

# Bankruptcy Worksheet

## Instructions

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

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

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

**Personal Property & Household Goods:** When filling out this part of the worksheet, use a "replacement value" without deductions for cost of sale or marketing. That means the price a retail merchant would charge for property of that kind considering the age and condition for the property at the time the value is determined (consignment shops, eBay, etc.). Cars should be valued by the N.A.D.A. Official Used Car Guide. Your attorney will look this up for you.

**Real Property:** When valuing real property (land and any structures built on it), indicate the appraised tax value from your yearly property tax statement or, alternatively, base the value upon what similar properties in your area are bringing.

The instructions in this questionnaire should answer most of your questions. In addition, we have tried to eliminate "legalese" (or lawyer talk) by using clear and simple language. Where terms are used that we feel might be unfamiliar to you, we try to provide clear definitions. Nonetheless, if you find any questions unclear, please call, as accuracy at this stage is of utmost importance.

Remember, these questions *must* be answered fully and accurately. If you absolutely cannot remember, find out, or guess with reasonable accuracy, answer "Unknown." The effort you expend now will help determine how quickly your bankruptcy can be filed and how complete your discharge will be.

## **Documents Needed**

You will need to bring the following documents to our office when you come in to go over your completed worksheet. It is very important that you bring these items with you:

- 1. Certificate of Credit Counseling (if you have it)
- 2. Copies of any promissory notes, Deeds of Trust, property tax statements, or contracts on any real estate you own or are buying.
- 3. Copies of any notes or retail installment contracts from banks, credit unions, finance companies or other lenders. Also, any security agreements or other documents listing your property as collateral for the purchase of cars, furniture, mobile homes, other personal property, or cash loans.
- 4. Current statements and bills from all creditors for which we do not have information. Creditors with a zero balance may not need to be included; check with your attorney.
- 5. Tax returns for last four (4) years and corresponding state income tax returns for the same period.
- 6. Pay stubs for the last six (6) months from all current employers.
- 7. Proof of Insurance. If the policy is new, please provide the “binder” which is issued until the policy is in full force. If the policy is not new, then please provide the declarations page. Insurance information must state, at a minimum, the names of the insureds (you and other drivers in the case of car insurance), the policy number, the collateral that is insured, and the loss payee (the company(ies) that have liens on the property).
- 8. All legal documents pertaining to divorces or lawsuits which are pending or which have been finalized in the past 24 months.
- 9. Copies of all life insurance policies that have a cash value. You do not need to bring copies of term life policies.
- 10. All judgments or court orders entered against you or in your favor.
- 11. All executory contracts; for instance, leases, contracts for sale or deed and lease-purchase contracts.



Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Filing Information

**Please Check:**  Individual  Joint  
 Partnership  
 Other \_\_\_\_\_

**My debts are:**  Non-Business (Consumer)  
 Business

**Marital Status:**  Single  Married  Divorced  Widowed  Life Partner

*If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing.*

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

**Have you lived at your current address for at least the past 180 days:**  Yes  No

*If "No," list previous cities, states, and dates (use additional pages if necessary):*

\_\_\_\_\_

**Do you have a business partner or partnership that is currently filing bankruptcy?**  Yes  No

*If "Yes," give city, state, case number, and date filed:*

\_\_\_\_\_

**Have you taken cash advances on any credit cards in the last 90 days?**  Yes  No

Creditor Name: \_\_\_\_\_ Date taken: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Date taken: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Date taken: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Creditors to be notified by phone:

*Please list any creditor who needs to be notified by phone to prevent any action that the creditor may take against you. Imminent foreclosures, repossessions, or lawsuits are good examples. Please do not list any credit cards or other unsecured debts unless that creditor has filed a lawsuit.*

Creditor	Phone Number	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Prior Bankruptcies

Please indicate any bankruptcy filings within the last eight (8) years. Also indicate any pending bankruptcies for a spouse, joint debtor, or business partner (use additional sheets if necessary.)

Chapter	Location (City, State)	Date Filed	Case Number	Debtor Name	Date Discharged/Dismissed?

## Pending/Related Bankruptcies

Chapter	Location (City, State) and District in which filed	Date Filed	Case Number	Debtor Name	Presiding Judge

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Fee Disclosure (Attorney and Staff use only)

<input type="checkbox"/> <b>FIXED FEE</b> or <input type="checkbox"/> <b>HOURLY</b> (If hourly, enter estimated total fees below)	
<b>Total Fee Amount</b>	<b>\$</b> _____
<b>Amount Paid</b>	<b>\$</b> _____
<b>Balance Due</b>	<b>\$</b> _____

<b>Source of Compensation PAID</b>	<input type="checkbox"/> Debtor <input type="checkbox"/> Other (Specify)

<b>Source of Compensation TO BE PAID</b>	<input type="checkbox"/> Debtor <input type="checkbox"/> Other (Specify)

<b>Included/Excluded</b>	<b>No sharing of compensation, EXCEPT</b>

<b>Legal Services INCLUDED in Fee, or <input type="checkbox"/> Use defaults</b>
<input type="checkbox"/> a. Analysis of debtor's financial situation... <input type="checkbox"/> b. Preparation and filing of any petitions, schedules, ... <input type="checkbox"/> c. Representation of the debtor at the meeting of creditors... <input type="checkbox"/> d. Representation of the debtor in adversary proceedings... <input type="checkbox"/> e. Other:

<b>The Fee Does Not Include the Following Services, or <input type="checkbox"/> Use defaults</b>

<input type="checkbox"/> Exclude from schedules	<input type="checkbox"/> Add to creditor list
<input type="checkbox"/> Exclude from matrix	<input type="checkbox"/> Add to SOFA question #9

**Designated Attorney:** \_\_\_\_\_

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Dependents

If married and filing individually, please include your spouse/partner as a dependent (use additional sheets if necessary.)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Occupation

	Job #1	Primary Debtor	Job #2
Occupation	_____	_____	_____
Employer	_____	_____	_____
How Long?	_____	_____	_____
Address	_____	_____	_____
City/State/Zip	_____	_____	_____
Telephone #	_____	_____	_____

	Job #1	Spouse/Joint Debtor	Job #2
Occupation	_____	_____	_____
Employer	_____	_____	_____
How Long?	_____	_____	_____
Address	_____	_____	_____
City/State/Zip	_____	_____	_____
Telephone #	_____	_____	_____

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

## Real and Personal Property

Please complete the following worksheet. Your responses will assist us in determining the most beneficial approach to your case. We will ask that you assign a value to your real property. When valuing real property (land and any structures built on it), indicate the appraised tax value from your yearly property tax statement or, alternatively, base the value upon what similar properties in your area are bringing.

Indicate who owns each item by checking the appropriate box for each piece of property.

**H**=Husband    **W**=Wife    **J**=Joint **C**=Community

### YOUR HOMESTEAD

Surrender?

<b>Address</b>	<b>Total Amount Owed</b>	\$
	Market Value	\$
	Type of Loan (VA, FHA, Conventional)	
	1st Lienholder Name	
	1st Lienholder Phone	
<b>Extended Description</b>	<b>Any additional lienholders and contact numbers</b>	
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

### OTHER REAL PROPERTY

Surrender?

<b>Address</b>	<b>Total Amount Owed</b>	\$
	Market Value	\$
	Type of Loan (VA, FHA, Conventional)	
	1st Lienholder Name	
	1st Lienholder Phone	
<b>Extended Description</b>	<b>Any additional lienholders and contact numbers</b>	
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**OTHER REAL PROPERTY (2)**

Surrender?

Address	<b>Total</b> Amount Owed	\$
	Market Value	\$
	Type of Loan (VA, FHA, Conventional)	
	1st Lienholder Name	
	1st Lienholder Phone	
Extended Description	Any additional lienholders and contact numbers	
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

**OTHER REAL PROPERTY (3)**

Surrender?

Address	<b>Total</b> Amount Owed	\$
	Market Value	\$
	Type of Loan (VA, FHA, Conventional)	
	1st Lienholder Name	
	1st Lienholder Phone	
Extended Description	Any additional lienholders and contact numbers	
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**OTHER REAL PROPERTY (4)**

Surrender?

Address	<b>Total</b> Amount Owed	\$
	Market Value	\$
	Type of Loan (VA, FHA, Conventional)	
	1st Lienholder Name	
	1st Lienholder Phone	
Extended Description	Any additional lienholders and contact numbers	
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

**OTHER REAL PROPERTY (5)**

Surrender?

Address	<b>Total</b> Amount Owed	\$
	Market Value	\$
	Type of Loan (VA, FHA, Conventional)	
	1st Lienholder Name	
	1st Lienholder Phone	
Extended Description	Any additional lienholders and contact numbers	
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

## Personal Property

When filling out this part of the worksheet, use a "replacement value" without deductions for cost of sale or marketing. That means the price a retail merchant would charge for property of that kind considering the age and condition for the property at the time the value is determined (consignment shops, eBay, etc). Cars should be valued by the N.A.D.A. Official Used Car Guide. Your attorney will look this up for you.

Please use additional sheets if you are asked to list each piece of property separately.

Indicate who owns each item by entering one of the following in the column labeled "Owner":

**H**=Husband    **W**=Wife    **J**=Joint **C**=Community

Type of Property	Value	Liens
<b>1. Cash on Hand</b>	\$	\$

	Description:	
	Owner?	

**2. Checking/Savings Accounts, Thrift Accounts, CDs, etc.**

Type of Account	Owner	Value	Liens
<i>Example: Wells Fargo, checking, account #</i>		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**3. Security Deposits with Landlords, Utilities, etc.**

Holder's Name; Reason for Deposit	Owner	Value	Liens
<i>Example: Village View apartments, damage deposit</i>		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**4. Household Goods and Furnishings**

Item	Quantity	Owner	Value	Liens
<input type="checkbox"/> Television			\$	\$
<input type="checkbox"/> Entertainment Center			\$	\$
<input type="checkbox"/> Stereo Receiver			\$	\$
<input type="checkbox"/> DVD Player			\$	\$
<input type="checkbox"/> VCR			\$	\$
<input type="checkbox"/> CD Player			\$	\$
<input type="checkbox"/> Record Player			\$	\$
<input type="checkbox"/> Speakers			\$	\$
<input type="checkbox"/> Recliner			\$	\$
<input type="checkbox"/> Coffee Tables			\$	\$
<input type="checkbox"/> End Tables			\$	\$
<input type="checkbox"/> Lamps			\$	\$
<input type="checkbox"/> Piano			\$	\$
<input type="checkbox"/> Other Musical Instrument:			\$	\$
<input type="checkbox"/> Computer Equipment			\$	\$
<input type="checkbox"/> Dinner Table			\$	\$
<input type="checkbox"/> Dining Chairs			\$	\$



Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Indicate who owns each item by entering one of the following in the column labeled "Owner":  
**H=Husband W=Wife J=Joint C=Community**

7. Furs and Jewelry				
Item	Quantity	Owner	Value	Liens
<input type="checkbox"/> Wedding Rings			\$	\$
<input type="checkbox"/> Engagement			\$	\$
<input type="checkbox"/> Watches			\$	\$
<input type="checkbox"/> Fur Coats			\$	\$
			\$	\$
			\$	\$
			\$	\$

8. Firearms, Sports, Photographic, and/or Hobby Equipment				
Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

9. Cash Value of Insurance Policies (The amount of cash to which you have access. Do not include "term" policies.)				
Issuer of Policy and Type	Owner	Value	Liens	
<i>Example: First State, life insurance</i>		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

10. Annuities				
Issuer	Owner	Value	Liens	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

11. Education IRAs or State Tuition Plans (Must provide proof)				
Account	Owner	Value	Liens	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

12. IRAs, ERISA, Keogh, or Other Pension Plans				
Company/Issuer	Owner	Value	Liens	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

13. Stocks and/or Interests in Business(es)				
Company	No. Shares	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Indicate who owns each item by entering one of the following in the column labeled "Owner":  
**H**=Husband    **W**=Wife    **J**=Joint **C**=Community

14. Interests in Partnerships or Joint Ventures				
Description	% Interest	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

15. Government and/or Corporate Bonds			
Company or Govt. Entity	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$

16. Accounts Receivable			
Account and/or Name of Person	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$

17. Alimony, Maintenance, or Other Support or Settlements			
Item	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$

18. Other Liquidated Debts including Tax Refund(s)				
Tax Year	Name of Filer (if tax refund)	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$
			\$	\$

19. Future Interests, Life Estates, etc.				
Item	% Interest	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

20. Interest in Estate of Decedent, Death Benefit Plan, Insurance, or Trust				
Item	% Interest	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

21. Other Contingent and Unliquidated Claims Not Listed			
Item	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$

22. Patents, Copyrights, and Other Intellectual Property			
Patent number(s), product(s), etc.	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Indicate who owns each item by entering one of the following in the column labeled "Owner":  
**H=Husband W=Wife J=Joint C=Community**

23. Licenses, Franchises, or other Intangibles				
Item	Owner	Value	Liens	
		\$	\$	
		\$	\$	
		\$	\$	

24. Customer Lists or Other Lists Containing Personal Information of Others ( <input type="checkbox"/> List attached)				
Item	Owner	Value	Liens	
		\$	\$	
		\$	\$	
		\$	\$	

25. Automobiles, Motorcycles, Trailers, Mobile Homes, other Vehicles				
Year, Make, and Model	Owner	Value	Liens	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

26. Boats, Motors, and Accessories				
Year, Make, and Model or Engine Type	Owner	Value	Liens	
		\$	\$	
		\$	\$	
		\$	\$	

27. Aircraft and Accessories				
Year, Make, and Model or Accessory	Owner	Value	Liens	
		\$	\$	
		\$	\$	
		\$	\$	

28. Office Equipment, Furniture, and Supplies ( <input type="checkbox"/> Statement attached)				
Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

29. Tools of Trade, Machinery, Fixtures, and Equipment/Supplies Used in Business ( <input type="checkbox"/> Statement attached)				
Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

30. Inventory ( <input type="checkbox"/> Statement attached)				
Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

31. Animals (Pets, farm animals, etc.)				
Animal	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Indicate who owns each item by entering one of the following in the column labeled "Owner":

**H**=Husband    **W**=Wife    **J**=Joint **C**=Community

32. Crops Growing or Harvested				
Crop	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

33. Farming Equipment or Implements				
Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

34. Farming Supplies, Chemicals, and Feed				
Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

35. Other Personal Property (Items not already listed.)				
Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

**For staff use only**

**Exemption Scheme to use:**     State     Federal (if applicable)

*Remember, BankruptcyPRO allows state and federal exemptions to be applied at the same time (if your state allows the use of federal bankruptcy exemptions) so that the program can calculate and present both options. Defaults for each property category can also be set.*

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

## Creditors

**Please list SECURED and PRIORITY creditors first, followed by UNSECURED creditors.**  
 If additional space is needed, please provide the same information on a separate page.

**What is a *secured debt*?** A secured debt is a debt which has collateral or security in the form of property. Houses, land, cars, large appliances and furniture are all examples of secured debts if they have not already been paid off.

**What is a *priority debt*?** A priority debt is a tax or administrative debt. Monies owed to the Internal Revenue Service, child support arrearages, and other taxing authorities are the best examples of priority debt. If past due child support is owed, you must provide the name and address of the agency and the recipient. However, there are many circumstances where the IRS could also be a secured (if they have a lien on property) or even an unsecured debt (if the debt is too old).

**What is an *unsecured debt*?** Unsecured creditors do not have any collateral to secure payment of your debt. Examples include most credit cards, medical bills, and signature loans.

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
<b>Creditor Name and Address</b>	<b>Whose Debt?</b>	<b>Date Incurred</b>	
	<input type="checkbox"/> Husband	<b>Amount Owed</b>	
	<input type="checkbox"/> Wife	<b>Value of Collateral</b>	
	<input type="checkbox"/> Joint	<b>Contract Interest</b>	%
	<input type="checkbox"/> Community	<b>Contract Pmt.</b>	
<b>Account No.:</b>	<b>Co-Debtors (if any)</b>		
<b>Description of Collateral (if any)</b>	<i>Please provide the name and address for each co-debtor</i>		
<b>Nature of lien (if secured); Nature of debt (if no collateral)</b>			
	<input type="checkbox"/> Back or additional pages used.		
<b>Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured</b>			
<input type="checkbox"/> Direct pay starting: _____	<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral	
<input type="checkbox"/> In Plan at _____ %	<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt	
<b>Remarks:</b>			

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
<b>Creditor Name and Address</b>	<b>Whose Debt?</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Date Incurred</b>	
		<b>Amount Owed</b>	
		<b>Value of Collateral</b>	
		<b>Contract Interest</b>	%
<b>Account No.:</b>		<b>Co-Debtors (if any)</b>	
<b>Description of Collateral (if any)</b>		<i>Please provide the name and address for each co-debtor</i>	
<b>Nature of lien (if secured); Nature of debt (if no collateral)</b>			
<input type="checkbox"/> Back or additional pages used.			
<b>Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured</b>			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral
<input type="checkbox"/> In Plan at _____ %		<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt
<b>Remarks:</b>			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
<b>Creditor Name and Address</b>	<b>Whose Debt?</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Date Incurred</b>	
		<b>Amount Owed</b>	
		<b>Value of Collateral</b>	
		<b>Contract Interest</b>	%
<b>Account No.:</b>		<b>Co-Debtors (if any)</b>	
<b>Description of Collateral (if any)</b>		<i>Please provide the name and address for each co-debtor</i>	
<b>Nature of lien (if secured); Nature of debt (if no collateral)</b>			
<input type="checkbox"/> Back or additional pages used.			
<b>Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured</b>			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral
<input type="checkbox"/> In Plan at _____ %		<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt
<b>Remarks:</b>			

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
<b>Creditor Name and Address</b>	<b>Whose Debt?</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Date Incurred</b>	
		<b>Amount Owed</b>	
		<b>Value of Collateral</b>	
		<b>Contract Interest</b>	%
<b>Account No.:</b>		<b>Co-Debtors (if any)</b>	
<b>Description of Collateral (if any)</b>		<i>Please provide the name and address for each co-debtor</i>	
<b>Nature of lien (if secured); Nature of debt (if no collateral)</b>			
		<input type="checkbox"/> Back or additional pages used.	
<b>Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured</b>			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral
<input type="checkbox"/> In Plan at _____ %		<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt
<b>Remarks:</b>			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
<b>Creditor Name and Address</b>	<b>Whose Debt?</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Date Incurred</b>	
		<b>Amount Owed</b>	
		<b>Value of Collateral</b>	
		<b>Contract Interest</b>	%
<b>Account No.:</b>		<b>Co-Debtors (if any)</b>	
<b>Description of Collateral (if any)</b>		<i>Please provide the name and address for each co-debtor</i>	
<b>Nature of lien (if secured); Nature of debt (if no collateral)</b>			
		<input type="checkbox"/> Back or additional pages used.	
<b>Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured</b>			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral
<input type="checkbox"/> In Plan at _____ %		<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt
<b>Remarks:</b>			

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
<b>Creditor Name and Address</b>	<b>Whose Debt?</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Date Incurred</b>	
		<b>Amount Owed</b>	
		<b>Value of Collateral</b>	
		<b>Contract Interest</b>	%
<b>Account No.:</b>		<b>Co-Debtors (if any)</b>	
<b>Description of Collateral (if any)</b>		<i>Please provide the name and address for each co-debtor</i>	
<b>Nature of lien (if secured); Nature of debt (if no collateral)</b>			
		<input type="checkbox"/> Back or additional pages used.	
<b>Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured</b>			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral
<input type="checkbox"/> In Plan at _____ %		<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt
<b>Remarks:</b>			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
<b>Creditor Name and Address</b>	<b>Whose Debt?</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	<b>Date Incurred</b>	
		<b>Amount Owed</b>	
		<b>Value of Collateral</b>	
		<b>Contract Interest</b>	%
<b>Account No.:</b>		<b>Co-Debtors (if any)</b>	
<b>Description of Collateral (if any)</b>		<i>Please provide the name and address for each co-debtor</i>	
<b>Nature of lien (if secured); Nature of debt (if no collateral)</b>			
		<input type="checkbox"/> Back or additional pages used.	
<b>Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured</b>			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral
<input type="checkbox"/> In Plan at _____ %		<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt
<b>Remarks:</b>			

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Leases and Contracts

(Attach additional sheets if necessary)

QUESTION		
Please state "Yes" or "No" in the box at left indicating whether or not you have unexpired leases or executory contracts of any kind? Leases include apartment leases, house leases, car leases, etc. Executory contracts include contracts for services, contracts for deed, contracts for sale, cell phone contracts, etc. If "Yes", please list <b>all</b> parties to the contract or lease, describe the nature of the interest, and <b>attach copies of the lease or contract to this package</b> . Please indicate whether you wish to assume (keep) or reject (end) the contract or lease by circling " <b>Y</b> " or " <b>N</b> " when asked.		
DESCRIPTION (Type of contract/lease)	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:
<b>ASSUME? Y or N</b>		
DESCRIPTION (Type of contract/lease)	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:
<b>ASSUME? Y or N</b>		
DESCRIPTION (Type of contract/lease)	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:
<b>ASSUME? Y or N</b>		
DESCRIPTION (Type of contract/lease)	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:
<b>ASSUME? Y or N</b>		

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

## Monthly Income

### Primary Debtor

### Spouse/Joint Debtor

	<u>Job #1</u>	<u>Job #2</u>	<u>Job #1</u>	<u>Job #2</u>
Pay Interval	_____	_____	_____	_____
(monthly, semi-monthly, weekly, bi-weekly)				
Gross \$/Month	\$ _____	\$ _____	\$ _____	\$ _____
<b><u>Deductions:</u></b>				
FIT/State	\$ _____	\$ _____	\$ _____	\$ _____
FICA/Medicare	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	\$ _____	\$ _____
Other (1)* (see below)	\$ _____	\$ _____	\$ _____	\$ _____
<b>Income from other sources:</b>				
Business	\$ _____		\$ _____	
Property Rental	\$ _____		\$ _____	
Interest/Dividends	\$ _____		\$ _____	
Alimony/Support	\$ _____		\$ _____	
Govt. Assistance	\$ _____		\$ _____	
Retirement/ Pension	\$ _____		\$ _____	
Other (2)** (see below)	\$ _____		\$ _____	
<b>Monthly Net Income \$</b>	_____		<b>Monthly Net Income \$</b>	_____

<b>TOTAL MONTHLY HOUSEHOLD INCOME:</b>	<b>\$</b> _____
----------------------------------------	-----------------

**Please describe any anticipated changes in household income during the next 12 months.**

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\*Other (1): Calculate the total amount of all other deductions and enter it in the "Other (1)" entry above. Please detail each item and amount below:

Debtor	Spouse
_____	_____
_____	_____
_____	_____

\*\*Other (2): Calculate the total amount of all other sources of income and enter it in the "Other (2)" entry above. Please detail each item and amount below:

Debtor	Spouse
_____	_____
_____	_____
_____	_____

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

## Monthly Expenses

*For variable expenses, figure how much you typically spend in a year and divide by twelve. Medical expenses should not include insurance premiums. Do not include any expenses that are deducted from your pay. If home insurance and property taxes are included in your mortgage payment, do not list them separately.*

Mortgage/Rent.....	\$	Includes taxes and insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, specify amounts below.
Property Tax	\$	
Insurance	\$	If you have renter's insurance, include it here.
H.O.A.....	\$	Any homeowner's association dues
Utilities.....		
Electricity	\$	
Gas	\$	
Water/Sewer	\$	
Cable T.V.	\$	
Internet	\$	
Telephone.....		
Home	\$	
Mobile	\$	
Pager	\$	
Home Maintenance	\$	
Food/Toiletries.....	\$	
Clothing.....	\$	
Laundry/Dry Clean	\$	
Medical.....		Do not include monthly ins. premiums or items deducted from your pay.
Medical	\$	Regular doctor visits or other regular services paid out of pocket.
Dental	\$	Regular dental visits or payments paid out of pocket.
Prescriptions	\$	
Transportation.....	\$	Fuel, oil, registration, annual maintenance, etc. Not vehicle payments.
Recreation.....	\$	Clubs, entertainment, newspapers, magazines, etc.
Charity.....	\$	Do not include items deducted from your paycheck.
Insurance.....		Do not include if these payments are deducted from your paycheck.
Life	\$	
Auto	\$	
Health	\$	Do not list deposits for Health Savings Accounts. Please see next page.
Other	\$	<input type="checkbox"/> Check this box if you used the back or attached additional pages.
Taxes.....	\$	Do not include taxes deducted from pay or included in mortgage pmt.
Specify:		
Installments.....		
Auto 1	\$	
Auto 2	\$	
Other	\$	<input type="checkbox"/> Check this box if you used the back or attached additional pages.
Childcare.....	\$	
Support.....	\$	Alimony, maintenance, and support paid to others.
Other Support.....	\$	Support of <b>dependents not</b> living in your home (for college see next page).
Business.....	\$	Regular business expenses (see <i>Business Budget</i> or attach statement).
<b>SUB-TOTAL.....</b>	<b>\$</b>	

## Other Household Expenses (may be out of the ordinary)

Do not enter amounts for items already deducted from your paycheck or listed above. Again, for yearly or semi-annual expenses, please enter the monthly average.

Higher Education...	\$	
College Tuition	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
College Expenses	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
College Sav. Plan	\$	<input type="checkbox"/> Personal or <input type="checkbox"/> State sponsored savings plans?
Private Schooling...	\$	
Special Needs.....	\$	Education for Special Needs children at home or living elsewhere.
HSA.....	\$	Health Savings Account payments.
Land Maintenance	\$	Please enter the total amount necessary to maintain any land you own. (Examples include brush clearing, well maintenance, fencing, dusting, etc.)
Land Taxes.....	\$	Taxes on land other than your homestead.
Septic.....	\$	Maintenance and repair of any septic system(s).
Bldg. Maintenance	\$	Maintenance of buildings/structures you own that are not your homestead.
Farming Vehicles...	\$	Maintenance and repair of any farming vehicles.
Farming Equip.....	\$	Tools and equipment repaired or purchased.
Other.....	\$	Specify: _____
	\$	Specify: _____
	\$	Specify: _____
	\$	Specify: _____
	\$	Specify: _____

**SUB-TOTAL.....** \$

<b>GRAND TOTAL</b>	\$	Total of "Monthly Expenses" and "Other Household Expenses"
--------------------	----	------------------------------------------------------------

**Please describe any special circumstances or changes expected to occur in the next 12 months:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check here If the back of this form is used, or additional pages attached.

## Business Income & Expenses

*Please enter your business income and expenses below. If you have a detailed statement, please submit that instead. Use a separate sheet if additional space is needed.*

### A. Gross Business Income for Previous 12 Months

Previous Income.... \$

### B. Gross Monthly Income

Current Income..... \$

**TOTAL INCOME....** \$

### C. Estimated Average Future Monthly Expenses

Payroll..... \$

Payroll Taxes..... \$

Unemployment Tax \$

Worker's Comp..... \$

Other Taxes..... \$

Specify:

Inventory..... \$

Inventory purchases

Consumables..... \$

Feed, fertilizer, food, etc.

Rent/Lease..... \$

Utilities..... \$

Supplies..... \$

Maintenance..... \$

Average your yearly expenses on maintenance and repairs

Vehicle Expenses.. \$

Fuel, oil, registration, annual maintenance, etc.

Entertainment..... \$

Travel, food, hotel, flight, etc.

Equipment Rental.. \$

Fees..... \$

Any professional/business fees.

Insurance..... \$

Employee Benefits \$

Debt Payments..... \$

Enter the total amount here. Use the back or additional paper if needed.

Specify:

Other Expenses..... \$

Enter the total amount here. Use the back or additional paper if needed.

Specify:

**TOTAL.....** \$

Check here If the back of this form is used, or if additional pages are attached.

## Statement of Financial Affairs

**ALL QUESTIONS ARE TO BE ANSWERED COMPLETELY AND HONESTLY. Intentionally omitting or giving false information may be a punishable felony. Further, filing false documents is grounds for the Court to deny a discharge, meaning that your creditors can still pursue you.**

**EACH QUESTION MUST BE ANSWERED. IF THE ANSWER TO ANY QUESTION IS "NONE" OR THE QUESTION IS NOT APPLICABLE, WRITE "NONE" OR "NOT APPLICABLE" IN THE ANSWER BOX.**

### Information about Spouses.

Spouses filing jointly should fill out a single statement on which the information for both spouses is combined.

If the case is to be filed under **chapter 12** or **chapter 13**, a married client must furnish information for both spouses whether or not the spouse also files, unless the spouses are separated and the absent spouse does not join in filing.

### Business Clients.

An individual client engaged in business as a sole proprietor, partner, family farmer or self-employed professional, should provide the information requested on this statement concerning all activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed in all cases. Clients that are or have been in business, as defined below, also must complete Questions 19 - 25.

If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**You.** "You" means you, the client. If both husband and wife file, "you" includes both of you. If only one spouse files, "you" may include the non-filing spouse – please read the instructions for the question. If you own an interest in a corporation, "you" does not include the corporation.

**In business.** A client is "in business" for the purpose of this form if the client is a corporation or partnership. An individual client is "in business" for the purpose of this form if the client is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or self-employed.

**Insider.** The term "insider" (or *payee*) includes, but is not limited to: relatives of the client; general partners of the client and their relatives; corporations of which the client is an officer, director, or person in control; officers, directors, and any person in control of a corporate client and their relatives; affiliates of the client and insiders of such affiliates; any managing agent of the client. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

State the **gross** amount of income received from employment, trade or profession, or from operation of your business from the beginning of this calendar year to the date this case was filed. State also the **gross** amounts received during the **two years** immediately preceding this calendar year. (A client that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the client's fiscal year.) ***If a joint case is filed, state income for each spouse separately. (Married clients filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)***

YEAR	INCOME AMOUNT		SOURCE (if more than one)
		\$ _____	
YTD	Debtor	\$ _____	
	Spouse	\$ _____	
_____	Debtor	\$ _____	
	Spouse	\$ _____	
_____	Debtor	\$ _____	
	Spouse	\$ _____	

**2. Income other than from employment or operation of business for past 24 months.**

State the amount of income received by the client *other than* from employment, trade, profession, or operation of the client's business during the **two years** immediately preceding the filing of this case. Give particulars. If husband and wife file jointly, state income for each spouse separately. **(Married clients filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint case is filed, unless the spouses are separated and a joint petition is not filed.)**

YEAR	INCOME AMOUNT		SOURCE (if more than one)
YTD	Debtor	\$ _____	
	Spouse	\$ _____	
_____	Debtor	\$ _____	
	Spouse	\$ _____	
_____	Debtor	\$ _____	
	Spouse	\$ _____	

**3. Payments to creditors (Complete a., b., as appropriate, and c.)**

a. *Individual or joint debtors with primarily consumer debts.* List all payments to any creditors totaling more than \$600 made within 90 days immediately preceding the filing of this case. **(Married clients filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)**

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	PMT. AMOUNT OR TOTAL OF ALL PMTS.	AMOUNT STILL OWING

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

b. *Debtor whose debts are not primarily consumer debts.* List each payment or other transfer to any creditor made within the last 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfers is more than \$5,000. **(Married debtors filing under chapter 12 or 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)**

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	PMT. AMOUNT OR TOTAL OF ALL PMTS.	AMOUNT STILL OWING

c. **Payments to insiders within past year.** List all payments made within **one year** immediately preceding the filing of this case to or for the benefit of creditors who are or were insiders. (NOTE: "Insider" is defined on the first page.) **(Married clients filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)**

NAME AND ADDRESS OF PAYEE AND RELATIONSHIP TO YOU	DATES OF PAYMENTS	PMT. AMOUNT OR TOTAL OF ALL PMTS.	AMOUNT STILL OWING

**4. Suits and administrative proceedings, executions, garnishments and attachments**

a. **In which you were a party in the last 12 months.** List all suits to which you are or were a party within **one year** immediately preceding the filing of this bankruptcy case. **(Married clients filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)**

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

b. **Property seized in past 12 months.** Describe all property that has been attached, garnished or seized under any legal or equitable process for the benefit of another within **one year** immediately preceding the filing of this case. *(Married clients filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED (CREDITOR)	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY

5. **Repossessions, foreclosures and returns in past 12 months**

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 filing of this case. *(Married clients filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

**6. Assignments and receiverships**

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the filing of this case. *(Married clients filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR 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 filing of this case. *(Married clients filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE, TITLE & NO.	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

**7. Gifts within past 12 months**

List all gifts or charitable contributions made within **one year** immediately preceding the filing 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. If you listed charitable contributions as a monthly expense, information regarding such contributions must be provided below. *(Married clients filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO CLIENT, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT

**8. Losses: fire, theft, gambling or casualty losses within past 12 months**

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the filing of this case **or since the filing of this case.** *(Married clients filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE. GIVE PARTICULARS	DATE OF LOSS

**9. Payments related to debt counseling or bankruptcy within past 12 months**

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

NAME AND ADDRESS OF PAYEE	NAME OF PAYOR IF OTHER THAN CLIENT	DATE OF PAYMENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

**10. Any and all other transfers**

a. List all other property of any kind, other than property transferred in the ordinary course of the business or financial affairs of the client, transferred either absolutely or as security within **two years** immediately preceding the filing of this case. *(Married clients filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO CLIENT	DATE TRANSFERRED	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

b. List all other property transferred by the debtor within 10 years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

TRUST OR OTHER DEVICE	DATE TRANSFERRED	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

**11. Financial accounts and instruments (CDs, etc.) closed, sold, or transferred within past 12 months.**

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 filing of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. *(Married clients filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF INSTITUTION	AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Acct. No.:		
Acct. No.:		
Acct. No.:		

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

**12. Safe deposit boxes where you had things in past 12 months**

List each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within **one year** immediately preceding the filing of this case. (*Married clients filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY & DATE OF TRANSFER OR SURRENDER, IF ANY	CONTENTS
<p><b>Date Transferred/Surrendered:</b></p>	
<p><b>NAMES AND ADDRESSES OF THOSE WITH ACCESS</b></p>	
NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY & DATE OF TRANSFER OR SURRENDER, IF ANY	CONTENTS
<p><b>Date Transferred/Surrendered:</b></p>	
<p><b>NAMES AND ADDRESSES OF THOSE WITH ACCESS</b></p>	

