

**NAME:** \_\_\_\_\_  
**Debtor** **Co-Debtor**

**IS YOUR HOME IN FORECLOSURE?** YES NO (circle one)

**DO YOU INTEND TO KEEP THIS PROPERTY?** YES NO (circle one)

**HAS A SALE DATE BEEN SET?** YES NO (circle one)

**IF THERE IS A SALE DATE, PLEASE PROVIDE THE DATE:**

<b>SALE DATE:</b>	
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**PLEASE PROVIDE A COPY OF ALL FORECLOSURE PAPERS**

**IF YOUR HOME HAS A FORECLOSURE SALES DATE SET – PLEASE BE SURE TO SCHEDULE AN APPOINTMENT TO SIGN YOUR PETITION AND SCHEDULE BEFORE THE SALE DATE.**

**LIENS & JUDGMENTS**

**DO YOU HAVE ANY JUDGMENTS AND/OR LIENS?** YES NO (circle one)

**PLEASE PROVIDE A COPY OF ANY JUDGMENT OR LIEN**



Date: \_\_\_\_\_

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

The following documents are necessary in order to comply with the bankruptcy code, local rules of bankruptcy procedure or a request by the Trustee or US Trustee. Please provide the requested documents no later than \_\_\_\_\_.

- |  |  |
|--|--|
| <input type="checkbox"/> Pay stubs or a payroll print-out (on a monthly basis) from _____ to _____*.     | <input type="checkbox"/> Copy of coupon book or recent statement showing the balance owed on vehicle loan(s)     |
| <input type="checkbox"/> Tax returns for the following years _____                                       | <input type="checkbox"/> Copy of recent statement(s) showing amount owed on mortgage(s)                          |
| <input type="checkbox"/> Bank statements from all accounts for the past 6 months**                       | <input type="checkbox"/> Breakdown of all business income and expenses (on a monthly basis) from _____ to _____. |
| <input type="checkbox"/> Recorded Warranty Deed on all real estate titled in your name                   | <input type="checkbox"/> Copy of homeowners insurance policy****   |
| <input type="checkbox"/> Recorded Mortgage on all real estate which you owe money on.                    | <input type="checkbox"/> Copy of auto insurance policy   |
| <input type="checkbox"/> Promissory notes for all mortgages  | <input type="checkbox"/> Copy of business liability insurance policy   |
| <input type="checkbox"/> Recent appraisal or tax assessment on your home                                 | <input type="checkbox"/> Summary plan description for all pension plans  |
| <input type="checkbox"/> RealQuest valuation from AISPA  | <input type="checkbox"/> Recent statements for all pension plans and/or IRA's                                    |
| <input type="checkbox"/> Copy of the title to all vehicles registered to you (whether running or not)*** | <input type="checkbox"/> A pile of all the unpaid bills that you can find  |
| <input type="checkbox"/> Promissory notes for all vehicle loans  | <input type="checkbox"/> Certificate of Credit Counseling  |
| <input type="checkbox"/> Divorce decree, if applicable   | <input type="checkbox"/> _____   |
|  | <input type="checkbox"/> _____   |
|  | <input type="checkbox"/> _____   |

\*We will need pay stubs up to the point that the case is filed with the court. Please make sure that you save all new pay stubs that you receive and provide those to us. If you are filing by yourself, but your spouse lives with you, we will need their pay information also for the same time period.

\*\* Please make sure that you also provide us with bank statements for any accounts that you hold jointly with someone besides your spouse (parent, child, etc.)

\*\*\*You can have the bank fax the title to us directly or you can request one from motor vehicles. Please ask us for a copy of the application to do this if you need it.

\*\*\*\*This must be insurance that you obtained for your house, not insurance that the bank placed on your house because you did not pay the premiums. If you don't have your own insurance, you must get it immediately!



**PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY**

Name of person or organization: \_\_\_\_\_

Address of person or organization: \_\_\_\_\_

Payor (if other than debtor): \_\_\_\_\_ Dates paid: \_\_\_\_\_

Description of services rendered: \_\_\_\_\_

**PROPERTY HELD FOR ANOTHER PERSON**

Are you holding any property for any persons (circle one):    **Yes**    **No**

**INHERITANCE**

Are you expecting to receive/inherit any money or life insurance proceeds in the near future (circle one):    **Yes**    **No**

**TAX REFUND**

Are you expecting a tax refund (circle one):    **Yes**    **No**

**OUTSTANDING BAD CHECKS**

Do you have any outstanding bad checks (circle one):    **Yes**    **No**

AISPA OFFICE USE ONLY			
Accurint Ordered:	Y	N	DOC ID: _____
Credit Report Ordered:	Y	N	DOC ID: _____
CCC1 Received:	Y	N	DOC ID: _____
CCC2 Received:	Y	N	DOC ID: _____
County Search:	Y	N	DOC ID: _____
Tax Transcripts Ordered:	Y	N	DOC ID: _____
Files Transmitted to KW:	Date: _____		Worldox ID: _____

**SCHEDULE B – PERSONAL PROPERTY**  
**(Continuation Sheet)**  
**ITEM 4 – Household Goods & Furnishings**

Please fill in the quantity to the left of the appropriate item which is contained in your home. Blank lines are provided for items not listed at the end of each list. To the right of each item, please fill in the market value of each item. Use additional pages, if needed.

