If yes: How many times did you file?		
Where did you file?		
What was the case number?		
When did you file?		
Did your bankruptcy get dismissed or discharged?	<b>Dismissed Discharged</b>	<b>Dismissed Discharged</b>
Are any of these cases still pending right now?	<b>Yes No</b>	<b>Yes No</b>
If yes, please explain:		

## TAXES

### 1. FEDERAL TAXES

	<b>Debtor</b>	<b>Spouse</b>
Social Security Number		
Have you received a tax refund for the past 2 years?	<b>Yes No</b>	<b>Yes No</b>
If yes, how much have you received for each of past 2 years?	20____ \$_____ 20____ \$_____	20____ \$_____ 20____ \$_____
Are you expecting a tax refund?	<b>Yes No</b>	<b>Yes No</b>
If yes, how much and for what year?		
If you are completing this questionnaire in July, Aug., Sept., Oct., Nov., or Dec., do you think you will get a tax refund next year when you file your tax return?	<b>Yes No</b>	<b>Yes No</b>
If yes, estimate how much you think you may get or tell us how much you usually get back.		
Do you owe the IRS?	<b>Yes No</b>	<b>Yes No</b>

What year(s) do you owe taxes for? <i>List each year separately</i>	What kind of tax? (Form 1040, Form 941, etc.)	Date filed the return was filed? (mm/dd/yyyy)	Amount owed?	Do you dispute the debt?	Who owes the debt? (H, W, or Both)	Has a tax lien been filed? If so, in what county?
1) _____	_____	_____	\$ _____	_____	_____	_____
2) _____	_____	_____	\$ _____	_____	_____	_____
3) _____	_____	_____	\$ _____	_____	_____	_____
4) _____	_____	_____	\$ _____	_____	_____	_____
5) _____	_____	_____	\$ _____	_____	_____	_____
6) _____	_____	_____	\$ _____	_____	_____	_____
		<b>Debtor</b>		<b>Spouse</b>		
Are there any years for which you have not filed a tax return?		<b>Yes No</b>		<b>Yes No</b>		
If yes, what years?						

**IMPORTANT:** If you owe income tax, we **must** have “Account Transcript” from the IRS for each year that you owe income tax. You may get “Account Transcript” from the IRS by either (1) going to [www.irs.gov](http://www.irs.gov) and ordering it online, or (2) by calling the IRS at 1-800-829-1040 and making the request via telephone. We cannot accurately advise you as to tax issues without reviewing Account Transcripts.

## 2. STATE TAXES

		<b>Debtor</b>			<b>Spouse</b>	
Do you owe any state taxes to the Comptroller of Public Accounts/Attorney General’s Office?		<b>Yes No</b>			<b>Yes No</b>	
What year(s) do you owe taxes for? <i>List each year separately</i>	To which state do you owe taxes?	What kind of tax? (sales, use, alcohol, etc.)	Date return was filed? (mm/dd/yyyy)	Do you dispute the debt?	Amount owed?	Who owes the debt? (H, W, or Both)
1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____	_____

## SECURED CREDITORS (DEBTS INVOLVING REAL ESTATE)

### HOMESTEAD INFORMATION

If you are a **renter**, skip the “homestead information” section and proceed to the bottom of page **8**.

If you have a **contract for deed** on a home do not list it here. You must list it in the section ahead designated for: **CONTRACTS OR LEASES** on page **26**.

If your home is a **mobile home** do not list it here. You must list it in the section ahead designated for: **SECURED CREDITORS (Debts involving Mobile Homes on page 11)**.

Do you own any real property (land or a home)?	Yes No
Property address: <div style="text-align: right; margin-right: 20px;">Street</div> <div style="text-align: right; margin-right: 20px;">City, State, Zip</div> <div style="text-align: right; margin-right: 20px;">County</div>	
Is this property a House or just Land?	
Names of the individuals listed on the deed of trust.	
Names of the individuals listed on the mortgage note.	
Are you living at this property?	Yes No
If No, have you rented it?	Yes No
If Yes, how much are you collecting in rent each month?	\$
Is there an escrow account set up for the property taxes?	Yes No
Is there an escrow account set up for insurance?	
Do you want to Keep or Surrender this property?	
Has your home been posted for foreclosure?	Yes No
If Yes, what is the scheduled foreclosure date?	
<p><b>IMPORTANT: (1) If you receive a foreclosure notice after turning in this Questionnaire it is your responsibility to inform this firm at once. (2) If you are filing Chapter 13 and you wish to keep this property and you are currently behind on payments, your Chapter 13 plan payment will include both the payments that you have already missed as well as your future mortgage payments. (3) If you are filing a Chapter 7, your house payments <u>must</u> be current at the time of filing and must remain current during the case. (4) Your mortgage creditor will likely stop sending you monthly statements and will stop automatic drafts from your bank account.</b></p>	

**INFORMATION REQUIRED REGARDING THE FIRST LIENHOLDER (HOMESTEAD)**

Creditor's Name	
Creditor's address Street City, State, Zip	
Account Number	
Phone Number	
Pay off amount	
Have any professional appraisals or realtor evaluations been done since the time of the purchase?  If yes, what was the value?	<b>Yes No</b>
Date of Loan (month/day/year)	
What is your monthly payment?	
What is your late charge, if any?	
On what day of the month is your payment due?	
Are you behind on your monthly payments?	<b>Yes No</b>
What is today's date?	
How many payments are you behind as of today?	

**OIL AND GAS**

Have you entered into an OIL or GAS lease with respect to the above property? **Yes No**

Date Signed	
Bonus amount received	\$
Do you receive royalty payments?	<b>Yes No</b>
If yes, how much and how often?	\$

**INFORMATION REQUIRED REGARDING THE SECOND LIENHOLDER (HOMESTEAD)**

Creditor's Name	
Creditor's address Street City, State, Zip	
Account Number	
Phone Number	
Pay off amount	
Have any professional appraisals or realtor evaluations been done since the time of the purchase?  If yes, what was the value?	<b>Yes No</b>

Date of Loan (month/day/year)	
What is your monthly payment?	
What is your late charge, if any?	
On what day of the month is your payment due?	
Are you behind on your monthly payments?	<b>Yes No</b>
What is today's date?	
How many payments are you behind as of today?	

## **OIL AND GAS**

Have you entered into an OIL or GAS lease with respect to the above property? **Yes No**

Date Signed	
Bonus amount received	\$
Do you receive royalty payments?	<b>Yes No</b>
If yes, how much and how often?	\$

## **HOMEOWNERS' ASSOCIATION**

Is there a Homeowners Association with regard to the above property? **Yes No**

Homeowners Association's Name	
Homeowners Association's Address Street City, State, Zip	
Account Number	
Phone Number	
How often do you pay dues?	Monthly    Quarterly    Semi-Annually    Annually
Amount of the dues?	\$
Are you behind on your annual dues?	<b>Yes No</b>
If yes, how much are you behind?	\$

## **PROPERTY #2**

Do you own a 2<sup>nd</sup> piece of real property? **Yes No**

If you do not own any other real property, proceed to page 12.

Property's address Street City, State, Zip County	
Is this property a house or just land?	
Who is listed on the deed for the property?	

Who is listed on the note for the property?	
Are you living at this property?	<b>Yes No</b>
If No, have you it rented to a 3 <sup>rd</sup> party?	<b>Yes No</b>
If Yes, how much are you collecting in rent per month?	\$
Do you want to Keep or Surrender this property?	
Has this property been posted for foreclosure?	<b>Yes No</b>
If Yes, what is the scheduled foreclosure date?	

**IMPORTANT:** If you receive a foreclosure notice after turning in this Questionnaire it is your responsibility to inform this firm at once.

**INFORMATION REQUIRED ON THE FIRST LIENHOLDER (PROPERTY #2)**

Creditor's Name	
Creditor's address Street City, State, Zip	
Account Number	
Phone Number	
Pay off amount	
Have any professional appraisals or realtor evaluations been done since the time of the purchase?	<b>Yes No</b>
If yes, what was the value?	
Date of Loan (month/day/year)	
What is your monthly payment?	
What is your late charge, if any?	
On what day of the month is your payment due?	
Are you behind on your monthly payments?	<b>Yes No</b>
What is today's date?	
How many payments are you behind as of today?	

**INFORMATION REQUIRED REGARDING THE SECOND LIENHOLDER (PROPERTY #2)**

Creditor's Name	
Creditor's address Street City, State, Zip	

Account Number	
Phone Number	
Pay off amount	
Have any professional appraisals or realtor evaluations been done since the time of the purchase?	<b>Yes No</b>
If yes, what was the value?	
Date of Loan (month/day/year)	
What is your monthly payment?	
What is your late charge, if any?	
On what day of the month is your payment due?	
Are you behind in your monthly payments?	<b>Yes No</b>
What is today's date?	
How many payments are you behind as of today?	

