



THE FEALY LAW FIRM, PC
HELPING GOOD PEOPLE THROUGH HARD TIMES

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Bankruptcy Worksheet Instructions

Please answer these questions carefully. The information you give us will be used to compile the schedules the Court requires to have your bankruptcy case approved. Your answers will determine what will be on your bankruptcy petition, which will be filed with the Court. Any errors, omissions or misrepresentations may seriously affect the discharge of your debts (meaning that you may need to pay them despite your having filed for bankruptcy). If you do not know the answer to a question or do not understand the question, check the box at the bottom of that page and **keep a list of questions to ask at your next appointment**. We have included space for you to list your questions on the back of this page.

Where space permits, answer the questions on this worksheet. However, do not let the size of the space available determine the extent of your response. If additional space is necessary, use a separate sheet, identifying by page number and question number the question answered. A question asking for a date, or when something happened, can usually be answered with the month and year only.

We have tried to eliminate “legalese” (or lawyer talk) by using clear and simple language. Where terms are used that we feel might be unfamiliar to you, we try to provide clear definitions. Nonetheless, if you find any questions unclear, check the box at the bottom of the page and *please make a list of questions to ask at your next appointment* as accuracy at this stage is of utmost importance. Do not get stuck if you do not understand a question. Some of the questions may be unfamiliar, but do not let that intimidate you. Do the best you can and we will help you with the rest.

Remember, though, these questions **must** be answered fully and accurately. Often, only you who will know the answer. If you absolutely cannot remember, find out, or estimate, answer “Unknown”. If a question does not apply to you, mark “N/A” (not applicable). Every question should have an answer or “N/A” or “Unknown”. The effort you expend now will help determine how quickly your bankruptcy can be filed as we cannot file your case until all of this information has been supplied.

Please try to not become overwhelmed with the paperwork. It may look scary, but we are here to help you complete it. The more info you provide, the quicker the process will be. We will review it in depth with you at your next appointment which is called the **presigning**. Any questions you have regarding your worksheet will be answered at your presigning. At your presigning we will give you a list of any missing information or info we still need. Then we will schedule your final signing appointment. Any additional questions you may have will be answered before or at your final signing appointment.

Documents Needed

You will need to bring **copies** of the following documents to our office when you come in for your presigning appointment. It is very important that you bring these items with you. If you do not have all of these items, still attend your presigning appointment and we will guide you in gathering the information. Use this page as a checklist as you gather the documents. Use the files we provide to help organize your documents.

- ___ 1. Last **six (6) months** of recent **pay stubs** from all employers. If you cannot obtain these, bring at least your most recent stub if available or whatever you do have. BUT, be aware that we are unable to run an accurate means test without a list of your last 6 months of gross income and deductions from your pay checks. You may need to contact your human resources department for this info. If you are self-employed, include operating reports. **[FILE 1]**
- ___ 2. Last **four (4) months** of recent **bank statements** for all bank and investment accounts. This includes all accounts that you have or have an interest in, including spouse's bank accounts and accounts you are listed on as a signor or guardian. **[FILE 2]**
- ___ 3. Tax returns for last **two (2) years**. **[FILE 3]**
- ___ 4. Copies of the statements/documents for the following, if applicable: retirement account statements, 401k statements, 401k loan statements, pension statements, IRA statements, annuity statements, stocks, bonds, living trust documents. **[FILE 3]**
- ___ 5. All legal documents pertaining to divorces, lawsuits or court orders which are pending or which have been finalized in the past 12 months (either entered against you or in your favor). **[FILE 3]**
- ___ 6. **NADA** for all vehicles. You may obtain by going to www.nada.com, Click on new and used car prices, enter year, make, model, mileage and special features and print out the value page for each vehicle. If you cannot do this, fill out the attached vehicle valuation sheet. **[FILE 4]**
- ___ 7. Declaration pages for Insurance for home and cars. Insurance information must state the names of the insured (you and other drivers in the case of car insurance), the policy number, the collateral that is insured, and the loss payee (the company(ies) that have liens on the property). **Your insurance liability card is NOT what we need. [FILE 4]**
- ___ 8. Copies of all life insurance policies that have a cash value. You do not need to bring copies of term life policies. **[FILE 4]**
- ___ 9. Copies of any notes or retail installment contracts from banks, credit unions, finance companies or other secured lenders. Include any security agreements or other documents listing your property as collateral for the purchase of cars, furniture, appliances, mobile homes, other personal property, or cash loans. Include payday and title loans. **[FILE 5]**
- ___ 10. Copies of any mortgage statements, property tax statements, promissory notes, Deeds of Trust, or contracts on any real estate you own or are buying. We need at a minimum a recent mortgage statement and property tax statement. You can get your property tax statement at www.hcad.org if you live in Harris County. If you can't get it, we will help you. **[FILE 6]**

Filing Information

Please Check: Individual Joint (Husband & Wife) Partnership Other _____

My debts are: Non-Business (Consumer) Business (more than 50%)

Marital Status: Single Married Divorced Widowed Life Partner

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

If married, do you and your spouse maintain separate households? YES NO

Have you lived at your current address for at least the past 180 days? YES NO

If "NO," list previous cities, states, and dates (use additional pages if necessary):

Have you lived in Texas for the last four years? YES NO

If "No," list previous state(s) and date you moved to Texas:

Have you taken cash advances or charged on any credit cards in the last 120 days? YES NO

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

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

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

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

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

Prior Bankruptcies

Have you, your spouse or business partner filed bankruptcy within the last eight (8) years? YES NO

If "YES", please list any bankruptcy filings within the last eight (8) years. Also indicate any pending bankruptcies for a spouse or business partner. Also indicate if your spouse has filed bankruptcy in the last eight (8) years (use additional sheets if necessary.)

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

Dependents

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

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

Occupation

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

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

Do you own a business or more than 5% of a business? YES NO If "YES", you will need to complete Part III (the business section) of the worksheet.

Have you owned a business or more than 5% of a business in the last 6 years? YES NO If "YES", you will need to complete Part III (the business section) of the worksheet.

Are you or have you been self-employed in the last 6 years? YES NO If "YES", you will need to complete Part III (the business section) of the worksheet.