<p><b><u>LIVING ROOM</u></b></p> <p>___ Sofa \$ _____</p> <p>___ Armchair \$ _____</p> <p>___ Loveseat \$ _____</p> <p>___ Cocktail Table \$ _____</p> <p>___ End Table \$ _____</p> <p>___ Picture \$ _____</p> <p>___ Lamp \$ _____</p> <p>___ Credenza \$ _____</p> <p>___ Bookcase \$ _____</p> <p>___ Desk \$ _____</p> <p>___ Wall Unit \$ _____</p> <p>___ Bar \$ _____</p> <p>___ Piano \$ _____</p> <p>___ Organ \$ _____</p> <p>___ Drapes \$ _____</p> <p>___ Recliner \$ _____</p> <p>___ Paining \$ _____</p> <p>___ Plant \$ _____</p> <p>___ TV (Size _____) \$ _____</p> <p>___ Paintings \$ _____</p> <p>_____ \$ _____</p> <p><b>TOTAL \$ _____</b></p>	<p><b><u>FAMILY ROOM</u></b></p> <p>___ Sofa Bed \$ _____</p> <p>___ Sofa \$ _____</p> <p>___ Chair \$ _____</p> <p>___ Loveseat \$ _____</p> <p>___ Coffee Table \$ _____</p> <p>___ Cocktail Table \$ _____</p> <p>___ Desk \$ _____</p> <p>___ Lamp \$ _____</p> <p>___ Bookcase \$ _____</p> <p>___ Ent. Center \$ _____</p> <p>___ Stereo \$ _____</p> <p>___ Painting \$ _____</p> <p>___ Plant \$ _____</p> <p>___ Recliner \$ _____</p> <p>___ CD Player \$ _____</p> <p>___ DVD/Blue Ray \$ _____</p> <p>___ Telephone \$ _____</p> <p>___ Ans. Machine \$ _____</p> <p>___ TV (Size _____) \$ _____</p> <p>_____ \$ _____</p> <p><b>TOTAL \$ _____</b></p>	<p><b><u>PATIO</u></b></p> <p>___ Patio Table \$ _____</p> <p>___ Patio Chairs \$ _____</p> <p>___ Umbrella \$ _____</p> <p>___ Lounge \$ _____</p> <p>___ Grill \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p><b>TOTAL \$ _____</b></p> <p><b><u>POOL AREA</u></b></p> <p>___ Lounge \$ _____</p> <p>___ Chair \$ _____</p> <p>___ Table \$ _____</p> <p>___ Umbrella \$ _____</p> <p>___ Pool Equipment \$ _____</p> <p>___ TV (Size _____) \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p><b>TOTAL \$ _____</b></p>
<p><b><u>KITCHEN</u></b></p> <p>___ Dinette Table \$ _____</p> <p>___ Chairs \$ _____</p> <p>___ Kitchen Clock \$ _____</p> <p>___ Microwave \$ _____</p> <p>___ Toaster Oven \$ _____</p> <p>___ Dishwasher \$ _____</p> <p>___ Refrigerator \$ _____</p> <p>___ Stove \$ _____</p> <p>___ Stovetop \$ _____</p> <p>___ Flatware (Sets) \$ _____</p> <p>___ Tupperware \$ _____</p> <p>___ Dishes (Sets) \$ _____</p> <p>___ Coffee Maker \$ _____</p> <p>___ Pots/Pans \$ _____</p> <p>___ TV (Size _____) \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p><b>TOTAL \$ _____</b></p>	<p><b><u>DINING ROOM</u></b></p> <p>___ Dining Table \$ _____</p> <p>___ Dining Chair \$ _____</p> <p>___ Etagere \$ _____</p> <p>___ Buffet \$ _____</p> <p>___ China Cabinet \$ _____</p> <p>___ Picture/Artwork \$ _____</p> <p>___ Plant \$ _____</p> <p>___ Armoire \$ _____</p> <p>___ China (Sets) \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p><b>TOTAL \$ _____</b></p>	<p><b><u>MASTER BEDROOM</u></b></p> <p>___ King Size Bed \$ _____</p> <p>___ Queen Size Bed \$ _____</p> <p>___ Box Spring \$ _____</p> <p>___ Waterbed \$ _____</p> <p>___ Headboard \$ _____</p> <p>___ Dresser \$ _____</p> <p>___ Night Table \$ _____</p> <p>___ Lamp \$ _____</p> <p>___ Vanity \$ _____</p> <p>___ Chair \$ _____</p> <p>___ Picture/Artwork \$ _____</p> <p>___ Footstool/Chest \$ _____</p> <p>___ TV (Size 12") \$ _____</p> <p>___ VCR/DVD \$ _____</p> <p>___ Bedspread \$ _____</p> <p>___ Pillows \$ _____</p> <p>___ Wall Unit \$ _____</p> <p>___ Mirror \$ _____</p> <p>_____ \$ _____</p> <p><b>TOTAL \$ _____</b></p>

