

BANKRUPTCY WORKBOOK

FOR:

LAST NAME, FIRST NAME & SPOUSE NAME (Please Print)

You must fill out this workbook entirely. If you bring back an incomplete workbook you will be sent home to complete it. Every blank must be filled out even if you have already supplied the information by another means or in another place in the workbook. If it does not apply to you then put "N/A" in the blank.

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INSTRUCTIONS

READ ALL INSTRUCTIONS BEFORE BEGINNING WORKBOOK

- ◆ All information in this workbook is required to file your bankruptcy.
- ◆ Please print clearly and neatly.
- ◆ Answer all questions carefully.
- ◆ **Every question must be answered.**(Even if you think you have already given the same information elsewhere.)
- ◆ **Every blank must be filled in.**
- ◆ If a question does not apply to you then the answer is “N/A” (not applicable)
- ◆ If a space is not big enough for the entire correct answer then you may insert a blank page to complete your answer.
- ◆ It is acceptable to write in the margins and between lines as long as it is readable.
- ◆ Please do not write on the backs of pages.
- ◆ Please do not insert other documents into the workbook pages. They go in the pockets at the back of this notebook.
- ◆ **Incomplete homework will not be accepted.**

PLEASE PRINT NEATLY THROUGHOUT YOUR WORKBOOK

If you have not checked your credit in the last year, you may go to www.annualcreditreport.com to obtain a free credit report from each of the three major credit bureaus. The information from the credit report must be entered into the workbook. It is not sufficient to attach the credit report.

Bankruptcy Workbook

WARNING:

Our job is to help you get the protection and relief that you deserve by filing this bankruptcy. Your job is to provide us with information that is both COMPLETE and TRUTHFUL.

The information that you are providing is used for the purpose of preparing the legal documents that will be filed with the court. You will be required to sign the forms, stating under oath that you are telling the truth and that you have not omitted any requested information.

Failure to provide complete and accurate information will delay the filing of your case. If you sign the documents, you are telling the court that the documents are true, correct, and complete.

It is a BANKRUPTCY CRIME to make a false statement or oath. An omission is considered a false statement.

Please answer these questions carefully. Any errors, omissions or misrepresentations may seriously affect the discharge of your debts (meaning that you may need to pay them despite having filed for bankruptcy). You are responsible for providing names, addresses and account numbers for every creditor. You are responsible for the accuracy of this workbook as this is what is used to produce your legal documents.

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

INCOMPLETE HOMEWORK

If you bring back your HOMEWORK NOTEBOOK and it is incomplete (Workbook not completely filled out or required documents are missing) **it will not be accepted.** We will not start on your case until you have paid in full (Chapter 7) or made your down payment (Chapter 13), your workbook is completely filled out and we have all the required documents.

Client Information for Individuals

If married, complete information for both spouses, even if only one is filing.

Primary Debtor <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse/ Joint Debtor <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name First MI Jr/Sr	Last Name First MI Jr/Sr
Street Address	Street Address
City State Zip	City State Zip
County of Residence	County of Residence
Social Security Number/ Taxpayer I.D. Number	Social Security Number/Taxpayer I.D. Number
Date of Birth	Date of Birth
Driver's License or Identification Number	Driver's License or Identification Number
Work telephone number	Work telephone number
Cell number	Cell number
Other phone number for contact	Other phone number for contact
Email address	Email address
Any other names you have used in the last 6 years	Any other names you have used in the last 6 years
Any other names you have used in the last 6 years	Any other names you have used in the last 6 years

Q1: Are you self-employed?: YES NO

Q2: If Self Employed Business Type (Circle One):

If answer to Q1 is NO skip Q2 and answer Q3

If you are self-employed

Health Care
Single Asset Real Estate
Stockbroker
Commodity Broker
None of the above: _____

Name of business

Street Address of business

City/State/Zip

Filing Information

Q3: Please Check: Individual Joint

Q3: My debts are: Non-Business (Consumer)

Partnership

Business

Other _____

Q4: Marital Status: Single Married Divorced Widowed Life Partner

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

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

Q5: Have you lived at your current address for at least the past 180 days: Yes No

Q5B: Have you lived in the state of Texas for the last 4 years: Yes No

Q5C: *If your answer to either Q5 OR Q5B is "No," list previous cities, states, and dates (use additional pages if necessary):* _____

Q6: Do you have a business partner or partnership that is currently filing bankruptcy? Yes No

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

Q7: Have you taken cash advances on any credit cards in the last 90 days? Yes No

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

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

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

Q8: Do you own any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Do you own any property that needs immediate attention (i.e. livestock that needs to be fed, etc.)? Circle One: YES NO

Q9: If answer to Q8 above is yes please describe: _____

Q10: Have you completed your pre-petition credit counseling course? Circle One: YES NO

If yes please skip Q11

Q11: If answer to question above is no have you been given your handout to complete your pre-petition credit counseling course? Circle One: YES NO

Q12: Do you rent your residence? Circle One: YES NO

If answer is NO please skip Q13 below

Q13: If your answer to Q12 is yes does your landlord have a judgement for possession of your residence? Circle One: YES NO

Creditors to be notified by phone – THIS IS ONLY EMERGENCY CREDITORS for foreclosures and repossession ONLY. THE EMERGENCY CREDITORS WILL BE LISTED TWICE – once in this section and again in the creditors section.

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

Creditor	Phone Number	Reason for emergency
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Q14: Prior Bankruptcies

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

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

Pending/Related Bankruptcies

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

Fee Disclosure

(Attorney and Staff use only)

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

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

Included/Excluded	
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No sharing of compensation, EXCEPT

Legal Services INCLUDED in Fee, or Use defaults

- a. Analysis of debtor's financial situation...
- b. Preparation and filing of any petitions, schedules, ...
- c. Representation of the debtor at the meeting of creditors...
- d. Representation of the debtor in adversary proceedings...
- e. Other:

The Fee Does Not Include the Following Services, or Use defaults

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

Q15: Dependents

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

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

Q16: Occupation

(You Must list employment information for all persons working AND contributing to your household, even if those persons are not filing the case with you).

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

Spouse/Partner/Joint Debtor

Job #1

Job #2

Occupation

Employer

How Long?

Address

City/State/Zip

Telephone #

Q17: Real and Personal Property

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

YOUR HOMESTEAD – THE HOME THAT YOU LIVE IN OR WILL MOVE BACK INTO

Address	Total Amount Owed	\$
	Monthly Payment	\$
	Type of Loan (VA, FHA, Conventional)	
	Market Value	\$
	Name of Mortgage Co.	
	Mortgage Co. Phone	
	Legal Description	
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

YOU WILL BE FURNISHING MORE COMPLETE INFORMATION ON THE LOANS AGAINST THE PROPERTY

IN THE SECTION "SECURED CREDITORS." The information in this section is to help us match the correct loan with the correct property. If you have more than one lien against the property (for an 80/20 loan or a home improvement loan, the second lien will also be listed under "secured creditors."

OTHER REAL PROPERTY - RENTAL PROPERTIES, GRAVESITES, TIMESHARES, MINERALS

Address	Total Amount Owed	\$
	Monthly Payment	\$
	Type of Loan (VA, FHA, Conventional)	
	Market Value	\$
	Name of mortgage co.	
	Mortgage co. phone	
Legal Description		
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

In addition to your home and rental properties, timeshares, funeral plots, raw land, oil and gas interests, mineral interests are all real property also. In order to properly match property to the correct creditor, please complete the form including the name of the mortgage company.

OTHER REAL PROPERTY (2)

Address	Amount Owed	\$
	Monthly Payment	\$
	Type of Loan (VA, FHA, Conventional)	
	Market Value	\$
	Name of mortgage co.	
	Mortgage co. phone	
Legal Description		
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

OTHER REAL PROPERTY (3)

Address	Amount Owed	\$
	Monthly Payment	\$
	Type of Loan (VA, FHA, Conventional)	
	Market Value	\$
	Name of mortgage co.	
	Mortgage co. phone	
Legal Description		
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

OTHER REAL PROPERTY (4)

Address	Amount Owed	\$
	Monthly Payment	\$
	Type of Loan (VA, FHA, Conventional)	
	Market Value	\$
	Name of mortgage co.	
	Mortgage co. phone	
Legal Description		
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

Q18: Personal Property

For values of Personal Property Use a Garage Sale or Pawn Shop Value

When filling out this part of the worksheet, use a "replacement value" without deductions for cost of sale or marketing. That means the price a retail merchant would charge for property of that kind considering the age and condition for the property at the time the value is determined (consignment shops, eBay, etc). Cars should be valued by the N.A.D.A. Official Used Car Guide. **YOUR CARS WILL BE LISTED IN SECTION 1.**

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

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

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

Type of Property	Value	Liens
3. Automobiles, Motorcycles, Trailers, Mobile Homes, other Vehicles (<input type="checkbox"/> List attached)		
Required Information: Year, Make, Model, Sub-model, and Mileage	Owner	NADA Value
		Liens
	\$	\$
	\$	\$
	\$	\$
4. Watercraft/Aircraft, Motor Homes, Rec. Vehicles and Accessories, Trailers (<input type="checkbox"/> List attached)		
Required Information: Year, Make, Model, Sub-model, Mileage/ Hours (if Applicable), or Engine Type	Owner	NADA Value
		Liens
	\$	\$
	\$	\$
	\$	\$
	\$	\$
6. Household Goods and Furnishings (<input type="checkbox"/> List attached)		
ITEM: (GARAGE SALE OR PAWN SHOP VALUE)	Owner	Value
ANY SINGULAR ITEM WORTH MORE THAN \$500 MUST BE LISTED INDIVIDUALLY		Liens
<input type="checkbox"/> Entertainment Center		\$
<input type="checkbox"/> Stove/Oven – ONLY IF NOT BUILT IN		\$

<input type="checkbox"/> Dishwasher – IF NOT BUILT IN	\$	\$
<input type="checkbox"/> Microwave – ONLY IF NOT BUILT IN	\$	\$
<input type="checkbox"/> Freezer	\$	\$
<input type="checkbox"/> Dresser	\$	\$
<input type="checkbox"/> Armoire	\$	\$
<input type="checkbox"/> Nightstand	\$	\$
<input type="checkbox"/> Mirror	\$	\$
<input type="checkbox"/> Bed	\$	\$
<input type="checkbox"/> Recliner, Couches, Love Seats, Etc.	\$	\$
<input type="checkbox"/> Coffee Tables	\$	\$
<input type="checkbox"/> End Tables	\$	\$
<input type="checkbox"/> Lamps	\$	\$
<input type="checkbox"/> Piano	\$	\$
<input type="checkbox"/> Other Musical Instrument:	\$	\$
<input type="checkbox"/> Dinner Table	\$	\$
<input type="checkbox"/> Dining Chairs	\$	\$
<input type="checkbox"/> Kitchen utensils	\$	\$
<input type="checkbox"/> Lawn mower	\$	\$
<input type="checkbox"/> Other gardening tools	\$	\$
<input type="checkbox"/> household tools	\$	\$
<input type="checkbox"/> washer/dryer	\$	\$
<input type="checkbox"/> Refrigerator	\$	\$
<input type="checkbox"/> Books	\$	\$
<input type="checkbox"/> Other (Describe: _____)	\$	\$
<input type="checkbox"/> Other (Describe: _____)	\$	\$
<input type="checkbox"/> Other (Describe: _____)	\$	\$