Real Property

Do you own any real property? YES NO

Real property includes land (with or without a building), burial lots, and timeshares whether you own it wholly or just have an interest in it.

If "NO", skip to Page 9. If "YES", please complete the following worksheet. You must assign a value to your property. The value that you assign should be determined by the "fair market value" of your property. For real estate list the value for which other comparable homes in your neighborhood are selling or for which you think you could sell your house in its current condition. Please use additional sheets if necessary.

YOUR HOMESTEAD

Who owns it? Husband Wife Joint Community

Address	Amount Owed 1 st lien	\$
	Monthly Payment 1st	\$
	Amount owed 2d lien	\$
	Monthly payment 2d	\$
	Market Value	\$
Legal Description (from property tax stmt or Deed)	Appraisal District value	\$
	1 st Lienholder Name	
	1 st Lienholder phone	
	2d Lienholder name	
	2d Lienholder phone	

OTHER REAL PROPERTY

Who owns it? Husband Wife Joint Community

Address	Amount Owed 1 st lien	\$
	Monthly Payment 1st	\$
	Amount owed 2d lien	\$
	Monthly payment 2d	\$
	Market Value	\$
Legal Description (from property tax stmt or Deed)	Appraisal District value	\$
	1 st Lienholder Name	
	1 st Lienholder phone	
	2d Lienholder name	
	2d Lienholder phone	

OTHER REAL PROPERTY

Who owns it? Husband Wife Joint Community

Address	Amount Owed 1 st lien	\$
	Monthly Payment 1st	\$
	Amount owed 2d lien	\$
	Monthly payment 2d	\$
	Market Value	\$
Legal Description (from property tax stmt or Deed)	Appraisal District value	\$
	1 st Lienholder Name	
	1 st Lienholder phone	
	2d Lienholder name	
	2d Lienholder phone	

Personal Property

When filling out this part of the worksheet, use a "replacement value". This is **NOT** the price you paid for the items new or would pay for them new now. Replacement value means the price a merchant would charge for property of that kind considering the age and condition for the property at the time the value is determined (pawn shops, eBay, etc). Cars should be valued by the N.A.D.A. Official Used Car Guide. If you can, please print the report from www.nada.com. If you do not have a computer or are unable to access the website we will help you look this up if necessary, but you will need to fill out the vehicle valuation sheet below for each vehicle.

Please use additional sheets if you are asked to list each piece of property separately or you do not have room on the space provided.

“Liens” means the amount that is owed on the collateral if it is secured by a lien. For example, if you own a vehicle, you would list the amount owed to the creditor under “liens”.

Indicate who owns each item by entering one of the following in the column labeled "Owner":
H=Husband **W**=Wife **J**=Joint(Owned with another) **C**=Community(Husband and wife together)

Type of Property		Value	Liens
1. Cash on Hand			
	Owner		
		\$	\$
		\$	\$
2. Checking/Savings Accounts, Thrift Accounts, CDs, etc.			
Bank Name/Type of Account/Account Number		Owner	Value
<i>List all bank accounts even if you are only a signer</i>			Liens
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
3. Security Deposits with Landlords, Utilities, etc.			
Holder's Name		Owner	Value
			Liens
		\$	\$
		\$	\$
		\$	\$
4. Household Goods and Furnishings			
Item	Quantity	Owner	Value
<input type="checkbox"/> Television(list individually with size)			\$
			\$
			\$
			\$
			\$
<input type="checkbox"/> Entertainment Center			\$
<input type="checkbox"/> TV Stand			\$
<input type="checkbox"/> Stereo Receiver			\$
<input type="checkbox"/> DVD Player			\$
<input type="checkbox"/> VCR			\$
<input type="checkbox"/> CD Player			\$
<input type="checkbox"/> Ipod or MP3 Player			\$
<input type="checkbox"/> Record Player			\$
<input type="checkbox"/> Speakers			\$

<input type="checkbox"/> Video Game Console			\$	\$
<input type="checkbox"/> Coffee Tables			\$	\$
<input type="checkbox"/> End/Side Tables			\$	\$
<input type="checkbox"/> Sofa Tables			\$	\$
4. (cont.) Household Goods and Furnishings	Quantity	Owner	Value	Liens
<input type="checkbox"/> Recliner			\$	\$
<input type="checkbox"/> Chair			\$	\$
<input type="checkbox"/> Sofa			\$	\$
<input type="checkbox"/> Loveseat			\$	\$
<input type="checkbox"/> Sectional			\$	\$
<input type="checkbox"/> Rugs			\$	\$
<input type="checkbox"/> Lamps			\$	\$
<input type="checkbox"/> Sconces/Candle Holders (circle)			\$	\$
<input type="checkbox"/> Piano			\$	\$
<input type="checkbox"/> Other Musical Instruments:			\$	\$
			\$	\$
			\$	\$
<input type="checkbox"/> Bookcase			\$	\$
<input type="checkbox"/> Desk			\$	\$
<input type="checkbox"/> Computer Equipment(list specifically)			\$	\$
			\$	\$
			\$	\$
			\$	\$
<input type="checkbox"/> Dining Table			\$	\$
<input type="checkbox"/> Dining Chairs			\$	\$
<input type="checkbox"/> Kitchen Table			\$	\$
<input type="checkbox"/> Kitchen Chairs			\$	\$
<input type="checkbox"/> Hutch			\$	\$
<input type="checkbox"/> Dinette Set			\$	\$
<input type="checkbox"/> Flatware (forks, knives, spoons)			\$	\$
<input type="checkbox"/> Silverware (forks, knives, spoons)			\$	\$
<input type="checkbox"/> Dinnerware (plates, bowls, cups)			\$	\$
<input type="checkbox"/> China			\$	\$
<input type="checkbox"/> Crystal or Stemware			\$	\$
<input type="checkbox"/> Pots and Pans			\$	\$
<input type="checkbox"/> Miscellaneous kitchen utensils			\$	\$
<input type="checkbox"/> Miscellaneous cookware			\$	\$
<input type="checkbox"/> Small kitchen electronics(Please list)			\$	\$
			\$	\$
			\$	\$
<input type="checkbox"/> Stove/Oven			\$	\$
<input type="checkbox"/> Dishwasher			\$	\$
<input type="checkbox"/> Microwave			\$	\$
<input type="checkbox"/> Refrigerator			\$	\$
<input type="checkbox"/> Freezer			\$	\$
<input type="checkbox"/> Curio/China Cabinet			\$	\$
<input type="checkbox"/> Dresser			\$	\$
<input type="checkbox"/> Chest of Drawers			\$	\$

