

Client Questionnaire
Section 1 - Basic Information

Part A. Name and Address

Name: _____

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

If yes, please list other names used:

Have you used any business names or Employer Identification Numbers (EIN) in the last 8 years?

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

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Have you lived at this address for at least 180 days? No Yes

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

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

Address: _____

City: _____ State: _____ Zip: _____ County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Marital Status: Never Married Married and living together Widowed

Married and living apart Divorced

Part B. Name and Address of Spouse

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

Name: _____

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

If yes, please list other names used:

Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?

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

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

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

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Have you lived at this address for at least 180 days? No Yes

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

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

Address: _____

City: _____ State: _____ Zip: _____ County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Marital Status: Never Married Married and living together Widowed

Married and living apart Divorced

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Address: _____

City: _____ State: _____ Zip: _____ County: _____

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

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

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

Address: _____

City: _____ State: _____ Zip: _____ County: _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Part C. Prior and/or Pending Bankruptcy Cases

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

If yes, in which district of which state was the case filed? _____

Case Number: _____

Date Filed: _____

Date Discharged: _____

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

If so, what date was it dismissed? _____

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

If yes, name of debtor: _____

Relationship to you: _____

Case Number: _____

Date Filed: _____

District (if known): _____

Part D. Debtors Who Reside as Tenants of Residential Property

Do you have an eviction pending against you? No Yes

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part E. Business Owned as a Sole Proprietor

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

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

Name of business: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of business:

Part F. Hazardous Property or Property That Needs Immediate Attention

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

If yes, please describe the hazard:

If immediate attention is needed, why is it needed?

Where is the property? Address: _____

City: _____ State: _____ Zip: _____

Section 2 - Property (Schedule A/B)

Separately list and describe assets in each category below. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. If more space is needed, attach a separate page to this questionnaire.

Part A. Residence, Building, Land, Other Real Estate

| Address and Description of Property | List all mortgages, home equity loans and other liens against the property: Please provide details requested below. | Estimated Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | If you are not the only owner: Please enter the % of the property you own. | Office Use Only Exemptions? |
|--|--|-----------------------------|---|---|--------------------------------|
| <p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p> | <p>Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p> <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p> | | <p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> | | |
| <p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p> | <p>Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p> <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p> | | <p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> | | |

Part B. Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Other Vehicles

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only <i>Exemptions?</i> |
|--|---|--|-------------------|--|---------------------------------------|
| Vehicle #1 | <input type="checkbox"/> No <input type="checkbox"/> Yes | Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information: | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Vehicle #2 | <input type="checkbox"/> No <input type="checkbox"/> Yes | Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information: | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Vehicle #3 | <input type="checkbox"/> No <input type="checkbox"/> Yes | Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information: | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Watercraft/Aircraft/Motor Homes/ATVs/Other (<i>list year, make, and model</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

Part C. Personal and Household Items

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only <i>Exemptions?</i> |
|---|---|-------------|-------------------|--|---------------------------------------|
| Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Electronics (<i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Collectibles of value (<i>art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Sports, photo, exercise, and other hobby equipment; musical instruments | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Firearms, ammunition, and related equipment | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Clothing (<i>everyday clothes, furs, leather coats, designer wear, shoes, accessories</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Jewelry | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Pets/non-farm animals | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only Exemptions? |
|--|---|-------------|-------------------|--|--------------------------------|
| Health aids and all other household items not listed | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