<input type="checkbox"/> Other (Describe: _____)		\$	\$
<input type="checkbox"/> Other (Describe: _____)		\$	\$

7. Electronics (List attached)

(GARAGE SALE OR PAWN SHOP VALUE)

ANY SINGLE ITEM WORTH MORE THAN \$500 OR ITEM(S) WITH LIENS AGAINST THEM MUST BE LISTED INDIVIDUALLY

<input type="checkbox"/> Television	Owner	Value	Liens
<input type="checkbox"/> Stereo Receiver		\$	\$
<input type="checkbox"/> Small appliances(blenders, toasters, etc.)		\$	\$
<input type="checkbox"/> Gaming Console(s)		\$	\$
<input type="checkbox"/> DVD Player		\$	\$
<input type="checkbox"/> VCR		\$	\$
<input type="checkbox"/> CD Player		\$	\$
<input type="checkbox"/> Record Player		\$	\$
<input type="checkbox"/> Speakers		\$	\$
<input type="checkbox"/> Music		\$	\$
<input type="checkbox"/> Movies		\$	\$
<input type="checkbox"/> Tablet(s)/Cell Phone(s)/Ipod(s)/ Etc.		\$	\$
<input type="checkbox"/> Computer Equipment		\$	\$
<input type="checkbox"/> Other (Describe: _____)		\$	\$
<input type="checkbox"/> Other (Describe: _____)		\$	\$
<input type="checkbox"/> Other (Describe: _____)		\$	\$
<input type="checkbox"/> Other (Describe: _____)		\$	\$
<input type="checkbox"/> Other (Describe: _____)		\$	\$

8. Collectibles of Value (List attached)

ITEM: (GARAGE SALE OR PAWN SHOP VALUE) ANY SINGULAR ITEM WORTH MORE THAN \$500 OR ITEM(S) WITH LIENS AGAINST THEM MUST BE LISTED INDIVIDUALLY	Owner	Value	Liens
<input type="checkbox"/> Antiques (Describe:_____)		\$	\$
<input type="checkbox"/> Antiques (Describe:_____)		\$	\$
<input type="checkbox"/> Antiques (Describe:_____)		\$	\$
<input type="checkbox"/> Antiques (Describe:_____)		\$	\$
<input type="checkbox"/> Decorative Art (Describe:_____)		\$	\$
<input type="checkbox"/> Collectible Art (Describe:_____)		\$	\$
<input type="checkbox"/> Collectible Art (Describe:_____)		\$	\$
<input type="checkbox"/> Collectible Art (Describe:_____)		\$	\$
<input type="checkbox"/> Collectible Art (Describe:_____)		\$	\$
<input type="checkbox"/> Collectible Art (Describe:_____)		\$	\$
<input type="checkbox"/> Stamps		\$	\$
<input type="checkbox"/> Figurines		\$	\$
<input type="checkbox"/> Statues		\$	\$
<input type="checkbox"/> Sports Cards		\$	\$
<input type="checkbox"/> Sports Memorabilia		\$	\$
<input type="checkbox"/> Collectible Coins (Describe:_____)		\$	\$
<input type="checkbox"/> Other (Describe:_____)		\$	\$
<input type="checkbox"/> Other (Describe:_____)		\$	\$
<input type="checkbox"/> Other (Describe:_____)		\$	\$
<input type="checkbox"/> Other (Describe:_____)		\$	\$
<input type="checkbox"/> Other (Describe:_____)		\$	\$

9. Equipment for Sports or Hobbies (List attached)

ITEM: (GARAGE SALE OR PAWN SHOP VALUE) ANY SINGULAR ITEM WORTH MORE THAN \$500 OR ITEM(S) WITH LIENS AGAINST THEM MUST BE LISTED INDIVIDUALLY	Quantity	Owner	Value	Liens
<input type="checkbox"/> Fishing Supplies			\$	\$
<input type="checkbox"/> Hunting Supplies (Not Including Firearms)			\$	\$
<input type="checkbox"/> Golf Equipment			\$	\$
<input type="checkbox"/> Bicycles and Bicycle Related Equipment			\$	\$
<input type="checkbox"/> Baseball/Football/Basketball/ Etc. Equipment			\$	\$
<input type="checkbox"/> Other (Describe: _____)			\$	\$
<input type="checkbox"/> Other (Describe: _____)			\$	\$
<input type="checkbox"/> Other (Describe: _____)			\$	\$

10. Firearms (List attached)

Make and Model of Firearm Value Should be a Pawn Shop/Gunbroker.com Value	Quantity	Owner	Value	Liens
<input type="checkbox"/>			\$	\$
<input type="checkbox"/>			\$	\$
<input type="checkbox"/>			\$	\$
<input type="checkbox"/>			\$	\$
<input type="checkbox"/>			\$	\$
<input type="checkbox"/>			\$	\$
<input type="checkbox"/>			\$	\$
<input type="checkbox"/>			\$	\$
<input type="checkbox"/>			\$	\$

11. Clothes, Shoes, and Misc. Wearing Apparel (List attached)

ITEM: (GARAGE SALE OR PAWN SHOP VALUE) ANY SINGULAR ITEM WORTH MORE THAN \$500 OR ITEM(S) WITH LIENS AGAINST THEM MUST BE LISTED INDIVIDUALLY	Quantity	Owner	Value	Liens
<input type="checkbox"/> Clothing			\$	\$
<input type="checkbox"/> Shoes			\$	\$
<input type="checkbox"/> Purses			\$	\$
<input type="checkbox"/> Misc. Wearing Apparel			\$	\$
<input type="checkbox"/> Other describe: _____			\$	\$

12. Jewelry (List attached)

ITEM: (GARAGE SALE OR PAWN SHOP VALUE) ANY SINGULAR ITEM WORTH MORE THAN \$500 MUST BE LISTED INDIVIDUALLY	Owner	Value	Liens
<input type="checkbox"/> Wedding Rings		\$	\$
<input type="checkbox"/> Engagement Rings		\$	\$
<input type="checkbox"/> Costume Jewelry		\$	\$
<input type="checkbox"/> Watches (list individually if value is more than \$500)		\$	\$
<input type="checkbox"/> Watches (list individually if value is more than \$500)		\$	\$
<input type="checkbox"/> Watches (list individually if value is more than \$500)		\$	\$
<input type="checkbox"/> Watches (list individually if value is more than \$500)		\$	\$
<input type="checkbox"/> Other: Describe: _____ (list individually if value is more than \$500)		\$	\$
<input type="checkbox"/> Other: Describe: _____ (list individually if value is more than \$500)		\$	\$
<input type="checkbox"/> Other: Describe: _____ (list individually if value is more than \$500)		\$	\$
<input type="checkbox"/> Other: Describe: _____ (list individually if value is more than \$500)		\$	\$

13. Non-Farm Animals (Pets) (List attached)

Issuer	Owner	Value	Liens
<input type="checkbox"/> Dogs/ Dog Supplies		\$	\$
<input type="checkbox"/> Cats/ Cat Supplies		\$	\$
<input type="checkbox"/> Birds/ Bird Supplies		\$	\$
<input type="checkbox"/> Fish/ Fish Supplies		\$	\$
<input type="checkbox"/> Other Describe: _____		\$	\$
<input type="checkbox"/> Other Describe: _____		\$	\$

14. Unlisted (Above) Personal and Household Items-Including Health Aids (List attached)

ITEM: (GARAGE SALE OR PAWN SHOP VALUE) ANY SINGULAR ITEM WORTH MORE THAN \$500 OR ITEM(S) WITH LIENS AGAINST THEM MUST BE LISTED INDIVIDUALLY	Owner	Value	Liens
<input type="checkbox"/> Other: Describe: _____		\$	\$
<input type="checkbox"/> Other: Describe: _____		\$	\$
<input type="checkbox"/> Other: Describe: _____		\$	\$
<input type="checkbox"/> Other: Describe: _____		\$	\$
<input type="checkbox"/> Other: Describe: _____		\$	\$

16. Cash on Hand: The Amount of Cash/ Coins that you have with you or at your home (not including Deposit Related Accounts) (List attached)

ITEM: (GARAGE SALE OR PAWN SHOP VALUE) ANY SINGULAR ITEM WORTH MORE THAN \$500 OR ITEM(S) WITH LIENS AGAINST THEM MUST BE LISTED INDIVIDUALLY	Owner	Value	Liens
<input type="checkbox"/> Cash		\$	\$
<input type="checkbox"/> Non-Collectible Coins		\$	\$
<input type="checkbox"/> Foreign Currency (Convert to USD)		\$	\$
<input type="checkbox"/> Precious Metal Bullion – non-collectible (value is spot price multiplied by number of ounces owned)		\$	\$

17. Deposits of Money – Your Checking, Savings, CD's, Etc. (List attached)

Bank Where Account Held and Type of Account	Last 3 digits of acct #	Owner	Value	Liens
<input type="checkbox"/> Bank: _____ Circle One: Checking/ Savings/ CD/ Other (describe: _____)			\$	\$
<input type="checkbox"/> Bank: _____ Circle One: Checking/ Savings/ CD/ Other (describe: _____)			\$	\$
<input type="checkbox"/> Bank: _____ Circle One: Checking/ Savings/ CD/ Other (describe: _____)			\$	\$
<input type="checkbox"/> Bank: _____ Circle One: Checking/ Savings/ CD/ Other (describe: _____)			\$	\$
<input type="checkbox"/> Bank: _____ Circle One: Checking/ Savings/ CD/ Other (describe: _____)			\$	\$
<input type="checkbox"/> Bank: _____ Circle One: Checking/ Savings/ CD/ Other (describe: _____)			\$	\$
<input type="checkbox"/> Bank: _____ Circle One: Checking/ Savings/ CD/ Other (describe: _____)			\$	\$
<input type="checkbox"/> Bank: _____ Circle One: Checking/ Savings/ CD/ Other (describe: _____)			\$	\$

18. Non- Government Bonds Mutual Funds or Publicly Traded Stock (List attached)

Description	Last 3 Digits of Acct #	Owner	Value	Liens
<input type="checkbox"/> Bond: Describe: _____			\$	\$
<input type="checkbox"/> Bond: Describe: _____			\$	\$
<input type="checkbox"/> Bond: Describe: _____			\$	\$
<input type="checkbox"/> Bond: Describe: _____			\$	\$
<input type="checkbox"/> Stock: Describe (Including Ticker): _____			\$	\$
<input type="checkbox"/> Stock: Describe (Including Ticker): _____			\$	\$
<input type="checkbox"/> Stock: Describe (Including Ticker): _____			\$	\$
<input type="checkbox"/> Stock: Describe (Including Ticker): _____			\$	\$
<input type="checkbox"/> Stock: Describe (Including Ticker): _____			\$	\$
<input type="checkbox"/> Mutual Fund: Describe (Including Ticker): _____			\$	\$
<input type="checkbox"/> Mutual Fund: Describe (Including Ticker): _____			\$	\$
<input type="checkbox"/> Mutual Fund: Describe (Including Ticker): _____			\$	\$
<input type="checkbox"/> Other: Describe (Including Ticker): _____			\$	\$
<input type="checkbox"/> Mutual Fund: Describe (Including Ticker): _____			\$	\$