<input type="checkbox"/> Nightstand			\$	\$
<input type="checkbox"/> Armoire			\$	
<input type="checkbox"/> Mirror			\$	\$
<input type="checkbox"/> Bed(list sizes)			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

4. (cont.) Household Goods and Furnishings	Quantity	Owner	Value	Liens
<input type="checkbox"/> Linens			\$	\$
<input type="checkbox"/> Washer			\$	\$
<input type="checkbox"/> Dryer			\$	\$
<input type="checkbox"/> Lawn Equipment			\$	\$
<input type="checkbox"/> Hand Tools			\$	\$
<input type="checkbox"/> Power Tools			\$	\$
<input type="checkbox"/> Miscellaneous Toys			\$	\$
<input type="checkbox"/> BBQ Pit/Grill			\$	\$
<input type="checkbox"/> Clocks			\$	\$
<input type="checkbox"/> File Cabinet			\$	\$
<input type="checkbox"/> Any other household goods or furnishings (Please list) (include a/c, heaters, generators, etc.)			\$	\$
			\$	\$
			\$	\$
			\$	\$

5. Books, Pictures, Music, Art, and Other Collections				
Item	Quantity	Owner	Value	Liens
<input type="checkbox"/> Books			\$	\$
<input type="checkbox"/> Pictures/Photos			\$	\$
<input type="checkbox"/> Stamps			\$	\$
<input type="checkbox"/> Coins			\$	\$
<input type="checkbox"/> Art(Please list)			\$	\$
			\$	\$
			\$	\$
			\$	\$
<input type="checkbox"/> Statues			\$	\$
<input type="checkbox"/> Figurines			\$	\$
<input type="checkbox"/> Sports Cards			\$	\$
<input type="checkbox"/> Sports Memorabilia			\$	\$
<input type="checkbox"/> Movies (DVD's, Videos, etc.)			\$	\$
<input type="checkbox"/> Music (CD's, Records, etc.)			\$	\$
<input type="checkbox"/> Antiques (Please list)			\$	\$
			\$	\$
			\$	\$

6. Clothing	Quantity	Owner	Value	Liens
<input type="checkbox"/> Women's Suits			\$	\$
<input type="checkbox"/> Women's Tops			\$	\$
<input type="checkbox"/> Women's Pants			\$	\$
<input type="checkbox"/> Women's Dresses			\$	\$
<input type="checkbox"/> Women's Shoes			\$	\$
<input type="checkbox"/> Women's Accessories			\$	\$
<input type="checkbox"/> Handbags			\$	\$

<input type="checkbox"/> Women's Jackets or Coats			\$	\$
<input type="checkbox"/> Men's Suits			\$	\$
<input type="checkbox"/> Men's Shirts			\$	\$
<input type="checkbox"/> Men's Pants			\$	\$
<input type="checkbox"/> Men's Shoes			\$	\$
<input type="checkbox"/> Men's Accessories			\$	\$
<input type="checkbox"/> Men's Jackets or Coats			\$	\$
<input type="checkbox"/> Children's clothes			\$	\$
<input type="checkbox"/> Children's shoes			\$	\$
<input type="checkbox"/> Children's Jackets or Coats			\$	\$

7. Furs and Jewelry

Item	Quantity	Owner	Value	Liens
<input type="checkbox"/> Wedding Rings			\$	\$
<input type="checkbox"/> Engagement Rings			\$	\$
<input type="checkbox"/> Watches			\$	\$
<input type="checkbox"/> Necklaces			\$	\$
<input type="checkbox"/> Bracelets			\$	\$
<input type="checkbox"/> Rings			\$	\$
<input type="checkbox"/> Earrings			\$	\$
<input type="checkbox"/> Costume Jewelry			\$	\$
<input type="checkbox"/> Furs			\$	\$
<input type="checkbox"/> any other jewelry(list specifically)			\$	\$
			\$	\$
			\$	\$
			\$	\$

8. Firearms, Sports, Photographic, and/or Hobby Equipment

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

9. Cash Value of Insurance Policies (The amount of cash to which you have access. Include all policies even if they have no cash value. Mark "term" policies if it is not a whole life policy).

Issuer of Policy	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$
		\$	\$

10. Annuities

Issuer	Owner	Value	Liens
		\$	\$
		\$	\$

11. Education IRAs or State Tuition Plans (Must provide proof)

Account	Owner	Value	Liens
		\$	\$
		\$	\$

12. IRAs, ERISA, Keogh, 401k, 403b or Other Pension Plans

Company/Issuer	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$

13. Stocks and/or Interests in Business(es)				
Company	No. Shares	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

14. Interests in Partnerships or Joint Ventures				
Description	% Interest	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

15. Government and/or Corporate Bonds				
Company or Govt. Entity	Owner	Value	Liens	
		\$	\$	
		\$	\$	

16. Accounts Receivable				
Account	Owner	Value	Liens	
		\$	\$	
		\$	\$	

17. Alimony, Maintenance, or Other Support or Settlements				
Item	Owner	Value	Liens	
		\$	\$	
		\$	\$	
		\$	\$	

18. Other Liquidated Debts Owed to You, including Tax Refund(s)				
Tax Year	Name of Filer (if tax refund)	Owner	Value	Liens
			\$	\$
			\$	\$
			\$	\$

19. Future Interests, Life Estates, etc.				
Item	% Interest	Owner	Value	Liens
			\$	\$
			\$	\$

20. Interest in Estate of Decedent, Death Benefit Plan, Insurance, or Trust				
Item	% Interest	Owner	Value	Liens
			\$	\$
			\$	\$

21. Other Contingent & Unliquidated Claims Not Listed (This means any claims you may have against anyone. For example, lawsuits, potential lawsuits, injury claims or disability claims, money owed to you, etc.)

