

## Bankruptcy Chapter 7 and Chapter 13 Information Form

**Please note:**

If you're married, you must list Spouse information even if your spouse is not filing with you. If you are separated from your spouse and there is no possibility that your spouse will file bankruptcy along with you, you don't have to answer the questions about your spouse.

**PLEASE PRINT and complete all questions:**

Single     Joint Case (Husband and Wife)     Husband Only     Wife Only

**NAME AND RESIDENCE INFORMATION**

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

Social Security Number: \_\_\_\_\_

Marital Status:     Single     Married     Divorced     Widower     Other : \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

List any other names used by you or your spouse (including maiden name), or other ways you have signed your names to papers and checks during the last six (6) years. \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(if different from above) \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Fax # (if applicable): \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Spouse: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Spouse: \_\_\_\_\_

E-mail: \* \_\_\_\_\_

*\*(Providing your E-mail address acknowledges your consent to receive information about your case via E-mail).*

## General Information

Bankruptcy is a right provided by law to people who are deeply in debt and in need of a fresh start. Bankruptcy will discharge many of your debts and you will not have to pay them, except in some cases secured debts for the purchase of particular merchandise or debts on which you gave a mortgage or put up other property as collateral.

The law allows you to keep some money and most types of necessary property in bankruptcy. To receive this protection, it is necessary that you list all items asked for in the following questions. If you do not list an item, that item will not be protected in bankruptcy. You must also list everyone to whom you owe money. ***If you leave out one of your creditors***, you may have to pay the money to that creditor or ***you may lose your right to bankruptcy***. It may also be considered a crime if you intentionally give false information or leave out information. If you have any questions about whether you can keep certain property or whether you should list a debt, write that question down and remember to ask the lawyer. We know this questionnaire is long but preparing your bankruptcy papers properly takes a lot of time and a lot of information. If we work together on this, we can protect your family from great hardship and give you a new start the law intends you to have.

**There is a filing fee of \$299 which must be paid to the court (\$185 if your case is filed under Chapter 13). You must attend all scheduled hearings and pay the filing fee to get a discharge.**

### IMPORTANT:

1. Fill out every question on all pages. Wherever you are given a choice of YES or NO on these forms, check either YES or NO, Please fill out these pages to the best of your ability.
2. Write your answers clearly. We must be able to read them.
3. Wherever the name of a person or firm is asked for, give the full address. Make the address accurate. Your discharge from each debt depends upon you giving a complete and correct address.
4. If you do not know the exact amount you owe, fill in a HIGH estimate. DO NOT leave the amount blank and do not say, "I don't know."
5. Wherever you need more room, turn the page over and put the information on the back together with the number of the question.
6. List every creditor and everybody that has had anything to do with your debts, including co-signers. Please include accurate account numbers. If a bill you owe has been sent to a collection agency or any attorney, list both the person you originally owed and the collection agency or the attorney and their full mailing address. If the collection agency has an attorney, list the person you originally owed money to and include the attorney's address as well.
7. Whenever a question asks you to be prepared to give details, gather all papers concerning the matter, including bills and collection letters and bring them with you when you return this form. In any event, be sure to bring with you the following items if you have them:
  - a. Deeds and mortgages on your house or other real estate
  - b. Any insurance policies
  - c. Any papers relating to past bankruptcies
  - d. Wage Earner Plans for Chapter 13
  - e. Copies of tax returns for the past 2 years
  - f. Copies of your pay advices (paycheck stubs) for the last 6 months
  - g. Legal papers, lawsuits and divorce papers
  - h. Any other papers you have concerning any of your debts
  - i. Any lease or installment sale ("lease purchase" or "rent to own") agreements for housing (apartment, house, mobile home) or other property (cars, televisions, etc.) that you have signed and that are still in effect or not fully paid.