19. Non-Publicly Traded Stock and Interests in Business (List attached)

Describe (If you need help determining value please call the office and speak to an attorney)	Owner/ Percent age of Owners hip	Value	Liens
<input type="checkbox"/> Business: Describe: _____		\$	\$
<input type="checkbox"/> Business: Describe: _____		\$	\$
<input type="checkbox"/> Business: Describe: _____		\$	\$

20. Government or Corporate Bonds and Other Instruments (List attached)

Account	Owner	Value	Liens
<input type="checkbox"/> Bond: Describe: _____		\$	\$
<input type="checkbox"/> Bond: Describe: _____		\$	\$
<input type="checkbox"/> Bond: Describe: _____		\$	\$
<input type="checkbox"/> Other: Describe: _____			
<input type="checkbox"/> Other: Describe: _____			

21. Retirement and Pension Accounts (List attached)

Item	Owner	Value	Liens
<input type="checkbox"/> Company who holds Account: _____ Circle One: Retirement Account/ Pension Account/ IRA/ Other (describe: _____)		\$	\$
<input type="checkbox"/> Company who holds Account: _____ Circle One: Retirement Account/ Pension Account/ IRA/ Other (describe: _____)		\$	\$
<input type="checkbox"/> Company who holds Account: _____ Circle One: Retirement Account/ Pension Account/ IRA/ Other (describe: _____)		\$	\$

22. Security Deposits and Pre-Payments (List attached)

Item	What is Deposit For (i.e. Electric, House Rental Etc.)	Who Place Deposit	Amount Held	Liens
<input type="checkbox"/> Company Who Holds Deposit/ Prepayment:_____			\$	\$
<input type="checkbox"/> Company Who Holds Deposit/ Prepayment:_____			\$	\$
<input type="checkbox"/> Company Who Holds Deposit/ Prepayment:_____			\$	\$
<input type="checkbox"/> Company Who Holds Deposit/ Prepayment:_____			\$	\$

23. Annuities (List attached)

Item	% Interest	Owner	Value	Liens
<input type="checkbox"/> Company who holds Account:_____			\$	\$
<input type="checkbox"/> Company who holds Account:_____			\$	\$
<input type="checkbox"/> Company who holds Account:_____			\$	\$
<input type="checkbox"/> Company who holds Account:_____			\$	\$

24. Educational IRA/ Savings Plans (List attached)

Item	Owner	Value	Liens
<input type="checkbox"/> Company who holds Account:_____		\$	\$
<input type="checkbox"/> Company who holds Account:_____		\$	\$

<input type="checkbox"/> Company who holds Account: _____		\$	\$
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25. Trusts, Equitable or Future Interests (i.e. Life Estate) (List attached)

Item	% Interest	Owner	Value	Liens
<input type="checkbox"/> Trust: _____			\$	\$
<input type="checkbox"/> Trust: _____			\$	\$
<input type="checkbox"/> Future Interest _____			\$	\$
<input type="checkbox"/> Future Interest _____			\$	\$
<input type="checkbox"/> Other: Describe: _____			\$	\$
<input type="checkbox"/> Other: Describe: _____			\$	\$
<input type="checkbox"/> Other: Describe: _____			\$	\$

26. Patents, Copyrights, and Other Intellectual Property (List attached)

Patent number(s), product(s), etc.	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

27. Licenses, Franchises, or other Intangibles (List attached)

Item	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

28. Tax Refunds Owed to you (List attached)

Tax Year	Name of Filer (if tax refund)	State/ Fed/ Local	Value	Liens
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

29. Family Support Payments (List attached)

Item	Owner	Value	Liens
Circle One: Alimony/ Maintenance/ Child Support/ Divorce Settlement/ Property Settlement Name of Person Who Owes the Support to You: _____		\$	\$
Circle One: Alimony/ Maintenance/ Child Support/ Divorce Settlement/ Property Settlement Name of Person Who Owes the Support to You: _____		\$	\$
Circle One: Alimony/ Maintenance/ Child Support/ Divorce Settlement/ Property Settlement Name of Person Who Owes the Support to You: _____		\$	\$
Circle One: Alimony/ Maintenance/ Child Support/ Divorce Settlement/ Property Settlement Name of Person Who Owes the Support to You: _____		\$	\$

30. Any Amounts Someone Owes to You (Designate whether or not you believe these amounts collectible)

Person/ Company that owes you Money and Designation as to whether or not these amounts Collectible	Owner	Value	Liens
<input type="checkbox"/> Person/ Company: _____ Collectible (Circle One): YES NO If NO Why Not: _____		\$	\$
<input type="checkbox"/> Person/ Company: _____ Collectible (Circle One): YES NO If NO Why Not: _____		\$	\$
<input type="checkbox"/> Person/ Company: _____ Collectible (Circle One): YES NO If NO Why Not: _____		\$	\$

31. Cash Value of Insurance Policies (The amount of cash to which you have access. Do not include "term" policies.)
 Statement attached)

Issuer of Policy	Owner	Value	Liens
<input type="checkbox"/> Issuer: _____ Beneficiary _____		\$	\$
<input type="checkbox"/> Issuer: _____ Beneficiary _____		\$	\$
<input type="checkbox"/> Issuer: _____ Beneficiary _____		\$	\$
<input type="checkbox"/> Issuer: _____ Beneficiary _____		\$	\$
<input type="checkbox"/> Issuer: _____ Beneficiary _____		\$	\$

32. Any Interest in Property Due you from Someone who Died List attached)

Deceased Name	% Interest (How Many Ppl will you be splitting the estate with?)	Owner	Value	Liens

			\$	\$
			\$	\$
			\$	\$

33. Claims vs. Third Parties, Even if No Demand (i.e. Is there someone that you could sue to recover money or property regardless if you have actually filed suit or spoken with an attorney on the matter) (List attached)

Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

34. Other Contingent and Unliquidated Claims of Every Nature (List attached)

Animal	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

35. Any Financial Asset which you did not already list (Statement attached)

Asset	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

38. Accounts Receivable and or Commissions you have earned but not received (Statement attached)

Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

39. Office Equipment Furnishing and Supplies (This only includes those office supplies used for business) (List attached)

Item	Quantity	Owner	Value	Liens
			\$	\$

			\$	\$
			\$	\$

40. Machinery, Fixtures, Equipment, Business Supplies, Tools of the Trade List attached)

Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

41. Inventory List attached)

Item	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

For staff use only

Exemption Scheme to use:	<input type="checkbox"/> State	<input type="checkbox"/> Federal (if applicable)
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Creditors

PLEASE PRINT NEATLY

There are separate sections for each type of creditor: **SECURED** (mortgages, car payments, other loans with collateral), **PRIORITY** (taxes, child support, alimony) and **UNSECURED** creditors (credit cards, medical bills, payday loans, other debt)/ At the beginning of each type of creditor, there is a more complete explanation of which creditors are included in that category. If additional space is needed, please provide the same information on a separate page.

What is a *secured debt*? A secured debt is a debt which has collateral or security in the form of property. Houses, land, cars, large appliances and furniture are all examples of secured debts if they have not already been paid off. The request for description of collateral is asking for a description of the property that the creditor has the lien against. A specific description is required. For example, instead of "house," use 111 Main Street, Fort Worth, Texas, 3 bedroom, 2 bath house. Instead of "truck," 1972 Chevrolet 1500, 412,000 miles, no longer operational. The specific description helps us in the office match up the creditor and the property, but it also helps the trustee decide if you have placed a fair value on the property.

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

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

Q19. SECURED CREDITORS – THIS IS FOR YOUR HOUSE AND CARS (ANYTHING THAT SOMEONE CAN COME TAKE BACK FROM YOU IF YOU DO NOT PAY FOR IT – ALL INFORMATION MUST BE COMPLETED IN EACH SQUARE DO NOT LEAVE OFF ANY OF THE REQUESTED INFORMATION, EVEN IF YOU HAVE SUPPLIED STATEMENTS CONTAINING THIS INFORMATION

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Arrearage – how much is past due? \$ _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:		Day of Month Pmt. Due.	
Description of Collateral (if any): Address for real estate / Year, make, model and mileage for vehicles			
Nature of lien (if secured) real estate lien note, home improvement loan, car or truck note, etc.			
Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> In Plan at _____ %	
<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral	<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt

Q19: Secured Creditors Continued

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Arrearage – how much is past due? \$ _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:		Day of Month Pmt. Due.	
Description of Collateral (if any): Address for real estate / Year, make, model and mileage for vehicles			
Nature of lien (if secured) real estate lien note, home improvement loan, car or truck note, etc.			
Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> In Plan at _____ %	
<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral	<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt

Q19: Secured Creditors Continued

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Arrearage – how much is past due? \$ _____	
Creditor Name and Address		Whose Debt?	
Name: _____		<input type="checkbox"/> Husband	
Address: _____		<input type="checkbox"/> Wife	
		<input type="checkbox"/> Joint	
		<input type="checkbox"/> Community	
Account No.:		Day of Month Pmt. Due.	
Description of Collateral (if any): Address for real estate / Year, make, model and mileage for vehicles			
Nature of lien (if secured) real estate lien note, home improvement loan, car or truck note, etc.			
Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> In Plan at _____ %	
<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral	<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt

Q19: Secured Creditors Continued

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Arrearage – how much is past due? \$ _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	
Account No.:		Day of Month Pmt. Due.	
Description of Collateral (if any): Address for real estate / Year, make, model and mileage for vehicles			
Nature of lien (if secured) real estate lien note, home improvement loan, car or truck note, etc.			
Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> In Plan at _____ %	
<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral	<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt

Q19: Secured Creditors Continued

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Arrearage – how much is past due? \$ _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:		Day of Month Pmt. Due.	
Description of Collateral (if any): Address for real estate / Year, make, model and mileage for vehicles			
Nature of lien (if secured) real estate lien note, home improvement loan, car or truck note, etc.			
Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> In Plan at _____ %	
<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral	<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt

Q19: Secured Creditors Continued

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Arrearage – how much is past due? \$ _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:		Day of Month Pmt. Due.	
Description of Collateral (if any): Address for real estate / Year, make, model and mileage for vehicles			
Nature of lien (if secured) real estate lien note, home improvement loan, car or truck note, etc.			
Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> In Plan at _____ %	
<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral	<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt

Q19: Secured Creditors Continued

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Arrearage – how much is past due? \$ _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:		Day of Month Pmt. Due.	
Description of Collateral (if any): Address for real estate / Year, make, model and mileage for vehicles			
Nature of lien (if secured) real estate lien note, home improvement loan, car or truck note, etc.			
Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> In Plan at _____ %	
<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral	<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt

Q19: Secured Creditors Continued

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Arrearage – how much is past due? \$ _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:		Day of Month Pmt. Due.	
Description of Collateral (if any): Address for real estate / Year, make, model and mileage for vehicles			
Nature of lien (if secured) real estate lien note, home improvement loan, car or truck note, etc.			
Attorney or Staff use only: <input type="checkbox"/> Secured <input type="checkbox"/> Priority <input type="checkbox"/> Special <input type="checkbox"/> Unsecured			
<input type="checkbox"/> Direct pay starting: _____		<input type="checkbox"/> In Plan at _____ %	
<input type="checkbox"/> Retain Collateral	<input type="checkbox"/> Surrender Collateral	<input type="checkbox"/> Redeem Collateral	<input type="checkbox"/> Reaffirm Debt