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

22. Patents, Copyrights, & Other Intellectual Property				
Patent number(s), product(s), etc.	Owner	Value	Liens	
		\$	\$	
		\$	\$	

23. Licenses, Franchises, or other Intangibles				
Item	Owner	Value	Liens	
		\$	\$	
		\$	\$	

24. Customer Lists or Other Lists Containing Personal Information of Others (<input type="checkbox"/> List attached)				
Item	Owner	Value	Liens	
		\$	\$	

25. Automobiles, Motorcycles, Trailers, Mobile Homes, RVs, ATVs & other Vehicles (Must list all vehicles in your name even if you do not drive)

Year, Make, and Model/Who Drives?	Owner	Value	Liens
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

26. Boats, Motors, Jet Skis & Accessories

Year, Make, and Model or Engine Type	Owner	Value	Liens
		\$	\$
		\$	\$

27. Aircraft & Accessories

Year, Make, and Model or Accessory	Owner	Value	Liens
		\$	\$

28. Office Equipment, Furniture, & Supplies (List attached)

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

29. Tools of Trade, Machinery, Fixtures, & Equipment/Supplies Used in Business (List attached)

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

30. Inventory (List attached)

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

31. Animals (Pets, farm animals, etc.)

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

32. Crops Growing or Harvested

Crop	Quantity	Owner	Value	Liens
			\$	\$
			\$	\$

33. Farming Equipment or Implements

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

34. Farming Supplies, Chemicals, & Feed

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

35. Other Property (Any items not already listed.) (royalties, mineral rights, radios, other household, etc)

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

VEHICLE VALUATION PAGE

ONLY COMPLETE IF YOU WERE UNABLE TO PRINT THE VALUE FROM THE WEBSITE

www.nada.com

COMPLETE THE FORM FOR EACH VEHICLE YOU WERE UNABLE TO PRINT THE VALUE
PUT THIS FORM IN FILE 4 IF YOU DO NOT HAVE THE NADA VALUE PRINTED

VEHICLE	YEAR	MAKE	MODEL	MILES	CONDITION
e.g. car, motorcycle, boat, RV	e.g. 2008	e.g. Ford, Harley	e.g. Escort, Yukon SLE, Accord, F-150	e.g. 75,000	e.g. good, fair, engine not running
VEHICLE	YEAR	MAKE	MODEL	MILES	CONDITION

FEATURES: AUTO TRANS A/C PREMIUM STEREO SUNROOF NAVIGATION SYSTEM TOW PK

SPECIAL WHEELS SPECIAL TIRES OTHER PACKAGES OR PREMIUMS

EXPLAIN ANY PREMIUMS OR DEFECTS THAT WOULD AFFECT

VALUE _____

VEHICLE	YEAR	MAKE	MODEL	MILES	CONDITION

FEATURES: AUTO TRANS A/C PREMIUM STEREO SUNROOF NAVIGATION SYSTEM TOW PK

SPECIAL WHEELS SPECIAL TIRES OTHER PACKAGES OR PREMIUMS

EXPLAIN ANY PREMIUMS OR DEFECTS THAT WOULD AFFECT

VALUE _____

VEHICLE	YEAR	MAKE	MODEL	MILES	CONDITION

FEATURES: AUTO TRANS A/C PREMIUM STEREO SUNROOF NAVIGATION SYSTEM TOW PK

SPECIAL WHEELS SPECIAL TIRES OTHER PACKAGES OR PREMIUMS

EXPLAIN ANY PREMIUMS OR DEFECTS THAT WOULD AFFECT

VALUE _____

VEHICLE	YEAR	MAKE	MODEL	MILES	CONDITION

FEATURES: AUTO TRANS A/C PREMIUM STEREO SUNROOF NAVIGATION SYSTEM TOW PK

SPECIAL WHEELS SPECIAL TIRES OTHER PACKAGES OR PREMIUMS

EXPLAIN ANY PREMIUMS OR DEFECTS THAT WOULD AFFECT

VALUE _____

Domestic Support Obligation

Are you currently responsible for paying any child support or alimony? YES NO

If "NO", skip to next page.

If "YES", please list here the name of the recipient(s) of any child support or alimony you are obligated to pay even if you are current on your payments. If more than two recipients, please copy this page and complete it for each recipient. We must have the actual address of the recipient, not the address for the Payment Center.

Check here if you dispute this Claim; Amount disputed: \$ _____

Recipient Name: _____

Address: _____

Telephone #: _____

Whose Debt? Husband Wife Joint

Date of Most Recent Order: _____

Are you current on your payments? Yes No

Court Case No. or Division of Family Support Case No.: _____

SUPPORT TYPE Child Spousal Other

Check here if you dispute this Claim; Amount disputed: \$ _____

Recipient Name: _____

Address: _____

Telephone #: _____

Whose Debt? Husband Wife Joint

Date of Most Recent Order: _____

Are you current on your payments? Yes No

Court Case No. or Division of Family Support Case No.: _____

SUPPORT TYPE Child Spousal Other

Monthly Income

You will need to provide your last six months of paycheck stubs before filing, if possible. Begin collecting them now. If you are not capable of providing them, you will need to sign an affidavit to that effect and provide your detailed income information.

	Primary Debtor		Spouse/Joint Debtor	
Pay Period (circle one)	<u>Job #1</u>	<u>Job #2</u>	<u>Job #1</u>	<u>Job #2</u>
	Monthly, semi-monthly, weekly, bi-weekly	Monthly, semi-monthly, weekly, bi-weekly	Monthly, semi-monthly, weekly, bi-weekly	Monthly, semi-monthly, weekly, bi-weekly
Gross per pay period	\$ _____	\$ _____	\$ _____	\$ _____
Are you contributing to a 401K?	<u>Yes / No</u>		<u>Yes / No</u>	
How much per pay period?	\$ _____		\$ _____	
Do you have 401k loans?	<u>Yes / No</u>		<u>Yes / No</u>	
For <u>each</u> 401k loan	1. _____		1. _____	
Provide the total amount	2. _____		2. _____	
Owed and pay-off date	3. _____		3. _____	
You will need to provide				
Documentation.				