## **OIL AND GAS**

Have you entered into an OIL or GAS lease with respect to the above property? **Yes No**

Date Signed	
Bonus amount received	\$
Do you receive royalty payments?	<b>Yes No</b>
If yes, how much and how often?	\$

## **HOMEOWNERS' ASSOCIATION**

Is there a Homeowners Association with regard to the above property? **Yes No**

Homeowners Association's Name	
Homeowners Association's Address Street City, State, Zip	
Account Number	
Phone Number	
How often do you pay dues?	Monthly    Quarterly    Semi-Annually    Annually
Amount of the dues?	\$
Are you behind on your annual dues?	<b>Yes No</b>
If yes, how much are you behind?	\$

**(DEBTS INVOLVING MOBILE HOMES)**

Do you have a **mobile home** that is financed? **Yes No**

**INFORMATION REQUIRED ON THE FIRST LIENHOLDER (MOBILE HOME)**

Creditor's Name	
Creditor's Address Street City, State, Zip	
Account Number	
Phone Number	
Pay off amount	
What is the fair market value (What you would sell it for)?	
Is the note for the mobile home and the land <b>one</b> note or <b>two</b> separate <b>notes</b> ?	
Date of Loan (month/day/year)	
What is your monthly payment?	
What is your late charge, if any?	
When is your payment due?	
Are you behind in your monthly payments?	<b>Yes No</b>
What is today's date?	
How many payments are you behind as of today?	
If you are filing a Chapter 13 do you wish to (1) pay for the mobile home through the plan OR (2) pay only the past due payments through the plan, and continue to make your regular monthly payments directly to the creditor after filing bankruptcy?	<b>Option 1</b>  <b>Option 2</b>
What is the make:	
What is the model:	
What model year is it?	
ID Number	
The name(s) of the individual(s) listed on the title.	
What state was the title issued in?	
Is there a second lienholder for your mobile home? If Yes, provide the information on the second lien too.	<b>Yes No</b>

**SECURED CREDITORS  
(DEBTS INVOLVING VEHICLES)**

Do you have a **vehicle** that is financed? **Yes No** If you answered No, proceed to page **15**.

If you are behind on your vehicle payment, you must not inform your vehicle lienholder(s) that you are about to file bankruptcy. If you do, the vehicle lienholder may repossess your vehicle before you file bankruptcy.

If your name is on the note for a vehicle that was awarded to your ex-spouse in a divorce and the ex-spouse has not refinanced the note to remove your name, you should disclose the vehicle and the note here.

If filing a Ch. 7, you must keep your vehicle payment current if you wish to keep the vehicle.

**INFORMATION REQUIRED REGARDING THE LIENHOLDER ON VEHICLE #1**

Creditor's Name	
Creditor's Address  Street  City, State, Zip	
Account Number	
Phone Number	
Pay off amount	
What is the interest rate?	
Date of Loan (month/day/year)	
What is your monthly payment?	
What is your late charge, if any?	
Are you behind in your monthly payments?	<b>Yes No</b>
What is today's date?	
How many payments are you behind as of today?	
If filing a Chapter 13: Do you wish to (1) pay for the vehicle through the plan OR (2) pay only the past due payments through the plan, and continue to make your regular monthly payments directly to the creditor after filing bankruptcy?	<b>Option 1</b> <b>Option 2</b>
What is the mileage?	
What is the VIN Number?	
What is the vehicle year?	
What is the vehicle make? (Example: Honda)	
What is the vehicle model? (Example: Accord EX), Please include SE, LE, GXE, GT, etc.	
The individual(s) listed on the title.	
The individual(s) listed on the loan.	

Is the vehicle in your possession?	<b>Yes No</b>
If <b>No</b> , when was it repossessed or surrendered?	
If <b>Yes</b> , do you want to keep or surrender?	
If the vehicle is financed with a credit union, do you have any other loans or credit cards with the same credit union? If Yes, explain.	<b>Yes No</b>

**PLEASE CIRCLE YOUR VEHICLE'S OPTIONS:**

Stereo, CD Player, A/C, P-Seats, Tilt, Cruise, P-Windows, P-Locks, ABS Brakes, Theft deterrent, Leather interior, Luggage rack, Custom wheels, Alloy wheels, Sunroof, T-Tops, Convertible, Custom paint, 4, 6, or 8 cylinder, Manual or Automatic, Diesel, Customized. Other special packages (explain): \_\_\_\_\_  
 TRUCKS: Bed length\_\_\_\_\_, Cab Style\_\_\_\_\_, Bed Style (fleet, sport, etc.)\_\_\_\_\_,  
 Rear Air, 2WD, 2-4WD, 4WD, Dually, Tonage 2, 3/4, 1,\_\_\_\_\_, Please fully describe any additional attachments and their value:\_\_\_\_\_

**INFORMATION REQUIRED REGARDING THE LIENHOLDER ON VEHICLE #2**

Creditor's Name	
Creditor's Address  Street  City, State, Zip	
Account Number	
Phone Number	
Pay off amount	
What is the interest rate?	
Date of Loan (month/day/year)	
What is your monthly payment?	
What is your late charge, if any?	
Are you behind in your monthly payments?	<b>Yes No</b>
What is today's date?	
How many payments are you behind as of today?	
If filing a Chapter 13: Do you wish to (1) pay for the vehicle through the plan OR (2) pay only the past due payments through the plan, and continue to make your regular monthly payments directly to the creditor after filing bankruptcy?	<b>Option 1</b> <b>Option 2</b>
What is the mileage?	
What is the VIN Number?	
What is the vehicle year?	



If filing a Chapter 13: Do you wish to (1) pay for the vehicle through the plan OR (2) pay only the past due payments through the plan, and continue to make your regular monthly payments directly to the creditor after filing bankruptcy?	<b>Option 1</b> <b>Option 2</b>
What is the mileage?	
What is the VIN Number?	
What is the vehicle year?	
What is the vehicle make? (Example: Honda)	
What is the vehicle model? (Example: Accord EX), Please include SE, LE, GXE, GT, etc.	
The individual(s) listed on the title.	
The individual(s) listed on the loan.	
Is the vehicle in your possession?  If <b>No</b> , when was it repossessed or surrendered? If <b>Yes</b> , do you want to keep or surrender the vehicle?	<b>Yes No</b>   
If the vehicle is financed with a credit union, do you have any other loans or credit cards with the same credit union? If Yes, explain.	<b>Yes No</b>

**PLEASE CIRCLE YOUR VEHICLE'S OPTIONS:**

Stereo, CD Player, A/C, P-Seats, Tilt, Cruise, P-Windows, P-Locks, ABS Brakes, Theft deterrent, Leather interior, Luggage rack, Custom wheels, Alloy wheels, Sunroof, T-Tops, Convertible, Custom paint, 4, 6, or 8 cylinder, Manual or Automatic, Diesel, Customized. Other special packages (explain): \_\_\_\_\_  
 TRUCKS: Bed length\_\_\_\_\_, Cab Style\_\_\_\_\_, Bed Style (fleet, sport, etc.)\_\_\_\_\_,  
 Rear Air, 2WD, 2-4WD, 4WD, Dually, Tonage 2, 3/4, 1,\_\_\_\_\_, Please fully describe any additional attachments and their value:\_\_\_\_\_

**SECURED CREDITORS  
(OTHER DEBTS)**

This category **includes furniture stores, electronic stores, jewelry stores, and any other places that have a security interest** in items you bought. It also includes places where you took a loan and used household goods that you already owned as collateral. Disclose the collateral here and in the section for Property Owned beginning on page **28**.

**INFORMATION REQUIRED REGARDING SECURED DEBT #1**

Creditor's Name	
Creditor's Address  Street  City, State, Zip	

Account Number	
Phone Number	
What is your monthly payment?	
What is the payoff amount?	
What did you buy?	
What is the market value of these items?	
Do you wish to keep or surrender these items?	
Did you purchase these items with this loan or did you already own the items and used them as collateral?	
Date debt was incurred (month/day/year)	
Names of borrowers on this account?	

**INFORMATION REQUIRED REGARDING SECURED DEBT #2**

Creditor's Name	
Creditor's Address  Street  City, State, Zip	
Account Number	
Phone Number	
What is your monthly payment?	
What is the payoff amount?	
What did you buy?	
What is the market value of these items?	
Do you wish to keep or surrender these items?	
Did you purchase these items with this loan or did you already own the items and used them as collateral?	
Date debt was incurred (month/day/year)	
Names of borrowers on this account?	