Q20. PRIORITY CREDITORS – IRS, CHILD SUPPORT, ALIMONY, WAGES OWED TO YOUR EMPLOYEES, CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS, CLAIM FOR DEATH (INTOXICATION RELATED), COMMITMENTS TO MAINTAIN CAPITAL – LIST EACH TAX YEAR THAT YOU OWE MONEY FOR INDIVIDUALLY

ALL INFORMATION MUST BE COMPLETED IN EACH SQUARE DO NOT LEAVE OFF ANY OF THE REQUESTED INFORMATION, EVEN IF YOU HAVE SUPPLIED STATEMENTS CONTAINING THIS INFORMATION

THE COMPLETE MAILING ADDRESS FOR EACH CREDITOR MUST BE PROVIDED. IF THE ADDRESS IS NOT PROVIDED YOUR WORKBOOK WILL BE RETURNED TO YOU TO COMPLETE THE ADDRESSES

Q20: Priority Creditors Continued

Q20A: CIRCLE ONE: IRS / CHILD SUPPORT / ALIMONY / WAGES OWED /
EMP BENEFITS OWED / CLAIM FOR DEATH /
COMMITMENTS TO MAINTAIN CAPITAL

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Tax Year (If Applicable): _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:			
<p>Q20A1: If This is IRS Debt has the IRS Taken a Tax Lien? (Circle One if Applicable): YES NO</p> <p>If answer above is Yes date of tax lien (Provide a Copy of the Tax Lien when you return your documents): _____</p> <p>Q20A2: If this is a tax debt were the tax returns filed on or before the date that the return was due that year? YES NO</p> <p>If you filed an extension before the deadline to file your return was the return then filed before the due date under the extension? YES NO</p> <p>Q20A3: Is this a Domestic Support Obligation? YES NO</p> <p>If answer above is yes Please Circle One: Child Support, Maintenance, Alimony</p> <p>If answer above is yes What State is Domestic Support Based From: _____</p> <p>If answer above is yes Name and Address to whom you are obligated: _____</p>			

Q20: Priority Creditors Continued

Q20B: CIRCLE ONE: IRS / CHILD SUPPORT / ALIMONY / WAGES OWED /
EMP BENEFITS OWED / CLAIM FOR DEATH /
COMMITMENTS TO MAINTAIN CAPITAL

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Tax Year (If Applicable): _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____	<input type="checkbox"/> Husband	Amount Owed	
Address: _____	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:			
<p>Q20B1: If This is IRS Debt has the IRS Taken a Tax Lien? (Circle One if Applicable): YES NO</p> <p>If answer above is Yes date of tax lien (Provide a Copy of the Tax Lien when you return your documents): _____</p> <p>Q20B2: If this is a tax debt were the tax returns filed on or before the date that the return was due that year? YES NO</p> <p>If you filed an extension before the deadline to file your return was the return then filed before the due date under the extension? YES NO</p> <p>Q20B3: Is this a Domestic Support Obligation? YES NO</p> <p>If answer above is yes Please Circle One: Child Support, Maintenance, Alimony</p> <p>If answer above is yes What State is Domestic Support Based From: _____</p> <p>If answer above is yes Name and Address to whom you are obligated: _____</p>			

Q20: Priority Creditors Continued

**Q20C: CIRCLE ONE: IRS / CHILD SUPPORT / ALIMONY / WAGES OWED /
EMP BENEFITS OWED / CLAIM FOR DEATH /
COMMITMENTS TO MAINTAIN CAPITAL**

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Tax Year (If Applicable): _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.: _____			
<p>Q20C1: If This is IRS Debt has the IRS Taken a Tax Lien? (Circle One if Applicable): YES NO</p> <p>If answer above is Yes date of tax lien (Provide a Copy of the Tax Lien when you return your documents): _____</p> <p>Q20C2: If this is a tax debt were the tax returns filed on or before the date that the return was due that year? YES NO</p> <p>If you filed an extension before the deadline to file your return was the return then filed before the due date under the extension? YES NO</p> <p>Q20C3: Is this a Domestic Support Obligation? YES NO</p> <p>If answer above is yes Please Circle One: Child Support, Maintenance, Alimony</p> <p>If answer above is yes What State is Domestic Support Based From: _____</p> <p>If answer above is yes Name and Address to whom you are obligated: _____</p>			

Q20: Priority Creditors Continued

**Q20D: CIRCLE ONE: IRS / CHILD SUPPORT / ALIMONY / WAGES OWED /
EMP BENEFITS OWED / CLAIM FOR DEATH /
COMMITMENTS TO MAINTAIN CAPITAL**

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Tax Year (If Applicable): _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	

Account No.: _____

Q20D1: If This is IRS Debt has the IRS Taken a Tax Lien? (Circle One if Applicable): YES NO

If answer above is Yes date of tax lien (Provide a Copy of the Tax Lien when you return your documents): _____

Q20D2: If this is a tax debt were the tax returns filed on or before the date that the return was due that year? YES NO

If you filed an extension before the deadline to file your return was the return then filed before the due date under the extension? YES NO

Q20D3: Is this a Domestic Support Obligation? YES NO

If answer above is yes Please Circle One: Child Support, Maintenance, Alimony

If answer above is yes What State is Domestic Support Based From: _____

If answer above is yes Name and Address to whom you are obligated: _____

Q20: Priority Creditors Continued

Q20E: CIRCLE ONE: IRS / CHILD SUPPORT / ALIMONY / WAGES OWED /
EMP BENEFITS OWED / CLAIM FOR DEATH /
COMMITMENTS TO MAINTAIN CAPITAL

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____		Tax Year (If Applicable): _____	
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	

Account No.: _____

Q20E1: If This is IRS Debt has the IRS Taken a Tax Lien? (Circle One if Applicable): YES NO

If answer above is Yes date of tax lien (Provide a Copy of the Tax Lien when you return your documents): _____

Q20E2: If this is a tax debt were the tax returns filed on or before the date that the return was due that year? YES NO

If you filed an extension before the deadline to file your return was the return then filed before the due date under the extension? YES NO

Q20E3: Is this a Domestic Support Obligation? YES NO

If answer above is yes Please Circle One: Child Support, Maintenance, Alimony

If answer above is yes What State is Domestic Support Based From: _____

If answer above is yes Name and Address to whom you are obligated: _____

Q21: UNSECURED CREDITORS – CREDIT CARDS, PAYDAY OR SIGNATURE LOANS, MEDICAL BILLS, DENTAL BILLS, DEFICIENCIES ON REPOSSESSIONS, JUDGMENTS FROM LAWSUITS (UNLESS ABSTRACTED, THEN IT GOES IN SECURED), ALL MATTERS THAT ARE NOT SECURED OR PRIORITY.

ALL INFORMATION MUST BE COMPLETED IN EACH SQUARE DO NOT LEAVE OFF ANY OF THE REQUESTED INFORMATION, EVEN IF YOU HAVE SUPPLIED STATEMENTS CONTAINING THIS INFORMATION.

THE COMPLETE MAILING ADDRESS FOR EACH CREDITOR MUST BE PROVIDED. IF THE ADDRESS IS NOT PROVIDED YOUR WORKBOOK WILL BE RETURNED TO YOU TO COMPLETE THE ADDRESSES

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	NOT APPLICABLE
	<input type="checkbox"/> Joint	Contract Interest	NOT APPLICABLE
	<input type="checkbox"/> Community	Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	NOT APPLICABLE
	<input type="checkbox"/> Joint	Contract Interest	NOT APPLICABLE
	<input type="checkbox"/> Community	Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	NOT APPLICABLE
	<input type="checkbox"/> Joint	Contract Interest	NOT APPLICABLE
	<input type="checkbox"/> Community	Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	NOT APPLICABLE
	<input type="checkbox"/> Joint	Contract Interest	NOT APPLICABLE
	<input type="checkbox"/> Community	Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$_____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	NOT APPLICABLE
	<input type="checkbox"/> Joint	Contract Interest	NOT APPLICABLE
	<input type="checkbox"/> Community	Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$_____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	NOT APPLICABLE
	<input type="checkbox"/> Joint	Contract Interest	NOT APPLICABLE
	<input type="checkbox"/> Community	Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
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<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
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Account No.:			
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Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
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<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
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Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
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		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

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Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	NOT APPLICABLE
		Contract Interest	NOT APPLICABLE
		Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	NOT APPLICABLE
	<input type="checkbox"/> Joint	Contract Interest	NOT APPLICABLE
	<input type="checkbox"/> Community	Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	NOT APPLICABLE
	<input type="checkbox"/> Joint	Contract Interest	NOT APPLICABLE
	<input type="checkbox"/> Community	Contract Pmt.	NOT APPLICABLE
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$_____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$_____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

Q21: UNSECURED CREDITORS CONTINUED

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$_____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$_____			
Creditor Name and Address	Whose Debt?	Date Incurred	
Name: _____ Address: _____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Amount Owed	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	
Account No.:			
Q21A NATURE OF DEBT (CIRCLE ONE): CREDIT CARDS, SIGNATURE LOANS, MED BILLS, PAYDAY LOANS, JUDGMENT, ETC.			

STOP: HAVE YOU NOW LISTED EVERYONE THAT YOU OWE MONEY TO? IF THE ANSWER IS NO GO BACK AND MAKE SURE EVERYONE YOU OWE MONEY TO IS LISTED ON Q19-21.