**GENERAL CASE INFORMATION**

**PRIOR BANKRUPTCY:**

Were you ever involved in any prior bankruptcy action or Chapter 13 case (Wage Earner Plan)? [ ] NO [ ] YES \*  
If \*YES, please provide the following information below:

**Case Number:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_ **Location:** \_\_\_\_\_

(Note – If you filed a case that was later dismissed for any reason, then the answer is YES. Bring all bankruptcy papers to the office.)

**Related bankruptcy:** Are you a co-debtor with anyone who is presently in a bankruptcy case? [ ] NO [ ] YES

.....  
**LIST ALL DEPENDENTS OF EITHER SPOUSES:**

**AGE(S) AND RELATIONSHIP**

**SELF or HUSBAND :** \_\_\_\_\_ Daughter \_\_\_\_\_ Son \_\_\_\_\_ Daughter \_\_\_\_\_ Son \_\_\_\_\_ Daughter \_\_\_\_\_ Son

**WIFE:** \_\_\_\_\_ Daughter \_\_\_\_\_ Son \_\_\_\_\_ Daughter \_\_\_\_\_ Son \_\_\_\_\_ Daughter \_\_\_\_\_ Son

.....  
**OCCUPATION:**

**Type of work:** \_\_\_\_\_

**Name and address of current employer:**

\_\_\_\_\_  
\_\_\_\_\_

**Spouse's type of work:** \_\_\_\_\_

**Name and address of spouse's current employer:**

\_\_\_\_\_  
\_\_\_\_\_

**How long have each of you been at your current job:**

**Self / Husband** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

**Wife** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

# ASSET LISTING

## A. REAL ESTATE PROPERTY

**YES** [ ] **NO** [ ] **I own real estate?** If yes, describe and give the location of all real estate property (lot, house, land, burial plot, etc.) in which you held an interest:

\_\_\_\_\_  
\_\_\_\_\_

Name and address of your Mortgage Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Present value of your house? \$ \_\_\_\_\_

List any Co-Owners: \_\_\_\_\_

What is the outstanding mortgage balance? \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

I am current on my payments: **YES** [ ] **NO** [ ] (If not, then list how far you are behind \$ \_\_\_\_\_)

**YES** [ ] **NO** [ ] **Is there a second (2<sup>nd</sup>) mortgage?**

If YES, give the name and address of the company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the outstanding 2<sup>nd</sup> mortgage balance? \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

I am current on my payments: **YES** [ ] **NO** [ ] (If not, then list how far you are behind \$ \_\_\_\_\_)

**YES** [ ] **NO** [ ] **Is there a third (3<sup>rd</sup>) mortgage?**

If Yes, give the name and address of the company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the outstanding 3<sup>rd</sup> mortgage balance? \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

I am current on my payments: **YES** [ ] **NO** [ ] (If not, then list how far you are behind \$ \_\_\_\_\_)

Is any mortgage insured by the FHA, VA or a private mortgage insurance company? **NO** [ ] **YES** [ ] (If yes, give details on back of page).

(Note – if you own other real estate property, give the same information for each property owned).

**B. PERSONAL PROPERTY (be sure to include a dollar value for any asset listed).**

(1) \$ \_\_\_\_\_ Cash on hand (in your pocket, at home, etc.)

(2) YES [ ] NO [ ] Do you have any deposits of money in banks, savings and loan associations or credit unions?  
(Checking accounts; savings accounts; CD's etc.)

If YES, list the name and address of the company, the amount and type of deposit

<b>BANK / CU</b>	<b>Type of Account</b>	<b>AVERAGE bal. after bills</b>
_____	Checking / Savings/ _____	\$ _____
_____	Checking / Savings/ _____	\$ _____
_____	Checking / Savings/ _____	\$ _____
_____	Checking / Savings/ _____	\$ _____
_____	Checking / Savings/ _____	\$ _____

(3) Have you given a security deposit to any landlord, utility or anyone else? YES [ ] NO [ ]

If YES, list the name and address of the person or company and the amount.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4)(a) List your furniture. (These goods usually can be protected, but you must list them to protect them).