**INFORMATION REQUIRED REGARDING SECURED DEBT #3**

Creditor's Name	
Creditor's Address  Street  City, State, Zip	

Account Number	
Phone Number	
What is your monthly payment?	
What is the payoff amount?	
What did you buy?	
What is the market value of these items?	
Do you wish to keep or surrender these items?	
Did you purchase these items with this loan or did you already own the items and used them as collateral?	
Date debt was incurred (month/day/year)	
Names of borrowers on this account?	

**INFORMATION REQUIRED REGARDING SECURED DEBT #4**

Creditor's Name	
Creditor's Address  Street  City, State, Zip	
Account Number	
Phone Number	
What is your monthly payment?	
What is the payoff amount?	
What did you buy?	
What is the market value of these items?	
Do you wish to keep or surrender these items?	
Did you purchase these items with this loan or did you already own the items and used them as collateral?	
Date debt was incurred (month/day/year)	
Names of borrowers on this account?	

**SEPARATION AGREEMENTS, DIVORCE SETTLEMENTS AND CHILD SUPPORT OBLIGATIONS**

Are you involved in a pending divorce proceeding?	<b>Yes No</b>
If yes, have temporary orders been entered in the case? <i>If yes, please provide a copy.</i>	<b>Yes No</b>

	Debtor	Spouse
Have you been divorced in the past 8 years?	Yes No	Yes No
If yes, provide name, last known address for your former spouse.		
Date of divorce: (dd/mm/yyyy)		
Do you have debts for which you and your ex-spouse are jointly liable? <i>If yes, you must disclose them in the debt section of this Questionnaire.</i>	Yes No	Yes No
Does your ex-spouse owe you money other than child support?	Yes No	Yes No
Are there assets awarded to you in the divorce that you have not collected yet?	Yes No	Yes No
Does the divorce decree order you to pay any of the joint obligations you had with your ex-spouse?	Yes No	Yes No
If yes, which ones?		
Has your ex-spouse filed bankruptcy?	Yes No	Yes No
<b>Do you owe child support to anyone?</b>	Yes No	Yes No
Name/address of all parties to whom you owe child support.		
Do you pay child support through a wage-withholding order from your paycheck?	Yes No	Yes No
Are you current?	Yes No	Yes No
If No, how much is past due?		
Is there a judgment against you for the child support arrears?	Yes No	Yes No
If yes, how much?		
Are you making payments on the arrears?	Yes No	Yes No
If you are not currently making your child support payments do you understand that you <b>must</b> stay current during this bankruptcy?	Yes No	Yes No

## UNSECURED CREDITORS AND COLLECTION AGENCIES

**You must disclose your friends and relatives as creditors if you owe them money even if you intend to repay them later.**

**If you owe a balance on a loan or credit card, you must disclose the debt even if you intend to attempt to “keep” the card.** It is not up to you, and it is not up to us whether you may retain credit with a credit card or credit union - it is up to the creditor. As a general rule, creditors will close all accounts upon being informed of bankruptcy, even those creditors with a zero-balance owed to them.

**COLLECTION AGENCY:** If a collection agency is working for a particular creditor, you should not only list the creditor and its full address but **also** you should list the name and full address of the collection agency.

Creditor’s Full Name:	
Creditor’s Full Address:	
Account Number:	
Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
Have you taken cash advances in 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the cash advances obtained exceeds \$950.00.
Collection Agency’s Name and full address:	

Creditor’s Full Name:	
Creditor’s Full Address:	
Account Number:	
Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
Have you taken cash advances in 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the cash advances obtained exceeds \$950.00.
Collection Agency’s Name and full address:	

Creditor's Full Name:	
Creditor's Full Address:	
Account Number:	
Amount of Debt Owed:	
<b>Type of debt:</b>	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
Have you taken cash advances in 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the cash advances obtained exceeds \$950.00.
Collection Agency's Name and full address:	

Creditor's Full Name:	
Creditor's Full Address:	
Account Number:	
Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
Have you taken cash advances in 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the cash advances obtained exceeds \$950.00.
Collection Agency's Name and full address:	

Creditor's Full Name:	
Creditor's Full Address:	
Account Number:	
Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
Have you taken cash advances in 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the cash advances obtained exceeds \$950.00.
Collection Agency's Name and full address:	

Creditor's Full Name: Creditor's Full Address: Account Number: Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
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Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
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Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Creditor's Full Name: Creditor's Full Address: Account Number: Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
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Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
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Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
Have you taken cash advances in 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the cash advances obtained exceeds \$950.00.
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Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
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Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Creditor's Full Name: Creditor's Full Address: Account Number: Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
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Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Creditor's Full Name: Creditor's Full Address: Account Number: Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Creditor's Full Name: Creditor's Full Address: Account Number: Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
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Creditor's Full Name: Creditor's Full Address: Account Number: Amount of Debt Owed:	
Type of debt: (circle one)	Signature Loan    Credit Card    Services    Medical Bill    Judgment    Other(specify):
Do you dispute this debt?	<b>Yes No</b> If yes, please explain:
Have you made any charges in the past 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the charges exceeds \$675.0.
Have you taken cash advances in 90 days?	<b>Yes No</b> If yes, provide us with copies of the statements for the account covering the 90-day period if the total amount of the cash advances obtained exceeds \$950.00.
Collection Agency's Name and full address:	

## CONTRACTS OR LEASES

(Include: rental property, contract for deed, cell phone contracts, Internet, streaming service, utilities, gym contract, lease vehicles, contracts for legal services with an attorney including divorce, personal injury, etc.)

Lessor's Name and full address: <div style="text-align: right; margin-right: 20px;">Street</div> <div style="text-align: right; margin-right: 20px;">City, State, Zip</div>	
Circle one:	Home    Apartment    Vehicle    Furniture    Appliance    Internet Cell Phone    Electricity    Gas    Water    Legal Service    Storage Other(specify)
Date Contract/Lease began (dd/mm/yyyy):	Date Contract/Lease ends (dd/mm/yyyy):
Account Number:	Monthly payment:
Do you want to keep this Contract/Lease?	<b>Yes    No</b>
Is any other party responsible for the Contract/Lease?	<b>Yes    No</b>
Provide the party's full name and address: <div style="text-align: right; margin-right: 20px;">Street</div> <div style="text-align: right; margin-right: 20px;">City, State, Zip</div>	

Lessor's Name and full address: <div style="text-align: right; margin-right: 20px;">Street</div> <div style="text-align: right; margin-right: 20px;">City, State, Zip</div>	
Circle one:	Home    Apartment    Vehicle    Furniture    Appliance    Internet Cell Phone    Electricity    Gas    Water    Legal Service    Storage Other(specify)
Date Contract/Lease began (dd/mm/yyyy):	Date Contract/Lease ends (dd/mm/yyyy):
Account Number:	Monthly payment:
Do you want to keep this Contract/Lease?	<b>Yes    No</b>
Is any other party responsible for the Contract/Lease?	<b>Yes    No</b>
Provide the party's full name and address: <div style="text-align: right; margin-right: 20px;">Street</div> <div style="text-align: right; margin-right: 20px;">City, State, Zip</div>	

Lessor's Name and full address: <div style="text-align: right; margin-right: 20px;">Street</div> <div style="text-align: right; margin-right: 20px;">City, State, Zip</div>	
Circle one:	Home    Apartment    Vehicle    Furniture    Appliance    Internet Cell Phone    Electricity    Gas    Water    Legal Service    Storage Other(specify)
Date Contract/Lease began (dd/mm/yyyy):	Date Contract/Lease ends (dd/mm/yyyy):
Account Number:	Monthly payment:
Do you want to keep this Contract/Lease?	<b>Yes    No</b>
Is any other party responsible for the Contract/Lease?	<b>Yes    No</b>
Provide the party's full name and address: <div style="text-align: right; margin-right: 20px;">Street</div> <div style="text-align: right; margin-right: 20px;">City, State, Zip</div>	

### STUDENT LOAN INFORMATION

As a general rule, Student Loans are **not** dischargeable, but must be listed.

Creditor's Name and full address:			
Account Number:		Payoff	
Monthly Payment:			
Is the loan in deferment?	<b>Yes No</b>		
Are you behind?	<b>Yes No</b>		
If yes, how many months and how much?			

Creditor's Name and full address:			
Account Number:		Payoff	
Monthly Payment:			
Is the loan in deferment?	<b>Yes No</b>		
Are you behind?	<b>Yes No</b>		
If yes, how many months and how much?			

### CO-DEBTORS

A co-debtor is a person who is liable on the same debt as you are. Examples of a co-debtor are: **co-signer, surety, guarantor, etc.** If there are any co-debtors on any of your debts, please list their names as well as the names of the corresponding creditor.