Q22: Leases and Contracts

(Attach additional sheets if necessary)

QUESTION		
Please state "Yes" or "No" in the box at left indicating whether or not you have unexpired leases or executory contracts of any kind? Leases include apartment leases, house leases, car leases, etc. Executory contracts include contracts for services, contracts for deed, contracts for sale, cell phone contracts, etc. If "Yes", please list all parties to the contract or lease, describe the nature of the interest, and attach copies of the lease or contract to this package . Please indicate whether you wish to assume (keep) or reject (end) the contract or lease by circling "Y" or "N" when asked.		
Q22A: DESCRIPTION (Type of contract/lease)	Q22 B: NAME AND ADDRESS OF WHOM YOU CONTRACTED / LEASED WITH:	Q22C: NAME OF PERSON AND ADDRESS OF PERSON WHO SIGNED THE LEASE WITH LESSOR:
Description: _____ _____ (i.e. Residential Lease, Cell Contract, Elec Contract, Etc.	Name: _____ Address: _____ _____	
ASSUME CIRCLE ONE? YES or NO		
Q22D: How much is your monthly Payment? Pymt amount: _____	Q22E: Are you behind on your monthly payment? Circle One: YES NO If answer above Yes How much are you behind?: Arrears: _____	Q22F: How Many Months Are remaining under the term of your lease or contract?: _____ Q22G: Account Number: _____

Q22: Leases and Contracts - Continued

Q22A: DESCRIPTION (Type of contract/lease)	Q22 B: NAME AND ADDRESS OF WHOM YOU CONTRACTED / LEASED WITH:	Q22C: NAME OF PERSON AND ADDRESS OF PERSON WHO SIGNED THE LEASE WITH LESSOR:
<p>Description: _____ _____</p> <p>(i.e. Residential Lease, Cell Contract, Elec Contract, Etc.</p> <p>ASSUME CIRCLE ONE? YES or NO</p>	<p>Name: _____</p> <p>Address: _____ _____</p>	
<p>Q22D: How much is your monthly Payment?</p> <p>Pymt amount: _____</p>	<p>Q22E: Are you behind on your monthly payment?</p> <p>Circle One: YES NO</p> <p>If answer above Yes How much are you behind?:</p> <p>Arrears: _____</p>	<p>Q22F: How Many Months Are remaining under the term of your lease or contract?: _____</p> <p>Q22G: Account Number: _____</p>

Q22: Leases and Contracts - Continued

Q22A: DESCRIPTION (Type of contract/lease)	Q22 B: NAME AND ADDRESS OF WHOM YOU CONTRACTED / LEASED WITH:	Q22C: NAME OF PERSON AND ADDRESS OF PERSON WHO SIGNED THE LEASE WITH LESSOR:
Description: _____ _____ _____ (i.e. Residential Lease, Cell Contract, Elec Contract, Etc. ASSUME CIRCLE ONE? YES or NO	Name: _____ Address: _____ _____	
Q22D: How much is your monthly Payment? Pymt amount: _____	Q22E: Are you behind on your monthly payment? Circle One: YES NO If answer above Yes How much are you behind?: Arrears: _____	Q22F: How Many Months Are remaining under the term of your lease or contract?: _____ Q22G: Account Number: _____

Q22: Leases and Contracts - Continued

Q22A: DESCRIPTION (Type of contract/lease)	Q22 B: NAME AND ADDRESS OF WHOM YOU CONTRACTED / LEASED WITH:	Q22C: NAME OF PERSON AND ADDRESS OF PERSON WHO SIGNED THE LEASE WITH LESSOR:
<p>Description: _____ _____</p> <p>(i.e. Residential Lease, Cell Contract, Elec Contract, Etc.</p> <p>ASSUME CIRCLE ONE? YES or NO</p>	<p>Name: _____</p> <p>Address: _____ _____</p>	
<p>Q22D: How much is your monthly Payment?</p> <p>Pymt amount: _____</p>	<p>Q22E: Are you behind on your monthly payment?</p> <p>Circle One: YES NO</p> <p>If answer above Yes How much are you behind?:</p> <p>Arrears: _____</p>	<p>Q22F: How Many Months Are remaining under the term of your lease or contract?: _____</p> <p>Q22G: Account Number: _____</p>

Q22: Leases and Contracts - Continued

Q22A: DESCRIPTION (Type of contract/lease)	Q22 B: NAME AND ADDRESS OF WHOM YOU CONTRACTED / LEASED WITH:	Q22C: NAME OF PERSON AND ADDRESS OF PERSON WHO SIGNED THE LEASE WITH LESSOR:
Description: _____ _____ (i.e. Residential Lease, Cell Contract, Elec Contract, Etc. ASSUME CIRCLE ONE? YES or NO	Name: _____ Address: _____ _____	
Q22D: How much is your monthly Payment? Pymt amount: _____	Q22E: Are you behind on your monthly payment? Circle One: YES NO If answer above Yes How much are you behind?: Arrears: _____	Q22F: How Many Months Are remaining under the term of your lease or contract?: _____ Q22G: Account Number: _____

Q23: Income – by paycheck

Primary Debtor

Spouse/Joint Debtor

Job #1

Job #2

Job #1

Job #2

**Q23A: How often
are you paid?
(Write in Blank):**

(M = monthly, S = semi-monthly, W = weekly, B = bi-weekly)

Gross \$/Paycheck	\$	\$	\$	\$
<u>Deductions:</u>				
FIT/State	\$	\$	\$	\$
FICA/Medicare	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Union Dues	\$	\$	\$	\$
Retirement	\$	\$	\$	\$

List other deductions below

Income from other sources:

Business

Property Rental	\$	\$
Interest/Dividends	\$	\$
Alimony/Support	\$	\$
Govt. Assistance	\$	\$
Retirement/ Pension	\$	\$

Other (2)**
(see below)

\$

\$

Net Income \$ _____

Net Income \$ _____

TOTAL MONTHLY HOUSEHOLD INCOME:	\$ _____
--	-----------------

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

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

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

Debtor

Spouse

Debtor

Spouse

Q24: Monthly Expenses

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

Mortgage/Rent.	\$	Includes taxes and insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, specify amounts below.
Property Tax	\$	
Insurance	\$	If you have renter's insurance, include it here.
Home Maintenance	\$	
H.O.A.	\$	Any homeowner's association dues
Home Equity Loans	\$	
Utilities		
Electricity Heat and Nat Gas:	\$	(Combine and Average Last 6 months):
Water/ Sewer/ Garbage:	\$	(Combine and Average Last 6 months):
Phone/ Internet/ Cable/ Etc.:	\$	(Combine and Average Last 6 months):
Other:	\$	Describe: _____
Food/Housekeeping Supplies	\$	
Child Care/ Children's Education	\$	
Clothing/ Laundry/Dry Clean	\$	
Personal Care Products and Services	\$	(I.e. Hair Cuts, Supplies for Personal Grooming, Etc.)

Medical		Do not include monthly ins. premiums or items deducted from your pay.
Medical	\$	Regular doctor visits or other regular services paid out of pocket.
Dental	\$	Regular dental visits or payments paid out of pocket.
Prescriptions	\$	
TOTAL MED EXP.		
Transportation	\$	Fuel, oil, registration, annual maintenance, etc. Not vehicle payments.
Recreation	\$	Clubs, entertainment, newspapers, magazines, etc.
Charity	\$	Do not include items deducted from your paycheck.
Insurance		Do not include if these payments are deducted from your paycheck.
Life	\$	
Health	\$	
Vehicle	\$	Do not list deposits for Health Savings Accounts. Please see next page.
Other	\$	<input type="checkbox"/> Check this box if you used the back or attached additional pages.
Taxes	\$	Do not include taxes deducted from pay or included in mortgage pmt.
Specify:		
Installments		
Auto 1	\$	
Auto 2	\$	
Other	\$	<input type="checkbox"/> Check this box if you used the back or attached additional pages.
Alimony/ Support	\$	Alimony, maintenance, and support paid to others. Do not include if deducted from paycheck
Other Support	\$	Support of dependents not living in your home (for college see next page).
Business	\$	Regular business expenses (see <i>Business Budget</i> or attach statement).

Q25: Other Household Expenses

(may be out of the ordinary)

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

Higher Education		
College Tuition	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
College Expenses	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
College Saving Plan	\$	<input type="checkbox"/> Personal or <input type="checkbox"/> State sponsored savings plans?
Private Schooling	\$	
Special Needs	\$	Education for Special Needs children at home or living elsewhere.
HSA	\$	Health Savings Account payments.
Other Real Property Mortgage	\$	Please enter the total amount of monthly payments on real property that is not your homestead
Other Real Property Taxes	\$	Taxes on land other than your homestead.
Other Real Property Insurance	\$	Insurance costs on real property that is not your homestead
Other Real Property Maintenance	\$	Maintenance of buildings/structures you own that are not your homestead.
Other Real Property HOA/ Condo Dues	\$	HOA/ Condo Dues on property that is not your homestead
Pet Exepenses	\$	Food Veterinary Care and Supplies for your Pets
Farming Vehicles	\$	Maintenance and repair of any farming vehicles.
Farming Equip	\$	Tools and equipment repaired or purchased.
Other	\$	Specify:
SUB-TOTAL	\$	
TOTAL		

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

Check here If additional pages are attached.

Business Income & Expenses

Please enter your business income and expenses below. If you have a detailed statement, please submit that instead. Use a separate sheet if additional space is needed. A profit and loss statement BY MONTH for the last 12 months will be required at your meeting with the trustee.

A. Gross Business Income for Previous 12 Months

Previous Income.... \$

B. Gross Monthly Income

Current Income..... \$

TOTAL INCOME	\$ <input style="width: 100%; height: 20px;" type="text"/>
---------------------	--

C. Estimated Average Future Monthly Expenses

Payroll	\$	<input style="width: 95%; height: 20px;" type="text"/>
Payroll Taxes	\$	<input style="width: 95%; height: 20px;" type="text"/>
Unemployment Tax	\$	<input style="width: 95%; height: 20px;" type="text"/>
Worker's Comp	\$	<input style="width: 95%; height: 20px;" type="text"/>
Other Taxes	\$	<input style="width: 95%; height: 20px;" type="text"/>

Specify:

Inventory	\$	Inventory purchases
Consumables	\$	Feed, fertilizer, food, etc.
Rent/Lease	\$	<input style="width: 95%; height: 20px;" type="text"/>
Utilities	\$	<input style="width: 95%; height: 20px;" type="text"/>
Supplies	\$	<input style="width: 95%; height: 20px;" type="text"/>

Maintenance.....	\$	Average your yearly expenses on maintenance and repairs
Vehicle Expenses..	\$	Fuel, oil, registration, annual maintenance, etc.
Entertainment.....	\$	Travel, food, hotel, flight, etc.
Equipment Rental..	\$	
Fees.....	\$	Any professional/business fees.
Insurance.....	\$	
Employee Benefits	\$	
Debt Payments.....	\$	Enter the total amount here. Use the back or additional paper if needed.
Specify:		
Other Expenses.....	\$	Enter the total amount here. Use the back or additional paper if needed.
Specify:		
TOTAL.....	\$	

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

Statement of Financial Affairs

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

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

Information about Spouses.

Spouses filing jointly should fill out a single statement on which the information for both spouses is combined except for questions 1 and 2.

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

Business Clients.

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

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

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

DEFINITIONS

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

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

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

Q26: SOFA 1 – Marital Status

Q26A: Are you Married? (Circle One): YES NO

Q26B: If answer to Q26A is Yes are you filing this case with your spouse? (Circle One):

YES NO

Q26C: If answer to Q26B is NO are you currently separated or contemplating separation? (Circle One)

YES NO

Q27: SOFA 2 – Prior Addresses of Debtor(s)

Q27A: In the last two years have you or your spouse (if filing this case with you) lived at any addresses other than that address listed on the Client Information Section of this workbook? (Circle One)

YES NO

Q27B: If the answer to Q27A above is YES fill out the below boxes: (You MUST Fill out all information in the boxes below if Q27B applies to you or your spouse)

ADDRESS	NAME(S) USED	DATES OF OCCUPANCY

Q28: SOFA 3 – Spouses and Former Spouses

Q28A: Have you lived with a spouse in any community property state in the last 8 years?
 (Community Property States Include: Texas, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Washington, and Wisconsin) (Circle One):

YES NO

Q29: SOFA 4 – Did you have Income from employment or operation of business this year or in the past 24 months? (Circle One) YES NO

If your answer to Q29 was YES then read the following instructions and complete Q29A-Q29C for each year that Q29 applies.