**Family Room Area:** NONE \_\_\_\_\_

TV: \$ \_\_\_\_\_ TV: \$ \_\_\_\_\_ TV: \$ \_\_\_\_\_ Entertainment Center: \$ \_\_\_\_\_

Loveseat: \$ \_\_\_\_\_ Sofa: \$ \_\_\_\_\_ Chair: \$ \_\_\_\_\_

Ottoman: \$ \_\_\_\_\_ Recliners: \$ \_\_\_\_\_ **Other:** \_\_\_\_\_

# \_\_\_\_\_ of End Tables: \$ \_\_\_\_\_ # \_\_\_\_\_ of Lamp(s): \$ \_\_\_\_\_ # \_\_\_\_\_ of Coffee Table: \$ \_\_\_\_\_

**Other:** \_\_\_\_\_

**Kitchen Area:** NONE \_\_\_\_\_

Dining Table (plus \_\_\_\_\_ chairs): \$ \_\_\_\_\_ Kitchen Table (plus \_\_\_\_\_ chairs): \$ \_\_\_\_\_

Chairs: \$ \_\_\_\_\_ Stools: \$ \_\_\_\_\_ Baker's Rack: \$ \_\_\_\_\_

# \_\_\_\_\_ of End Tables: \$ \_\_\_\_\_ # \_\_\_\_\_ of Lamp(s): \$ \_\_\_\_\_

# \_\_\_\_\_ of Coffee Table: \$ \_\_\_\_\_

**Other:** \_\_\_\_\_

**Bedroom Area:** NONE \_\_\_\_\_

King Size Bed: \$ \_\_\_\_\_ King Size Bed: \$ \_\_\_\_\_ King Size Bed: \$ \_\_\_\_\_ King Size Bed: \$ \_\_\_\_\_

Queen Size Bed: \$ \_\_\_\_\_ Queen Size Bed: \$ \_\_\_\_\_ Queen Size Bed: \$ \_\_\_\_\_ Queen Size Bed: \$ \_\_\_\_\_

Twin/Full Size Bed: \$ \_\_\_\_\_ Twin/F. Size Bed: \$ \_\_\_\_\_ Twin/F. Size Bed: \$ \_\_\_\_\_ Twin/F. Size Bed: \$ \_\_\_\_\_

Dresser: \$ \_\_\_\_\_ Dresser: \$ \_\_\_\_\_ Dresser: \$ \_\_\_\_\_ Dresser: \$ \_\_\_\_\_

# \_\_\_\_\_ of End Table(s): \$ \_\_\_\_\_ # \_\_\_\_\_ of Lamp(s): \$ \_\_\_\_\_ # \_\_\_\_\_ of Coffee Table: \$ \_\_\_\_\_

**Other:** \_\_\_\_\_

**(4)(b) List your appliances and their values. NONE \_\_\_\_\_**

**(These goods usually can be protected but you must list them to protect them).**

TV: \$ \_\_\_\_\_ TV: \$ \_\_\_\_\_ TV: \$ \_\_\_\_\_ TV: \$ \_\_\_\_\_ TV: \$ \_\_\_\_\_ TV: \$ \_\_\_\_\_

# \_\_\_\_\_ of DVD Player: \$ \_\_\_\_\_ # \_\_\_\_\_ of VCR: \$ \_\_\_\_\_ Refrigerator: \$ \_\_\_\_\_ Freezer: \$ \_\_\_\_\_

Washer: \$ \_\_\_\_\_ Dryer: \$ \_\_\_\_\_ Microwave: \$ \_\_\_\_\_

**Other:** \_\_\_\_\_

Do you still owe on any of these items? **YES** [ ] **NO** [ ]

If YES, give details (Company's Name & Address and balance owed and Co-Signer information, if any).