<u>SECOND BEDROOM</u>	<u>FOURTH BEDROOM</u>	<u>ITEMS NOT OTHERWISE LISTED</u>
_____ King Size Bed \$ _____	_____ King Size Bed \$ _____	_____ Washer \$ _____
_____ Queen Size Bed \$ _____	_____ Queen Size Bed \$ _____	_____ Dryer \$ _____
_____ Box Spring \$ _____	_____ Box Spring \$ _____	_____ Freezer \$ _____
_____ Waterbed \$ _____	_____ Waterbed \$ _____	_____ Compactor \$ _____
_____ Crib \$ _____	_____ Crib \$ _____	_____ Microwave \$ _____
_____ Headboard \$ _____	_____ Headboard \$ _____	_____ TV (Size _____) \$ _____
_____ Dresser \$ _____	_____ Dresser \$ _____	_____ VCR/DVD \$ _____
_____ Night Table \$ _____	_____ Night Table \$ _____	_____ Windo A/C \$ _____
_____ Lamp \$ _____	_____ Lamp \$ _____	_____ A/C Compress. \$ _____
_____ Vanity \$ _____	_____ Vanity \$ _____	_____ Gaming Equip. \$ _____
_____ Chair \$ _____	_____ Chair \$ _____	_____ Video Games \$ _____
_____ Picture/Artwork \$ _____	_____ Picture/Artwork \$ _____	_____ Vacuum Cleaner \$ _____
_____ Footstool/Chest \$ _____	_____ Footstool/Chest \$ _____	_____ Copy Machine \$ _____
_____ TV (Size _____) \$ _____	_____ TV (Size _____) \$ _____	_____ Typewriter \$ _____
_____ VCR/DVD \$ _____	_____ VCR/DVD \$ _____	_____ Telephone \$ _____
_____ Bedspread \$ _____	_____ Bedspread \$ _____	_____ Cell phone \$ _____
_____ Pillows \$ _____	_____ Pillows \$ _____	_____ mp3 Player \$ _____
_____ Wall Unit \$ _____	_____ Wall Unit \$ _____	_____ Laptop \$ _____
_____ Mirror \$ _____	_____ Mirror \$ _____	_____ Misc. Baby Furn. \$ _____
_____ Table \$ _____	_____ \$ _____	_____ Sewing Machine \$ _____
_____ \$ _____	_____ \$ _____	_____ Bicycle \$ _____
<b>TOTAL \$</b>	<b>TOTAL \$</b>	_____ Handtools \$ _____
<b>ATTACH SEPARATE SHEET FOR: COLLECTIBLE and ANTIQUES</b>		
<u>THIRD BEDROOM</u>	<u>MISC. (Den or Office)</u>	_____ Storage Unit \$ _____
_____ King Size Bed \$ _____	_____ Computer \$ _____	_____ Contents: \$ _____
_____ Queen Size Bed \$ _____	_____ Monitor \$ _____	_____ \$ _____
_____ Box Spring \$ _____	_____ Printer \$ _____	_____ \$ _____
_____ Waterbed \$ _____	_____ Fax. Machine \$ _____	_____ \$ _____
_____ Crib \$ _____	_____ Desk \$ _____	_____ \$ _____
_____ Headboard \$ _____	_____ Chair \$ _____	_____ \$ _____
_____ Dresser \$ _____	_____ Bookshelves \$ _____	_____ \$ _____
_____ Night Table \$ _____	_____ Lamp \$ _____	_____ \$ _____
_____ Lamp \$ _____	_____ Picture/Artwork \$ _____	_____ \$ _____
_____ Vanity \$ _____	_____ TV (Size _____) \$ _____	_____ \$ _____
_____ Chair \$ _____	_____ VCR/DVD \$ _____	_____ \$ _____
_____ Picture/Artwork \$ _____	_____ Picture/Artwork \$ _____	_____ \$ _____
_____ Footstool/Chest \$ _____	_____ Footstool/Chest \$ _____	_____ \$ _____
_____ TV (Size _____) \$ _____	_____ TV (Size _____) \$ _____	_____ \$ _____
_____ VCR/DVD \$ _____	_____ \$ _____	_____ \$ _____
_____ Bedspread \$ _____	_____ \$ _____	_____ \$ _____
_____ Pillows \$ _____	_____ \$ _____	_____ \$ _____
_____ Wall Unit \$ _____	_____ \$ _____	_____ \$ _____
_____ Mirror \$ _____	_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____	_____ \$ _____
<b>TOTAL \$</b>	<b>TOTAL \$</b>	<b>TOTAL \$</b>

IN RE: \_\_\_\_\_ Case No.: \_\_\_\_\_  
( ) Debtor owns jointly with non-filing spouse

**Chain(s):** Estimate Worth: \$ \_\_\_\_\_  
• Platinum  
• Gold – 10K; 14K; 18K; 24K  
• Silver  
• Gold Plated – \_\_ Necklace  
• Silver Plated – \_\_\_ Necklaces  
• Other: \_\_\_\_\_

**Ring(s):** Estimate Worth: \$ \_\_\_\_\_  
• Platinum  
• Gold – 10K; 14K; 18K; 24K  
• Silver  
• Precious Stones (Please specify type and Carat): (Diamond Engagement 1.14)  
• Wedding Band – Men’s and Woman’s Band  
• Other: \_\_\_\_\_

**Bracelet(s):** Estimate Worth: \$ \_\_\_\_\_  
• Platinum  
• Gold – 10K; 14K; 18K; 24K  
• Silver  
• Precious Stones (Please specify type and Carat): \_\_\_\_\_  
• Other: \_\_\_\_\_

**Earrings:** Estimate Worth: \$ \_\_\_\_\_  
• Platinum  
• Gold – 10K; 14K; 18K; 24K  
• Silver  
• Gold Plated Studs: \_\_\_\_\_  
• Silver Plated  
• Pearl: \_\_\_\_\_  
• Precious Stones (Please specify type and Carat): \_\_\_\_\_  
• Other: \_\_\_\_\_

**Charm(s):** Estimate Worth: \$ \_\_\_\_\_  
• Platinum  
• Gold – 10K; 14K; 18K; 24K  
• Silver  
• Precious Stones (Please specify type and Carat): \_\_\_\_\_  
• Other: \_\_\_\_\_

**Watch(es):** Estimate Worth: \$ \_\_\_\_\_  
• Description: \_\_\_\_\_  
• Description: \_\_\_\_\_  
• Description: \_\_\_\_\_

**Miscellaneous:**  
• Description: \_\_\_\_\_ Estimate Worth: \$ \_\_\_\_\_  
• Description: \_\_\_\_\_ Estimate Worth: \$ \_\_\_\_\_  
• Description: \_\_\_\_\_ Estimate Worth: \$ \_\_\_\_\_

# DECAF

## DEBT EDUCATION AND CERTIFICATION FOUNDATION

### Bankruptcy Course Instructions

Pre-bankruptcy Course/Credit Counseling

Post-bankruptcy Course/Debtor Education (Bankruptcy case number: \_\_\_\_\_)

#### Online Instructions

1. Go to **www.decafnow.com**
2. Enter your attorney code 95242
3. Complete the course

#### Telephone Instructions

1. Call **1.866.859.7013**
2. Provide the DECAF representative with your attorney code 95242
3. Complete the course

**Attorney Code: 95242**

Law Office of Adam I. Skolnik, P.A.