Part D. Financial Assets

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only Exemptions? |
|---|---|-------------|-------------------|--|--------------------------------|
| Cash (<i>spare change/money in your purse or wallet, cash not in accounts</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Checking account #1 (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Checking account #2 (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Savings account #1 (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Savings account #2 (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only Exemptions? |
|---|---|-------------|-------------------|--|--------------------------------|
| Certificate of deposit (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Other financial account #1 (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Other financial account #2 (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Other financial account #3 (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Other financial account #4 (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Bonds, mutual funds, and publicly traded stocks | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Non-publicly traded stocks and interests in businesses, corporations, LLCs, partnerships, and joint ventures (<i>list % of ownership</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Government and corporate bonds and instruments (<i>including U.S. Savings Bonds</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only Exemptions? |
|---|---|-------------|-------------------|--|-----------------------------|
| Retirement, pension, or profit-sharing plan #1 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Retirement, pension, or profit-sharing plan #2 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Retirement, pension, or profit-sharing plan #3 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Security deposits (typically with landlord or utility) (list holder) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Prepayments (prepaid rent, layaway, gift cards, etc.) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Annuities (list company) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Education IRA, Sec. 529 or Sec. 530 account, state tuition plan | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Trusts, life estates, future, and equitable interests in property or assets | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only Exemptions? |
|--|---|-------------|-------------------|--|--------------------------------|
| Patents, copyrights, trademarks, trade secrets, and other intellectual property | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Licenses, franchises, and other general intangibles | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Tax refunds owed to you (<i>list years due</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Alimony and child support | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Other amounts someone owes you (<i>unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Cash value of insurance policies (<i>whole or universal life, health, disability, HSA, etc.</i>) (<i>list insurance company and beneficiary</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Inheritances, estate distributions, and death benefits | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Personal injury claims or awards | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only <i>Exemptions?</i> |
|--|---|-------------|-------------------|--|---------------------------------------|
| Lawsuits or claims against anyone for anything | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| All other claims or rights to sue someone | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Any other financial asset not listed | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

Part E. Business-Related Assets

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only <i>Exemptions?</i> |
|--|---|-------------|-------------------|--|---------------------------------------|
| Accounts receivable or commissions earned (<i>list</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Office equipment, furnishings, and supplies (<i>list</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Machinery, fixtures, equipment, business supplies, and tools of your trade (<i>list</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Business inventory (<i>list</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Interests in partnerships or joint ventures (<i>name and type of business, % interest</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Customer and mailing lists | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Other business-related property not already listed | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

Part F. Farm and Commercial Fishing-Related Property

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only Exemptions? |
|--|---|-------------|-------------------|--|--------------------------------|
| Farm animals (<i>livestock, poultry, farm-raised fish, etc.</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Crops (<i>growing or harvested</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Farm and commercial fishing equipment, implements, machinery, fixtures, and tools of trade (<i>list</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| Farm and commercial fishing supplies, chemicals, and feed (<i>list</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

Part G. Miscellaneous

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only Exemptions? |
|--|---|-------------|-------------------|--|--------------------------------|
| All other property of any kind not previously listed | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

Section 3 - Debts (Schedule D/E/F)

Part A. Debts Secured by Property

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

| Type of Debt | Creditor Information | Property Information: | Person(s) Responsible/Codebtor | Do you dispute the debt? | Office Use Only |
|---------------------------|---|---|--|---|-----------------|
| Home loan and/or mortgage | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: | 1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining: | Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Home loan and/or mortgage | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: | 1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining: | Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

| Type of Debt | Creditor Information | Property Information: | Person(s) Responsible/Codebtor | Do you dispute the debt? | Office Use Only |
|---------------------------|---|---|--|---|-----------------|
| Home loan and/or mortgage | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: | 1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining: | Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Home loan and/or mortgage | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: | 1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining: | Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | | | |
|-----------|--|--|---|--|--|
| Car loans | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p> | <p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| Car loans | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p> | <p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

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|----------------------|--|--|---|--|--|
| Car loans | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p> | <p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| Other property loans | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p> | <p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

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| Other property loans | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p> | <p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| Other property loans | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p> | <p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

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|----------------------|--|--|---|--|--|
| Other property loans | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p> | <p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| Other property loans | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p> | <p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

| Type of Debt | Creditor Information: | Person(s) Responsible/Codebtor | Do you dispute the debt? | Office Use Only |
|---|---|--|---|-----------------|
| Major credit card debts (Visa, American Express, Master Card, Discover) | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Major credit card debts (Visa, American Express, Master Card, Discover) | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--|--|---|--|--|
| <p>Major credit card debts (Visa, American Express, Master Card, Discover)</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| <p>Major credit card debts (Visa, American Express, Master Card, Discover)</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