\_\_\_\_\_  
\_\_\_\_\_

**(5) YES [ ] NO [ ] Do you have any books, pictures of art objects, collections (antiques, stamp, coin, record, tape, compact disc, etc.). If YES, give details and present value.**

Books: \$ \_\_\_\_\_ CD's: \$ \_\_\_\_\_ Stamp Collection: \$ \_\_\_\_\_

# \_\_\_\_\_ of Wall Hanging Pictures \$ \_\_\_\_\_ # \_\_\_\_\_ of Paintings: \$ \_\_\_\_\_

**Other:** \_\_\_\_\_

**(6) \$ \_\_\_\_\_ How much would you get for all your clothing at a yard sale? Husband:\$ \_\_\_\_\_ Wife:\$ \_\_\_\_\_**

**(7) YES [ ] NO [ ] Do you have any furs and or jewelry? (Give details and value).**

Men' Wedding Band: \$ \_\_\_\_\_ Women' Wedding Ring: \$ \_\_\_\_\_

Costume Jewelry: \$ \_\_\_\_\_ Necklace: \$ \_\_\_\_\_ Bracelet: \$ \_\_\_\_\_

# \_\_\_\_\_ Watch(es): Men's : \$ \_\_\_\_\_ # \_\_\_\_\_ Watch(es): Women's: \$ \_\_\_\_\_

**Other:** \_\_\_\_\_

**(8) YES [ ] NO [ ] Do you have any firearms, sports, photographic or other hobby equipment?**

If YES, list items and present value.

Camera: \$ \_\_\_\_\_ Video Camera: \$ \_\_\_\_\_

Exercise Equipment: \$ \_\_\_\_\_ Fishing Pole: \$ \_\_\_\_\_

Firearms: \_\_\_\_\_

**Other:** \_\_\_\_\_

**(9) YES [ ] NO [ ] Do you have any interests in any insurance policy? If YES, give details.**

Term Policy: \_\_\_\_\_

Face Value: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Whole Life Insurance: \_\_\_\_\_

Face Value: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

**Other:** \_\_\_\_\_

**(10) YES [ ] NO [ ] Do you have any annuities? If YES, give details.**

\_\_\_\_\_

**(11) YES [ ] NO [ ] Do you have an interest in an IRA, ERISA, Keogh, or other pension or profit sharing plan?**

If YES, give details.

401K : \$ \_\_\_\_\_

\_\_\_\_\_

**Other:** \_\_\_\_\_

**(12) YES [ ] NO [ ] Do you have any stock and/or interest in incorporated and unincorporated businesses?**

If YES, give details.

\_\_\_\_\_

**(13) YES [ ] NO [ ] Do you have any interest in partnerships or joint ventures? If YES, give details.**

\_\_\_\_\_

**(14) YES [ ] NO [ ] Do you have any Government and/or Corporate bonds or other negotiable and non negotiable instruments? If YES, give details.**

\_\_\_\_\_

\_\_\_\_\_

(15) YES [ ] NO [ ] Do you have any accounts receivables? If YES, give details.

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(16) YES [ ] NO [ ] Are you entitled to receive any alimony, maintenance, support and/or property settlements? If YES, give details.

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(17) YES [ ] NO [ ] Does anyone owe you any money or are you entitled to a tax refund in which you know the amount you are entitled to received? If YES, give details.

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(18) YES [ ] NO [ ] Do you have an Equitable or future interest, life estate and/or rights or powers for the benefit of the debtor other than those listed in the real property section? If YES, give details.

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(19) YES [ ] NO [ ] Do you have a contingent or non-contingent interest in an estate of a decedent, a death benefit plan, life insurance policy, or trust? If YES, give details.

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(20) YES [ ] NO [ ] Do you have a contingent or non-contingent claim or lawsuit of any kind, including a tax refund, a counter claim of any kind, or a right to a setoff? If YES, give details.

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(21) YES [ ] NO [ ] Do you own any patent, copyrights and/or other intellectual property? If YES, give details.

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(22) YES [ ] NO [ ] Do you own any licenses, franchises and/or other general intangibles? If YES, give details.

\_\_\_\_\_  
\_\_\_\_\_

(23) YES [ ] NO [ ] Do you have any cars, trucks, mobile homes, boats, trailers or motorcycles?

