

GENERAL INFORMATION

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N / A" in the space. (N / A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor; so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in a faster turnaround.

YOUR NAME, First	Middle (spell out)	Last
Social Security Number		Date of Birth
Street Address		
City	State	Zip
County of Residence	Length of Time at This Address	
Daytime Phone	Evening Phone	Mobile Phone
Email Address		

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

INFORMATION ABOUT YOUR SPOUSE		
SPOUSE'S NAME, First	Middle (spell out)	Last
Social Security Number		Date of Birth
Address (if living separately)		
City	State	Zip

Have you resided in the same county for at least 180 days (six (6) months)? Yes No

If not, where have you resided? _____

Are you filing this bankruptcy petition jointly with your spouse? Yes No

If "No", please select one: **Unmarried** **Spouse Filing Separately** **Other Reason**

If your spouse is not filing with you, does your spouse live in a different household? Yes No

Have you filed bankruptcy within the last eight (8) years? Yes No

If "Yes", provide date(s): _____

Have you met the Debt Counseling requirement for your state? (Please check one of the choices below)

- Counseling NOT Completed** **Received Counseling Within the past 180 Days**
 Request Waiver **Does Not Apply to My District**

CURRENT AND HISTORICAL INCOME FOR YOU

Your Name as listed on your current paycheck stub _____

Date of Last Paycheck _____ Date of Next Paycheck _____

Year-to-Date Total for this current year \$ _____

VERY IMPORTANT! Gross Income last year \$ _____ **Gross Income 2 Yrs Ago** \$ _____

Employer's Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Length of Time at This Job? Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? (check one)

- Every Week Bi-Weekly (sometimes I get paid 3 times a month)
- Once a Month semi-monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ _____

"Average" amount of extra money you receive in overtime/commissions per pay period \$ _____

Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck \$ _____

What is the total amount deducted from your paycheck for insurance? \$ _____

What is the total amount deducted from your paycheck for Union Dues? \$ _____

Amount you pay in Alimony AND Child Support (if any) \$ _____

Are you court ordered to pay this? Yes No

Are there any other deductions from your paycheck? Yes No If so, how much? \$ _____

What is this "other" deduction for? _____ If 401k, how long have you participated? _____

How much additional income do you make monthly from a business, ebay, flea market etc? \$ _____

Monthly Income from real property (rentals) \$ _____ Monthly Interests and Dividends \$ _____

Monthly Alimony or Child Support received \$ _____ Monthly Social Security \$ _____

Monthly Government Assistance \$ _____ Monthly Food Stamps \$ _____

Monthly Public Assistance \$ _____ Monthly Pension or Retirement \$ _____

Other Income (Reason and amount received monthly)? _____ \$ _____

Do you expect your income to change in the next 1 year? Explain: _____

Do you have a second job? Yes No If yes, name of employer: _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Length of Time at this Job: Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? (check one)

- Every Week Bi-Weekly (sometimes I get paid 3 times a month)
- Once a Month semi-monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ _____

Year-to-Date Income: \$ _____ Income Last year: \$ _____ Income 2 Yrs Ago: \$ _____

Do you receive income from a home-based business? Yes No How much per month? \$ _____

CURRENT AND HISTORICAL INCOME FOR YOUR SPOUSE

Your Name as listed on your current paycheck stub _____

Date of Last Paycheck _____ Date of Next Paycheck _____

Year-to-Date Total for this current year \$ _____

VERY IMPORTANT! Gross Income last year \$ _____ **Gross Income 2 Yrs Ago \$** _____

Employer's Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Length of Time at This Job? Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? (check one)

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Are you court ordered to pay this? Yes No

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Do you have a second job? Yes No If yes, name of employer: _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Length of Time at this Job: Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? (check one)

- Every Week Bi-Weekly (sometimes I get paid 3 times a month)
- Once a Month semi-monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ _____

Year-to-Date Income: \$ _____ Income Last year: \$ _____ Income 2 Yrs Ago: \$ _____

Do you receive income from a home-based business? Yes No How much per month? \$ _____

SELF-EMPLOYED BUSINESS OWNERS - PROFIT AND LOSS (P&L)

If you have been self-employed during the past six (6) months, please list below the normal income and expenses your business generated for an average month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter those figures into the spaces below:

Gross Income for 12 Months Prior to Filing \$ _____
 Estimated Average Future Gross Monthly Income \$ _____