- Live 24/7 Counseling and Tech Support
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- Exceptional Customer Service
- Variety of Payment Options

**PLEASE CONTACT DECAF FOR TECHNICAL SUPPORT! CALL 1.866.859.7013**

**Client Questionnaire**  
**Section 1 - Basic Information**

**Part A. Name**

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

Have you used any other names in the past 8 years?  No  Yes

**If yes, please list other names used:** \_\_\_\_\_

Have you used any business names or Employer Identification Numbers (EIN) in the last 8 years?  No  Yes

**If yes, please list business names and/or EINs used:** \_\_\_\_\_

Has your spouse lived at this address for at least 180 days?  No  Yes

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If you have a different mailing address, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Marital Status:  Never Married  Married and living together  Widowed  
 Married and living apart  Divorced

**Part B. Name and Address of Spouse**

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

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

Has your spouse used any other names in the past 8 years?  No  Yes

**If yes, please list other names used:** \_\_\_\_\_

Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?  No  Yes

**If yes, please list business names and/or EINs used:** \_\_\_\_\_

If your spouse lives at a different address, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Has your spouse lived at this address for at least 180 days?  No  Yes

Has your spouse lived at this address for at least 730 days (2 years)?  No  Yes

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_



### Part C. Prior and/or Pending Bankruptcy Cases

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

If **yes**, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

Was the case dismissed (you did not complete the bankruptcy)?  No  Yes

If so, what date was it dismissed? \_\_\_\_\_

Are any bankruptcy cases pending or being filed by your spouse, a business partner, or an affiliate?  No  Yes

If **yes**, name of debtor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

District (if known): \_\_\_\_\_

### Part D. Debtors who reside as Tenants of Residential Property

Do you have an eviction pending against you?  No  Yes

If **yes**, please provide your landlord's name and address:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Part E. Business Owned as a Sole Proprietor

Are you the sole proprietor of a full- or part-time business?

If **yes**, please provide the name and location of the business:

Name of business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Description of business:

### Part F. Hazardous Property or Property That Needs Immediate Attention

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

If **yes**, please describe the hazard:

If immediate attention is needed, why is it needed?

Where is the property?

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Have either of you ever been divorced?  No  Yes

If yes, please provide a copy of your Marital Settlement Agreement.

**PROPERTY (SCHEDULE A/B)**

**Home Residence, Second Home, Vacation Home, Building, Land, Other Real Estate**

**Home Address:** \_\_\_\_\_

Type of Property:  Single-family     Duplex/multi-unit building     Condo/Co-op     Mftr'd. or mobile home  
 Land     Investment property     Timeshare     Other: \_\_\_\_\_

Titled Owner: \_\_\_\_\_ Current Lender: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Include Tax & Ins: \_\_\_\_\_

**Address:** \_\_\_\_\_

Type of Property:  Single-family     Duplex/multi-unit building     Condo/Co-op     Mftr'd. or mobile home  
 Land     Investment property     Timeshare     Other: \_\_\_\_\_

Titled Owner: \_\_\_\_\_ Current Lender: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Amount Owed: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Include Tax & Ins: \_\_\_\_\_

**Motor Vehicles, Watercraft, Aircraft and Other Vehicles**

**Vehicle #1:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

Titled Owner: \_\_\_\_\_ Condition: \_\_\_\_\_

**Vehicle #2:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

Titled Owner: \_\_\_\_\_ Condition: \_\_\_\_\_

**Vehicle #3:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

Titled Owner: \_\_\_\_\_ Condition: \_\_\_\_\_

**Do you own any Watercraft/Aircraft/Motor Homes/ATVs/Other (list year, make, and model)? If so, please provide:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

Titled Owner: \_\_\_\_\_ Condition: \_\_\_\_\_

**Personal and Household Items**

**If the answer to any of the following questions is yes, Please fill out attached schedule listing who is the owner**

- 6. Do you own any Household Goods & Furnishings (*Major appliances, furniture, kitchenware, etc.*)?  YES  NO
- 7. Do you own any Electronics (*TVs, stereos, computers, game consoles, tablets, iPads/iPods, mobile phones, etc.*)?  YES  NO
- 8. Do you own any Collectibles of value (*art, paintings, prints, antiques, stamp/coin/card collections, etc.*)?  YES  NO
- 9. Do you own any Sports, photo, exercise, and other hobby equipment; musical instruments?  YES  NO
- 10. Do you own any Firearms, ammunition, and related equipment?  YES  NO
- 11. Do you own any expensive clothes?  YES  NO
- 12. Do you own any Jewelry?  YES  NO
- 13. Do you own any Pets/non-farm animals? Are they Show Animals?  YES  NO  YES  NO
- 14. Do you own any personal or household items that you r did not already list including health aids?  YES  NO

## Financial Assets

16. Cash on hand \$ \_\_\_\_\_

17. Do you have a checking, savings, or other financial account? If yes, please fill out below:  YES  NO

**Checking Account #1** – Name of Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Checking Account #2** – Name of Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Savings Account #1** – Name of Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Savings Account #2** – Name of Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Certificate of Deposit** – Name of Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

18. Do you have Bonds, mutual funds, and publicly traded stocks? If yes, please fill out below:  YES  NO

**Account #1** – Institution/Issuer Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Account #2** – Institution/Issuer Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

19. Do you own any stock & interests in any business including LLC, partnerships, etc., If yes, please fill out below:  YES  NO

Name of Entity: \_\_\_\_\_ % owned: \_\_\_\_\_

Name of Entity: \_\_\_\_\_ % owned: \_\_\_\_\_

20. Do you own any government or corporate bonds? If yes, please fill out below:  YES  NO

**Account** – Institution/Issuer Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

21. Do you have any Pension Plan, IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts?  YES  NO

**Account #1** – Institution/Issuer Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Account #2** – Institution/Issuer Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

22. Do you have any Security Deposits with anyone?  YES  NO

**Account #1** – Entity/Individual Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Account #2** – Entity/Individual Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