Please be advised that a co-debtor will not be relieved of any debt by you filing bankruptcy.

CREDITOR	CO-DEBTOR
Name:	Name:
Address:	Address:

CREDITOR	CO-DEBTOR
Name:	Name:
Address:	Address:

**CASH COLLATERAL**

List of all creditors that have a lien against your accounts receivables or bank accounts.  
(i.e., you have used accounts receivables or bank accounts as collateral for a loan)

CREDITOR'S NAME & ADDRESS	TERMS & CONDITIONS OF AGREEMENT
1.	
2.	
3.	

**BURIAL PLOT**

If you own a burial plot list that information here

Give the location of the burial plot.	
Do you own the property free and clear of all liens?	<b>YES    NO</b>
If No, give lienholder's full name and address	
What is the fair market resale value?	
Do you intend to keep, or surrender or has the property already been foreclosed on or repossessed?	

**PROPERTY OWNED**

The law requires you to **disclose and value every item that you own**, not just things you consider to be valuable or nice. Don't forget the items in your closets, under the bed, in the attic, in the garage and in the back yard. Take a look around each room in your house at all of the items, not just furniture.

In the space provided give the description and market value for each category. With respect to personal property, the term "market value" refers to what a reasonable buyer would expect to pay and what a reasonable seller would expect to sell for. The item should not be priced at cost or replacement value. Feel free to use Craig's List, eBay and other similar sites for estimates of the value of your items.

**WARNING!!!** If you owe money to a financial institution in which you have a checking account, savings account or certificate of deposit, it is advisable that you close your account in that financial institution and withdraw all funds before filing bankruptcy.

Cat. 1	REAL ESTATE -- Do you own or have any legal or equitable interest in any residence, building, land, or similar property?	
1.	Address of the property #1  <div style="text-align: right; margin-right: 100px;">Street address</div> <div style="text-align: right; margin-right: 100px;">City, State, Zip</div> <div style="text-align: right; margin-right: 100px;">County</div>	
Circle the type of property		Single-family home    Duplex or multi-unit building    Investment Property Condominium or cooperative    Manufactured or mobile home    Land Investment property    Timeshare    Other (explain)_____
Names of individual owner(s)		
Current value		\$
Are your real property taxes paid directly by you, or through an escrow account?		
Is your homeowners' insurance paid directly by you, or through an escrow account?		
Do you intend to keep or surrender the property?		
Is there a homeowners' association? If yes, do you owe any money? If yes, how much? Names & Address for the homeowners' association		<b>YES      NO</b> <b>YES      NO</b> <b>\$</b>
<div style="text-align: right; margin-right: 100px;">Name</div> <div style="text-align: right; margin-right: 100px;">Street address</div> <div style="text-align: right; margin-right: 100px;">City, State, Zip</div>		
2.	Address of the property #2  <div style="text-align: right; margin-right: 100px;">Street address</div> <div style="text-align: right; margin-right: 100px;">City, State, Zip</div> <div style="text-align: right; margin-right: 100px;">County</div>	
Circle the type of property		Single-family home    Duplex or multi-unit building    Investment Property Condominium or cooperative    Manufactured or mobile home    Land Investment property    Timeshare    Other (explain)_____
Names of individual owner(s)		
Current value		\$
Are your real property taxes paid directly by you, or through an escrow account?		
Is your homeowners' insurance paid directly by you, or through an escrow account?		
Do you intend to keep or surrender the property?		
Is there a homeowners' association? If yes, do you owe any money? If yes, how much? Names & Address for the homeowners' association		<b>YES      NO</b> <b>YES      NO</b> <b>\$</b>
<div style="text-align: right; margin-right: 100px;">Name</div> <div style="text-align: right; margin-right: 100px;">Street address</div> <div style="text-align: right; margin-right: 100px;">City, State, Zip</div>		

Cat. 2	<b>INTENTIONALLY LEFT BLANK</b>
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Cat. 3	CARS, VANS, TRUCKS, TRACTORS, SPORT UTILITY VEHICLES, MOTORCYCLES -- (You <u>MUST</u> provide us with a copy of the current insurance binder for each vehicle). List <b>ALL</b> vehicles whether the vehicle has a lien against it or not. (You must list all vehicles that you own, or vehicles titled in your name even if someone else drives it, or it does not run. For vehicles that have been disassembled, you must disclose the value in the "as is" condition.)
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	Debtor	Spouse
<b>1. Make (Ex. Honda)</b>		
Model (Ex. Accord DX)		
Year		
Mileage		
VIN number		
Estimated Resale Value		
<b>2. Make (Ex. Honda)</b>		
Model (Ex. Accord DX)		
Year		
Mileage		
VIN number		
Estimated Resale Value		
<b>3. Make (Ex. Honda)</b>		
Model (Ex. Accord DX)		
Year		
Mileage		
VIN number		
Estimated Resale Value		
<b>4. Make (Ex. Honda)</b>		
Model (Ex. Accord DX)		
Year		
Mileage		
VIN number		
Estimated Resale Value		

Cat. 4	WATERCRAFT, AIRCRAFT, MOTOR HOMES, ATVs, and OTHER RECREATIONAL VEHICLES, OTHER THAN VEHICLES AND ACCRESSIONS -- Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories
-----------	---

	Debtor	Spouse
1. Specify the type		
Make		
Model		
Year		
Mileage/Hours/Etc.		
Estimated Resale Value		
2. Specify the type		
Make		
Model		
Year		
Mileage/Hours/Etc.		
Estimated Resale Value		

Cat. 5	<b>INTENTIONALLY LEFT BLANK</b>
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Cat. 6	HOUSEHOLD GOODS AND FURNISHINGS -- Provide <b>estimated value</b> . If certain items which you own are not listed, please describe them in the space provided for "other" and give the item's value. Feel free to use Craig's List and similar sites as your guide.
-----------	---

LIVING ROOM			KITCHEN			DINING ROOM AND MISCELLANEOUS ITEMS		
Item	Debtor	Spouse	Item	Debtor	Spouse	Item	Debtor	Spouse
Couch	\$		Stove	\$		Buffet	\$	
Sectional Sofa	\$		Refrigerator	\$		Tables	\$	
Recliner	\$		Dishwasher	\$		Chairs	\$	
Love Seat	\$		Trash Compactor	\$		China Cabinet	\$	
Side Chair	\$		Microwave Oven	\$		Freezer	\$	
Coffee Table	\$		Small Appliances	\$		Power Tools	\$	
End Table(s)	\$		Pots & Pans	\$		Lawn Mower	\$	
Bookcase	\$		Dishes	\$		Edge	\$	
Lamp (s)	\$		Flatware	\$		Desk	\$	
Ceiling Fan	\$		Sterling Ware	\$		Dryer	\$	
Stereo Cabinet	\$		China	\$		Washer	\$	
Other:			Crystal	\$		Baby toys	\$	
			Glassware	\$		Baby Furniture	\$	
			Other:	\$		Bar Stools	\$	
						Other:	\$	
<b>TOTAL FOR EACH COLUMN</b>								

BEDROOM #1			BEDROOM #2		
<u>Item</u>	<u>Debtor</u>	<u>Spouse</u>	<u>Item</u>	<u>Debtor</u>	<u>Spouse</u>
Bed	\$		Bed	\$	
Dresser	\$		Dresser	\$	
Chest	\$		Chest	\$	
Night Stand(s)	\$		Night Stand(s)	\$	
Clock	\$		Clock	\$	
Lamp(s)	\$		Lamp(s)	\$	
Other:	\$		Other:	\$	
<b>TOTAL FOR EACH COLUMN</b>					

BEDROOM #3			BATHROOM(S)		
<u>Item</u>	<u>Debtor</u>	<u>Spouse</u>	<u>Item</u>	<u>Debtor</u>	<u>Spouse</u>
Bed	\$		Towels & linens	\$	
Dresser	\$		Toiletries	\$	
Chest	\$		Other:	\$	
Night Stand(s)	\$				
Clock	\$				
Lamp(s)	\$				
Toys	\$				
Other:	\$				
<b>TOTAL FOR EACH COLUMN</b>					

Cat. 7	ELECTRONICS -- Provide <b>estimated value</b> . If certain items which you own are not listed, please describe them in the space provided for "other" and give the item's value. Feel free to use Craig's List and similar sites as your guide.
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<u>Item</u>	<u>How many of the items do you own?</u>	<u>Estimated value</u>
Television	\$	\$
Radio	\$	\$
Videos	\$	\$
Stereo	\$	\$
DVD Player	\$	\$
DVDs	\$	\$
Desktop computer	\$	\$
Laptop computer	\$	\$
Tablet computer	\$	\$
Scanner	\$	\$
Streaming device	\$	\$

Cellphone	\$	\$
CD player	\$	\$
CDs	\$	\$
Game system	\$	\$
Router	\$	\$
Other:	\$	\$

Cat. 8 COLLECTIBLES OF VALUE -- Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles. Provide **estimated value**. If certain items which you own are not listed, please describe them in the space provided for "other" and give the item's value. Feel free to use Craig's List and similar sites as your guide.