- Net Payroll (Other than Self) \$ _____
- Payroll Taxes \$ _____
- Unemployment Taxes \$ _____
- Workers Compensation \$ _____
- Other Taxes \$ _____
- Inventory Purchases \$ _____
- Purchase of Feed/Fertilizer/etc. \$ _____
- Rent (Other than Your Residence) \$ _____
- Utilities \$ _____
- Office Expenses and Supplies \$ _____
- Repairs and Maintenance \$ _____
- Vehicle Expenses \$ _____
- Travel and Entertainment \$ _____
- Equipment Rental and Leases \$ _____
- Legal/Accounting/Professional Fees \$ _____
- Insurance \$ _____
- Employee Benefits \$ _____
- Other \$ _____
- Other \$ _____
- Other \$ _____
- Other \$ _____

Did you withhold any earnings for tax purposes? Yes No
 If yes, how much did you withhold monthly? \$ _____

Total Monthly Income \$ _____
Total Monthly Expenses \$ _____
Business Profit \$ _____

Did you file income taxes for the years you operated your business? Yes No
 If not, what years did you NOT file taxes? _____

INFORMATION FOR MEANS TEST

Means Test does NOT apply. Debtor(s) is a disabled veteran with debts incurred primarily during active duty or homeland defense.

DEPENDENTS

Name	Age	Relationship to You	Is this Person / Child Living with You, and / or Claimed on your Taxes?
1.			
2.			
3.			
4.			
5.			
6.			

INCOME FOR LAST SIX (6) Months

Provide the total amount of earned income (from all sources) that you received for the current month and last five (5) months - totaling six (6) months of income. DO NOT DEDUCT TAXES. The income you report below is NOT TAKE-HOME PAY but the TOTAL INCOME YOU ACTUALLY EARNED BEFORE TAXES WERE DEDUCTED.

HUSBAND: Wages, salaries, tips, bonuses, overtime and commissions:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Wages, salaries, tips, bonuses, overtime and commissions:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Income from operation of business, profession or farm:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Income from operation of business, profession or farm:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Rents and other property income (not rent you paid, but rents paid to you):

Month:	Month:	Month:	Month:	Month:	Month:

CONTINUED ON NEXT PAGE

INFORMATION FOR MEANS TEST CONTINUED

WIFE: Rents and other property income (not rent you paid, but rents paid to you):

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Interest income, dividends and royalties:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Interest income, dividends and royalties:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Pension and retirement income:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Pension and retirement income:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Income received from others who are not filing bankruptcy with you who contribute money to the household expenses:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Income received from others who are not filing bankruptcy with you who contribute money to the household expenses:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Unemployment compensation:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Unemployment compensation:

Month:	Month:	Month:	Month:	Month:	Month:

CONTINUED ON NEXT PAGE

INFORMATION FOR MEANS TEST CONTINUED

HUSBAND: Income from other sources not provided for above:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Income from other sources not provided for above:

Month:	Month:	Month:	Month:	Month:	Month:

OTHER INFORMATION

Have you or your spouse been known by any other name during the past 8 years? Yes No
 (Example: maiden name, last name from previous marriage, legal name change, etc.)

If yes, write the NAME KNOWN AS and DATE(S) THIS NAME WAS USED below:

Name Used _____ Dates Used _____ Thru _____
 Name Used _____ Dates Used _____ Thru _____

Has your income significantly increased or decreased during the past six (6) months?
 If so, please provide details below:

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amounts in the spaces below each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole twelve (12) month period.

Housing Expenses

Rent (If You Don't Own Your Home) \$ _____

First Mortgage Payment or
Mobile Home Monthly Payment \$ _____

Second Mortgage (If Applicable) \$ _____

Third Mortgage (If Applicable) \$ _____

Lot Payment (If Applicable) \$ _____

Are Real Estate Taxes Included in
Your Mortgage Payment? Yes No

Taxes Not Included in House Payment \$ _____

Is Your Homeowner's Insurance Included
in Your Mortgage Payment? Yes No

Insurance Not Included in House Payment \$ _____

Utilities (Normal Monthly Average)