If YES, give details below (including any co-signer information).

YEAR	MAKE	MODEL	FMV	LENDER (Name & Address)	BALANCE
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

(24) YES [ ] NO [ ] Do you have any Boats, Motors and/or accessories? If YES, give details.

\_\_\_\_\_  
\_\_\_\_\_

(25) YES [ ] NO [ ] Do you have any Aircraft and/or accessories? If YES, give details.

\_\_\_\_\_

(26) YES [ ] NO [ ] Do you own any office equipment, furnishings, and/or supplies? If YES, give details.

Computer: \$ \_\_\_\_\_ Printer: \$ \_\_\_\_\_ Laptop: \$ \_\_\_\_\_ Supplies: \$ \_\_\_\_\_

Office Desk: \$ \_\_\_\_\_ Office Chair: \$ \_\_\_\_\_ Computer Work Station: \$ \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

(27) YES [ ] NO [ ] Do you have any Machinery, fixtures, equipment and/or supplies used in a business?

If YES, give details.

Tools: \$ \_\_\_\_\_ Computer: \$ \_\_\_\_\_ Printer: \$ \_\_\_\_\_ Laptop: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_ Office Desk: \$ \_\_\_\_\_ Office Chair: \$ \_\_\_\_\_

Other: \_\_\_\_\_

(28) YES [ ] NO [ ] Do you have any inventory? If YES, give details.

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(29) YES [ ] NO [ ] Do you own any animals? If YES, give details and value.

# \_\_\_\_\_ of Dog: \$ \_\_\_\_\_ # \_\_\_\_\_ of Cat: \$ \_\_\_\_\_ Other: \_\_\_\_\_

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(30) YES [ ] NO [ ] Do you own any crops? (Growing or harvested) If YES, give details.

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(31) YES [ ] NO [ ] Do you own any farming equipment and/or implements? If YES, give details.

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(32) YES [ ] NO [ ] Do you own any farm supplies, chemicals, and/or feed? If YES, give details.

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(33) YES [ ] NO [ ] Do you have any other personal property of any kind not already listed? If YES, give details.

Lawn Mower: \$ \_\_\_\_\_ Leaf Blower: \$ \_\_\_\_\_

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**BUDGET INFORMATION  
(INCOME)**

1. How often do you currently receive your pay or other income? (*Circle One: Single Filing Debtor; Joint Filing*)

	SELF / HUSBAND	WIFE
WEEKLY	_____	_____
EVERY 2 WEEKS (BI-WKLY.)	_____	_____
MONTHLY	_____	_____
SEMI-MONTHLY	_____	_____
_____		

2. What is the gross amount received in wages or other income (before taxes or other deductions)?

MONTHLY      SELF / HUSBAND: \$ \_\_\_\_\_      WIFE: \$ \_\_\_\_\_

3. What deductions, if any are taken out monthly?

	SELF / HUSBAND	WIFE
FEDERAL TAX	_____	_____
STATE TAX	_____	_____
SOCIAL SECURITY	_____	_____
MEDICAL	_____	_____
DENTAL	_____	_____
MEDICARE	_____	_____
INSURANCE	_____	_____
CREDIT UNION	_____	_____
OTHER	_____	_____

4. What is the usual amount of your monthly checks (take-home pay)?

Take Home Pay      SELF / HUSBAND: \$ \_\_\_\_\_      WIFE: \$ \_\_\_\_\_

5. Is your job subject to seasonal or other changes?

SELF / HUSBAND: YES [ ] NO [ ]      WIFE: YES [ ] NO [ ]

(NEXT PAGE)

6. What was your gross income (reported on W-2 form and tax return) for last year?

**SELF / HUSBAND:** \$ \_\_\_\_\_ **WIFE:** \$ \_\_\_\_\_

7. Do you expect an increase or decrease of over 10% in income in the next year? **YES** [  ] **NO** [  ]

8. Have you ever gone over your credit limit on any credit cards? **YES** [  ] **NO** [  ]

9. Do you expect to have any major expenses (like medical bills) in the near future? **YES** [  ] **NO** [  ]

10. **YES** [  ] **NO** [  ] Does either your spouse or do your children receive income from any source other than wages listed above (such as alimony, child support, public assistance, unemployment compensation, social security, SSI, pension, etc.)? If YES, list all.