	Debtor	Spouse
Antiques	\$	\$
Paintings	\$	\$
Prints	\$	\$
Books	\$	\$
Stamps	\$	\$
Coins	\$	\$
Baseball cards	\$	\$
Memorabilia	\$	\$
Figurines	\$	\$
Other collectibles:	\$	\$

Cat. 9 EQUIPMENT FOR SPORTS AND HOBBIES -- Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments. Provide **estimated value**. If certain items which you own are not listed, please describe them in the space provided for "other" and give the item's value. Feel free to use Craig's List and similar sites as your guide.

	Debtor	Spouse
Exercise equipment	\$	\$
Photographic equipment	\$	\$
Bicycles	\$	\$
Pool tables	\$	\$
Golf clubs	\$	\$
Canoes and kayaks	\$	\$
Carpentry tools	\$	\$
Musical instruments	\$	\$
Gardening Tools	\$	\$
Skiing or scuba diving equipment	\$	\$
Other:	\$	\$

Cat. 10	<b>FIREARMS</b> -- Pistols, rifles, shotguns, ammunition, and related equipment. Provide <b>estimated value</b> . If certain items which you own are not listed, please describe them in the space provided for “other” and give the item’s value. Feel free to use Craig’s List and similar sites as your guide.
---------	---

Make/Model/Caliber	Debtor	Spouse
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Cat. 11	<b>CLOTHING</b> -- you need to value all of your clothes, including kids’ clothes, suits, coats, fur coats, shoes, etc. Provide the <b>estimated value</b> of each item.
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	Debtor	Spouse
Clothing & Personal Effects	\$	\$
Furs	\$	\$

Cat. 12	<b>JEWELRY</b> -- Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver. Provide <b>estimated value</b> . If certain items which you own are not listed, please describe them in the space provided for “other” and give the item’s value. Feel free to use Craig’s List and similar sites as your guide.
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	Debtor	Spouse
Custom jewelry	\$	\$
Rings	\$	\$
Watches	\$	\$
Earrings	\$	\$
Wedding Rings	\$	\$
Bracelets	\$	\$
Necklaces	\$	\$
Other (describe):	\$	\$

Cat. 13	<b>NON-FARM ANIMALS</b> -- Examples: Dogs, cats, birds, horses
---------	--

Type of Animal	How Many?	Estimated value
		\$
		\$
		\$

Cat. 14	<b>OTHER PERSONAL PROPERTY -- Any other personal and household items you did not already list, including any health aids you did not list.</b>	
Description of the personal property		How Many?
		Estimated value

Cat. 15	<b>INTENTIONALLY LEFT BLANK</b>
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Cat. 16	<b>CASH ON HAND -- enter the amount of cash on hand - money in purse, wallet, or safe, not money in your bank account</b>	
		<b>Debtor</b>
		<b>Spouse</b>
How much cash on hand do you have?		\$
		\$

Cat. 17	<b>CASH ON DEPOSIT -- Please list any and all types of current accounts which you may have at a bank, credit union, investment firm, or any other financial institutions. All accounts must be listed, including inactive accounts where the balance is very small. (Use the balance according to your bank statement, not your checkbook register). Include accounts that you are holding for your children and other individuals. The account balance information will have to be updated at the time the case is filed.</b>	
		<b>Debtor</b>
		<b>Spouse</b>
1.	Financial institution's name and address.	
Type of Account		
Name of Individual(s) on Account		
Account Number		
Current Balance		\$
		\$
2.	Financial institution's name and address.	
Type of Account		
Individual(s) on Account		
Account Number		
Current Balance		\$
		\$
3.	Financial institution's name and address.	
Type of Account		
Name of Individual(s) on Account		
Account Number		

Current Balance		\$	\$
4.	Financial institution's name and address.		
Type of Account			
Name of Individual(s) on Account			
Account Number			
Current Balance		\$	\$
5.	Financial institution's name and address.		
Type of Account			
Name of Individual(s) on Account			
Account Number			
Current Balance		\$	\$

Cat. 18	BONDS, MUTUAL FUNDS, OR PUBLICLY TRADED STOCKS -- Examples: Stock in major companies such as Apple, IBM, etc., bond funds, investment accounts with brokerage firms, money market accounts.
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		Debtor	Spouse
1.	Circle the correct type	Bond   Mutual Fund   Stock	Bond   Mutual Fund   Stock
Name of the Bond, Mutual Fund or Stock			
Value of the Bond, Mutual Fund or Stock			
Has the Bond, Mutual Fund or Stock been put up as collateral? If yes, give the lienholder's name and address		<b>Yes   No</b>	<b>Yes   No</b>
2.	Circle the correct type	Bond   Mutual Fund   Stock	Bond   Mutual Fund   Stock
Name of the Bond, Mutual Fund or Stock			
Value of the Bond, Mutual Fund or Stock			
Has the Bond, Mutual Fund or Stock been put up as collateral? If yes, give the lienholder's name and address		<b>Yes   No</b>	<b>Yes   No</b>

Cat. 19	NON-PUBLICLY TRADED STOCK -- If you own any interest in any NON-PUBLICLY traded (family owned), incorporated or unincorporated businesses, including an interest in an LLC, partnership, and joint venture, disclose them here. (For each business provide the most recent tax return). Do not list stocks which you own through a retirement account here.
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		Debtor	Spouse
1.	Name of the business in which you own an interest in		
Circle the correct choice		Incorporated    Unincorporated	Incorporated    Unincorporated
Number of shares or percentage of ownership			
Describe the business			
Estimated market value of the shares or percentage			
2.	Name of the business in which you own an interest in		
Circle the correct choice		Incorporated    Unincorporated	Incorporated    Unincorporated
Number of shares or percentage of ownership			
Describe the business			
Estimated market value of the shares or percentage			
3.	Name of the business in which you own an interest in		
Circle the correct choice		Incorporated    Unincorporated	Incorporated    Unincorporated
Number of shares or percentage of ownership			
Describe the business			
Estimated market value of the shares or percentage			

Cat. 20	GOVERNMENT AND CORPORATE BONDS AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS – See the explanation below. Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.
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Description of the instrument	How Many?	Estimated value

Cat. 21	RETIREMENT ACCOUNTS -- such as IRA, ERISA, KEOGH, 401K, 403(b), Pension Plans, Profit Sharing Plans, Teacher Retirement, Railroad Retirement, Military Retirement and Thrift Savings Plan
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		Debtor	Spouse
1.	What is the Institution's Name and Address?		
What kind of account is it?			
What is the Account Number?			
What is the Account Balance?			
Is there is a loan against this?		<b>Yes No</b>	<b>Yes No</b>
If Yes, list the amount of the loan.		\$	\$
What is the monthly loan repayment?		\$	\$
2.	What is the Institution's Name and Address?		
What kind of account is it?			
What is the Account Number?			
What is the Account Balance?			
Is there is a loan against this?		<b>Yes No</b>	<b>Yes No</b>
If Yes, list the amount of the loan.		\$	\$
What is the monthly loan repayment?		\$	\$
3.	What is the Institution's Name and Address?		
What kind of account is it?			
What is the Account Number?			
What is the Account Balance?			
Is there is a loan against this?		<b>Yes No</b>	<b>Yes No</b>
If Yes, list the amount of the loan.		\$	\$
What is the monthly loan repayment?		\$	\$
4.	What is the Institution's Name and Address?		
What kind of account is it?			
What is the Account Number?			
What is the Account Balance?			
Is there is a loan against this?		<b>Yes No</b>	<b>Yes No</b>
If Yes, list the amount of the loan.		\$	\$
What is the monthly loan repayment?		\$	\$

Cat. 22	<b>SECURITY DEPOSITS -- list all security deposits with public utilities, telephone companies, landlords and others.</b>
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		Debtor	Spouse
1.	Name and address of deposit holder		
Purpose for the deposit			
Amount of deposit		\$	\$
2.	Name and address of deposit holder		
Purpose for the deposit			
Amount of deposit		\$	\$

*If there are more such security deposits provide the information on a separate sheet.*

Cat. 23	<b>ANNUITIES -- (A contract for a specific periodic payment of money to you, either for life or for a number of years)</b>
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1.	Annuity Company's Name & Address	
Account holder's name		
Account #		
Total Value		
Are you receiving payments yet?		<b>Yes No</b>
If Yes, how often do you receive payments?		
What is your payment amount?		\$
2.	Annuity Company's Name & Address	
Account holder's name		
Account #		
Total Value		
Are you receiving payments yet?		<b>Yes No</b>
If Yes, how often do you receive payments?		
What is your payment amount?		\$

Cat. 24	EDUCATION IRAs -- This is an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and §529(b)(1).	
1.	What is the Institution's Name and Address?	
	Name of the account owner?	
	Name of the account beneficiary?	
	What kind of account is it?	
	What is the Account Number?	
	What is the Account Balance?	
	The account was created under which state's law?	
	Is monthly payment being made into account?	<b>Yes No</b>
	If Yes, what is the monthly repayment?	
	Have you paid into this Account within the last 12 months?	
	If Yes, how much and on what dates?	