Electricity and Gas \$ _____

Water \$ _____

Telephone: Home Phone \$ _____

Telephone: Cellular / Mobile \$ _____

Trash Pick-up \$ _____

Basic Needs

Home Maintenance (If You Own a Home) \$ _____

Food (Monthly) \$ _____

Clothing (Monthly Expense) \$ _____

Laundry, Dry Cleaning, Soap, Etc. \$ _____

Medical Expenses Not Paid by Insurance \$ _____

Transportation

Gasoline / Auto Maintenance \$ _____

Recreation / Entertainment \$ _____

Charitable Giving (If Claimed on Taxes) \$ _____

Insurance

Renters Insurance \$ _____

Life Insurance (Other than Employer) \$ _____

Health Insurance (Other than Employer) \$ _____

Automobile Insurance \$ _____

Other Insurance \$ _____

Taxes

Are any other taxes deducted from your wages? Yes No

Other Taxes \$ _____

Other Expenses

Alimony and/or Child Support \$ _____

Payments for Someone Outside
Your Home \$ _____

Union Dues \$ _____

Internet Access \$ _____

Cable/Satellite TV \$ _____

Professional Dues (Not Payroll Deducted) \$ _____

Child Care Expenses \$ _____

Babysitter/Day Care Expenses \$ _____

School Expenses \$ _____

School Lunch Expenses \$ _____

College Tuition (Not Loans) \$ _____

Student Loan Repayment \$ _____

Newspapers, Books, Magazines \$ _____

Personal Care Items \$ _____

Home Security Monitoring \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

Use the space below to describe any additional monthly expenses that you must pay out of your pocket that are not covered here. Explain the type of expense, amount of expense and how long you will continue to have this expense:

Do you expect your budget to change in the next 1 year? Explain: _____

**NOTICE: IF YOU OWN A MOBILE HOME,
PLEASE FILL OUT THE NEXT PAGE**

YOUR REAL ESTATE

Check this box if you have a homestead exemption that exceeds \$125,000.00

USE SEPARATE PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN.

Check the type of real estate you own: **House** **Condominium** **Vacant Lot** **Other**

Name(s) on Deed _____

Address of Real Estate _____

Description of Real Estate: (example: 1,250 square foot home with 2 bedrooms, 2 baths, attached 2-car garage situated on 2 acres of ground with outbuildings) _____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

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

Are you behind on payments? **Yes** **No** If so, which months? _____

Does payment include taxes? **Yes** **No** Does payment include insurance? **Yes** **No**

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

What year was your real estate last appraised? _____ What was the appraised value? \$ _____

Do you have a 2nd mortgage on the real estate? **Yes** **No** Intention: **Keep** **Surrender**

SECOND (2nd) MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount? \$ _____

Are you behind on payments? **Yes** **No** If so, which months? _____

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

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney _____

Address _____

City _____ State _____ Zip _____

Is this real estate in the process of foreclosure or replevin action? **Yes** **No**

If in collection, please provide a copy of the court documents you were served.

Check this box if you have a homestead exemption that exceeds \$125,000.00

YOUR MOBILE HOME

PRINT OUT ADDITIONAL PAGES FOR EVERY MOBILE HOMES THAT YOU OWN.

Name(s) on title _____

Address of mobile home _____

Are the wheels completely removed and the mobile home attached to the ground? Yes No

Does the home sit in a mobile home park? Yes No What is the monthly lot rent? \$ _____

Does your mobile home sit on a piece of ground you own? Yes No Size of lot _____

Do you make separate payments for the ground your mobile home sits on? Yes No

If so, explain: _____

If you own the ground free and clear, what is the resale value for this piece of ground? \$ _____

Description of Mobile Home: (example: 28x40 double-wide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park.) _____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount? \$ _____

Are you behind on payments? Yes No If so, which months? _____

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

What year was your mobile home last appraised? _____ What was the appraised value? \$ _____

Do you have a 2nd mortgage on this mobile home? Yes No Intention: Keep Surrender

SECOND (2nd) MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount? \$ _____

Are you behind on payments? Yes No If so, which months? _____

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

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney _____

Address _____

City _____ State _____ Zip _____

Is this real estate in the process of foreclosure or replevin action? Yes No

If in collection, please provide a copy of the court documents you were served.

YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. **Bolded items are most common.**
 Then, **provide the "Yard Sale" VALUE of each item**

	"Yard Sale" Value
<input type="checkbox"/> Stove/Cooking Unit	\$ _____
<input type="checkbox"/> Refrigerator	\$ _____
<input type="checkbox"/> Washer/Dryer	\$ _____
<input type="checkbox"/> Microwave	\$ _____
<input type="checkbox"/> Dishwasher	\$ _____
<input type="checkbox"/> Cooking Utensils	\$ _____
<input type="checkbox"/> Silverware/Flatware	\$ _____
<input type="checkbox"/> Cookware (Pots/Pans)	\$ _____
<input type="checkbox"/> Dining Room Furniture	\$ _____
<input type="checkbox"/> Tables and Chairs	\$ _____
<input type="checkbox"/> Bedroom Furniture	\$ _____
<input type="checkbox"/> Television(s)	\$ _____
<input type="checkbox"/> Satellite or Cable Equipment	\$ _____
<input type="checkbox"/> VCR/DVD Players	\$ _____
<input type="checkbox"/> DVD's	\$ _____
<input type="checkbox"/> Compact Discs	\$ _____
<input type="checkbox"/> All Other Stereo Equipment	\$ _____
Describe item(s): _____	

<input type="checkbox"/> Cellular / Mobile Phones	\$ _____
<input type="checkbox"/> Living Room Furniture	\$ _____
<input type="checkbox"/> Dressers/Night Stands	\$ _____
<input type="checkbox"/> Lamps and Accessories	\$ _____
<input type="checkbox"/> Wedding Rings	\$ _____
<input type="checkbox"/> Other Jewelry / Watches	\$ _____
Describe item(s): _____	

<input type="checkbox"/> Furs	\$ _____
<input type="checkbox"/> Computer(s)	\$ _____
<input type="checkbox"/> Computer Printers/Fax Mach	\$ _____
<input type="checkbox"/> Desks/Office Furniture	\$ _____
<input type="checkbox"/> Other Computer Equipment	\$ _____
Describe item(s): _____	

<input type="checkbox"/> Photography Equipment	\$ _____
<input type="checkbox"/> All Clothing	\$ _____
<input type="checkbox"/> Collectibles	\$ _____
Describe Item(s): _____	

	"Yard Sale" Value
<input type="checkbox"/> Paintings/Art	\$ _____
Describe item(s): _____	
<input type="checkbox"/> Carpenter Tools	\$ _____
Describe item(s): _____	
<input type="checkbox"/> Mechanic Tools	\$ _____
Describe item(s): _____	
<input type="checkbox"/> Guns and Firearms	\$ _____
Describe item(s): _____	
<input type="checkbox"/> Lawnmower	\$ _____
<input type="checkbox"/> Boats	\$ _____
<input type="checkbox"/> Trailers	\$ _____
<input type="checkbox"/> Campers	\$ _____
<input type="checkbox"/> Yard Tools/Equipment	\$ _____
<input type="checkbox"/> Swimming Pool	\$ _____

Other Assets	
Rent Deposit with Landlord	\$ _____
Name of Landlord:	_____
Address:	_____
City _____ State _____ Zip _____	
<input type="checkbox"/> Government Bonds	\$ _____
<input type="checkbox"/> Certificates of Deposit (CD)	\$ _____
<input type="checkbox"/> Copyrights/Patents	\$ _____
<input type="checkbox"/> Aircraft	\$ _____
<input type="checkbox"/> Interest in Education IRA	\$ _____
<input type="checkbox"/> Customer lists	\$ _____
<input type="checkbox"/> Food Storage (up to 12 mo)	\$ _____
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	\$ _____

INVENTORY OF FINANCIAL ACCOUNTS

List all financial accounts, including checking, savings, 401k or other Retirement, PayPal, etc. Make copies of this page if you have more accounts to report.

Name of Bank _____
 Address of Branch _____
 City _____ State _____ Zip _____
 Type of Account: Checking Savings 401k Other (list type) _____
 Name(s) on Account _____
 Account Number _____ Current Balance \$ _____

Name of Bank _____
 Address of Branch _____
 City _____ State _____ Zip _____
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NOTES: _____

INVENTORY OF FINANCIAL ACCOUNTS CONTINUED

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Name of Bank _____
 Address of Branch _____
 City _____ State _____ Zip _____
 Type of Account: Checking Savings 401k Other (list type) _____
 Name(s) on Account _____
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Name of Bank _____
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 City _____ State _____ Zip _____
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 Name(s) on Account _____
 Account Number _____ Current Balance \$ _____

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 City _____ State _____ Zip _____
 Type of Account: Checking Savings 401k Other (list type) _____
 Name(s) on Account _____
 Account Number _____ Current Balance \$ _____

Name of Bank _____
 Address of Branch _____
 City _____ State _____ Zip _____
 Type of Account: Checking Savings 401k Other (list type) _____
 Name(s) on Account _____
 Account Number _____ Current Balance \$ _____

Name of Bank _____
 Address of Branch _____
 City _____ State _____ Zip _____
 Type of Account: Checking Savings 401k Other (list type) _____
 Name(s) on Account _____
 Account Number _____ Current Balance \$ _____

NOTES: _____

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, four wheelers/ATV's, motor homes, boats, trailers, campers, tractors, airplanes, etc., that are titled in your name or your spouse's name

Print more sheets if you own more than four (4) vehicles.

Type: Automobile Truck Motorcycle Mobile Home (title only) Other: _____

Year _____ Make _____ Model _____ Style _____ 2 dr 4 dr Other

Vehicle Identification Number (VIN #) - *VERY IMPORTANT* _____

If vehicle is a truck, check all that apply: Long Bed Short bed 4 Wheel Drive

½ Ton ¾ Ton Standard Cab Ext Cab Quad Cab Crew Cab (4 reg doors)

Condition: Excellent Good Fair Poor Not Running Mileage _____

Engine: 4 Cylinder 6 Cylinder 8 Cylinder Liters: _____

Transmission: Automatic Manual (4-speed, 5-speed, etc.)

Name(s) on vehicle title? _____

Is vehicle leased? Yes No If yes, what is the "buy out" on the lease? \$ _____

Name of company you make payments to for this vehicle: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date loan established _____

Monthly payment? \$ _____ How many months are you behind on payments? _____

What is the pay-off amount on this vehicle? \$ _____ Check one: Keep Surrender

Interest rate of auto loan: _____ % Month and year this will be paid off: _____

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? Yes No

If so, name and address of loan company for personal loan: _____

Type: Automobile Truck Motorcycle Mobile Home (title only) Other: _____

Year _____ Make _____ Model _____ Style _____ 2 dr 4 dr Other

Vehicle Identification Number (VIN #) - *VERY IMPORTANT* _____

If vehicle is a truck, check all that apply: Long Bed Short bed 4 Wheel Drive

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YOUR MOTOR VEHICLES CONTINUED

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What is the pay-off amount on this vehicle? \$ _____ Check one: Keep Surrender

Interest rate of auto loan: _____ % Month and year this will be paid off: _____

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? Yes No

If so, name of loan company for personal loan: _____

DEBT SHEET (1 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET (2 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET (3 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET (4 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET (5 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET (6 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET (7 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET (8 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET (9 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____

Who is financially responsible for this debt? Husband Wife Both Other _____

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET (10 OF 10)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account Number _____

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? Medical Credit Card Loan Other _____Who is financially responsible for this debt? Husband Wife Both Other _____Has this debt been turned over to a collection agency? Yes No**Name of collection agency or law firm** _____

Address _____

City _____ State _____ Zip _____

STATEMENT OF AFFAIRS (1 of 13)

The following pages contain extremely **IMPORTANT QUESTIONS**, many of which will be asked you again by the Trustee when you attend your first hearing. Please take your time and go through every question thoroughly and provide as much detail as possible to the questions you answer "yes" to.

List the names of ALL spouses (past and present) that you have been married to, as well as the dates you were married to each spouse:

Full Name First _____ Middle _____ Last _____

Dates Married: From _____ To _____

Full Name First _____ Middle _____ Last _____

Dates Married: From _____ To _____

Full Name First _____ Middle _____ Last _____

Dates Married: From _____ To _____

Full Name First _____ Middle _____ Last _____

Dates Married: From _____ To _____

Have you ever provided a notice to any governmental unit of a

Release of Hazardous Materials?

Yes No

If so, list the name and address of every site for which you have provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

Name/Address of Site _____

Governmental Unit Notice Sent To _____

Date Notice Sent to Governmental Unit _____

Do you share the ownership of any real property with another person, such as a co-tenancy or joint tenancy? (This does not apply to your spouse.)

Yes No

Name of Person _____

Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet?

Yes No

If yes, provide details _____

Do you own or are you buying a timeshare in a vacation property or resort?

Yes No

If yes, provide details _____

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name?

Yes No

If yes, Year _____ Make _____ Model _____

Who/s name is the vehicle titled in? _____

Address _____

City _____ State _____ Zip _____

What is this person's relationship to you? _____

Why are you holding this property? _____

STATEMENT OF AFFAIRS (2 of 13)

Are you buying any of your furniture or appliances with installment payments? Yes No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
 2. _____ Yard Sale Value \$ _____
 3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

***** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS *****

Are you renting-to-own any of your furniture or appliances? Yes No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
 2. _____ Yard Sale Value \$ _____
 3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

***** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS *****

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions as security, at the time you obtained the loan? Yes No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
 2. _____ Yard Sale Value \$ _____
 3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

***** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS *****

Do you own or are you buying any tools or equipment that you use for your work? Yes No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
 2. _____ Yard Sale Value \$ _____
 3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

***** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS *****

Do you have any inventory (stock in trade) that could be sold for \$200 or more in profit? Yes No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
 2. _____ Yard Sale Value \$ _____
 3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

***** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS *****

STATEMENT OF AFFAIRS (3 of 13)

Are you buying any jewelry with installment payments?

Yes No

Description of Item(s) AND Name and Mailing Address of Creditor

- 1. _____ Yard Sale Value \$ _____
- 2. _____ Yard Sale Value \$ _____
- 3. _____ Yard Sale Value \$ _____

Name and mailing address of company you make payments to _____

Monthly Payments: \$ _____

Are the payments current? Yes No If not, how many months are behind? _____

*** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS ***

Do you have any animals, livestock or pets you could sell for \$200 or more?