23. Do you have any annuities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Account #1</b> – Institution/Issuer Name: _____ Acct. #: _____ Name(s) on Account: _____ Beneficiary: _____ Balance: \$ _____	
<b>Account #2</b> – Institution/Issuer Name: _____ Acct. #: _____ Name(s) on Account: _____ Beneficiary: _____ Balance: \$ _____	
24. Do you have any Education IRA, §529 or §530 accounts or state tuition plans?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Account #1</b> – Institution/Issuer Name: _____ Acct. #: _____ Name(s) on Account: _____ Beneficiary: _____ Balance: \$ _____	
<b>Account #2</b> – Institution/Issuer Name: _____ Acct. #: _____ Name(s) on Account: _____ Beneficiary: _____ Balance: \$ _____	
25. Do you have a Trust, equitable or future interests in property (other than already listed)? If <b>yes</b> , provide a copy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Do you own any patents, copyrights, trademarks or other intellectual property? If <b>yes</b> , provide a copy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Do you own any Licenses, franchises, and other general intangibles? If <b>yes</b> , provide a copy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Are you owed any tax refunds? If <b>yes</b> , list years due.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Entitled Party: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____	Amount Due: _____
28. Are you owed any Alimony or child support? If <b>yes</b> , please attach Award Letters/Orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Does anyone owe you any money (including wages, benefits, vacation/sick days, workers' comp., etc.?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please provide details: _____	
30. Do you have any <i>whole or universal life, health, disability, HSA, etc.</i> insurance policies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Account #1</b> – Institution/Issuer Name: _____ Acct. #: _____ Name(s) on Account: _____ Beneficiary: _____ Balance: \$ _____	
<b>Account #2</b> – Institution/Issuer Name: _____ Acct. #: _____ Name(s) on Account: _____ Beneficiary: _____ Balance: \$ _____	
31. Are you entitled to any inheritance, estate distributions or death benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please provide details: _____	
32. Are you entitled to personal injury claims or awards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Attorney: _____ Name of Firm: _____ Telephone #: _____	
Please provide details: _____	
31. Are you, or do you have the ability to bring a lawsuit or claim against anyone for anything?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please provide details: _____	
31. Do you have any other financial asset not listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please provide details: _____	
<b>Business-Related Assets</b>	
<b>If the answer to any of the following questions is yes, Please attach a schedule with the response</b>	
38. Do you have any accounts receivables or commissions earned and not collected?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Do you own any office equipment, furnishings and supplies? (list)	<input type="checkbox"/> YES <input type="checkbox"/> NO

40. Do you own any machinery, fixtures, equipment, business supplies, and tools of your trade? (list)  YES  NO
41. Do you have any business inventory? (list)  YES  NO
42. Do you own any interests in partnerships or joint ventures?  YES  NO
42. Do you have any customer or mailing lists? Does it contain personally identifiable info?  YES  NO
43. Do you own any other business related property not already listed?  YES  NO

### Farm and Commercial Fishing-Related Property

**If you own any Farm or Commercial Fishing Related Property, please advise the Attorney immediately.**

### DEBTS (SCHEDULE D/E/F)

#### Debts Secured by Property

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

**Name of 1<sup>st</sup> Mortgage Lender:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Secured by:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Name of 2<sup>nd</sup> Mortgage Lender:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Secured by:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Name of 3<sup>rd</sup> Mortgage Lender:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Secured by:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Name of Auto #1 Lender:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Secured by:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Name of Auto #2 Lender:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Secured by:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Name of Auto #3 Lender:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Secured by:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Name of other Property Lender:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Secured by:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Name of other Property Lender:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Secured by:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

## Credit Card Debts

**Type of Card:**  MC  Visa  AMEX  Discover Name of Issuer: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Name(s) on Account:  Self  Spouse  Joint  Other: \_\_\_\_\_ Acct. #: \_\_\_\_\_

**Type of Card:**  MC  Visa  AMEX  Discover Name of Issuer: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Name(s) on Account:  Self  Spouse  Joint  Other: \_\_\_\_\_ Acct. #: \_\_\_\_\_

**Type of Card:**  MC  Visa  AMEX  Discover Name of Issuer: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Name(s) on Account:  Self  Spouse  Joint  Other: \_\_\_\_\_ Acct. #: \_\_\_\_\_

**Type of Card:**  MC  Visa  AMEX  Discover Name of Issuer: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Name(s) on Account:  Self  Spouse  Joint  Other: \_\_\_\_\_ Acct. #: \_\_\_\_\_

**Type of Card:**  MC  Visa  AMEX  Discover Name of Issuer: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Name(s) on Account:  Self  Spouse  Joint  Other: \_\_\_\_\_ Acct. #: \_\_\_\_\_

**Type of Card:**  MC  Visa  AMEX  Discover Name of Issuer: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Name(s) on Account:  Self  Spouse  Joint  Other: \_\_\_\_\_ Acct. #: \_\_\_\_\_

**Name of Dept. Store:** \_\_\_\_\_ Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date incurred: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Responsible Party:  Self  Spouse  Joint  Other: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_

**Name of Dept. Store:** \_\_\_\_\_ Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date incurred: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Responsible Party:  Self  Spouse  Joint  Other: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_

**Name of Dept. Store:** \_\_\_\_\_ Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date incurred: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Responsible Party:  Self  Spouse  Joint  Other: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_

**Name of Dept. Store:** \_\_\_\_\_ Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date incurred: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Responsible Party:  Self  Spouse  Joint  Other: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date incurred: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Responsible Party:  Self  Spouse  Joint  Other: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_  
Purpose of Debt (gas cards, phone cards, etc): \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date incurred: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Responsible Party:  Self  Spouse  Joint  Other: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_  
Purpose of Debt (gas cards, phone cards, etc): \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date incurred: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Responsible Party:  Self  Spouse  Joint  Other: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_  
Purpose of Debt (gas cards, phone cards, etc): \_\_\_\_\_

31. Have you taken any Cash Advances in the past **90 days**?  YES  NO

**Name of Creditor:** \_\_\_\_\_ Address: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date incurred: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Responsible Party:  Self  Spouse  Joint  Other: \_\_\_\_\_ Co-Debtor: \_\_\_\_\_

### Medical Debts

**Name of Provider:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Name of Provider:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