*If there are more such accounts provide the information on a separate sheet.*

Cat. 25	TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY (other than anything listed as your homestead), AND RIGHTS AND POWERS EXERCISABLE FOR YOUR BENEFIT -- Please provide to us all applicable paperwork on this type of property interest.		
	Describe the type of interest	Name of the owner of the interest	Estimated value

Cat. 26	PATENTS, COPYRIGHTS, TRADEMARKS, TRADE SECRETS, AND OTHER INTELLECTUAL PROPERTY-- Examples: Internet domain names, websites, proceeds from royalties and licensing agreements		
	Describe the type of interest	Name of the owner of the interest	Estimated value

Cat. 27	LICENSES, FRANCHISES, AND OTHER GENERAL INTANGIBLES -- Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses	
Describe the type of interest	Name of the owner of the interest	Estimated value

Cat. 28	TAX REFUNDS OWED TO YOU	
What year is the tax refund for?		
How much is the tax refund amount?		

Cat. 29	FAMILY SUPPORT -- Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement	
1	Name and address of individual who pays the support to you.	
Full name of the intended beneficiary of the support		
Monthly amount paid as support		\$
How often support payment is received?		
What is the expected ending date of the support payments?		
Is there arrearage (back payments) owed to you?		<b>Yes No</b>
If yes, how much?		\$
2	Name and address of individual who pays the support to you.	
Full name of the intended beneficiary of the support		
Monthly amount paid as support		\$
How often support payment is received?		
What is the expected ending date of the support payments?		
Is there arrearage (back payments) owed to you?		<b>Yes No</b>
If yes, how much?		\$

Cat. 30	OTHER AMOUNTS SOMEONE OWES YOU -- Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else		
Description of the claim and name and address of the person who owes it		How Much?	Is this collectible?
			<b>YES</b> <b>NO</b>
			<b>YES</b> <b>NO</b>

Cat. 31	LIFE INSURANCE POLICIES -- list all insurance policies including insurance policies provided by employer. Types of insurance policies include Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance				
1.	Name and address of Insurance Company				
Type of Policy: (circle one)		Term Life Homeowners	Whole Life Renters	Universal Life HAS	Health Premises Liability      Disability
Policy number		Other(specify):			
Policy owner's name					
Policy beneficiary's name					
What is the face value of the policy?		\$			
Does the policy have a surrender (cash value)?		<b>Yes</b> <b>No</b>			
If yes, give the cash value		\$			
Have you borrowed money against this policy or put this policy up as collateral?		<b>Yes</b> <b>No</b>			
If yes, how much and to whom?					
2.	Name and address of Insurance Company				
Type of Policy: (circle one)		Term Life Homeowners	Whole Life Renters	Universal Life HAS	Health Premises Liability      Disability
		Other(specify):			

Policy number		
Policy owner's name		
Policy beneficiary's name		
What is the face value of the policy?		\$
Does the policy have a surrender (cash value)?		<b>Yes No</b>
If yes, give the cash value		\$
Have you borrowed money against this policy or put this policy up as collateral?		<b>Yes No</b>
If yes, how much and to whom?		
3.	Name and address of Insurance Company	
Type of Policy: (circle one)		Term Life    Whole Life    Universal Life    Health    Disability Homeowners    Renters    HAS    Premises Liability Other(specify):
Policy number		
Policy owner's name		
Policy beneficiary's name		
What is the face value of the policy?		\$
Does the policy have a surrender (cash value)?		<b>Yes No</b>
If yes, give the cash value		\$
Have you borrowed money against this policy or put this policy up as collateral?		<b>Yes No</b>
If yes, how much and to whom?		

Cat. 32	ANY INTEREST IN PROPERTY THAT IS DUE YOU FROM SOMEONE WHO HAS DIED -- If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died, give specific information and provide us with supporting documents.			
	<b>Debtor</b>		<b>Spouse</b>	
Has any person died and left you as a beneficiary within the past year?	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Provide Information regarding the inheritance				

Are you beneficiary of a living trust?	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Provide Information regarding the living trust				
Have you received within the past year or are you excepting to receive proceeds from a life insurance policy?	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Provide Information regarding the life insurance policy				

Cat. 33	<b>CLAIMS AGAINST THIRD PARTIES, WHETHER OR NOT YOU HAVE FILED A LAWSUIT OR MADE A DEMAND -- Examples: Accidents, employment disputes, insurance claims, or rights to sue</b>
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Short description of the claim or what happened	Name of the party against whom the claim is asserted	Debtor's or spouse's claim or both? (circle one)	Name and address of your attorney	lawsuit been filed?
		<b>Debtor</b>		<b>YES</b>
		<b>Spouse</b>		<b>NO</b>
		<b>Both</b>		
		<b>Debtor</b>		<b>YES</b>
		<b>Spouse</b>		<b>NO</b>
		<b>Both</b>		

Cat. 34	<b>OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHT OF SET OFF CLAIMS</b>
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Provide information on the lawsuit and counterclaim and/or on the set off	Estimated value

Cat. 35	<b>ANY FINANCIAL ASSETS YOU DID NOT ALREADY LIST</b>
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Description of the type of the asset	Who is the owner?	Estimated value

Cat. 36	<b>INTENTIONALLY LEFT BLANK</b>
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Cat. 37	<b>INTENTIONALLY LEFT BLANK</b>
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**The following sets of questions apply to any Business-Related Property You Own or Have an Interest In.**

Do you own or have any legal or equitable interest in any business-related property? (circle one) **YES**    **NO**

If you circled NO, skip to page \_\_\_\_\_ of this Questionnaire.

Cat. 38	<b>ACCOUNTS RECEIVABLE (commissions and bonuses are considered accounts receivable)</b>
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		<b>Debtor</b>	<b>Spouse</b>
Does anyone owe money to you?		<b>Yes No</b>	<b>Yes No</b>
If yes, why are you owed money?			
1.	Name and address of the person who owes you money		
How much is owed to you?		\$	\$
Is debt collectable?		<b>Yes No</b>	<b>Yes No</b>
2.	Name and address of the person who owes you money		
How much is owed to you?		\$	\$
Is the debt collectable?		<b>Yes No</b>	<b>Yes No</b>
3.	Name and address of the person who owes you money		
How much is owed to you?		\$	\$
Is the debt collectable?		<b>Yes No</b>	<b>Yes No</b>
4.	Name and address of the person who owes you money		
How much is owed to you?		\$	\$
Is the debt collectable?		<b>Yes No</b>	<b>Yes No</b>

Cat. 39	Office equipment, furnishings, and supplies - Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices		
Description of the type of the asset		Who is the owner?	Estimated value

Cat. 40	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade		
Description of the type of the asset		Who is the owner?	Estimated value

Cat. 41	Inventory		
Description of the type of inventory		Date of Inventory	Estimated value

Cat. 42	Interests in partnerships or joint ventures		
Name		Percentage of ownership	Estimated value

Cat. 43	Customer lists, mailing lists, or other compilations		
Description of the type of list		From private or public sources	Estimated value

Cat. 44	Any business-related property you did not already list	
	Description of the type of the asset	Who is the owner?
		Estimated value

Cat. 45	<b>INTENTIONALLY LEFT BLANK</b>
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Cat. 46	<b>INTENTIONALLY LEFT BLANK</b>
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Cat. 47	Farm Animals that you own. Examples: Livestock, poultry, farm-raised fish, etc.	
	Description of the type of animal	Number of such animals owned
		Estimated total value

Cat. 48	Crops--either growing or harvested	
	Description of the type of crop	Amounts (bushels, bales, etc.)
		Estimated total value

Cat. 49	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	Describe the item	Estimated value

Cat. 50	Farm and fishing supplies, chemicals, and feed.	
	Describe the item	Estimated value

Cat. 51	Any farm- and commercial fishing-related property you did not already list.	
	Describe the item	Estimated value

Cat. 52	Do you have other property of any kind you did not already list?	
	Describe the item	Estimated value

**CURRENT INCOME**

	<b>Debtor</b>	<b>Spouse</b>
How often do you get paid?	Weekly    Bi-weekly Semi-monthly    Monthly	Weekly    Bi-weekly Semi-monthly    Monthly
What day of the week do you get paid?	Monday    Tuesday    Wednesday Thursday    Friday	Monday    Tuesday    Wednesday Thursday    Friday
Do you receive monthly income from the following? If yes, how much and how often?		
Part Time Job		
Rental Property		
Child Support		
Alimony		
Social Security		
Retirement/Pension		
Food Stamps		
Unemployment		
Annuity		
Oil and Gas		

If you anticipate a noticeable change in your income in the upcoming year, please provide an explanation of what changes you expect: \_\_\_\_\_

**MONTHLY EXPENSES**

If you and your spouse have separated and live in separate households, complete both columns. If you are not separated, complete the Debtor column only.