OTHER SOURCES OF INCOME

Business (gross)	\$
Property Rental	\$
Retirement/Pension	\$
Alimony/Support	\$
Social Security	\$
SS for Dependents	\$
Disability	\$
VA benefits	\$
Family Assistance	\$
Oil/Gas Royalties	\$
Interest/Dividends	\$
Other Gov't Assistance (SNAP, etc)	\$
Roommate contrib	\$

Business(gross)	\$
Property Rental	\$
Retirement/Pension	\$
Alimony/Support	\$
Social Security	\$
SS for Dependents	\$
Disability	\$
VA benefits.	\$
Family Assistance	\$
Oil/Gas Royalties	\$
Interest/Dividends	\$
Other Gov't Assistance (SNAP, etc)	\$
Roommate contrib	\$

Please describe any special circumstances or changes expected to occur in the next 12 months that might change your income. This would include things like an expected raise, potential lay-off, increase/decrease in overtime, new job, etc. Also list any income source not listed above.

Monthly Budget/Expenses

For variable expenses, figure how much you typically spend in a year and divide by twelve. For example, your electricity bill may be more in the summer than the winter, so you need to average the payments over twelve months to calculate your monthly expense.

Housing		
Mortgage/Rent	\$	Includes taxes and insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, specify amounts below.
2 nd Mortgage	\$	Includes taxes and insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, specify amounts below unless included in first mortgage.
Property Tax	\$	Skip if included in mortgage. If paid directly, divide annual tax bill by 12 (monthly amount)
Home Insurance	\$	Skip if included in mortgage. If paid directly, divide annual ins. Premiums by 12 (monthly amount) If you have renter's insurance, include it here.
H.O.A	\$	Any homeowner's association dues. If paid directly, divide annual HOA. Premiums by 12 (monthly amount)
Home Maintenance	\$	This includes things like lawn care, yearly repairs, pest control, etc. This is a variable expense so average how much you spend monthly
Utilities		
This is a variable expense so average how much you spend monthly		
Electricity	\$	
Gas	\$	
Water/Sewer	\$	
Cable T.V.	\$	
Internet	\$	
Telephone		
Home	\$	
Mobile	\$	
Food		
Groceries	\$	
Eating Out	\$	
School lunches	\$	
Medical		
Do not include insurance premiums or items deducted from paycheck.		
Medical	\$	Regular doctor visits or other services paid out of pocket. Do not include amounts you are reimbursed.
Dental	\$	Regular dental visits or payments paid out of pocket. Do not include amounts you are reimbursed.
Prescriptions	\$	
Transportation		
Do not include car payments		
Gas	\$	This is a variable expense so average how much you spend monthly

Maintenance	\$	Oil changes, registration, tires, brakes, annual maintenance. This is a variable expense so average how much you spend monthly	
Insurance		Do not include if these payments are deducted from your paycheck.	
Life	\$		
Auto	\$		
Health	\$	Do not list deposits for Health Savings Accounts here. Only list health insurance not deducted from check. Please list HSA separately below.	
HSA	\$	Health Savings Account deposits if not deducted from paycheck.	
Miscellaneous			
Childcare	\$		
Extra-curricular activities	\$	This includes activities such as sports, band, scouts, etc that your children participate in. This is a variable expense so average monthly.	
Support	\$	Alimony, maintenance and support paid to others. Includes child and spousal, but do not include if already deducted out of paycheck.	
Other support	\$	Support of dependents not living in your home. May include elderly parents (for college students, see below).	
Clothing	\$	This is a variable expense so average how much you spend monthly	
Laundry/ Dry Cleaning	\$		
Personal Grooming	\$	Haircuts, Manicures, etc	
Pet care	\$		
Toiletries	\$		
Charity	\$	Do not include items deducted from your paycheck. Include tithes only if you have a history of tithing.	
Recreation	\$	Clubs, entertainment, newspapers, magazines, cigarettes etc.	
Farm vehicles and equipment	\$	Maintenance and repair of any farming vehicles, equipment or tools	
Taxes		Do not include taxes deducted from pay or included in mortgage pymt.	
Taxes	\$	Specify:	
Taxes	\$	Specify:	
Taxes	\$	Specify:	
Installments			
Auto 1	\$	Vehicle:	
Auto 2	\$	Vehicle:	
Auto 3	\$	Vehicle:	
Other Vehicle	\$	Vehicle:	
Other (Conn's,	\$	Specify:	

Gallery Furniture, Dell, etc.). Do not include credit card payments	\$	Specify:	
	\$	Specify:	
Education			
College Tuition	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
College Expenses	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
College Saving Plan	\$	<input type="checkbox"/> Personal or <input type="checkbox"/> State sponsored savings plans?	
Private Schooling	\$		
Special Needs	\$	Education for Special Needs children at home or living elsewhere.	
Other Property			
Mortgages	\$	List any mortgage payments you have on real estate other than your homestead.	
Land Maintenance	\$	List the total amount necessary to maintain any land you own, not including your Homestead. (Examples include brush clearing, etc.)	
Land Taxes	\$	Taxes on land other than your homestead.	
Bldg. Maintenance	\$	Maintenance of buildings/structures you own that are not your homestead.	
Other			
List any expenses not previously listed (excluding business expenses)			
	\$	Specify:	
	\$	Specify:	
	\$	Specify:	
	\$	Specify:	

Please describe any special circumstances or changes expected to occur in the next 12 months that might change your budget. This would include things like baby expected, moving, beginning school, increased medical expenses, need new car, etc.

I have read all of the above questions and have answered them completely and accurately to the best of my ability with reasonable amounts of effort.