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|--|--|---|--|--|
| <p>Major credit card debts (Visa, American Express, Master Card, Discover)</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| <p>Major credit card debts (Visa, American Express, Master Card, Discover)</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

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|---|--|---|--|--|
| <p>Department store credit card debts</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| <p>Department store credit card debts</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

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| <p>Other credit card debts (gas cards, phone cards, etc.)</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| <p>Other credit card debts (gas cards, phone cards, etc.)</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

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| <p>Other credit card debts (gas cards, phone cards, etc.)</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| <p>Other credit card debts (gas cards, phone cards, etc.)</p> | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

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|---------------|--|---|--|--|
| Cash advances | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| Cash advances | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

Part C. Medical Debts

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

| Type of Debt | Creditor Information: | Person(s) Responsible/Codebtor | Do you dispute the debt? | Office Use Only |
|----------------------|--|--|---|-----------------|
| Unpaid medical bills | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Unpaid medical bills | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

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|----------------------|---|---|--|--|
| Unpaid medical bills | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| Unpaid medical bills | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

| Type of Debt | Creditor Information: | Person(s) Responsible/ Codebtor | Do you dispute the debt? | Office Use Only |
|--------------|--|--|---|-----------------|
| Unpaid taxes | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Unpaid taxes | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--------------|---|---|--|--|
| Unpaid taxes | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| Unpaid taxes | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

Part E. Student Loan Debts

Please list below all Student Loan debts that you owe OR that creditors claim you owe.

| Type of Debt | Creditor Information: | Person(s) Responsible/Codebtor | Do you dispute the debt? | Office Use Only |
|--------------|--|--|---|-----------------|
| Student loan | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Student loan | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

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|--------------|---|---|--|--|
| Student loan | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| Student loan | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

| Please Describe the Type of Debt <i>(e.g. unpaid rent, alimony or child support, service fees, other bank loans, or personal loans.)</i> | Creditor Information: | Person(s) Responsible/Codebtor | Do you dispute the debt? | Office Use Only |
|---|--|--|---|-----------------|
| Describe: | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Describe: | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

| Please Describe the Type of Debt (e.g. unpaid rent, alimony or child support, service fees, other bank loans, or personal loans.) | Creditor Information: | Person(s) Responsible/Codebtor | Do you dispute the debt? | Office Use Only |
|--|--|---|---|-----------------|
| Describe: | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Describe: | 1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt: | Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please provide name and address: | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | | |
|-----------|---|---|--|--|
| Describe: | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |
| Describe: | <p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p> | <p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

Section 4 - Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current and to which you are a party. Include residential, car and business leases, and service or business contracts.

| Description of Lease or Contract | Name and Address of Other Party or Parties | Date Contract Expires | Office Use Only |
|----------------------------------|--|-----------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section 5 - Current Income (Schedule I)

Part A. Debtor's Employer Information

Name and Address of your employer:

How long have you been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable):

Name and Address of your **Second** employer:

How long have you been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____

Part B. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

How long has spouse been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable):

Name and Address of your spouse's **Second** employer:

How long has spouse been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____

Part C. Debtor's Wage Information

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

How often do you get paid? once a week every two weeks
 twice a month once a month other _____

What is your estimated overtime pay per month? _____

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total) _____

How much is taken out of each paycheck for Mandatory Contributions to Retirement? _____

How much is taken out of each paycheck for Voluntary Contributions to Retirement? _____

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? _____

How much is automatically deducted for insurance? _____

How much is taken out for Domestic Support Obligations? _____

How much is deducted for union dues? _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No Yes

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

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No Yes

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

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No Yes

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

Do you receive income from Unemployment?

No Yes

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

Do you receive income from Social Security?

No Yes

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

Do you receive monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money?