	<b>Debtor</b>	<b>Spouse</b>
Rent, Mobile Home Lot or Home Mortgage	\$	\$
Homeowner's, or renter's insurance if not included in mortgage	\$	\$
Home maintenance, repair, and upkeep expenses	\$	\$
<b>UTILITIES:</b>		
Electricity, heat, natural gas (12-month average)	\$	\$
Water, sewer, garbage collection (12-month average)	\$	\$
Telephone, cell phone, Internet, satellite, and cable services (12-month average)	\$	\$

Other, (Home Security System, etc.)	\$	\$
Food and housekeeping supplies	\$	\$
Childcare and children's education costs	\$	\$
Clothing, laundry, and dry cleaning	\$	\$
Personal care products and services	\$	\$
Medical and Dental Expenses (co-pays, prescriptions, deductibles, eyecare, eyewear, therapy, over the counter drugs, etc.)	\$	\$
Transportation (gas, oil, bus fare, etc.)	\$	\$
Entertainment, clubs, recreation, newspapers, magazines, and books	\$	\$
Charitable contributions and religious donations	\$	\$
<b>INSURANCE:</b> (do not list insurance deducted from wages or included in home mortgage payment)		
Life insurance	\$	\$
Health insurance	\$	\$
Auto insurance	\$	\$
Other insurance, specify: _____	\$	\$
<b>TAXES:</b> (do not list taxes deducted from wages or included in home mortgage payment), Specify _____	\$	\$
<b>AUTOMOBILE:</b> (direct payments for installment or lease payments):		
Auto #1 (Year & Make _____)	\$	\$
Auto #2 (Year & Make _____)	\$	\$
Auto #3 (Year & Make _____)	\$	\$
Alimony, maintenance and child support paid (not deducted from your income)	\$	\$
Other payments you make to support others who do not live with you. Specify: _____	\$	\$
Other real property: Mortgage Payment	\$	\$
Other real property: Real Estate Taxes (if not included in payment)	\$	\$
Other real property: Insurance (if not included in the payment)	\$	\$
Other real property: Maintenance, repair, and upkeep expenses	\$	\$
Other real property: Homeowner's association	\$	\$
Other real property: Other, specify: _____	\$	\$

Tags & License for Autos	\$	\$
Animal Care	\$	\$
Bank Charges	\$	\$
Work Lunches	\$	\$
Tobacco Expense	\$	\$
Landscaping	\$	\$
Pool Services	\$	\$
Student Loans	\$	\$
Postage	\$	\$
Other (explain):		
	\$	\$
	\$	\$

**Non-filing Spouse (if your spouse is not filing Bankruptcy with you):**

You must provide copies of his/her pay stubs for the for the last 6 months.

Does your spouse receive child support? **YES NO** If yes, how much \$ \_\_\_\_\_  
 Credit Card Payments paid every month by your spouse only \$ \_\_\_\_\_  
 Vehicle Payment paid by your spouse only \$ \_\_\_\_\_  
 Other Payments (specify): \_\_\_\_\_ \$ \_\_\_\_\_

If you anticipate a noticeable change in your expenses within the year of completion of the questionnaire, please detail the expected changes: \_\_\_\_\_

**INCOME AND EXPENSES FOR A BUSINESS**  
**OR A SELF-EMPLOYED INDIVIDUAL**

You should only complete this section if you own a business or are self-employed. You must provide a Profit and Loss Statement for the past 6 months. You can either use the below form by making copies or provide your own Profit and Loss Statement.

**DO NOT INCLUDE YOUR PERSONAL EXPENSES AS A BUSINESS EXPENSE.**

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Profit and Loss for which month? \_\_\_\_\_

Total Gross Monthly Income for the business: \$ \_\_\_\_\_

<b>Monthly Expense Items</b>	<b>Amount</b>
Advertising	\$
Bank Service Charges	\$
Vehicle Expenses	\$
Installment Payments, Specify: _____	\$
Dues and publications	\$
Commissions paid	\$
Wages paid	\$
Travel and Entertainment	\$
Laundry/Uniforms	\$
Mortgage/Rent	\$
Office Supplies	\$
Materials	\$
Inventory	\$
Equipment & Machinery	\$
Repairs	\$
Business Property Taxes	\$
Sales Taxes	\$
Federal Withholding Taxes and Matching Portion	\$
Utilities (electricity, water, gas, telephone, internet)	\$
Cell Phone	\$
Retirement contribution/Profit Sharing/Pension	\$
Insurance	
Health	\$
Workers' Compensation	\$
Premises Liability	\$
Vehicle	\$
Other Expense, Specify _____	\$
Other Expense, Specify _____	\$
<b>TOTAL EXPENSES</b>	\$

**FINANCIAL HISTORY**  
**THERE MUST BE AN ANSWER TO EVERY QUESTION!**

Cat. 1	What is your current marital status? <input type="checkbox"/> Married <input type="checkbox"/> Not Married
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Cat. 2	List all addresses you and your spouse have lived at in the last three years.	
Address for Debtor:		Dates of occupancy: From: _____ To: _____
Address for Debtor:		Dates of occupancy: From: _____ To: _____
Address for Spouse:		Dates of occupancy: From: _____ To: _____
Address for Spouse:		Dates of occupancy: From: _____ To: _____

Cat. 3	List all addresses you and your current spouse have lived at in the last three years.	
Address for Debtor:		Dates of occupancy: From: _____ To: _____
Address for Debtor:		Dates of occupancy: From: _____ To: _____
Address for Debtor:		Dates of occupancy: From: _____ To: _____
Address for Spouse:		Dates of occupancy: From: _____ To: _____
Address for Spouse:		Dates of occupancy: From: _____ To: _____
Address for Spouse:		Dates of occupancy: From: _____ To: _____

Cat. 4	Provide your gross income from employment or operation of a business for the past two years? Provide the total amount of income you received from all jobs and all businesses, including part-time activities.	
Gross Income (before any deductions of any kind)	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____

Cat. 5	Other Income - Have you received income this year or the past two years in the following areas?	
Type of Income	Debtor	Spouse
Tax Refund	20____ \$ _____	20____ \$ _____
	20____ \$ _____	20____ \$ _____
Social Security	This Year to date \$ _____	This Year to date \$ _____
	Last year \$ _____	Last year \$ _____
	Two years ago \$ _____	Two years ago \$ _____
Unemployment	This Year to date \$ _____	This Year to date \$ _____
	Last year \$ _____	Last year \$ _____
	Two years ago \$ _____	Two years ago \$ _____
Workers Compensation	This Year to date \$ _____	This Year to date \$ _____
	Last year \$ _____	Last year \$ _____
	Two years ago \$ _____	Two years ago \$ _____
Disability	This Year to date \$ _____	This Year to date \$ _____
	Last year \$ _____	Last year \$ _____
	Two years ago \$ _____	Two years ago \$ _____
Retirement/Pension	This Year to date \$ _____	This Year to date \$ _____
	Last year \$ _____	Last year \$ _____
	Two years ago \$ _____	Two years ago \$ _____

Annuity	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Food Stamps or other governmental aid	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Gift from family, friends, church, etc.	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Child Support	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Alimony	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Money from lawsuit, gambling, lottery winnings, etc.	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Income from Oil or Gas leases in the form of bonuses, royalties, or delay rentals	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____

Cat. 6	List all payments made that would total <b>\$600.00</b> or more within the past <b>90 days</b> , to any single creditor for: loan payments, purchase of goods or services, payment to credit card company or other debts. (Do not include car payments or mortgage payments).	
Creditors Name and Address:	Dates and Amounts of Payments	Balance owed