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**13. Setoffs**

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the filing of this case. **(Married clients filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)**

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

**14. Property held for another person**

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

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY
	Value:
LOCATION OF PROPERTY:	
NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY
	Value:
LOCATION OF PROPERTY:	

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

**15. Prior addresses**

If you have moved within the **three years** immediately preceding the filing of this case, list all premises which you occupied during that period and vacated prior to the filing of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME(S) USED	DATES OF OCCUPANCY

**16. Spouses and Former Spouses.**

If the debtor resides 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 the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME AND ADDRESS OF CURRENT/FORMER SPOUSES

**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, groundwater, 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 the debtor has 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:

SITE NAME AND ADDRESS	ENVIRONMENTAL LAW VIOLATION
NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY	DATE OF NOTICE
SITE NAME AND ADDRESS	ENVIRONMENTAL LAW VIOLATION
NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY	DATE OF NOTICE

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

b. List the name and address of every site for which the debtor 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.

SITE NAME AND ADDRESS	ENVIRONMENTAL LAW VIOLATION
NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY	DATE OF NOTICE

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY	DOCKET NUMBER	STATUS OR DISPOSITION

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

**18. Nature, location and name of business**

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

If the client 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 client was a partner or owned five (5) percent or more of the voting or equity securities, within the **six years** immediately preceding the filing of this case.

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

NAME, ADDRESS, AND TAXPAYER I.D.	NATURE OF BUSINESS	BEGINNING AND ENDING DATES OF OPERATION
Tax I.D. No.:		From:  To:
Tax I.D. No.:		From:  To:
Tax I.D. No.:		From:  To:

b. Identify any business listed in response to subdivision "a", above, that is "single asset real estate. "Single asset real estate" means real property constituting a single property or project, other than residential real property with fewer than four (4) residential units, which generates substantially all of the gross income of a debtor and on which no substantial business is being conducted by a debtor other than the business of operating the real property and activities incidental thereto having aggregate, non-contingent, liquidated secured debts in an amount no more than \$4,000,000.

NAME AND ADDRESS

## Business Section

**Complete this section if you have owned more than 5% of a business or been an officer, director or manager of a business within the past 72 months.**

The following questions are to be completed by every client that is a corporation or partnership and by any individual client who is or has been, within the **six years** immediately preceding the filing of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(AN INDIVIDUAL OR JOINT CLIENT SHOULD COMPLETE THIS PORTION OF THE STATEMENT **ONLY** IF THE CLIENT IS OR HAS BEEN IN BUSINESS, AS DEFINED ABOVE, WITHIN THE SIX YEARS IMMEDIATELY PRECEDING THE FILING OF THIS CASE.)

**19. Books, records and financial statements**

a. **Bookkeepers and accountants within past 24 months.** List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of your books of account and records.

NAME AND ADDRESS	DATE(S) SERVICES RENDERED

b. **Auditors and preparers of financial statements within past 24 months.** List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the client.

NAME AND ADDRESS	DATE(S) SERVICES RENDERED

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

NAME AND ADDRESS
Is this person available? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:
Is this person available? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:

d. **People who received financial statements within past 24 months.** List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the filing of this case by the client.

NAME AND ADDRESS	DATE ISSUED

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**20. Inventories**

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

<b>DATE OF INVENTORY</b>	<b>SUPERVISOR</b>	<b>DOLLAR AMOUNT (Specify cost, market or other)</b>

b. List the name and address of the person having possession of the records of each of the two inventories reported in "a", above.

<b>NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS</b>
<b>Date of Inventory:</b>
<b>Date of Inventory:</b>

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**21. Current Partners, Officers, Directors and Shareholders**

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

NAME AND ADDRESS	NATURE OF INTEREST
	Percentage Interest: %
	Percentage Interest: %
	Percentage Interest: %

b. **Officers, Directors and Shareholders of a Corporation.** If your business is a **corporation**, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds five percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS OF OFFICER	TITLE OF OFFICER
	Percentage Interest: %
	Percentage Interest: %
	Percentage Interest: %

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**22. Former partners, officers, directors and shareholders who withdrew in past 12 months.**

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

NAME AND ADDRESS OF MEMBER	DATE OF WITHDRAWAL

b. If your business is a **corporation**, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the filing of this case.

NAME AND ADDRESS
<b>Date of termination:</b>
<b>Date of termination:</b>
<b>Date of termination:</b>

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**23. Withdrawals and distributions from a partnership or corporation within past 12 months.**

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

NAME & ADDRESS OF RECIPIENT AND RELATION TO YOU/YOUR BUSINESS	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Relation:		
Relation:		
Relation:		

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

NAME OF PARENT CORPORATION
          <b>Taxpayer I.D. No.:</b>
          <b>Taxpayer I.D. No.:</b>

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

NAME OF PENSION FUND
          <b>Taxpayer I.D. No.:</b>
          <b>Taxpayer I.D. No.:</b>

Please Initial: Debtor \_\_\_\_\_ Joint Debtor/Spouse \_\_\_\_\_