State the **gross** amount of income received from employment, trade or profession, or from operation of your business from the beginning of this calendar year to the date this case was filed. State also the **gross** amounts received during the **two years** immediately preceding this calendar year. This includes part time jobs and all businesses you operate/ own. **State income for each spouse separately. (Married clients filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)**

YEAR	INCOME AMOUNT		SOURCE (if more than one)
<p>Q29A: Gross Income From January 1 of This Year Until the Date you Anticipate Filing your Bankruptcy</p> <p>(Use last paystub YTD GROSS INCOME)</p>	Debtor	\$ _____	<p>Q29A1: Was your income from wages, commissions, bonuses or tips? (Circle One) YES NO (If NO Skip to Q29A3)</p> <p>Q29A2: If your answer to Q29A1 was YES who is your employer: _____</p> <p>Q29A3: Do you own your own business/ are you a 1099 independent contractor? (Circle One) YES NO</p> <p>if your answer to Q29A1 AND Q29A3 are BOTH NO please write NA in the Income amount Blank)</p> <p>Q29A4: If your answer to Q29A3 was YES Write in the Name of Your Business/ Source of your Income: _____</p>

			<p>Q29A5: If you answered yes to either Q29A1 OR Q29A3 Fill in the income amount (left) with the total GROSS (Before Deductions) amount of income received for the requested period.</p>
	<p>Spouse</p>	<p>\$ _____</p>	<p>Q29A1: Was your income from wages, commissions, bonuses or tips? (Circle One) YES NO (If NO Skip to Q29A3)</p> <p>Q29A2: If your answer to Q29A1 was YES who is your employer: _____</p> <p>Q29A3: Do you own your own business/ are you a 1099 independent contractor? (Circle One) YES NO (if your answer to Q29A1 AND Q29A3 are BOTH NO please write NA in the Income amount Blank)</p> <p>Q29A4: If your answer to Q29A3 was YES Write in the Name of Your Business/ Source of your Income: _____</p> <p>Q29A5: If you answered yes to either OR both Q29A1 OR Q29A3 Fill in the income amount (left) with the total GROSS (Before Deductions) amount of income received for the requested period.</p>

<p>Q29B: For the Last Calendar Year</p> <p>Last Year</p>	<p>Debtor</p>	<p>\$ _____</p>	<p>Q29B1: Was your income from wages, commissions, bonuses or tips? (Circle One) YES NO (If NO Skip to Q29A3)</p> <p>Q29B2: If your answer to Q29B1 was YES who was your employer: _____</p> <p>Q29B3: Do you own your own business or are you a 1099 independent contractor? (Circle One) YES NO (if your answer to Q29B1 AND Q29B3 are BOTH NO please write NA in the Income amount Blank)</p> <p>Q29b4: If your answer to Q29B3 was YES Write in the Name of Your Business/ Source of your Income: _____</p> <p>Q29B5: If you answered yes to either Q29B1 OR Q29B3 Fill in the income amount (left) with the total GROSS (Before Deductions) amount of income received for the requested period.</p>
<p>(Use W-2 or Tax Return)</p>	<p>Spouse</p>	<p>\$ _____</p>	<p>Q29B1: Was your income from wages, commissions, bonuses or tips? (Circle One) YES NO (If NO Skip to Q29A3)</p> <p>Q29B2: If your answer to Q29B1 was YES who is your employer: _____</p> <p>Q29B3: Do you own your own business/ are you a 1099 independent contractor? (Circle One) YES NO (if your answer to Q29B1 AND Q29B3 are BOTH NO please write NA in the Income amount Blank)</p> <p>Q29b4: If your answer to Q29B3 was YES Write in the Name of Your Business/ Source of your Income: _____</p> <p>Q29B5: If you answered yes to either Q29B1 OR Q29B3 Fill in the income amount (left) with the total GROSS (Before Deductions) amount of income received for the requested period.</p>
<p>Q29C: Year Before Last Calendar Year</p> <p>(Use w-2 or Tax Return)</p>	<p>Debtor</p>	<p>\$ _____</p>	<p>Q29C1: Was your income from wages, commissions, bonuses or tips? (Circle One) YES NO (If NO Skip to Q29C3)</p> <p>Q29C2: If your answer to Q29C1 was YES who was your employer: _____</p> <p>Q29C3: Do you own your own business/ are you a 1099 independent contractor? (Circle One) YES NO (if your answer to Q29C1 AND Q29C3 are BOTH NO please write NA in the Income amount Blank)</p>

			<p>Q29C4: If your answer to Q29C3 was YES Write in the Name of Your Business/ Source of your Income:_____</p> <p>Q29A5: If you answered yes to either Q29C1 OR Q29C3 Fill in the income amount (left) with the total GROSS (Before Deductions) amount of income received for the requested period.</p>
<p>Q29C Continued:</p> <p>Year Before Last Calendar Year - Spouse</p> <p>USE W-2 OR TAX RETURN</p>	<p>Spouse</p>	<p>\$ _____</p>	<p>Q29C1: Was your income from wages, commissions, bonuses or tips? (Circle One) YES NO (If NO Skip to Q29C3)</p> <p>Q29C2: If your answer to Q29C1 was YES who was your employer:_____</p> <p>Q29C3: Do you own your own business or are you a 1099 independent contractor? (Circle One) YES NO</p> <p>(if your answer to Q29C1 AND Q29C3 are BOTH NO please write NA in the Income amount Blank)</p> <p>Q29C4: If your answer to Q29C3 was YES Write in the Name of Your Business/ Source of your Income:_____</p> <p>Q29C5: If you answered yes to either Q29C1 OR Q29C3 Fill in the income amount (left) with the total GROSS (Before Deductions) amount of income received for the requested period.</p>

Q30. SOFA 5 – Did you have any Income other than from employment or operation of business this year or in the past 24 months (Circle One) YES NO

If your answer to Q30 is YES please read the below instructions and complete Q30A-Q30C for each year that Q30 applies.

Did you receive any income other than from employment or operation of a business within this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony, child support, Social Security, Unemployment, Food Stamps, pensions, rental income, interest, dividends, money collected from lawsuits, royalties, and gambling/ lottery winnings. If you are filing the case jointly and you have income that you received together, list the total amount received only once under Debtor. You do not also need to re-list it under spouse

YEAR	GROSS INCOME AMOUNT (BEFORE DEDUCTIONS)		DESCRIBE SOURCE (FOR EACH SOURCE DURING THE REQUESTED PERIOD)
Q30A: January 1 of this Year Until the Date you Anticipate Filing your Case	Debtor	\$ _____	<p>Q30A1: Describe Source of Income: _____</p> <p>Q30A1: Describe Source of Income: _____</p> <p>Q30A1: Describe Source of Income: _____</p> <p>Q30A2: Please fill in Total of All of the Above (left) with the GROSS (Before Deductions) amount of income received for the requested period.</p>
	Spouse	\$ _____	<p>Q30A1: Describe Source of Income: _____</p> <p>Q30A1: Describe Source of Income: _____</p> <p>Q30A1: Describe Source of Income: _____</p>

			<p>Q30A2: Please fill in Total of All of the Above (left) with the GROSS (Before Deductions) amount of income received for the requested period.</p>
<p>Q30B: The Last Calendar Year</p>	Debtor	\$ _____	<p>Q30B1: Describe Source of Income: _____</p> <p>Q30B1: Describe Source of Income: _____</p> <p>Q30B1: Describe Source of Income: _____</p> <p>Q30B2: Please fill in Total of All of the Above (left) with the GROSS (Before Deductions) amount of income received for the requested period.</p>
	Spouse	\$ _____	<p>Q30B1: Describe Source of Income: _____</p> <p>Q30B1: Describe Source of Income: _____</p> <p>Q30B1: Describe Source of Income: _____</p> <p>Q30B2: Please fill in Total of All of the Above (left) with the GROSS (Before Deductions) amount of income received for the requested period.</p>

Q30C: Year Before Last Calendar Year	Debtor	\$ _____	<p>Q30C1: Describe Source of Income: _____</p> <p>Q30C1: Describe Source of Income: _____</p> <p>Q30C1: Describe Source of Income: _____</p> <p>Q30C2: Please fill in Total of All of the Above (left) with the GROSS (Before Deductions) amount of income received for the requested period.</p>
	Spouse	\$ _____	<p>Q30C1: Describe Source of Income: _____</p> <p>Q30C1: Describe Source of Income: _____</p> <p>Q30C1: Describe Source of Income: _____</p> <p>Q30C2: Please fill in Total of All of the Above (left) with the GROSS (Before Deductions) amount of income received for the requested period.</p>

Q31: SOFA 6 – Are your payments primarily consumer debts? (Circle One) YES NO

If your answer to Q31 is YES then list those creditors that you have paid more than \$600.00 or more during the 90 days prior to the date you anticipate filing your case in blanks under Q31B below:

If your answer to Q31 is NO then write NA in the Chart under Q31 and move on to Q32:

Q31B: If you answer to Q31 was YES then list all payments to creditors that you have made in the last 90 days that total more than \$600.00 (i.e. if you paid \$200.00 last month \$200.00 the month before that, and \$200.00 the month before that then that totals \$600.00). If any of your payments meet this criteria completely fill out the below chart.

(Married clients filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	TOTAL OF ALL PMTS. MADE DURING LAST 90 DAYS	AMOUNT STILL OWING
Creditor Name: _____ Address: _____	_____, _____, 20____ _____, _____, 20____		
Payment for: (Mtg, Car, Etc) _____	_____, _____, 20____		
Creditor Name: _____ Address: _____	_____, _____, 20____ _____, _____, 20____		
Payment for: (Mtg, Car, Etc) _____	_____, _____, 20____		

Creditor Name: _____ _____, _____, 20____			
Address: _____ _____, _____, 20____			
Payment for: (Mtg, Car, Etc) _____ _____, _____, 20____			
Creditor Name: _____ _____, _____, 20____			
Address: _____ _____, _____, 20____			
Payment for: (Mtg, Car, Etc) _____ _____, _____, 20____			
Creditor Name: _____ _____, _____, 20____			
Address: _____ _____, _____, 20____			
Payment for: (Mtg, Car, Etc) _____ _____, _____, 20____			

Q32: SOFA 6 CONTINUED (IF YOUR ANSWER TO Q31 ABOVE WAS YES WRITE N/A IN THE CHART BELOW AND SKIP TO Q33 IF YOUR ANSWER TO Q31 ABOVE WAS NO PLEASE READ THE BELOW INSTRUCTIONS AND COMPLETE THE CHART)

If your answer to Q31 above is NO then list all payments to creditors that you have made in the last 90 days that total more than \$6,225.00 (i.e. if you paid \$2,000.00 last month, \$2,000.00 the month before that, and \$2,500.00 the month before that the total is more than \$6,225.00) If any of your payments meet this criteria completely fill out the below chart.

(Married debtors filing under chapter 12 or 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	TOTAL OF ALL PAYMENTS MADE IN LAST 90 DAYS	AMOUNT STILL OWING
Creditor Name: _____ Address: _____ Payment for: (Mtg, Car, Etc) _____	_____, _____, 20____ _____, _____, 20____ _____, _____, 20____		
Creditor Name: _____ Address: _____ Payment for: (Mtg, Car, Etc) _____	_____, _____, 20____ _____, _____, 20____ _____, _____, 20____		
Creditor Name: _____ Address: _____ Payment for: (Mtg, Car, Etc) _____	_____, _____, 20____ _____, _____, 20____ _____, _____, 20____		

Q33: SOFA 7 – Have you made any payments to insiders in the 12 months prior to the date you anticipate filing this case (See below for definition of Insider)? (Circle One): YES NO

Insiders are defined as: relatives, general partner, relatives of any general partners, partnerships of which you are a general partner, corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities, and any managing agent, including one for a business you operate as a sole proprietor. INCLUDE PAYMENTS FOR DOMESTIC SUPPORT OBLIGATIONS (CHILD SUPPORT/ ALIMONY).