Creditors Name and Address:	Dates and Amounts of Payments	Balance owed
Creditors Name and Address:	Dates and Amounts of Payments	Balance owed
Creditors Name and Address:	Dates and Amounts of Payments	Balance owed
Creditors Name and Address:	Dates and Amounts of Payments	Balance owed

Cat. 7	Within the past <b>one year</b> , have you made any payments to a family member, relative or close friend (also known as insider) [In business bankruptcies, an insider includes an officer, director or a shareholder of the business.] Be sure to include any payments you have made for child support and alimony for the past <b>one year</b> .	
Name and Address of Whom You Paid:	Relation to you, Dates and Amounts of Payments	Balance Owed
Name and Address of Whom You Paid:	Relation to you, Dates and Amounts of Payments	Balance Owed

Cat. 8	Within the past <b>one year</b> , did you make any payments or transfer any property on account of a debt that benefited an insider? For Example: (a) Paying down a credit card that a family member is a co-applicant, or (b) Paying down a loan that a family member guaranteed.	
Name and Address of Whom benefitted from your payment:	Relation to you, Dates and Amounts of Payments	Balance Owed

Name and Address of Whom benefitted from your payment:	Relation to you, Dates and Amounts of Payments	Balance Owed
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Cat. 9	List all lawsuits to which you are or were a party (suing or being sued) within <b>one year</b> immediately preceding the filing of this bankruptcy case. (Include divorces and modifications)
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Who vs. Who:	Cause No.:	Court number, County and State names:	Circle the correct status: Pending On appeal Concluded
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Who vs. Who:	Cause No.:	Court number, County and State names:	Circle the correct status: Pending On appeal Concluded
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Cat. 10	Within <b>one year</b> before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
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Name and address of the person who benefitted:	Date of the action:	The description of the property:	The value of the property:
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Name and address of the person who benefitted:	Date of the seizure:	The description of the property:	The value of the property:
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Cat. 11	Within the past <u>90 days</u> , did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? (When a bank takes money out of your bank account towards debt that you owe to it, it is exercising its right of set off)		
Name and address of creditor.		Date of setoff.	Amount of setoff.

Cat. 12	Within the past <u>one year</u> , was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?			
Name and address for the custodian	Name and location of the court	Case title and number	Date of the order	Describe and value the property

Cat. 13	Within the past <u>two years</u> , did you give any gifts with a total value of more than <b>\$600.00</b> to anybody?			
Name of the individual receiving the gift	Reason for giving the gift	Date?	How Much?	
Name of the individual receiving the gift	Reason for giving the gift	Date?	How Much?	

Cat. 14	List all gifts made within the past <u>two years</u> did you give any gifts or contributions with a total value of more than <b>\$600.00</b> to any charity?			
Name of the charity or religious organization receiving the gift	How often?	Dates?	How much each time?	
Name of the charity or religious organization receiving the gift	How often?	Dates?	How much each time?	

Cat. 15	Within the past <b>one year</b> , did you lose anything because of theft, fire, other disaster, or gambling?			
Describe the property damaged or lost	Value of property.	Date of loss.	Was the loss covered in whole or in part by insurance? <b>YES NO</b> If yes, provide the name of the insurance company and the amount of recovery.	

Cat. 16	Within the past <b>one year</b> , did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?			
Name of the person providing the service.	Who made the payment?	Date of payment.	Amount paid.	

Cat. 17	Within the past <b>one year</b> , did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies.			
Have you paid anyone for debt counseling?  <b>YES NO</b>	If yes, please provide the name of the person you paid.	Date of payment.	Amount paid.	

Cat. 18	Within the past <b>two years</b> , did you give away, sell, traded-in, transfer voluntarily or by divorce decree any type of real estate or prosomal property? (Include cars, houses, land, boats, RV's, personal belongings, etc.)			
Name and address of the transferee. (Who you sold to)	Relationship to transferee.	Describe property you sold or transferred.	Date of Transfer.	Value received.
Name and address of the transferee. (Who you sold to)	Relationship to transferee.	Describe property you sold or transferred.	Date of Transfer.	Value received.

Cat. 19	Within the past <b>ten</b> years, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?		
Name of trust or similar device.	Describe property that was transferred.	Date of transfer.	

Cat. 20	Within the past <b>one year</b> , were any financial or bank accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, 401(k) account, IRA and other financial institutions.			
Name of financial institution.	Type of Account.	Dated Closed	Balance on date of closing.	
Name of financial institution.	Type of Account.	Dated Closed	Balance on date of closing.	
Name of financial institution.	Type of Account.	Dated Closed	Balance on date of closing.	
Name of financial institution.	Type of Account.	Dated Closed	Balance on date of closing.	
Name of financial institution.	Type of Account.	Dated Closed	Balance on date of closing.	

Cat. 21	Do you now have, or did you have within the past <b>one year</b> , any safe deposit box or other depository for securities, cash, or other valuables?		
Name and address of the bank or the depository.	Names and addresses of the persons authorized to have access.	Description of contents.	

Cat. 22	Have you stored property in a storage unit or place other than your home within the past <b>one year</b> ?		
Name and address of the storage.	Names and addresses of the persons authorized to have access.	Description of contents.	

Cat. 23	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.		
Name and address of owner.	Describe the property.	Value of property.	Location of property.

### Give Details About Environmental Information

“**Environmental Law**” means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

“**Site**” means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

“**Hazardous Material**” anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Cat. 24	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? <b>NO</b> If <b>YES</b> , fill in the details below.		
Name of the Site:	Name and address of governmental Unit	Environmental law violated	Date of notice
Site’s address:			

Cat. 25	Have you notified any governmental unit of any release of hazardous material? <b>NO</b> If <b>YES</b> , fill in the details below.		
Name of the Site:  Site's address:	Name and address of governmental Unit	Environmental law violated	Date of notice

Cat. 26	Have you been a party in any judicial or administrative proceeding under any environmental law? <b>NO</b> If <b>YES</b> , fill in the details below.		
Case title.  Case number.	Court or Agency name.	Nature of the case	Circle the correct status:  Pending On appeal Concluded

Cat. 27	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? Check the appropriate boxes.		
<input type="checkbox"/> A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time <input type="checkbox"/> A member of a limited liability company (LLC) or limited liability partnership (LLP) <input type="checkbox"/> A partner in a partnership <input type="checkbox"/> An officer, director, or managing executive of a corporation <input type="checkbox"/> An owner of at least 5% of the voting or equity securities of a corporation			
Name and address of business:	Employer Identification number.  Nature of business.	Dates of operation From: _____ To: _____	Names of partners or officers.  Name of accountant or bookkeeper

Name and address of business:	Employer Identification number.  Nature of business.	Dates of operation From: _____ To: _____	Names of partners or officers.  Name of accountant or bookkeeper
Name and address of business	Employer Identification number.  Nature of business.	Dates of operation From: _____ To: _____	Names of partners or officers.  Name of accountant or bookkeeper
Name and address of business:	Employer Identification number.  Nature of business.	Dates of operation From: _____ To: _____	Names of partners or officers.  Name of accountant or bookkeeper

Cat. 28	Within the past <b>two years</b> , did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.		
Name and address of the creditor.		Date issued.	
Name and address of the creditor.		Date issued.	

**IF YOU OWN A BUSINESS OR ARE SELF-EMPLOYED CONTINUE ON.**

Cat. 29	Year to date Income and Expenses for all non-incorporated businesses.	
Business #1	Gross Income \$ _____	Expenses \$ _____
Business #2	Gross Income \$ _____	Expenses \$ _____

Cat. 30	Last 2 years Income and Expenses for all non-incorporated businesses.		
Business #1	Last year:	Gross Income \$ _____	Expenses \$ _____
Business #1	2 years ago:	Gross Income \$ _____	Expenses \$ _____
Business #2	Last year:	Gross Income \$ _____	Expenses \$ _____
Business #2	2 years ago:	Gross Income \$ _____	Expenses \$ _____

Cat. 31	List all bookkeepers and accountants who within the last two years kept or supervised the keeping of books of account and records.	
Name and address.		Date of service.

Cat. 32	List all firms or individuals who within the last two years have audited the books of account and records, or prepared a financial statement for the debtor	
Name and address.		Date of service.

Cat. 33	List the dates of the last two inventories taken of your property.			
Inventory #1 Date: _____	Name of the person who supervised inventory.	Dollar amount of inventory.	Basis of inventory. Cost    Market Other _____	Who has possession of the records:
Inventory #2 Date: _____	Name of the person who supervised inventory.	Dollar amount of inventory.	Basis of inventory. Cost    Market Other _____	Who has possession of the records: