

GENERAL INFORMATION

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

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

County of Residence	Length of Time at this Address
Home Phone	Other Phone

Email Address: _____

Have you used any other names in the past 8 years? (Include married, maiden and trade names) Yes No

Name Used _____ Dates Used _____ thru _____

Name Used _____ Dates Used _____ thru _____

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

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

Name, First	Middle (spell out)	Last
Social Security Number	Date of Birth	
Street Address (if living separately)		Driver's License #
City	State	Zip
County of Residence	Length of Time at this Address	
Home Phone	Other Phone	

Email Address: _____

Have you used any other names in the past 8 years? (Include married, maiden and trade names) Yes No

Name Used _____ Dates Used _____ thru _____

Name Used _____ Dates Used _____ thru _____

OTHER INFORMATION

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

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

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

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

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

Landlord's Name & Address: _____

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

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

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

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

REAL ESTATE: How many real estate properties do you own? _____ NONE

PLEASE ATTACH: (1) Copy of Deed, (2) Current mortgage statement, and (3) Insurance (Declaration Page)

Check the type of real estate you own: House Condo Lot/Land Timeshare Other _____

Name(s) on the Deed _____

Location _____

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

Name of Mortgage Company _____

Mortgage Company Correspondence Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date you obtained this mortgage _____

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

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

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

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

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

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date you obtained this mortgage _____

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

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

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

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

Name of Attorney _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

MOBILE HOMES (IF APPLICABLE)Do you own a mobile home? No Yes Location _____

Name(s) on the title or deed _____

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

YOUR HOUSEHOLD INVENTORY – You MUST list values!!!!

Please indicate whether you currently own the items listed below. Then, provide the **REPLACEMENT VALUE** for each item. For property acquired for personal or family use, the replacement value is the price a retail merchant (**consignment shop, Tag Sale, EBay**, etc.) would charge for property of that kind **CONSIDERING THE AGE AND CONDITION OF THE PROPERTY**. Please do not list the price you paid when you purchased the article! Indicate whether the property is owned by the man (**M**), woman (**W**), or owned jointly (**J**) or (**C**) Community. Please use only black ink.

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

MOTOR VEHICLES How many motor vehicles do you own? _____ **NONE**

Please attach the following: (1) Copy of Registration, (2) Copy of Insurance (Declaration Page)

Type: Automobile Truck Motorcycle Mobile Home Boat Trailer Camper Other _____Year _____ Make _____ Model _____ Style _____ 2dr 4dr-Transmission: Standard AutomaticCondition Excellent Good Fair Poor Not Running **Mileage** _____

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

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

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

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

Loan Company Address _____

Account Number _____ Date loan was established _____

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

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

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

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

Has this loan been turned over for collection? Yes No If yes, state name and address of collection agency or attorney _____Have you listed this vehicle as collateral on a personal loan? Yes NoWould you like to keep this vehicle and continue making monthly payments? Yes NoType: Automobile Truck Motorcycle Mobile Home Boat Trailer Camper Other _____Year _____ Make _____ Model _____ Style _____ 2dr 4dr-Transmission: Standard AutomaticCondition Excellent Good Fair Poor Not Running **Mileage** _____

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

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

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

Name of the company you make payments for this vehicle _____

Loan Company Address _____

City _____ State _____ Zip Code _____

Account Number _____ Date loan was established _____

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

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

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

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

Has this loan been turned over for collection? Yes No If yes, state name and address of collection agency or attorney _____Have you listed this vehicle as collateral on a personal loan? Yes NoWould you like to keep this vehicle and continue making monthly payments? Yes No

CURRENT MONTHLY INCOME

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

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

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

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

CURRENT MONTHLY BUDGET

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

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

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

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

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

Yes **No**

Please describe when and why:

FINANCIAL AFFAIRS

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

YOUR INCOME:

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

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

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

Please photocopy **each and every pay stub for the past six months** and attach it to your questionnaire. If you have income from other sources during this six month period (self-employment, dividends, one-time payments, etc.), please photocopy whatever documentation you have. YOU MUST DO THIS FOR YOU AND YOUR SPOUSE, EVEN IF YOUR SPOUSE IS NOT FILING BANKRUPTCY.

REVIEW OF DEBTORS' BUSINESS INCOME:

Gross Income for Prior 12 Months	Gross Income from January to Present	Estimated Average Future Gross Income
\$	\$	\$

If applicable, please complete the following sheet for each of the past 6 months.