DATED: _____

CLIENT

CO-CLIENT

Leases and Contracts

(Attach additional sheets if necessary)

	<p>Do you have any unexpired leases or executory contracts of any kind? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Leases include apartment leases, house leases, car leases, etc.</p> <p>Executory contracts include cell phone contracts, contracts for deed, contracts for sale, contracts for services, etc.</p> <p>If "NO", skip to page 21. If "YES", please list all parties to the contract or lease and describe the nature of the interest. Please indicate whether you wish to assume (keep) or reject (end) the contract or lease by circling "Y" or "N" when asked.</p>	
DESCRIPTION (Type of contract/lease)	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:
ASSUME? Y or N		
DESCRIPTION (Type of contract/lease)	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:
ASSUME? Y or N		
DESCRIPTION (Type of contract/lease)	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:
ASSUME? Y or N		
DESCRIPTION (Type of contract/lease)	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:
ASSUME? Y or N		

Creditors

If we have not pulled your credit report, you **MUST** list all of your creditors below. If we have pulled your credit report, please review the information for accuracy and to make sure **ALL** creditors are listed. All creditors may not be on your credit report. Credit Reports are not always accurate. Any creditors which are not listed on your credit report **MUST** be listed below. Even if a creditor is listed on your report, we **MUST** have an accurate address to notice the creditor. This means if there is not an address listed in the bankruptcy notice section of your credit report, you must provide us with the last address you have for a creditor from your most recent bill. List the correspondence, **not** the payment address. It is YOUR responsibility to make sure all creditors are listed accurately with correct account numbers and addresses. Failure to list a creditor is against the law and could result in you losing your discharge. **Please be very careful when completing and reviewing your list of creditors.**

What is a secured debt? A secured debt is a debt which has collateral or security in the form of property. Houses, land, cars, large appliances and furniture that have liens attached are all examples of secured debts.

What is a priority debt? A priority debt is a tax or administrative debt. Child support is also a priority debt. Monies owed to the Internal Revenue Service and other taxing authorities are the best examples of priority debt. However, there are many circumstances where the IRS could also be a secured (if they have a lien on property) or even an unsecured debt (if the debt is too old).

What is an unsecured debt? Unsecured creditors do not have any collateral to secure payment of your debt. Examples include most credit cards, medical bills, and signature loans. **Student loans are also unsecured creditors; however, those debts are nondischargeable in most instances.**

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:			
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:			
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car , personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:			
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:			
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt?	Date Incurred	
	<input type="checkbox"/> Husband	Amount Owed	
	<input type="checkbox"/> Wife	Value of Collateral	
	<input type="checkbox"/> Joint	Contract Interest	%
	<input type="checkbox"/> Community	Contract Pmt.	
Account No.:			
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
Account No.:		Contract Pmt.	
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
Account No.:		Contract Pmt.	
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
Account No.:		Contract Pmt.	
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

Check here if you dispute this claim; Amount disputed: \$ _____

Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	

Account No.:

Description of Collateral (if any) Do you want to keep collateral or surrender?

Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)

Check here if you dispute this claim; Amount disputed: \$ _____

Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	

Account No.:

Description of Collateral (if any) Do you want to keep collateral or surrender?

Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)

Check here if you dispute this claim; Amount disputed: \$ _____

Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	

Account No.:

Description of Collateral (if any) Do you want to keep collateral or surrender?

Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
Account No.:		Contract Pmt.	
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
Account No.:		Contract Pmt.	
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
Account No.:		Contract Pmt.	
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
Account No.:		Contract Pmt.	
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
Account No.:		Contract Pmt.	
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

<input type="checkbox"/> Check here if you dispute this claim; Amount disputed: \$ _____			
Creditor Name and Address	Whose Debt? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	Date Incurred	
		Amount Owed	
		Value of Collateral	
		Contract Interest	%
Account No.:		Contract Pmt.	
Description of Collateral (if any) Do you want to keep collateral or surrender?			
Nature of debt (for example credit card, homestead, car, personal loan, medical, payday loan etc)			

Statement of Financial Affairs

ALL QUESTIONS ARE TO BE ANSWERED COMPLETELY AND HONESTLY. Intentionally omitting or giving false information may be a punishable felony. Further, filing false documents is grounds for the Court to deny a discharge, meaning that your creditors can still pursue you. This warning is not meant to scare you, but only to show you the importance of answering the following questions completely and accurately.

Questions 1 - 20 must be completed in all cases. If you are not (and have not been in the last 6 years) self-employed or a business owner, you may stop after question 20. Only clients that are or have been in business, as defined below, are required to complete Part III.

If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, page number, and the number of the question. Please also check the box at the bottom of the appropriate page to show us that you have attached additional pages. Each question must be answered.

Information about Spouses

Spouses filing jointly should fill out a single statement on which the information for both spouses is combined.

If the case is to be filed under **Chapter 7, Chapter 12** or **Chapter 13**, a married client **must** furnish information for both spouses whether or not the spouse also files, unless the spouses are separated and the absent spouse does not join in filing. So, answer questions 1-18 for both spouses unless you are separated. If this is the case, your situation must be discussed with your attorney as issues may arise.

Business Clients

Clients that are or have been in business, as defined below must complete Questions 1-20 , but must also complete Questions 21–28 which are located in the business section of the bankruptcy worksheet which we will give you or you may find on the website..

An individual client engaged in business as a sole proprietor, partner, family farmer or self-employed professional, should provide all of the information requested on this statement as well as complete Part III (the business section) of the bankruptcy worksheet.

DEFINITIONS

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

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

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

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. **What is your current marital status?**

- Married
- Not married

2. **During the last 4 years, have you lived anywhere other than where you live now?**

- No
- Yes. List all of the places you lived in the past 4 years with dates.

PLACE	DATES

3. **Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- No
- Yes

Part 2: Explain the Sources of Your Income

4. **Income from employment or operation of business.**

State the gross (before taxes and deductions) amount of income received from employment or from the operation of your business from the beginning of this calendar year to the date this case was filed. You can get this information from your yearly tax return or W-2. Include all jobs and businesses. Even if part-time. State also the gross amounts received during the two years immediately preceding this calendar year. *State income for each spouse separately.*

YEAR	INCOME AMOUNT		SOURCE (<u>Circle All that apply</u> add additional pages, if needed)
THIS YEAR YTD	Debtor	\$ _____ \$ _____ \$ _____	W-2 Employment, Self- Employment, Business income, Independent Contractor Income (1099)
	Joint Debtor	\$ _____ \$ _____ \$ _____	W-2 Employment, Self- Employment, Business income, Independent Contractor Income (1099)
LAST YEAR	Debtor	\$ _____ \$ _____ \$ _____	W-2 Employment, Self- Employment, Business income, Independent Contractor Income (1099)
	Joint Debtor	\$ _____ \$ _____ \$ _____	W-2 Employment, Self- Employment, Business income, Independent Contractor Income (1099)
YEAR BEFORE	Debtor	\$ _____ \$ _____ \$ _____	W-2 Employment, Self- Employment, Business income, Independent Contractor Income (1099)
	Joint Debtor	\$ _____ \$ _____ \$ _____	W-2 Employment, Self- Employment, Business income, Independent Contractor Income (1099)

5. Income other than from employment or operation of business.

State the **gross** amount of income received by the client **other than** from employment or operation of the client's business during this year and the **two years** immediately preceding the filing of this case. Give particulars. **State income for each spouse separately.**

YEAR	INCOME AMOUNT		SOURCE (if more than one, include additional pages)
THIS YEAR YTD	Debtor	\$ _____ \$ _____ \$ _____	(Circle all that apply) Unemployment, Workers Comp, Social Security, Disability, Child Support, Alimony, Roommate, Rental Income, IRA or 401k distributions, Retirement, Pension, Annuity, Dividends, Family Contributions, Sale of Property, Mineral Rights
	Joint Debtor	\$ _____ \$ _____ \$ _____	(Circle all that apply) Unemployment, Workers Comp, Social Security, Disability, Child Support, Alimony, Roommate, Rental Income, IRA or 401k distributions, Retirement, Pension, Annuity, Dividends, Family Contributions, Sale of Property, Mineral Rights
LAST YEAR	Debtor	\$ _____ \$ _____ \$ _____	(Circle all that apply) Unemployment, Workers Comp, Social Security, Disability, Child Support, Alimony, Roommate, Rental Income, IRA or 401k distributions, Retirement, Pension, Annuity, Dividends, Family Contributions, Sale of Property, Mineral Rights
	Joint Debtor	\$ _____ \$ _____ \$ _____	(Circle all that apply) Unemployment, Workers Comp, Social Security, Disability, Child Support, Alimony, Roommate, Rental Income, IRA or 401k distributions, Retirement, Pension, Annuity, Dividends, Family Contributions, Sale of Property, Mineral Rights
YEAR BEFORE	Debtor	\$ _____ \$ _____ \$ _____	(Circle all that apply) Unemployment, Workers Comp, Social Security, Disability, Child Support, Alimony, Roommate, Rental Income, IRA or 401k distributions, Retirement, Pension, Annuity, Dividends, Family Contributions, Sale of Property, Mineral Rights
	Joint Debtor	\$ _____ \$ _____ \$ _____	(Circle all that apply) Unemployment, Workers Comp, Social Security, Disability, Child Support, Alimony, Roommate, Rental Income, IRA or 401k distributions, Retirement, Pension, Annuity, Dividends, Family Contributions, Sale of Property, Mineral Rights

**REMINDER:
ANSWER ALL OF THE FOLLOWING QUESTIONS FOR BOTH SPOUSES IF MARRIED**

Part 3: List Certain Payments You Made Before You Filed For Bankruptcy

6. Are either Debtors' debts primarily consumer debts? Consumer debts are debts incurred by an individual primarily for a personal, family or household expense.

- YES Debtors have primarily consumer debts, then answer "a." below.
 NO Debtors do not have primarily consumer debts, then answer "b" below.

a. Have you paid more than \$600 (total) within the past 90 days to any one creditor? YES NO

If "NO", skip to question 7. If "YES", list all payments to any one creditor totaling more than \$600 made within 90 days immediately preceding the filing of this case. Do not forget house, car or credit card payments if they total more than \$600

CREDITOR	DATES OF PAYMENTS	PAYMENT AMOUNT OR TOTAL OF ALL PAYMENTS	AMOUNT STILL OWING

b. Debtor whose debts are not primarily consumer debts. Have you paid or transferred property totaling \$ 6,425.00 to any one creditor within the past 90 days? YES NO

If "NO", skip to question 7. If "YES", list each payment or other transfer to any creditor made within the last 90 days immediately preceding the commencement of this case if the aggregate (total) value of all property transfers or payments is more than \$6,425.00.

CREDITOR	DATES OF PAYMENTS	PAYMENT AMOUNT OR TOTAL OF ALL PAYMENTS	AMOUNT STILL OWING

7. Within 2 years before filing bankruptcy did you make a payment on a debt you owed anyone who was an insider? Include payments for domestic support obligations and payments made to family members.

- YES NO

If "NO", skip to question 8. If "YES", list all payments made within the **two years** immediately preceding the filing of this case to or for the benefit of creditors who are or were insiders. (NOTE: "Insider" is defined on the first page.)

NAME AND ADDRESS OF INSIDER	DATES OF PAYMENTS	PAYMENT AMOUNT OR TOTAL OF ALL PAYMENTS	AMOUNT STILL OWING

8. **Within 2 years before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefitted an insider?** Include payments on debts guaranteed or cosigned by an insider.

YES NO if "YES", list all payments made within the **two years** immediately preceding the filing of this case to or for the benefit of creditors who are or were insiders. (NOTE: "Insider" is defined on the first page.)

NAME AND ADDRESS OF INSIDER U	DATES OF PAYMENTS	TOTAL OF PAYMENTS	AMOUNT STILL OWING

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Suits and administrative proceedings, heirships, trusts, executions, garnishments and attachments**

a. **Are you a party or involved in any type of lawsuit, divorce, child support or other legal proceeding or have you been** in the last 12 months? YES NO

If "NO", skip to question 4b. If "YES", list all suits or legal proceedings to which you are or were a party within **one year** immediately preceding the filing of this bankruptcy case

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION

b. **Are you an heir or potential heir under anyone's will or estate?** YES NO

If "NO", skip to question 4c. If "YES", you will need to discuss this with your attorney.

c. **Are you a beneficiary under any Trusts?** YES NO

If "NO", skip to question 10. If "YES", you will need to discuss this with your attorney.

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized or levied?** YES NO

If "NO", skip to question 6. If "YES", list all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the filing of this case.

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY

11. Within 90 days before your filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

YES NO

If "NO", skip to question 12. If "YES", give details.