### Tax Debts

**Taxing Authority:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Taxing Authority:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Taxing Authority:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

### Student Loan Debts

**Name of Creditor:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_

### Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.  
*(i.e. unpaid rent, alimony or child support, service fees, other bank loans, personal loans, or enter a description of your own.)*

**Name of Creditor:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_  
**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_  
**Purpose of Debt:** \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_  
**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_  
**Purpose of Debt:** \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_  
**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_  
**Purpose of Debt:** \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_  
**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_  
**Purpose of Debt:** \_\_\_\_\_

**Name of Creditor:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Account #:** \_\_\_\_\_ **Date incurred:** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_  
**Responsible Party:**  Self  Spouse  Joint  Other: \_\_\_\_\_ **Co-Debtor:** \_\_\_\_\_  
**Purpose of Debt:** \_\_\_\_\_

### Unexpired Leases and Contracts

List all current and active leases and contracts including car, business leases, and service or business contracts.

Description of Lease or Contract	Name and Address of Other Party or Parties	Date Contract Expires



## CURRENT INCOME (SCHEDULE I)

**Debtor's Employer Information – Name and Address of your employer:**

Name of Business: \_\_\_\_\_ Occupation: \_\_\_\_\_ Time Employed: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and Address of your **Second** employer (if applicable):

Name of Business: \_\_\_\_\_ Occupation: \_\_\_\_\_ Time Employed: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part C. Debtor's Wage Information**

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

How often do you get paid?  weekly  bi-weekly  2x a month  monthly  other \_\_\_\_\_

What is your estimated overtime pay per month? ..... \_\_\_\_\_

How much is deducted every paycheck for taxes, Medicare, & social security? (combined total) ..... \_\_\_\_\_

How much is deducted every paycheck for Mandatory Contributions to Retirement? \_\_\_\_\_

How much is deducted every paycheck for Voluntary Contributions to Retirement? \_\_\_\_\_

How much is deducted every paycheck for Required Repayments of Retirement fund Loans? \_\_\_\_\_

How much is automatically deducted for insurance? ..... \_\_\_\_\_

How much is taken out for Domestic Support Obligations? \_\_\_\_\_

How much is deducted for union dues? ..... \_\_\_\_\_

Other Deduction (describe): \_\_\_\_\_

Other Deduction (describe): \_\_\_\_\_

Other Deduction (describe): \_\_\_\_\_

Do you receive income from business operations outside of your regular paycheck listed above?  YES  NO

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

Do you receive income from interest or dividends outside of your regular paycheck listed above?  YES  NO

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

Do you receive income from alimony or family support payments for your use or for the care of your dependents?  YES  NO

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

Do you receive income from Unemployment?  YES  NO

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

Do you receive income from Social Security?  YES  NO

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

Do you receive income from Social Security?  YES  NO

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

Do you receive monetary government assistance?  YES  NO

If **yes**, please describe: \_\_\_\_\_

How much do you receive per month? \_\_\_\_\_

Do you receive retirement or pension money?  YES  NO

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

Do you have any other source of income not listed?  YES  NO

If **yes**, please describe: \_\_\_\_\_

How much do you receive per month? \_\_\_\_\_

Are you expecting any increase or decrease in salary next year?  YES  NO

If **yes**, please describe \_\_\_\_\_

## Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

Name of Business: \_\_\_\_\_ Occupation: \_\_\_\_\_ Time Employed: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and Address of your spouse's **Second** employer (if applicable):

Name of Business: \_\_\_\_\_ Occupation: \_\_\_\_\_ Time Employed: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Part D. Joint Debtor's (Spouse's) Wage Information

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

How often do you get paid?  weekly  bi-weekly  2x a month  monthly  other \_\_\_\_\_

What is your estimated overtime pay per month? \_\_\_\_\_

How much is deducted every paycheck for taxes, Medicare, & social security? (combined total) \_\_\_\_\_

How much is deducted every paycheck for Mandatory Contributions to Retirement? \_\_\_\_\_

How much is deducted every paycheck for Voluntary Contributions to Retirement? \_\_\_\_\_

How much is deducted every paycheck for Required Repayments of Retirement fund Loans? \_\_\_\_\_

How much is automatically deducted for insurance? \_\_\_\_\_

How much is taken out for Domestic Support Obligations? \_\_\_\_\_

How much is deducted for union dues? \_\_\_\_\_

Other Deduction (describe): \_\_\_\_\_

Other Deduction (describe): \_\_\_\_\_

Other Deduction (describe): \_\_\_\_\_

Do you receive income from business operations outside of your regular paycheck listed above?  YES  NO

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

Do you receive income from interest or dividends outside of your regular paycheck listed above?  YES  NO

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

Do you receive income from alimony or family support payments for your use or for the care of your dependents?  YES  NO

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

Do you receive income from Unemployment?  YES  NO

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

Do you receive income from Social Security?  YES  NO

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

Do you receive income from Social Security?  YES  NO

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

Do you receive monetary government assistance?  YES  NO

If **yes**, please describe: \_\_\_\_\_

How much do you receive per month? \_\_\_\_\_

Do you receive retirement or pension money?  YES  NO

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

Do you have any other source of income not listed?  YES  NO

If **yes**, please describe: \_\_\_\_\_

How much do you receive per month? \_\_\_\_\_

Are you expecting any increase or decrease in salary next year?  YES  NO

If **yes**, please describe \_\_\_\_\_

## Part E. Debtor's Current Monthly Income Calculation

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

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 /	Month 4 /	Month 5 /	Month 6 /	For Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income. <b>Provide P&amp;L</b>							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income. <b>Provide P&amp;L</b>							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

**Notes:** \_\_\_\_\_

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

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

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 /	Month 4 /	Month 5 /	Month 6 /	For Office Use Only
<b>Gross wages,</b> salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income. <b>Provide P&amp;L</b>							
Rent and other real property income:: a. Gross Income - b. Expenses = c. Net Income. <b>Provide P&amp;L</b>							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