Name of Business: _____

BUSINESS INCOME AND EXPENSES – Month: _____

(NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A – GROSS INCOME:

1. Gross Income \$ _____

PART B - MONTHLY EXPENSES:

2. Net Employee Payroll (Other Than Debtor) \$ _____

3. Payroll Taxes _____

4. Unemployment Taxes _____

5. Worker's Compensation _____

6. Other Taxes _____

7. Inventory Purchases (Including raw materials) _____

8. Purchase of Feed/Fertilizer/Seed/Spray _____

9. Rent (Other than debtor's principal residence) _____

10. Utilities _____

11. Office Expenses and Supplies _____

12. Repairs and Maintenance _____

13. Vehicle Expenses _____

14. Travel and Entertainment _____

15. Equipment Rental and Leases _____

16. Legal/Accounting/Other Professional Fees _____

17. Insurance _____

18. Employee Benefits (e.g., pension, medical, etc.) _____

19. Payments to Secured Creditors (Specify): _____

20. Other (Specify): _____

21. Other (Specify): _____

22. Other (Specify): _____

23. Other (Specify): _____

24. Other (Specify): _____

DESCRIPTION

25. Total Expenses (Add items 3-25) TOTAL \$ _____

PART C - NET INCOME:

26. NET INCOME (Subtract item 25 from item 2) \$ _____

HOUSEHOLD CONTRIBUTIONS:

Has anyone helped you pay your bills in the past 2 years?

 YES NO

Name	Relationship	For what Bills?	Date of Receipts	Amounts

FINANCIAL ACCOUNTS:

Do you have or is your name on any financial accounts (checking, savings, certificate of deposit, etc.)

 YES NO

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

SECURITY DEPOSITS:

Do you have any security deposits being held by anyone, including landlords or utility companies?

 YES NO

NAME	ADDRESS	DEPOSIT FOR WHAT?	WHO PAID THIS?	AMOUNT

LIFE INSURANCE / ANNUITIES:Do you have any annuity contracts? YES NO

Do you have a life insurance policy?

 YES NO

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

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

Are you the beneficiary of any will, trust or estate?

 YES NO**EDUCATIONAL / RETIREMENT ACCOUNTS:**

Do you have an Educational IRA or a Qualified State Tuition Plan?

 YES NO

Do you have any retirement or pension plan, such as an IRA, ERISA, Keogh, profit sharing plan, 401K, or SEP plan?

 YES NO

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

STOCKS, BONDS, BUSINESS INTERESTS:

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

 YES NO

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

OTHER ASSETS:

Do you have any accounts receivables, customer lists, patents, copyrights, other intellectual property or licenses, franchises and other general intangibles? YES NO If yes, please give particulars in a separate sheet.

TAXES:

Are there any years when you did not file federal or state tax returns? YES NO What years? _____

Do you have copies of your tax returns for the past 5 years? YES NO

Have you ever charged any back taxes on credit card? YES NO Amount \$ _____ Year Charged _____

Have you received a tax refund this year? YES NO State \$ _____ Federal \$ _____ Used for _____

Do you expect a tax refund for the current year? YES NO Amount Expected \$ _____

Do you owe any tax to the U.S. Government, state, county, district or city? YES NO

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

ALIMONY, CHILD SUPPORT AND PROPERTY SETTLEMENTS:

Have you had any previous marriages? YES NO Name/Address of Former Spouse _____

Does anyone owe you any money for spousal or child support? YES NO

NAME OF PERSON WHO OWE YOU MONEY	ADDRESS	AMOUNT OWED

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

Give Particulars: _____

CONTRACTS:

Do you have any executory contracts or unexpired leases? YES NO

"Executory" contracts are contracts that currently oblige both parties to some sort of performance. "Unexpired" leases are leases that are active and the lease period has not yet run out. Examples: auto leases, residential leases, rental agreements, service (cell phone) contracts, gym, health spas, business leases, furniture rentals, time shares, rent-to-own or other rental-purchase transactions.

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

DEBTS REPAID:

Have you made any payments totaling more than \$600 to any single creditor within the last 90 days? YES NO

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

Have you made any payments on debts owed to creditors that are or were insiders (relatives or business partners) during the past 12 months? YES NO

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

PURCHASES AND CASH ADVANCES:

Have you made any large purchases or used credit to purchase any luxury goods (non-necessity items such as jewelry, televisions and other electronics, furniture, etc.) totaling more than \$500 within the past 90 days? YES NO

Have you taken any cash advances or payday loans in the last 90 days? YES NO

ITEM	DATE PURCHASED	CREDITOR	AMOUNT

RETIREMENT PLAN LOANS AND WITHDRAWALS:

Have you taken any loans on a retirement plan, made any withdrawals from a retirement plan, or liquidated or closed out any retirement plans? YES NO

DATE	AMOUNT RECEIVED	WHAT DID YOU DO WITH THE MONEY?

INSTALLMENT LOANS:

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

ITEM	COMPANY	MONTHLY PAYMENT	KEEP OR SURRENDER?