SOURCE OF INCOME	TO WHOM PAYABLE	AMOUNT PER MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. **YES** [  ] **NO** [  ] Is your family eligible for food stamps?  
If YES, how much in food stamps do you receive each month?

**TOTAL HOUSEHOLD MONTHLY INCOME FROM ALL SOURCES:** \$ \_\_\_\_\_

**HOW TO FIGURE YOUR NECESSARY LIVING EXPENSES: Use the Worksheet below as a guide.**

Total up all expenses for the last 6 months then divide by 6 to obtain a monthly average. Expenses include all of your reasonably necessary costs of living, such as rent or mortgage, utilities, food, transportation, etc. Do not include in your expenses payments for credit cards, repayments of personal loans, delinquent medical bills, taxes, store charge card accounts, business debts, or other non-regular expenses not included as necessary living expenses.

RENT OR HOME MORTGAGE PAYMENT (include lot rented for mobile home) \$ \_\_\_\_\_

ARE REAL ESTATE TAXES INCLUDED? YES [ ] NO [ ] \$ \_\_\_\_\_

IS PROPERTY INSURANCE INCLUDED? YES [ ] NO [ ] \$ \_\_\_\_\_

UTILITIES, ELECTRICITY, HEATING FUEL, AND GAS \$ \_\_\_\_\_

WATER AND SEWER \$ \_\_\_\_\_

TELEPHONE AND CELLULAR PHONE \$ \_\_\_\_\_

OTHER: CABLE/SATELLITE \$ \_\_\_\_\_ GARBAGE: \$ \_\_\_\_\_

HOME MAINTENANCE (repairs and upkeep) \$ \_\_\_\_\_

FOOD \$ \_\_\_\_\_

CLOTHING \$ \_\_\_\_\_

LAUNDRY AND DRY CLEANING \$ \_\_\_\_\_

MEDICAL AND DENTAL EXPENSES AND PRESCRIPTIONS \$ \_\_\_\_\_

TRANSPORTATIONS (not including car payments) – GASOLINE \$ \_\_\_\_\_

RECREATION, CLUBS & ENTERTAINMENT, NEWSPAPER, MAGAZINES, ETC. \$ \_\_\_\_\_

CHARITABLE CONTRIBUTIONS AND CHURCH \$ \_\_\_\_\_

INSURANCE (not deducted from wages or included in home mortgage payment) \$ \_\_\_\_\_

HOMEOWNER'S OR RENTER'S \$ \_\_\_\_\_

**LIFE \$ \_\_\_\_\_ HEALTH \$ \_\_\_\_\_ AUTO \$ \_\_\_\_\_**

OTHER: \_\_\_\_\_ \$ \_\_\_\_\_

TAXES (not deducted from wages or included in home mortgage payment) \$ \_\_\_\_\_