**Notes:** \_\_\_\_\_

## Section 6 - Current Expenses (Schedule J)

1. Is this a Joint Filing with your Spouse?  YES  NO

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

Relationship	Age	Who does the dependent live with?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you and your spouse live separately and maintain separate households?  YES  NO

If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

### MONTHLY EXPENSES

3. Do your expenses include another person's expenses other than yourself and your dependents?  YES  NO

**Indicate how much you pay for each item each month:**

4. Primary Rent or Home Mortgage: \$ \_\_\_\_\_  
 Does that amount include real estate taxes?  
 No  Yes, If **NO**, how much do you pay? \$ \_\_\_\_\_  
 Does that amount include property, homeowner's, or renter's insurance?  
 No  Yes, If **NO**, how much do you pay? \$ \_\_\_\_\_  
 Does that amount include any Home maintenance, repair, or upkeep expenses?  
 No  Yes, If **NO**, how much do you pay? \$ \_\_\_\_\_  
 Does that amount include any Homeowner's association or condominium dues?  
 No  Yes, If **NO**, how much do you pay? \$ \_\_\_\_\_
5. Are there Additional Mortgage payments?  
 No  Yes, If **YES**, how much do you pay? \$ \_\_\_\_\_
6. Utilities:
  - a. Electricity and heating fuel:..... \$ \_\_\_\_\_
  - b. Water and sewer: ..... \$ \_\_\_\_\_
  - c. Telephone service/long distance: ..... \$ \_\_\_\_\_
  - d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:
 

Cable/Satellite:	\$ _____
Internet:	\$ _____
Mobile Telephone	\$ _____
7. Food and housekeeping supplies ..... \$ \_\_\_\_\_
8. Childcare and Children Education Costs ..... \$ \_\_\_\_\_
9. Clothing, laundry, and dry cleaning: ..... \$ \_\_\_\_\_
10. Personal care products and services:..... \$ \_\_\_\_\_
11. Medical and dental expenses: ..... \$ \_\_\_\_\_
12. Transportation (Gas, Maintenance, Public Transportation – **NOT PAYMENTS**): ..... \$ \_\_\_\_\_
13. Recreation, entertainment, newspapers, magazines, and books: ..... \$ \_\_\_\_\_
14. Charitable contributions and religious donations: ..... \$ \_\_\_\_\_
15. Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: (**Do not include amounts entered in Line 4 or Line 20**)
  - a. Life insurance: ..... \$ \_\_\_\_\_
  - b. Health insurance:..... \$ \_\_\_\_\_
  - c. Auto insurance:..... \$ \_\_\_\_\_

d. Other insurance (describe and list monthly amount):

\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

16. Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

17. Installment payments for car, furniture, etc. (Describe):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

18. Alimony, maintenance and support paid to others:..... \$

19. Payments for support of additional dependents not living at your home:..... \$

20. Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5)

- a. Mortgage payment on other Real Estate Property \$ \_\_\_\_\_
- b. Taxes on other Real Estate Property \$ \_\_\_\_\_
- c. Other Real Property, Homeowner's, or Renter's Insurance payments \$ \_\_\_\_\_
- d. Home maintenance (including repairs and upkeep) \$ \_\_\_\_\_
- e. Homeowner's association or condominium dues \$ \_\_\_\_\_

21. Other expenses (Describe): (please see "Additional Expenses" below before putting anything here)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Describe any increase or decrease in expenses you expect to occur within the next year?

\_\_\_\_\_

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

**Additional Expenses (707(b) Expenses for Form 122)**

17. Mandatory payroll deductions not already listed:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

19. Court ordered payments not already listed:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

20. Education for employment or for a physically or mentally challenged child:..... \$

21. Child care (baby sitting, day care, nursery & preschool, etc.): ..... \$

25. Disability Insurance (if not listed above):..... \$

Health Savings Account: ..... \$

26. Care for elderly, chronically ill or disabled family members:..... \$

27. Protection from family violence: ..... \$

29. Education expense for your children under 18: ..... \$

41. (c13s) Non-mandatory contributions to retirement accounts (including loan repayments):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## Section 7 - Statement of Financial Affairs (Form 107)

If you are filing jointly with your spouse, include information about both you and your spouse.

1. List every address where you have lived other than where you live now during the last **3 years**.  YES  NONE

Previous Address(es)	From	To

2. Have you ever lived in **AZ, CA, ID, LA, NV, NM, PR, TX, WA** or **WI** during the past **8 years**?  YES  NONE

Community Property State or Territory	Name and Address of Spouse or Domestic Partner

3. List **ALL job and business GROSS INCOME** for this year and two previous calendar years.  NONE

**Debtor**

Period	Source of income	Gross income (before deductions and exclusions)
January 1 of this year through date of filing	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
Last year (January 1 - December 31)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
The year before last (January 1 - December 31)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**Spouse (if applicable)**

Period	Source of income	Gross income (before deductions and exclusions)
January 1 of this year through date of filing	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
Last year (January 1 - December 31)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
The year before last (January 1 - December 31)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

4. List any other income that you received during this year and the two previous calendar years.  NONE

**Debtor**

Period	Source of income (describe)	Gross income (before deductions and exclusions)
January 1 of this year through date of filing		
Last year (January 1 - December 31)		
The year before last (January 1 - December 31)		

**Spouse (if applicable)**

Period	Source of income	Gross income (before deductions and exclusions)
January 1 of this year through date of filing		
Last year (January 1 - December 31)		

The year before last (January 1 - December 31) \_\_\_\_\_

5. Have you paid any **PERSONAL** debts a **total of \$600 or more** within the past **90 days**?  YES  NONE

Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Credit card <input type="checkbox"/> Car <input type="checkbox"/> Loan repayment <input type="checkbox"/> _____
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Credit card <input type="checkbox"/> Car <input type="checkbox"/> Loan repayment <input type="checkbox"/> _____
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Credit card <input type="checkbox"/> Car <input type="checkbox"/> Loan repayment <input type="checkbox"/> _____