NAME AND ADDRESS OF CREDITOR	ACTION CREDITOR TOOK	DATE OF ACTION	AMOUNT

12. Within 1 year before you filed for bankruptcy, 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? YES NO

If "NO", skip to question 13. If "YES", give details.

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE, TITLE & NO.	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

7. Gifts within past 12 months.

Have you made any gifts or charitable contribution in the last 12 months? YES NO

If "NO", skip to question 8. If "YES", list all gifts or charitable contributions made within **one year** immediately preceding the filing of this case except ordinary and usual gifts to family members totaling less than \$200 in value per individual family member and charitable contributions totaling less than \$100 per recipient. **Include tithes here.**

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO CLIENT, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT

8. Fire, Theft, Gambling or Casualty losses within past 12 months.

Have you had any losses from fire, theft, other casualty or gambling within the past 12 months?

YES NO

If "NO", skip to question 9. If "YES", list all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the filing of this case **or since the filing of this case.**

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE. GIVE PARTICULARS	DATE OF LOSS

9. Payments related to debt counseling or bankruptcy within past 12 months.

List all payments made or property transferred by or on behalf of the client to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the filing of this case.

NAME AND ADDRESS OF PAYEE	NAME OF PAYOR IF OTHER THAN CLIENT	DATE OF PAYMENT	

10. Any and All Other transfers within past 24 months.

Have you transferred any property of any kind within the past 24 months? Transferred means sold, traded, or given away. YES NO

If "NO", skip to question 11. If "YES", list all other property of any kind, transferred either absolutely or as security within **two years** immediately preceding the filing of this case.

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO CLIENT	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

11. Financial Accounts and Instruments closed, sold, or transferred within past 12 months.

Have you closed, sold or transferred any financial accounts including checking, savings, or other financial accounts, certificates of deposit, or other instruments; share accounts held in banks, credit unions, pension funds, associations, brokerage houses and other financial institutions in the last 12 months? YES NO

If "NO", skip to question 12. If "YES", list all financial accounts and instruments held in your name or for your benefit which were closed, sold or otherwise transferred within **one year** immediately preceding the filing of this case.

NAME AND ADDRESS OF INSTITUTION	AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Acct. No.:		
Acct. No.:		
Acct. No.:		

12. Safe deposit boxes where you had things in past 12 months.

Do you have or have you had a safe deposit box in the last 12 months? YES NO

If "NO", skip to question 13. If "YES", list each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within **one year** immediately preceding the filing of this case. (*Married clients must include boxes or depositories of either or both spouses whether or not a joint petition is filed.*)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY & DATE OF TRANSFER OR SURRENDER, IF ANY		CONTENTS
Date Transferred/Surrendered:		
Date Transferred/Surrendered:		
NAMES AND ADDRESSES OF THOSE WITH ACCESS		

13. Setoffs.

Has any creditor (including a bank) made a **setoff**, against a debt or deposit of yours within **90 days** preceding the filing of this case? **Setoff** means they kept money or property of yours to offset a debt. YES NO

If "NO", skip to question 14. If "YES", list all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the filing of this case.

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT

14. Property held for another person.

Are you holding or controlling **any** property that belongs to someone else? For example, are you driving someone's car or storing property for another person? YES NO

If "NO", skip to question 15. If "YES", list all property owned by another person that you hold or control.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY
	Value:
LOCATION OF PROPERTY:	
NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY
	Value:
LOCATION OF PROPERTY:	

15. Prior address within past 36 months.

Have you moved anytime within the **three years** immediately preceding the filing of this case?

YES NO

If "NO", skip to question 16. If "YES", list all premises which you occupied during that period and vacated prior to the filing of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME(S) USED	DATES OF OCCUPANCY

16. Spouses and Former Spouses.

Are you currently married or have you been married in the last 8 years? YES NO

If "NO", skip to question 17. If "YES", identify the name of your spouse and of any former spouse who resides or resided with you within the **eight-year period** immediately preceding the commencement of the case.

NAME AND ADDRESS OF CURRENT/FORMER SPOUSES AND DATES RESIDED TOGETHER IN LAST 8 YEARS	

17. Claims and Potential Claims

Do you have any claim or potential claim of any sort against anyone? YES NO

This may include lawsuits, potential claims for injury or disability, claims for child support, claims for breach of contract, claims for wrongful termination, claims for money or property owed, claims for car accidents or any other potential claim. Failure to list a claim may result in loss of your rights to that claim or potential loss of your discharge. You do not have to be actually suing someone to have a claim.

If the answer is "NO", skip to question 18. If the answer is "YES", please list the details of the claim.

Name and address of person or entity who you have claim against	Details giving rise to the claim	Date claim arose

18. Bank accounts

Are you on anyone else's bank account as a signatory or guardian? YES NO

If "NO", skip to question 19. If "YES", this bank account must be listed on your asset list and you will need to discuss this with your attorney. This includes bank accounts in the name of your parents, children or businesses.

19. Property held for your benefit

Is anyone holding property of yours that you do not have in your possession? YES NO

If "NO", skip to question 20. If "YES", this property must be listed on your asset list.

20. Environmental Information

a. Have you received notice in writing from a governmental unit that you may be liable or potentially liable under or in violation of Environmental Law for a site? YES NO

b. Have you provided notice to a governmental unit of a release of Hazardous Material? YES NO

c. Are you a party to any judicial or administrative proceedings, including settlements or orders, under any Environmental Law? YES NO

I have read all of the above questions and have answered them completely and accurately to the best of my ability with reasonable amounts of effort.

DATED: _____

CLIENT

CO-CLIENT

YOU DO NOT NEED TO COMPLETE THE BUSINESS SECTION OF THE BANKRUPTCY WORKSHEET UNLESS YOU ARE OR HAVE BEEN SELF-EMPLOYED OR OWN OR HAVE OWNED MORE THAN 5% OF A BUSINESS IN THE LAST SIX (6) YEARS.

IF YOU ARE OR HAVE BEEN SELF-EMPLOYED OR OWN OR OWNED MORE THAN 5% OF A BUSINESS IN THE LAST SIX (6) YEARS, YOU MUST COMPLETE THE BUSINESS SECTION. WE WILL PROVIDE IT TO YOU OR YOU MAY OBTAIN IT ON THE WEBSITE.