**SPECIFY: ( ) INCOME ( ) PROPERT ( ) AD VALOREM- car/mobile home tag \$ \_\_\_\_\_**

***Installment payments: (In Chapter 13 cases, do not list payments to be included in plan)***

AUTO: \_\_\_\_\_ DUE DATE: \_\_\_\_\_ \$ \_\_\_\_\_

AUTO: \_\_\_\_\_ DUE DATE: \_\_\_\_\_ \$ \_\_\_\_\_

TRUCK: \_\_\_\_\_ DUE DATE: \_\_\_\_\_ \$ \_\_\_\_\_

COMPUTER: \_\_\_\_\_ DUE DATE: \_\_\_\_\_ \$ \_\_\_\_\_

ALIMONY, MAINTENANCE AND SUPPORT PAID TO OTHERS \$ \_\_\_\_\_

PAYMENTS FOR SUPPORT OF ADDITIONAL DEPENDENTS NOT LIVING AT HOME \$ \_\_\_\_\_

REGULAR EXPENSES FROM OPERATION OF BUSINESS,

PROFESSION OR FARM (attach detailed statement) \$ \_\_\_\_\_

**OTHER:** STUDENT LOAN \$ \_\_\_\_\_

SECOND MORTGAGE \$ \_\_\_\_\_

SCHOOL LUNCHES & SUPPLIES \$ \_\_\_\_\_

CHILDCARE / AFTER SCHOOL CARE \$ \_\_\_\_\_

OIL CHANGES / TIRE ROTATION-AUTO MAINTENANCE \$ \_\_\_\_\_

VEHICLE TAGS \$ \_\_\_\_\_

INTERNET \$ \_\_\_\_\_

BUSINESS EXPENSES \$ \_\_\_\_\_

OTHER: \_\_\_\_\_ \$ \_\_\_\_\_

## GENERAL INFORMATION ON YOUR FINANCIAL AFFAIRS

**1. WAGE INCOME: Income Received. (Give gross income reported on tax returns).**

SELF / HUSBAND

WIFE (OR JOINT)

This Year: (Year to date): \_\_\_\_\_

This Year: (Year to date): \_\_\_\_\_

Last Year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year Before: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. OTHER INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS: (if no other income then indicate – NONE)  
Income Received. (Give gross income reported on tax returns).**

SELF / HUSBAND

WIFE (OR JOINT)

This Year: (Year to date): \_\_\_\_\_

This Year: (Year to date): \_\_\_\_\_

Last Year: \_\_\_\_\_

\_\_\_\_\_

Year Before: \_\_\_\_\_

\_\_\_\_\_

**3. DEBTS REPAYED: (if no payments repaid then indicate –NONE).** If you have made any payments within the last 90 days to a creditor, or within one year to an insider, totaling more than \$600, then give the name of the creditor, the dates of the payments and the amount of payments.

Creditor & Address:	Was the Person Who Gave the Loan a Relative?	Payment Date	Amount of Payment
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\_\_\_\_\_

\_\_\_\_\_

**4.a YES \_\_\_ NO \_\_\_ Have you ever been SUED or GARNISHED by anyone?** Did you sue anyone? Were you tried for any crime? **If, YES** give the title of the suit, the action number, the name and location of the court, the nature of the suit and the result of the suit. Also, bring in any papers you have from the case. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YES \_\_\_ NO \_\_\_ Do you have any possible reason for suing someone, for damage to your property, for injuries or other members of your family? If YES, who could you sue, how much money is involved and why could you sue?**

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**4.b YES \_\_\_ NO \_\_\_ Have you ever had any property listed for or sold at a sheriff sale, or levied upon? If YES, bring any papers concerning those actions. Below, give a description of the property and the names and addresses of any creditors involved, as well as the dates involved.** \_\_\_\_\_

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**YES \_\_\_ NO \_\_\_ Has money from your paycheck or bank account been garnished, taken or frozen by a creditor, including your bank or credit union because of a debt? If YES, give the following:**

Who received the money?	Amount Taken	Dates - From:	To:
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**5. YES \_\_\_ NO \_\_\_ Have you ever had any property repossessed or foreclosed (voluntarily or otherwise)? If YES, bring any papers concerning those actions. Below, provide description of property, names and addresses of any creditors involved, as well as the dates.** \_\_\_\_\_

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**6a. YES \_\_\_ NO \_\_\_ Have you given or made an assignment of any of your property for the benefit of your creditors or any settlements with your creditors within the past two (2) years? If YES, give the name of the creditor, his/her address and the terms and conditions under which you gave the property to the creditor or made an arrangement with the creditor.** \_\_\_\_\_

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**6b. YES \_\_\_ NO \_\_\_ Is any of your property in the hands of a court-appointed person (a receiver), or in the hands or a person who is holding it for your benefit and use (a trustee)? If YES, be prepared to give details.** \_\_\_\_\_

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**7/10. YES \_\_\_ NO \_\_\_ Have you made sales of property, mortgages, gifts or transfers of any substantial property or cash within the last year? If YES, give the following:**

Name of Person Who Received the Property	Description of Property	Month & Year of Gift or Sale	Was Sale or Gift to a Relative
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8a. YES \_\_\_ NO \_\_\_ Did you lose any substantial amount of money as a result of fire, theft, or gambling during the last year?