6. Have you paid any **BUSINESS** debts a **total of \$6,225 or more** within the past **90 days**?  YES  NONE

Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Credit card <input type="checkbox"/> Car <input type="checkbox"/> Loan repayment <input type="checkbox"/> _____
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Credit card <input type="checkbox"/> Car <input type="checkbox"/> Loan repayment <input type="checkbox"/> _____
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Credit card <input type="checkbox"/> Car <input type="checkbox"/> Loan repayment <input type="checkbox"/> _____

7. Have you made any payments to any insiders in the past **1 year**?  YES  NONE

("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

Name and Address of Insider	Dates of Payment	Total Amount Paid	Amount Still Owed	Reason for payment



8. Have you made any payments on behalf or benefited to any insiders in the past **1 year**?  YES  NONE

Name and Address of Insider	Dates of Payment	Total Amount Paid	Amount Still Owed	Reason for payment (include the creditor's name)
_____	_____	_____	_____	_____

9. Have you been a party to any lawsuits, court actions, or administrative proceedings within the past **1 year**.  YES  NONE

Case Title and Case Number	Nature of the Case	County	Status or Disposition
_____	_____	_____	_____

10. Has any property been repossessed, foreclosed, garnished, seized, or levied within the past **1 year**.  YES  NONE

Creditor's Name and Address	Description and Value of Property	Date	Explain what happened
_____	_____	_____	<input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input type="checkbox"/> Property was seized, or levied
_____	_____	_____	<input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input type="checkbox"/> Property was seized, or levied
_____	_____	_____	<input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input type="checkbox"/> Property was seized, or levied

11. Has any creditor refused a payment because you owed a debt within the past **90 days**?  YES  NONE

Creditor's Name and Address	Description of action taken by creditor	Date Action Taken	Setoff Amount and Last 4 Digits of Account Number
_____	_____	_____	_____

12. Has there been any Receiver, Trustee, or Assignment for the Benefit of Creditors within the past **1 year**?  YES  NO

13. Have you made any gifts to anyone that has a total value of more than \$600 per person in the past **2 years**?  YES  NO

Name and Address of Recipient	Relationship to You	Description of Gifts	Dates Gifts Given	Value
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14. Have you made any charitable contributions that has a total value of more than \$600 in the past **2 years**?  YES  NO

Name and Address of Charity	Description of Contribution	Contribution Date	Value
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15. Have you suffered any loss from fire, theft, or other disaster, or gambling within the past **1 year**?  YES  NO

Description of Property and How Loss Occurred	Description of any Insurance Coverage (include the amount that insurance has paid)	Date of Loss	Value of Property Lost
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16. Have you paid anyone other than this office for the current bankruptcy, or a previous bankruptcy?  YES  NO  
 NONE

Name and Address of Person Paid	Name of Person Who Made the Payment, if Not You	Description and Value of Any Property Transferred	Date of Payment or Transfer	Amount of Payment
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17. Have you paid anyone who promised to help you deal with your creditors within the past **1 year**?  YES  NO

Name and Address of Person Paid	Name of Person Who Made the Payment, if Not You	Description and Value of Any Property Transferred	Date of Payment or Transfer	Amount of Payment
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18. Have you sold, traded, or transferred any property either absolutely or as a security within the past **2 years**?  YES  NO  
 NONE

Name and Address of Person Who Received the Transfer/ Relationship to You	Description and Value of Property Trasferred	Describe Any Property or Payments Received or Debts Paid in Exchange	Date of Transfer
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19. Are you a beneficiary to any trust or a similar device of which you are a beneficiary within the past **10 years**?  YES  NO  
 NONE

Name of Trust	Description and Value of Property Transferred	Date of Transfer
_____	_____	_____

19. Have you closed, sold, moved, or transferred any financial accounts and instruments in the past **1 year**?  YES  NO

Name and Address of Institution	Last 4 Digits of Account Number	Type of Account or Instrument	Date Account Was Closed, Sold, Moved, or Transferred	Last Balance Before Closing or Transfer
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other: _____		
Name and Address of Institution	Last 4 Digits of Account Number	Type of Account or Instrument	Date Account Was Closed, Sold, Moved, or Transferred	Last Balance Before Closing or Transfer
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other: _____		

21. Do you, or have you had a safe deposit box or other depository in the past **1 year**?  YES  NO

Name and Address of Financial Institution	Name and Address of Anyone With Access	Description of Contents	Do You Still Have It?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

22. Do you, or have you had a storage unit or other place to store property in the past **1 year**?  YES  NO

Name and Address of Storage Facility	Name and Address of Anyone With Access	Description of Contents	Do You Still Have It?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

23. Do you own or control any property that is owned by someone else?  YES  NO

Name and Address of Owner	Location of Property	Description of Property	Value
_____	_____	_____	_____

**ONLY FOR DEBTORS WHO OWN THEIR OWN BUSINESS**

24. Have you ever received a notice that you may be liable under or in violation of an environmental law?  YES  NO

Site Name and Address	Name and Address of Governmental Unit	Environmental Law, If You Know It	Date of Notice
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25. Do you have any hazardous material in the past **10 years**?  YES  NO

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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26. Have you been a party to any environmental lawsuit in the past **10 years**?  YES  NO

Case Title and Case Number	Name and Address of Court or Agency	Nature of the Case	Status of the Case
			<input type="checkbox"/> Pending <input type="checkbox"/> On Appeal <input type="checkbox"/> Concluded

27. Have you owned a business in the past **4 years**?  YES  NO

List the name and address, nature of business, name of accountant or bookkeeper, Employer Identification Number (EIN), and dates of operation of every business you owned or with which you had any of the following connections within the past **4 years**.

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

Business Name and Address	Nature of Business	Name of Accountant or Bookkeeper	Employer Identification Number (EIN)	Beginning and End Dates of Operation
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28. Have you given a financial statement about your business in the past **2 years**?  YES  NO

Name and Address	Date Issued
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