Yes No

Description of Animal(s) _____

Value of the animals if you had to sell them _____

Have you closed ANY checking, savings, or other ANY other type of financial account(s) (e.g., PayPal) within the past 12 months?

Yes No

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: Checking Savings 401k Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? Yes No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: Checking Savings 401k Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? Yes No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: Checking Savings 401k Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? Yes No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

STATEMENT OF AFFAIRS (4 of 13)

Have you closed ANY checking, savings, or other ANY other type of financial account(s) (e.g., PayPal) within the past two (2) years? CONTINUED

Yes No

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: Checking Savings 401k Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? Yes No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: Checking Savings 401k Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? Yes No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: Checking Savings 401k Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? Yes No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: Checking Savings 401k Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? Yes No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

STATEMENT OF AFFAIRS (5 of 13)

Do you or have you rented a safe deposit box during the past two (2) years? Yes No

Name of financial institution _____

Address of financial institution _____

City _____ State _____ Zip _____

What are the contents of the safe deposit box? _____

What monthly amount do you pay for rental of this deposit box? (divide annual fee by 12 months) \$ _____

If you no longer have the safe deposit box, what date/year did you surrender it? _____

If you transferred the safe deposit box, who did you transfer it to? _____

Do you have a Christmas Club Account or any other special purpose accounts? Yes No

Name of financial institution _____

Address of financial institution _____

City _____ State _____ Zip _____

Type of Account _____ Account Number _____

Name(s) on Account _____ Current Balance \$ _____

Do you currently have any security deposits being held by a utility company? Yes No

If yes, what is the amount? \$ _____ Name of Utility Company _____

Address of utility company _____

City _____ State _____ Zip _____

Account Number _____ Current Balance \$ _____

**** Remember to include any past-due utility bills that you owe from previous addresses on the Debt Sheets**

Do you have any life insurance? Yes No

Name of insurance company _____

Address of insurance company _____

City _____ State _____ Zip _____

If a "whole life" or "universal life" policy, what is the current cash value? \$ _____

If your life insurance is only payable upon death, what is the face value of the policy? \$ _____

Who is the beneficiary? _____ Relationship _____

**** If you have other life insurance policies, please copy this page and fill in the information for each policy.**

Do you or your spouse participate in a retirement, 401k or pension plan? Yes No

Type of pension plan (i.e., 401-K, PERS, etc.) _____

Name of pension company _____

Address of pension company _____

City _____ State _____ Zip _____

When did you first enroll in this plan? _____ Current cash value \$ _____

**** If you have other pension plans, please copy this page and fill in the information for each policy.**

STATEMENT OF AFFAIRS (6 of 13)

Have you setup your own separate retirement not provided by employer? Yes No

Name of financial institution (if applicable) _____

Address of financial institution _____

City _____ State _____ Zip _____

Amount in this separate retirement account? \$ _____ Who is the beneficiary? _____

Will you be receiving retirement benefits from a former employer within the next six months? Yes No

Date you expect to start receiving retirement benefits _____

Do you have any stocks, bonds (including savings bonds) or mutual funds? Yes No

Type of bond, stock, mutual fund _____

Does this bond, stock or mutual fund have a cash value? Yes No Cash value \$ _____

Do you have a cell phone? Yes No

Name of cell phone company _____

Address of cell phone company _____

Account Number _____ Date contract began _____

Is this a month-to-month contract? Yes No

If not, what is the length of the contract? 1 Year 2 Years 3 Years Date contract began _____

What is the normal monthly contract payment? \$ _____

Do you wish to keep the cell phone and continue paying the monthly contract? Yes No

**** If you have other cell phones, please copy this page and fill in the information for each phone.**

Do you live with a roommate/relative that pays part of your expenses? Yes No

Name of roommate or relative _____ Relationship? _____

What expenses do they pay? _____

What is the total amount they contribute on a monthly basis to your living expenses? \$ _____

How long have they been paying this amount? From _____ To _____

Do relatives or other parties help to pay part or all of your monthly expenses? Yes No

Name of relatives providing additional support _____

Relationship of this relative to you _____

What is the total amount they contribute on a monthly basis to your living expenses? \$ _____

How long have they been paying this amount? From _____ To _____

STATEMENT OF AFFAIRS (7 of 13)

Are you currently attending college? Yes No

Name of college _____

Anticipated graduation date _____ Major of Study _____

Do you have a student loan? Yes No

Name of institution you will make payments to _____

Address _____

City _____ State _____ Zip _____

Date student loan first obtained? _____ Date payment is/was to begin _____

Total amount to pay off student loan \$ _____ Average monthly payment \$ _____

Do you currently owe any fines? (includes parking tickets, moving violations, etc.) Yes No

Name of court you owe fines to _____

Address _____

City _____ State _____ Zip _____

Date of occurrence _____ Amount owed \$ _____

Case number assigned by court _____ Name of party Husband Wife Other

If you pay child support, are you currently behind in any payments? Yes No

Name of person/agency you pay child support to _____

Address _____

City _____ State _____ Zip _____

What is the total amount you owe in back child support? _____

What date (or year) were you supposed to start paying child support? _____

What are the payment arrangements? _____

Even if you never expect to collect any money, does an ex-spouse owe you money for alimony or child support? Yes No

Name of ex-spouse _____

Address of ex-spouse _____

City _____ State _____ Zip _____

Total amount he/she owes you \$ _____ Date he/she originally started owing you _____

Has this ex-spouse been court ordered to pay you? Yes No Year of court order? _____

STATEMENT OF AFFAIRS (8 of 13)

Over the last year, have you, your children or your spouse been involved in an accident where someone was hurt, for example, a car accident? Yes No

Date accident occurred _____ Who was at fault? _____

Who was involved in the accident? _____

Was any insurance money received? Yes No If yes, how much? \$ _____

During the next six (6) months, do you expect to inherit anything? Yes No

How much do you expect to inherit? \$ _____ Date expected _____

Reasons for inheritance _____

During the next six (6) months, do you expect to recover on anyone's life insurance policy? Yes No

How much do you expect to receive? \$ _____ Date expected _____

Reasons for receiving this money _____

Do you expect to receive any money from any insurance claim, for any reason, during the next six (6) months? Yes No

How much do you expect to receive? \$ _____ Date expected _____

Reasons for receiving this money _____

Are you the beneficiary of a trust fund? Yes No

What is the amount of the trust fund? \$ _____ Name of trust fund owner _____

Relationship to you _____ When will you have access to this trust fund? _____

Are you owed any back wages, commissions, or vacation pay from your current or previous employer? Yes No

Employer Name _____

Amount expected to receive \$ _____ Date expected _____

**** Provide details about this amount owed you. (Feel free to use the back of this page if necessary)**

Is any of your property in the hands of a repairman, storage company or pawnbroker? Yes No

Name of Place Holding Your Property _____

Address _____

City _____ State _____ Zip _____

Description of Items and Yard Sale value:

1. _____ Yard Sale Value \$ _____

2. _____ Yard Sale Value \$ _____

3. _____ Yard Sale Value \$ _____

What is the total amount you need to pay in order to get these items released? _____

STATEMENT OF AFFAIRS (9 of 13)

In the near future, do you expect to settle, win or begin a case for personal injury? Yes No

How much do you expect to receive? \$ _____ Date you expect to receive this money? _____

Provide details about this personal injury claim _____

Name of attorney or law firm handling this claim? _____

In the near future, do you expect to enter into any property settlement with a former spouse? Yes No

List all items you expect to receive or turn over in the property settlement (including cash) _____

What is the total market value (Yard Sale value) of these items? _____

When do you expect to receive this money or property? or _____

When do you expect to turn over this cash or property? _____

Does anyone owe you any money for a judgment you have obtained against them? Yes No

Name of party you filed a lawsuit on _____

Address _____

City _____ State _____ Zip _____

Date you filed this lawsuit? _____ Money amount awarded you in judgment \$ _____

Even if you never expect to collect, does anyone owe you any money for any reason whatsoever? Yes No

Name of person who owes you money _____

Address _____

City _____ State _____ Zip _____

Explain why they owe you money _____

Amount they owe you \$ _____ Date they originally started owing you _____

Have you made any payments on your loans or bills other than ordinary payments? In other words, have you made catch-up payments, paid off, or borrowed money to pay on or off bills or loans? Yes No

Name of creditor you paid _____

Date Paid _____ Amount Paid \$ _____ Current Balance Due \$ _____

Name of creditor you paid _____

Date Paid _____ Amount Paid \$ _____ Current Balance Due \$ _____

STATEMENT OF AFFAIRS (10 of 13)

Are there any lawsuits pending against you now? Yes No

Name of party suing you (Plaintiff)? _____

Case Number _____ Date Lawsuit Filed _____

Type of Lawsuit From Court Pleading (Complaint, Summons, etc.) _____

Attorney for the Plaintiff (found on court pleading) _____

Address _____

City _____ State _____ Zip _____

Court when lawsuit was filed (at the top of the pleading) _____

Address _____

City _____ State _____ Zip _____

**** If lawsuit is LESS THAN 1 YEAR OLD, please make a copy and include with these forms**

Have your wages or property been garnished or attached? Yes No

Who garnished your wages or attached your property? _____

When item did they repossess? (If car, provide the year, make, model) _____

How much money do they take from your paycheck? \$ _____ How often is this deducted? _____

Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller? Yes No

What property did you turn over to a receiver? _____

When and where did this take place (month AND year)? _____

Name and Address of Creditor _____

Value of Property \$ _____

Is any of your property in receivership or other legal custody? Yes No

When did you file your receivership? _____

In what court was this done? _____

Have you made any gifts to friends or relatives? Yes No

What gifts or transfers have you made? _____

Who did you give the gift to? _____

What date/year did you make the gift? _____ What is the approximate value? \$ _____

Have you transferred any money or property to family members or friends or paid them any money on debts you might owe them? Yes No

Type of property transferred _____

What date/year was it transferred? _____ What is the approximate value? \$ _____

STATEMENT OF AFFAIRS (11 of 13)

Have you had any unusual losses, such as fire, theft, gambling or otherwise? Yes No

Type of loss? Fire Theft Gambling Other _____

What item(s) or amount of money was lost? _____

What date/year was it lost? _____ Amount insurance paid? \$ _____

Have you had any losses covered by insurance? Yes No

Describe loss _____

Date/year of loss _____ Amount insurance paid? \$ _____

Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service? Yes No

Name of attorney or service _____

Address _____

City _____ State _____ Zip _____

Consultation Date _____ Total paid for service \$ _____

Have you filed any bankruptcy within the last eight (8) years? Yes No

Did you file a Chapter 7, Chapter 13, or a Chapter 11? _____

Date your bankruptcy was filed? _____ City, State filed? _____

Name(s) of persons who filed? _____

Was the case discharged? Yes No Case Number _____

Is anyone holding any property that belongs to you? Yes No

Item(s) in someone else's possession that belong to you? _____

Name of person holding these items _____

Address _____

City _____ State _____ Zip _____

Beside your current address, have you lived at any other addresses within the past three (3) years? Yes No

Previous Address lived at _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address _____

Previous Address lived at _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address _____

STATEMENT OF AFFAIRS (12 of 13)

Previous Addresses lived at (last three years) _____
 City _____ State _____ Zip _____
 Time period lived at this address: From (date/year) _____ To (date/year) _____
 Name(s) of parties who lived at this address _____

Previous Addresses lived at (last three years) _____
 City _____ State _____ Zip _____
 Time period lived at this address: From (date/year) _____ To (date/year) _____
 Name(s) of parties who lived at this address _____

Previous Addresses lived at (last three years) _____
 City _____ State _____ Zip _____
 Time period lived at this address: From (date/year) _____ To (date/year) _____
 Name(s) of parties who lived at this address _____

Previous Addresses lived at (last three years) _____
 City _____ State _____ Zip _____
 Time period lived at this address: From (date/year) _____ To (date/year) _____
 Name(s) of parties who lived at this address _____

What is the amount of the TAX REFUND you received this year? \$ _____

I did not file taxes I had to pay taxes and did not receive a refund

During the past two (2) years, have either you or your spouse had any other income source outside normal pay from your employer? (includes ebay, website, flea market dealers, etc.) Yes No

Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business within the past eight (6) years? Yes No

Name of business _____

Business Address _____

Employer Identification Number (EIN) of business (or Social Security Number if no EIN) _____

Type of business (what type of products were/are sold)? _____

Date business began _____ Date business ended (if still operating, list "Present") _____

What were your net profits for this year? \$ _____ Last Year? \$ _____ 2 Years ago \$ _____

How much income tax do you pay from the income you make with your business? \$ _____

Income this year \$ _____ Last year \$ _____ 2 Yrs Ago \$ _____

STATEMENT OF AFFAIRS (13 of 13)

Bookkeepers and accountants within two (2) years prior this filing

Firms or individuals who have audited the books within two (2) years prior to this filing

Firms or individuals possessing books of account and records at the time of this filing

List financial institutions, creditors and other parties a financial statement was issued two (2) years prior to this filing

Dates of the last two inventories taken, name of supervisor, value of inventory, and names of persons with records

If a partnership, list the nature and percentage of partnership interest of each member of the partnership

If a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation

If a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case

If a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case

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

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

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

If filer is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case

By signing below, I state that all the information provided in these Client Intake Forms are true, accurate and complete to the best of my (our) knowledge.

Signature of Debtor #1

Signature of Debtor #2

Date _____

Date _____