If your answer is to Q33 is YES Read the Instructions and complete the chart below If your answer is NO please write N/A in the chart below and skip to Q34:

List all payments made within **one year** immediately preceding the filing of this case to or for the benefit of creditors who are or were insiders.

(Married clients filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PAYEE AND RELATIONSHIP TO YOU	DATES OF PAYMENTS	TOTAL OF ALL PAYMENTS MADE IN LAST 12 MONTHS	AMOUNT STILL OWING
Insider's Name: _____ Address: _____ Reason for Payment: _____	_____, _____, 20____ _____, _____, 20____ _____, _____, 20____		
Insider's Name: _____ Address: _____ Reason for Payment: _____	_____, _____, 20____ _____, _____, 20____ _____, _____, 20____		
Insider's Name: _____ Address: _____ Reason for Payment: _____	_____, _____, 20____ _____, _____, 20____ _____, _____, 20____		

Q34: SOFA 8 – Have you made any payments OR transferred any property on account of a debt that benefited an insider (See below for definition of Insider)? (Circle One): YES NO

Insiders are defined as: relatives, general partner, relatives of any general partners, partnerships of which you are a general partner, corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities, and any managing agent, including one for a business you operate as a sole proprietor. **INCLUDE PAYMENTS FOR DOMESTIC SUPPORT OBLIGATIONS (CHILD SUPPORT/ ALIMONY.**

If your answer is to Q34 is YES Read the Instructions and complete the chart below. If your answer to Q34 is NO please mark N/A in the chart below and skip to Q35:

List all payments made within **one year** immediately preceding the filing of this case to or for the benefit of creditors who are or were insiders.

(Married clients filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PAYEE AND RELATIONSHIP TO YOU	DATES OF PAYMENTS	TOTAL OF ALL PAYMENTS MADE IN LAST 12 MONTHS	AMOUNT STILL OWING
Insider's Name: _____ Address: _____ Reason for Payment: _____	_____, _____, 20____ _____, _____, 20____ _____, _____, 20____		
Insider's Name: _____ Address: _____ Reason for Payment: _____	_____, _____, 20____ _____, _____, 20____ _____, _____, 20____		
Insider's Name: _____ Address: _____ Reason for Payment: _____	_____, _____, 20____ _____, _____, 20____ _____, _____, 20____		

Q35: SOFA 9 – Have you filed a lawsuit against anyone, had a lawsuit filed against you, or been a party to any other court action or administrative proceeding within 12 months before you anticipate filing this case? (Circle One) YES NO

Q35B: Have you been a party to divorce proceedings OR child support/ custody proceedings in the last 6 years? (Circle One) YES NO

If your answer to Q35 or Q35B is YES then read the following instructions and complete the Q35C chart below. If you answer to Q35 AND Q35B is NO please mark N/A in the Q35C chart below and skip to Q36.

Q35C: Court Actions you were a party to in previous 12 months. Divorce, and Child Support Proceedings you have been a party to in Last 6 years. List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

CASE TITLE AND CASE NUMBER	WHAT IS THE CASE ABOUT?	COURT NAME AND ADDRESS	STATUS OR DISPOSITION
Case No: _____ Case Title: _____	Describe (i.e. Civil, Divorce, Etc.) _____	Court Name/ Number: _____ Court Address: _____	Circle One: Pending / On appeal / concluded
Case No: _____ Case Title: _____	Describe (i.e. Civil, Divorce, Etc.) _____	Court Name/ Number: _____ Court Address: _____	Circle One: Pending / On appeal / Concluded
Case No: _____ Case Title: _____	Describe (i.e. Civil, Divorce, Etc.) _____	Court Name/ Number: _____ Court Address: _____	Circle One: Pending / On appeal / Concluded

Q36: SOFA 10 – Have you had any property repossessed, foreclosed, garnished, attached, seized, or levied in the past 12 months? (Circle One) YES NO

If your answer to Q36 above was yes please read the below instructions and complete the chart in Q36B.

Q36B: Property repossessed, foreclosed, garnished, attached, seized, or levied in past 12 months. Describe all property that has been repossessed, foreclosed, attached, garnished, levied, or seized within **one year** immediately preceding the filing of this case.

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED (CREDITOR)	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Name of Creditor/ Party: _____ Address: _____ _____ Circle One: Foreclosed/ Repossessed/ Garnished/ Attached/ Seized/ Levied		Description of Property: _____ _____ Value of the Property: \$ _____ _____
Name of Creditor/ Party: _____ Address: _____ _____ Circle One: Foreclosed/ Repossessed/ Garnished/ Attached/ Seized/ Levied		Description of Property: _____ _____ Value of the Property: \$ _____ _____

Name of Creditor/ Party: _____ Address: _____ _____ _____ Circle One: Foreclosed/ Repossessed/ Garnished/ Attached/ Seized/ Levied		Description of Property: _____
		Value of the Property: \$ _____

Q37: SOFA 11 - Has any creditor, including a bank, financial institution, payday loan creditor, Internal Revenue Service, Etc. set off any amounts from your accounts or refused to make a payment because you owed a Debt in the last 90 days? (Circle One) YES NO

If your answer to Q37 above was YES please read the below instructions and complete the chart in Q37B. If your answer to Q37 above was NO the write N/A in the chart in Q37B and skip to Q38.

Q37B: List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the filing of this case. (Examples: IRS kept a all or a portion of your tax refund because of an amount you owed to them, A payday loan creditor removed funds from your bank account without your authorization, a bank took money out of one of your accounts to apply it to a debt, etc.)

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

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF & DESCRIPTION OF CIRCUMSTANCES	AMOUNT OF SETOFF & ACCOUNT #
Creditor's Name: _____ Creditors Address: _____ _____	Date: _____, _____, 20_____ Description: _____	\$ _____. Acct #: _____
Creditor's Name: _____ Creditors Address: _____ _____	Date: _____, _____, 20_____ Description: _____	\$ _____. Acct #: _____

Q38: SOFA 12 - Within the 12 months prior to the date you anticipate filing your case, was any of your property in the possession of anyone for the benefit of creditors, a court appointed receiver, a custodian, or any other official? (Circle One) YES NO

Q39: SOFA 13 - Have you given any gifts to PERSONS (not money to charity) with a total value in excess of \$600.00 per person within 2 years of the date you anticipate filing this case? (Circle One) YES NO

If your answer to Q39 is yes read the instructions and complete the chart in Q39B. If your answer to Q39 is NO then write N/A in the chart in Q39B and skip to Q40.

Q39B: List all gifts to **PERSONS** made within **two- years** immediately preceding the filing of this case except ordinary and usual gifts to family members aggregating less than \$600 in value per individual family in the chart below.

(Married clients filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON	RELATIONSHIP TO YOU	DATE YOU GAVE THE GIFT(S)	DESCRIPTION AND VALUE OF GIFT(S)
Name: _____ Address: _____	Relationship to you: (I.e. Son, Father, Etc.)	Date: _____/_____/_____ Date: _____/_____/_____	Describe: _____ Value:\$ _____ Describe: _____ Value: \$ _____
Name: _____ Address: _____	Relationship to you: (I.e. Son, Father, Etc.)	Date: _____/_____/_____ Date: _____/_____/_____	Describe: _____ Value:\$ _____ Describe: _____ Value:\$ _____
Name: _____ Address: _____	Relationship to you: (I.e. Son, Father, Etc.)	Date: _____/_____/_____ Date: _____/_____/_____	Describe: _____ Value: \$ _____ Describe: _____ Value: \$ _____

Q40: SOFA 14 - Have you given any gifts to CHARITIES/ CHURCHES with a total value in excess of \$600.00 per organization within 2 years of the date you anticipate filing this case? (Circle One)
YES NO

If your answer to Q40 is YES read the instructions and complete the chart in Q40B. If your answer to Q40 is NO then write N/A in the chart in Q40B and skip to Q41.

Q40B: List all CHARITABLE CONTRIBUTIONS made within two- years immediately preceding the filing of this case except ordinary and usual gifts to family members aggregating less than \$600 in value per individual family in the chart below.

(Married clients filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON	DATE YOU GAVE THE GIFT(S)	DESCRIPTION AND VALUE OF GIFT(S)	
Name: _____ Address: _____	Date: _____/_____/_____ Date: _____/_____/_____	Describe: _____ Value: \$ _____	
	If you gave on Various Dates Circle this sentence.	Describe: _____ Value: _____	

Name: _____ Address: _____	Date: _____/_____/_____ Date: _____/_____/_____	Describe: _____ Value: \$ _____	
	If you gave on Various Dates Circle this sentence	Describe: _____ Value: \$ _____	

Name: _____ Address: _____	Date: _____/_____/_____ Date: _____/_____/_____	Describe: _____ Value: \$ _____	
	If you gave on Various Dates Circle this sentence.	Describe: _____ Value: \$ _____	

Q41: SOFA 15 - Within the 12 months prior to the date you anticipate filing your case, have you lost anything because of theft, fire, other disaster, or gambling? (Circle One) YES NO

If your answer to Q41 is YES read the instructions and complete the chart in Q41B. If your answer to Q41 is NO then write N/ A in the chart in Q41B and skip to Q42.

Q41B: List all losses from fire, theft, other casualty or gambling within one year immediately preceding the filing of this case or since the filing of this case.

(Married clients filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE. GIVE PARTICULARS	DATE OF LOSS & VALUE OF PROPERTY
Describe Property: _____	How did Loss Occur? _____	Date of Loss: ____/____/____
	Did Insurance Pay Toward the Loss? (Circle One) YES NO If Answer above is YES how much? \$ _____	Value of Property: \$ _____.
Describe Property: _____	How did Loss Occur? _____	Date of Loss: ____/____/____
	Did Insurance Pay Toward the Loss? (Circle One) YES NO If Answer above is YES how much? \$ _____	Value of Property: \$ _____.

Q42: SOFA 16 – Did you or anyone acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition (Other than this Office)?

(Circle One) YES NO

If your answer to Q42 is YES read the instructions below and fill out the chart in Q42B. If your answer to Q42 is NO then please write N/A in the chart in Q42B and skip to Q43.

Q42B: Payments related to bankruptcy or preparing a bankruptcy petition. If the only firm/person you have paid for this type of service is our office we will complete Q43B for you.

NAME AND ADDRESS OF PERSON YOU PAID	NAME OF PERSON WHO PAID IF OTHER THAN YOU	DATE OF PAYMENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Name: _____ Address: _____	Name: _____	Date: _____ /____/____	Amount/ Description: _____
_____			_____
Email Address: _____			_____
Website: _____			_____

Q43: SOFA 17 – Did you or anyone acting on your behalf pay, or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? (Circle One) YES NO

Q43B: If your answer to Q43 is YES read the instructions and fill out the chart in Q43B. If your answer to Q43 is NO please write N/A in the chart in Q43B and skip to Q44.