No Yes

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

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

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

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

How often do you get paid? once a week every two weeks
 twice a month once a month other _____

What is your estimated overtime pay per month? _____

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total) _____

How much is taken out of each paycheck for Mandatory Contributions to Retirement? _____

How much is taken out of each paycheck for Voluntary Contributions to Retirement? _____

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? _____

How much is automatically deducted for insurance? _____

How much is taken out for alimony or family support for the care of your dependents? _____

How much is deducted for union dues? _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No Yes

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

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No Yes

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

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No Yes

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

Do you receive income from Unemployment?

No Yes

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

Do you receive income from Social Security?

No Yes

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

Do you receive monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money?

No Yes

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

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

Part E. Debtor's Current Monthly Income Calculation

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

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

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

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

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

Section 6 - Current Expenses (Schedule J)

1. Is this a Joint Filing with your Spouse?

No Yes

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

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

Do you and your spouse live separately and maintain separate households? No Yes. If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

3. Do your expenses include another person's expenses other than yourself and your dependents?

No Yes

Indicate how much you pay for each item each month:

4. Primary rent or home mortgage: \$ _____
 Does that amount include real estate taxes?
 No Yes
 If **no**, how much do you pay? \$ _____
 Does that amount include property, homeowner's, or renter's insurance?
 No Yes
 If **no**, how much do you pay? \$ _____
 Does that amount include any home maintenance, repair, or upkeep expenses?
 No Yes
 If **no**, how much do you pay? \$ _____
 Does that amount include any homeowner's association or condominium dues?
 No Yes
 If **no**, how much do you pay? \$ _____
5. Are there additional mortgage payments? \$ _____
 No Yes
 If **yes**, how much do you pay? _____
6. Utilities:
- a. Electricity and heating fuel: _____ \$ _____
- b. Water and sewer: _____ \$ _____
- c. Telephone service/long distance: _____ \$ _____
- d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
7. Food and housekeeping supplies _____ \$ _____

| | | | | |
|-----|--|-------|----|-------|
| 8. | Childcare and Children Education Costs | ..... | \$ | _____ |
| 9. | Clothing, laundry, and dry cleaning: | ..... | \$ | _____ |
| 10. | Personal care products and services: | ..... | \$ | _____ |
| 11. | Medical and dental expenses: | ..... | \$ | _____ |
| 12. | Transportation (do NOT include car payments): | ..... | \$ | _____ |
| 13. | Recreation, entertainment, newspapers, magazines, and books: | ..... | \$ | _____ |
| 14. | Charitable contributions and religious donations: | ..... | \$ | _____ |
| 15. | Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: (Do not include amounts entered in Line 4 or Line 20) | | | |
| | a. Life insurance: | ..... | \$ | _____ |
| | b. Health insurance: | ..... | \$ | _____ |
| | c. Auto insurance: | ..... | \$ | _____ |
| | d. Other insurance (describe and list monthly amount): | | | |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| 16. | Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses: | | | |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| 17. | Installment payments for car, furniture, etc. (Describe): | | | |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| 18. | Alimony, maintenance and support paid to others: | ..... | \$ | _____ |
| 19. | Payments for support of additional dependents not living at your home: | ..... | \$ | _____ |
| 20. | Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5) | | | |
| | a. Mortgage payment on other Real Estate Property | | \$ | _____ |
| | b. Taxes on other Real Estate Property | | \$ | _____ |
| | c. Other Real Property, Homeowner's, or Renter's Insurance payments | | \$ | _____ |
| | d. Home maintenance (including repairs and upkeep) | | \$ | _____ |
| | e. Homeowner's association or condominium dues | | \$ | _____ |
| 21. | Other expenses (Describe): (please see "Additional Expenses" below before putting anything here) | | | |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |
| | _____ | | \$ | _____ |

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

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

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

- 17. Mandatory payroll deductions not already listed:

_____ \$ _____
_____ \$ _____
_____ \$ _____

- 19. Court ordered payments not already listed:

_____ \$ _____
_____ \$ _____
_____ \$ _____

- 20. Education for employment or for a physically or mentally challenged child: _____ \$ _____
- 21. Child care (*baby sitting, day care, nursery & preschool, etc.*): _____ \$ _____
- 25. Disability Insurance (*if not listed above*): _____ \$ _____
- Health Savings Account: _____ \$ _____
- 26. Care for elderly, chronically ill or disabled family members: _____ \$ _____
- 27. Protection from family violence: _____ \$ _____
- 29. Education expense for your children under 18: _____ \$ _____
- 41. (c13s) Non-mandatory contributions to retirement accounts (*including loan repayments*):

_____ \$ _____
_____ \$ _____
_____ \$ _____

Section 7 - Statement of Financial Affairs (Form 107)

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

1. List every address where you have lived other than where you live now during the last **3 years**.

NONE

| | | |
|----------------------|------|----|
| Previous Address(es) | From | To |
|----------------------|------|----|

2. If you lived with a spouse or domestic partner in a community property state or territory (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin) within the last **8 years**, list the state or territory where you lived and the name and current address of your spouse or domestic partner.

NONE

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

3. List the total amount of income that you received from all jobs and all businesses, including part-time activities, during this year and the two previous calendar years.

NONE

Debtor

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

Spouse (if applicable)

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

4. List any other income that you received during this year and the two previous calendar years.

NONE

Debtor

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

Spouse (if applicable)

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

5. If your debts are primarily consumer debts (i.e. non-business), list each creditor to whom you paid a total of \$600 or more within the last 90 days. Do not include payments for domestic support obligations, such as child support and alimony.

NONE

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| | | | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| | | | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| | | | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

6. If your debts are primarily non-consumer debts (i.e. business), list each creditor to whom you paid a total of \$6,425 or more in one or more payments within the last 90 days. Do not include payments for domestic support obligations, such as child support and alimony.

NONE

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| <hr/> | <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| <hr/> | <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| <hr/> | <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

7. List all payments that you made within the past 1 year to any "insider." ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

| Name and Address of Insider | Dates of Payment | Total Amount Paid | Amount Still Owed | Reason for payment |
|-----------------------------|------------------|-------------------|-------------------|--------------------|
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |

8. List all payments or transfers of property that you made within the past **1 year** that benefitted an "insider."

NONE

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

9. List any lawsuits, court actions, or administrative proceedings to which you are or were a party within the past **1 year**.

NONE

| Case Title and Case Number | Nature of the Case | Court or Agency and Location | Status or Disposition |
|----------------------------|--------------------|------------------------------|-----------------------|
|----------------------------|--------------------|------------------------------|-----------------------|

10. Describe all property that has been repossessed, foreclosed, garnished, attached, seized, or levied within the past **1 year**.

NONE

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

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

11. List all setoffs made by any creditor, including a bank or financial institution, against a debt or deposit within **90 days** before the filing of this case. Include any refusals by a creditor to make a payment because you owed a debt.

NONE

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

12. Within the past **1 year**, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

13. List any gifts that you made within the past **2 years** that have a total value of more than \$600 per person.

NONE

| Name and Address of Recipient | Relationship to You | Description of Gifts | Dates Gifts Given | Value |
|-------------------------------|---------------------|----------------------|-------------------|-------|
| _____ | _____ | _____ | _____ | _____ |

14. List any gifts or contributions that you made to a charity within the past **2 years** that have a total value of more than \$600.

NONE

| Name and Address of Charity | Description of Contribution | Contribution Date | Value |
|-----------------------------|-----------------------------|-------------------|-------|
| _____ | _____ | _____ | _____ |

15. List all losses from fire, theft, or other disaster, or gambling within the past **1 year or since the filing of this case**.

NONE

| Description of Property and How Loss Occurred | Description of any Insurance Coverage (include the amount that insurance has paid) | Date of Loss | Value of Property Lost |
|---|---|--------------|------------------------|
| _____ | _____ | _____ | _____ |

16. List all payments made or property transferred by you or by someone acting on your behalf to anyone you consulted about filing for bankruptcy or preparing a bankruptcy petition within the past **1 year**. Include any attorneys, bankruptcy petition preparers, or credit counseling agencies.