If YES, give the following:

What Caused  
the Loss

What was the Value of the Money  
or Property that was Lost

Date of the Loss

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8b. YES \_\_\_ NO \_\_\_ Did insurance pay for any part of the loss?

If YES, give the date of payment and amount paid \$ \_\_\_\_\_ Date: \_\_\_\_\_

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9. YES \_\_\_ NO \_\_\_ Payments or Transfers to Attorney or Debt Consultants. Have you consulted anyone about your debts in the past year? If YES, give name, address, and amount paid for the service. \_\_\_\_\_

Court Costs: \$ \_\_\_\_\_ Attorney Fees: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

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11. YES \_\_\_ NO \_\_\_ Have you closed, sold, or otherwise transferred any of your financial accounts and instruments within 1 year immediately preceding the commencement of this case. (Include checking, savings and or other financial accts).

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12. YES \_\_\_ NO \_\_\_ Have you had a safe deposit box during the last two (2) years?

If YES, give details, including the contents of the box.

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13. YES \_\_\_ NO \_\_\_ Has any creditor, including a bank, made a setoff against a debt or deposit of the debtor within 90 days preceding the commencement of this case.

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14. YES \_\_\_ NO \_\_\_ Property Held for Another Person. Do you have any money, property, furniture, etc. that belongs to another person or that you are holding for the benefit of someone else (in trust)? If YES, what is the property, value of the property and who owns it? Include name and address of the owners.

Type of  
Property

Value

Owned By

Address

Relative  
(Yes or No)

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15. List all previous addresses you have had in the last two years. If husband and wife are filing bankruptcy together, list addresses for each for the last 2 years. If no previous address within the last 2 years, then indicate **NONE**.

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

Date of Occupancy: \_\_\_\_\_

#2 Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

#3 Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

#4 Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

#5 Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

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

16. If the debtor is an **individual**, list the names and addresses of all businesses in which the debtor was an officer, director, partner or managing executive of a corporation, partnership, sole proprietorship or was a self-employed professional within the two (2) years immediately preceding the commencement of this case or in which the debtor owned 5 percent or more of the voting or equity securities within the two (2) years immediately preceding the commencement of the case.

\_\_\_\_\_

16b. If the debtor is a **partnership**, list the names and addresses of all businesses in which the debtor was an officer, director, partner or owned 5 percent or more of the voting securities, within the two (2) years immediately preceding the commencement of this case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16c.** If the debtor is a **corporation**, list the names and addresses of all businesses in which the debtor was an officer, director, partner or owned 5 percent or more of the voting securities, within the two (2) years immediately preceding the commencement of this case.

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

List all bookkeepers and accounts who within the six (6) years immediately preceding the commencement of this case kept or supervised the keeping of books of account and records of the debtor.

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**17b.** List all firms or individuals who within the two (2) years immediately preceding the filing of this bankruptcy case have audited the books of accounts and records, or prepared a financial statement of the debtor.

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**17c.** List all firms or individuals who at the time of the commencement of this case were in possession of the books of accounts and records of the debtor. If any of the books of accounts and records are not available, explain:

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**18. Inventories.**

List the dates of the last two inventories taken of your property, the name of the person who supervised that taking of each inventory, and the dollar amount and basis of each inventory.

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**18b.** List the name and address of the person having possession of the records of each of the two inventories reported in "A" above.

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

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**20.** Former Partners, Officers, Directors and Shareholders.

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