SUITS:

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

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

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

CLAIMS:

- Do you expect to receive any money from any insurance claim in the next year? YES NO
- Do you currently have a judgment ordered against someone else? YES NO
- Do you have any back wages, commissions or vacation time that is due from an employer? YES NO
- Do you have any possible reason for suing someone for any reason, including for damage to your property or for injuries to yourself or other members of your family? YES NO
- Have you, your family or your vehicle been involved in an accident in the last 4 years? YES NO
- Do you have any claims that you have decided not to pursue? YES NO

WHO COULD YOU SUE?	REASON

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

NAME AND ADDRESS	REASON	AMOUNT LOANED	DATE LOANED

EXECUTIONS, GARNISHMENTS AND ATTACHMENTS:

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

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

REPOSSESSIONS, FORECLOSURES AND RETURNS:

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

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

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

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

PROPERTY	VALUE OF PROPERTY	DATE	NAME AND ADDRESS OF CREDITOR

PROPERTY OF YOURS HELD BY SOMEONE ELSE:

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

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

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

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

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

GIFTS:

Have you made any gifts totaling more than \$200 to any individual family member within the past one year? YES NO
 Have you made any contribution of more than \$100 to any single charitable organization in the past 1 year? YES NO

NAME AND ADDRESS	RELATIONSHIP	DATES OF GIFTS OR CONTRIBUTIONS	DESCRIPTION	VALUE

LOSSES:

Have you had any losses from fire, theft, gambling or other casualty within the past one year? YES NO

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

Did insurance pay for any part of the loss? YES NO If YES, How much was paid? \$_____ Date paid _____

PAYMENTS OR TRANSFERS TO ATTORNEYS, CREDIT COUNSELORS, OR DEBT CONSULTANTS:

Did you make any payment or transferred any property to any persons, including attorneys, credit counselors, for consultation concerning the debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within the past one year? YES NO

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

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

Have you transferred, sold or given away any property to anyone within the past 4 years? YES NO
 Have you transferred any property to a trust, or a similar device within the past 10 years? YES NO
 Have you owned, sold or transferred any real estate during the last 4 years? (Attach Closing Statement) YES NO

NAME AND ADDRESS OF PAYEE	RELATIONSHIP	TRANSFER DATE	DESCRIPTION	VALUE

CLOSED FINANCIAL ACCOUNTS:

Have you or your spouse had your name on any financial account (savings, checking, certificate of deposit, etc.) that is now closed or was sold or otherwise transferred within the past one year? YES NO If so, how many? _____

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

SAFE DEPOSIT BOXES / SELF-STORAGE UNITS:

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

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

SETOFFS:

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

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

PROPERTY HELD FOR ANOTHER PERSON:

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

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

PRIOR ADDRESSES:

Have you moved within the last 3 years? YES NO

PRIOR ADDRESS	YOUR NAME AT THIS TIME	DATES OF OCCUPANCY

SPOUSES AND FORMER SPOUSES:

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

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

ENVIRONMENTAL INFORMATION:

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

NATURE, LOCATION AND NAMES OF BUSINESS:

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

Address of Rental Property: _____

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

NAME	TAXPAYER ID NO.	ADDRESS	NATURE OF BUSINESS	DATES

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

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

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

Date _____

Signature _____
Debtor

Date _____

Signature _____
Joint Debtor, if any

BUSINESS SECTION

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

1. BOOKS, RECORDS AND FINANCIAL STATEMENTS:

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

NAME	ADDRESS	DATE(S) SERVICES RENDERED

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

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

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

NAME	ADDRESS	DATE ISSUED

2. INVENTORIES:

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

DATE OF INVENTORY	SUPERVISOR	DOLLAR AMOUNT	PERSON HAVING POSSESSION OF INVENTORY

3. CURRENT PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS:

NAME	ADDRESS	TITLE	NATURE AND PERCENTAGE OF INTEREST

4. FORMER PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS:

NAME	ADDRESS	TITLE	WITHDRAWAL/TERMINATION DATE

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

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

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

6. TAX CONSOLIDATION GROUP:

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

NAME OF PARENT CORPORATION	TAX ID NUMBERS

7. PENSION FUNDS:

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

NAME OF PENSION FUND	TAX ID NUMBERS

DEBT SHEET

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

Name of Creditor _____ Address: _____

City _____ State _____ Zip Code _____

Account Number _____ Balance / Amount of Claim \$ _____

When was the debt incurred? _____ Type: Medical Credit Card Personal Loan Other _____

VERY IMPORTANT: If this debt is for a credit card, what month/year did you last make a purchase? _____

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

Is there a co-signer on this debt? No Yes Co-signer: _____

Is this debt secured by a property? No Yes _____ Do you dispute this debt? Yes No

Collection Agency or Law Firm _____

Address _____

City _____ State _____ Zip Code _____

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City _____ State _____ Zip Code _____

Account Number _____ Balance / Amount of Claim \$ _____

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Is this debt secured by a property? No Yes _____ Do you dispute this debt? Yes No

Collection Agency or Law Firm _____

Address _____

City _____ State _____ Zip Code _____

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

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

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

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

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

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

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

DISCLOSURE CERTIFICATE

I, the undersigned, hereby attest and affirm that all debts, whether joint debts, co-signed debts, claims or lawsuits for collection of debts, whether disputed or not, have been listed on my questionnaire.

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

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

Date _____

Signature _____
Debtor

Date _____

Signature _____
Joint Debtor, if any