NONE

| Name and Address of Person Paid | Name of Person Who Made the Payment, if Not You | Description and Value of Any Property Transferred | Date of Payment or Transfer | Amount of Payment |
|---------------------------------|---|---|-----------------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |

17. List all payments made or property transferred by you or by someone acting on your behalf within the past **1 year** to anyone who promised to help you deal with your creditors or to make payments to your creditors.

NONE

| Name and Address of Person Paid | Name of Person Who Made the Payment, if Not You | Description and Value of Any Property Transferred | Date of Payment or Transfer | Amount of Payment |
|---------------------------------|---|---|-----------------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |

18. List all property, other than property transferred in the ordinary course of your business or financial affairs, that you sold, traded, or transferred either absolutely or as a security within the past **2 years**.

NONE

| Name and Address of Person Who Received the Transfer/ Relationship to You | Description and Value of Property Transferred | Describe Any Property or Payments Received or Debts Paid in Exchange | Date of Transfer |
|---|---|--|------------------|
| _____ | _____ | _____ | _____ |

19. List all property you transferred within the past **10 years** to a self-settled trust or a similar device of which you are a beneficiary.

NONE

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

20. List all financial accounts and instruments held in your name or for your benefit that were closed, sold, moved, or transferred within the past **1 year**.

NONE

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

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

21. List each safe deposit box or other depository for securities, cash, or other valuables that you have had within the past **1 year**.

NONE

| Name and Address of Financial Institution | Name and Address of Anyone With Access to Box or Depository | Description of Contents | Do You Still Have It? |
|---|---|-------------------------|---|
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> No <input type="checkbox"/> Yes |

22. List any storage unit or place other than your home in which you have stored property within the past **1 year**.

NONE

| Name and Address of Storage Facility | Name and Address of Anyone With Access to Box or Depository | Description of Contents | Do You Still Have It? |
|--------------------------------------|---|-------------------------|---|
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> No <input type="checkbox"/> Yes |

23. List all property that you hold or control that is owned by someone else.

NONE

| Name and Address of Owner | Location of Property | Description of Property | Value |
|---------------------------|----------------------|-------------------------|-------|
|---------------------------|----------------------|-------------------------|-------|

24. List every site for which you received notice by a governmental unit that you may be liable under or in violation of an environmental law. Include the name and address of the governmental unit, the date of the notice, and, if known, the environmental law.

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, ground water, or other medium, including, statutes or regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term.

NONE

| Site Name and Address | Name and Address of Governmental Unit | Environmental Law, If You Know It | Date of Notice |
|-----------------------|---------------------------------------|-----------------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------------|----------------|

25. List the name and address of every site for which you have notified a governmental unit of a hazardous material release. Include the name and address of the governmental unit to which the notice was sent, the date of the notice, and, if know, the environment law.

NONE

| Site Name and Address | Name and Address of Governmental Unit | Date of Notice | Environmental Law |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

26. List all judicial or administrative proceedings, including settlements and orders, under any environmental law to which you have been a party. Include the case title and the case number, the court or agency, the nature of the case, and the status.

NONE

| Case Title and Case Number | Name and Address of Court or Agency | Nature of the Case | Status of the Case |
|----------------------------|-------------------------------------|--------------------|--------------------|
|----------------------------|-------------------------------------|--------------------|--------------------|

- Pending
- On Appeal
- Concluded

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

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

NONE

| Business Name and Address | Nature of Business | Name of Accountant or Bookkeeper | Employer Identification Number (EIIN) | Beginning and End Dates of Operation |
|---------------------------|--------------------|----------------------------------|---------------------------------------|--------------------------------------|
| | | | | |

28. List all financial institutions, creditors, or other parties to which you gave a financial statement about your business within the past **2 years**.

NONE

| Name and Address | Date Issued |
|------------------|-------------|
| | |