NAME AND ADDRESS OF PERSON YOU PAID	NAME OF PERSON WHO PAID IF OTHER THAN YOU	DATE OF PAYMENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Name: _____ Address: _____ _____ Email Address: _____ Website: _____	Name: _____ _____	Date: _____ / ____ / ____ _____ Date: _____ / ____ / ____	Amount/ Description: _____ _____ _____
Name: _____ Address: _____ _____ Email Address: _____ Website: _____	Name: _____ _____	Date: _____ / ____ / ____ _____ Date: _____ / ____ / ____	Amount/ Description: _____ _____ _____

Q45: SOFA 19 – Within the ten-years prior to the date you anticipate filing your case, did you transfer any property to a self-settled trust or similar device of which you are the beneficiary (These are often called asset-protection devices) (Circle One) YES NO

Q45B: If your answer to Q45 above is YES complete the chart in Q45C. If your answer to Q45 above was NO then write n/a in the blanks of the chart in Q45C and skip to Q46.

Q45C: List all property that you have transferred to a self-settled trust or similar device to which you are the beneficiary. (These are often called asset protection trusts)

NAME OF THE TRUST TO WHICH YOU MADE A TRANSFER	DATE OF TRANSFER	DESCRIPTION AND VALUE OF PROPERTY TRANSFERRED
Name: _____	Date: _____ / /	Description: _____
		Value:\$
Name: _____	Date: _____ / /	Description: _____
		Value:\$

Q46: SOFA 20 – Within the 12 months prior to the date you anticipate filing your case, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? (This includes checking, savings, money market, certificates of deposit, shares in banks, credit unions, brokerage houses, stock accounts, 401(k) accounts, pension funds, cooperatives, associations, and other financial institutions?)
(Circle One) YES NO

Q46B: If your answer to Q46 above is **YES** then complete the chart in Q46C. If your answer to Q46 is **NO** then write N/A in the chart below and skip to Q47.

Q46C: List all financial accounts as defined in Q46 that have been closed, sold, moved, or transferred.
(Married clients filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	LAST BALANCE BEFORE TRANSFER OR CLOSING	TYPE OF ACCOUNT AND DATE OF TRANSFER OR CLOSING
Name of Financial Inst. _____ Address: _____ Acct. No.: _____	\$ _____ . _____	Type Of Acct: _____ Date of Trans/Close: _____ / _____ / _____
Name of Financial Inst. _____ Address: _____ Acct. No.: _____	\$ _____ . _____	Type Of Acct: _____ Date of Trans/Close: _____ / _____ / _____
Name of Financial Inst. _____ Address: _____ Acct. No.: _____	\$ _____ . _____	Type Of Acct: _____ Date of Trans/Close: _____ / _____ / _____

Name of Financial Inst. _____ Address: _____ Acct. No.:	\$ _____ . _____	Type Of Acct: Date of Trans/Close: / /
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Q47: SOFA 21 – Do you have or have you had within the 12 months prior to the date you anticipate filing your case any safe deposit box or other depository for securities, cash, or other valuables. (You must list your deposit box even if it contains no valuables) (Circle One)
YES NO

Q47B: If your answer to Q47 above is **YES** then read the instructions and fill out the chart in Q47C. If your answer to Q47 was **NO** then write N/A in the chart on Q47C and skip to Q48.

Q47C: List each safe deposit box or other depository for securities, cash, or valuables that you have/ have had with the 12 months prior to filing your case.
(Married clients filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY & DATE OF TRANSFER OR SURRENDER, IF ANY	CONTENTS
Name of Financial Inst.: _____ Address: _____ Date Transferred/Surrendered: _____	Describe: _____ _____ _____
NAMES AND ADDRESSES OF EVERYONE WHO HAS/ HAD ACCESS TO THE DEPOSIT BOX(ES)	
Name: _____ Address: _____ Date Transferred/Surrendered: _____	Name: _____ Address: _____ _____

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY & DATE OF TRANSFER OR SURRENDER, IF ANY	CONTENTS
Name of Financial Inst.: _____ Address: _____ Date Transferred/Surrendered: _____	Describe: _____
NAMES AND ADDRESSES OF EVERYONE WHO HAS/ HAD ACCESS TO THE DEPOSIT BOX(ES)	
Name: _____ Address: _____ 	Name: _____ Address: _____
Date Transferred/Surrendered: _____	

Q48: SOFA 22 – Have you stored property in a storage unit or place other than your home within 12 months of the date you anticipate filing your case? (Circle One) YES NO

Q47B: If your answer to Q48 above is YES then read the instructions and fill out the chart in Q48C. If your answer to Q48 was NO then write N/A in the chart on Q48C and skip to Q49.

Q48C: List each place where you have stored property other than your home in the 12 months prior to filing your case. (*Married clients filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

NAME AND ADDRESS OF STORAGE FACILITY	CONTENTS
Name of Storage Fac.: _____ Address: _____ _____	Describe: _____ _____ _____
Do you still have this storage unit? (Circle One) YES NO	

NAMES AND ADDRESSES OF EVERYONE WHO HAS/ HAD ACCESS TO THE STORAGE UNIT	
Name: _____ Address: _____ _____	Name : _____ Address: _____ _____
Do you still have this storage unit? (Circle One) YES NO	

NAME AND ADDRESS OF STORAGE FACILITY	CONTENTS
Name of Storage Fac.: _____ Address: _____ _____	Describe: _____ _____ _____
Do you still have this storage unit? (Circle One) YES NO	

NAMES AND ADDRESSES OF EVERYONE WHO HAS/ HAD ACCESS TO THE STORAGE UNIT	
Name: _____ Address: _____ _____	Name: _____ Address: _____ _____
Do you still have this storage unit? (Circle One) YES NO	

Q49: SOFA 23 – Do you have anything in your possession or control that actually belongs to someone else? (Include property you borrowed from, are storing for, or hold in trust for someone)
 (Circle One) YES NO

Q49B: If your answer to Q49 above is YES then read the instructions for the chart in Q49C and complete the chart. If your answer to Q49 was NO then mark N/A in the chart in Q49C and skip to Q50.

Q49C: List all property owned by another person that you hold or control.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY
Owner's Name: _____	Describe: _____ _____ _____
Owner's Address: _____	

Value: \$	

WHERE IS THE PROPERTY LOCATED?:
 Address: _____

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY
Owner's Name: _____	Describe: _____ _____ _____
Owner's Address: _____	

Value:\$	

WHERE IS THE PROPERTY LOCATED?:
 Address: _____

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Q50: SOFA 24 – Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? (Circle One) YES NO

Q50B: If your answer to Q50 above is **YES** then read the instructions for the chart in Q50C and complete the chart. If your answer to Q50 above was **NO** then mark N/A in the chart in Q50C and skip to Q51.

Q50C: For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	ENVIRONMENTAL LAW VIOLATION
Name of Site: _____ Address of Site: _____ _____	What law allegedly violated: _____ _____
NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY	DATE OF NOTICE
Govt. Unit : _____ Address: _____	Date of Notice: _____, 20____

SITE NAME AND ADDRESS	ENVIRONMENTAL LAW VIOLATION
Name of Site: _____ Address of Site: _____	What law allegedly violated: _____
NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY	DATE OF NOTICE
Govt. Unit That Sent Notice: _____ Address of Govt Unit: _____	Date of Notice: _____, 20__

Q51: SOFA 25 – Have you notified any governmental unit of any release of hazardous material?

(Circle One) **YES** **NO**

Q51B: If your answer to Q51 is **YES** then read the instructions for Q51C below and fill out the chart. If your answer to Q51 is **NO** then write N/A in the chart below and skip to Q52.

Q51C: List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	ENVIRONMENTAL LAW VIOLATION
Name of Site: _____ Address of Site: _____	What Law Applies: _____
NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY	DATE OF NOTICE
Govt Unit Notified: _____ Address of Unit Notified: _____	Date Of Notice : _____, 20__

Q52: SOFA 26 – Have you been a party in any judicial or administrative proceeding under any environmental law? (Including Settlements and Orders) (Circle One) YES NO

Q52B: If your answer to Q52 above is YES then read the instructions for the chart in Q52C and complete the chart. If your answer to Q52 above was NO then write N/A in the chart below and skip to Q53.

Q52C: List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party

NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY	DOCKET NUMBER	STATUS AND NATURE OF CASE
Court or Agency: _____ Address of Court or Agency: _____	Case Title: _____	Status (Circle One): Pending / Appeal / Concluded
	Case No.: _____	Nature of Case: _____

Q53: SOFA 27 – Within the 4 years before you filed your bankruptcy, did you/ were you:

Self Employed	(Circle One)	YES	NO
Sole Proprietor	(Circle One)	YES	NO
Member of Limited Liability Co. (LLC)	(Circle One)	YES	NO
Member of Limited Liability Partnership (LLP)	(Circle One)	YES	NO
Partner in a Partnership	(Circle One)	YES	NO
Officer, Director, Managing Exec of Corp.	(Circle One)	YES	NO
Own 5% of Voting/ Equity Securities of Cor	(Circle One)	YES	NO

Q53B: If your answer to any question in Q53 was YES, then read the instructions for Q53C and complete the chart once completed move on to Q54. If your answer to Q53 above was NO write N/A in the chart below and YOU ARE FINISHED!!!! (Please review your workbook and ensure it is complete filled out and all questions are answered or n/a marked)

Q53C: List each business that you owned or had a connection to in the 4 years prior to the date you anticipate filing your case.

NAME, ADDRESS, AND TAXPAYER I.D.	NATURE OF BUSINESS AND BOOKKEEPER/ ACCOUNTANT NAME	BEGINNING AND ENDING DATES OF OPERATION
Business Name: _____	Describe Business: _____	Start Date: _____ / _____ / _____
Business Address: _____		End Date: _____
	Name of Acct or Bookkeeper: _____	_____ / _____ / _____
Tax ID No.: _____ - _____		

Business Name: _____	Describe Business: _____	Start Date: _____ / _____ / _____
Business Address: _____		End Date: _____
	Name of Acct or Bookkeeper: _____	_____ / _____ / _____
Tax ID No.: _____ - _____		

Q54: SOFA 28 – Within 2 years before you anticipate filing your case, did you give a financial statement to anyone about your business? (Include all financial institutions, creditors, or other parties)

(Circle One) YES NO

Q54B: If your answer to Q54 above was YES then read the instructions and complete the chart in Q54C. If your answer to Q54 was NO then write N/A in the chart in Q54C and YOU ARE FINISHED!!!! (Please review your workbook and ensure it is complete filled out and all questions are answered or n/a marked)

Q54C: List the name and address of all financial institutions, creditors, or other parties to which you have provided a financial statement about your business in the last 2 years.

NAME OF PERSON/ CO FINANCIAL DOCS ISSUED TO	DATE ISSUED
Name of Person/ Co: _____	Date: _____,20__
Address of Person/Co: _____	

NAME OF PERSON/ CO FINANCIAL DOCS ISSUED TO	DATE ISSUED
Name of Person/ Co: _____	Date: _____,20__
Address of Person/Co: _____	

