

## FINANCIAL QUESTIONNAIRE

*All questions contained in this questionnaire are strictly confidential and will become part of your case file.*

### General Information

Name (Last, First, M.I.):		Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB	SSN
All other names used in the last 8 years				
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Street	City	Zip Code	County of residence	
Mailing Address <input type="checkbox"/> Y <input type="checkbox"/> N	Street	City	Zip Code	
Prior Bankruptcy <input type="checkbox"/> Y <input type="checkbox"/> N	Date Filed	Case Number	Location	

Joint Debtor (Last, First, M.I.):		Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB	SSN
All other names used in the last 8 years				
Street	City	Zip Code	County of residence	
Mailing Address <input type="checkbox"/> Y <input type="checkbox"/> N	Street	City	Zip Code	
Prior Bankruptcy <input type="checkbox"/> Y <input type="checkbox"/> N	Date Filed	Case Number	Location	

### Real Estate owned in the last 4 years (Schedule A)

In Whose Name	Year Purchased	Purchase Price
Description <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condo <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Ranch <input type="checkbox"/> Split Level <input type="checkbox"/> Two Story <input type="checkbox"/> Square Feet _____		
Street	City	State <input type="checkbox"/> MO <input type="checkbox"/> Other _____ Zip Code
Your Legal Ownership <input type="checkbox"/> Individual <input type="checkbox"/> With Spouse <input type="checkbox"/> With Others	Other Join Owner	
County Assessor Value	Last Appraisal	Keep <input type="checkbox"/> Y <input type="checkbox"/> N Market Value
Lien Holder Name _____  Date Lien Incurred _____	<input type="checkbox"/> 1 <sup>st</sup> Mortgage <input type="checkbox"/> 2 <sup>nd</sup> Mortgage <input type="checkbox"/> 3 <sup>rd</sup> Mortgage <input type="checkbox"/> Home Equity <input type="checkbox"/> Judgment <input type="checkbox"/> Other _____	Address _____  Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Debtor _____
		Balance due: \$ _____ Monthly payment \$ _____ Separate Escrow \$ _____ Separate Escrow \$ _____ Keep <input type="checkbox"/> Y <input type="checkbox"/> N
Lien Holder Name _____  Date Lien Incurred _____	<input type="checkbox"/> 1 <sup>st</sup> Mortgage <input type="checkbox"/> 2 <sup>nd</sup> Mortgage <input type="checkbox"/> 3 <sup>rd</sup> Mortgage <input type="checkbox"/> Home Equity <input type="checkbox"/> Judgment <input type="checkbox"/> Other _____	Address _____  Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Debtor _____
		Balance due: \$ _____ Monthly payment \$ _____ Separate Escrow \$ _____ Separate Escrow \$ _____ Keep <input type="checkbox"/> Y <input type="checkbox"/> N
Lien Holder Name _____	<input type="checkbox"/> 1 <sup>st</sup> Mortgage <input type="checkbox"/> 2 <sup>nd</sup> Mortgage	Address _____  Balance due: \$ _____

Date Lien Incurred _____	<input type="checkbox"/> 3 <sup>rd</sup> Mortgage <input type="checkbox"/> Home Equity <input type="checkbox"/> Judgment <input type="checkbox"/> Other _____	Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Debtor _____	Monthly payment \$ _____ Separate Escrow \$ _____ Separate Escrow \$ _____ Keep <input type="checkbox"/> Y <input type="checkbox"/> N
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### Other Real Estate, Time Share, Condos Investment etc. (Schedule A continued)

In Whose Name		Year Purchased	Purchase Price
Description <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condo <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Ranch <input type="checkbox"/> Split Level <input type="checkbox"/> Two Story <input type="checkbox"/> Square Feet _____			
Street	City	State <input type="checkbox"/> MO <input type="checkbox"/> Other _____	Zip
Your Legal Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> With Spouse <input type="checkbox"/> With Others	Other Join Owner	
County Assessor Value	Last Appraisal	Keep <input type="checkbox"/> Y <input type="checkbox"/> N	Market Value

### Personal Property (Schedule B)

Please list all personal property in which you have any ownership interest no matter how small.

Property	Account Number (if any)	Description	Value
Cash on Hand			
Savings Account		Address	
Savings Account		Address	
Checking Account		Address	
Checking Account		Address	
Pay Pal Account		Address	
Childs Account		Address	
Any Other Account		Address	
Security Deposit		Address	
Household Goods		All household goods and furnishings (furniture, appliances, audio, video, tv, stereo, computer equipment, accessories, etc)	(garage sale value)
Yard Tools		Yard tools, lawnmower, mechanic tools, hand tolls power tools Do you use these to make your living? <input type="checkbox"/> Y <input type="checkbox"/> N	(garage sale value)
Computers		Computers, laptops, printers monitors used by family and home	(garage sale value)
Print Material		Books, Paperbacks, kids books, pictures, art objects	(garage sale value)
Antique/collections		Antiques , collectables, stamps, coins, cds, movies, dvd, any collection of any kind	(garage sale value)
Clothing		Used clothing	(garage sale value)
Furs, jewelry			(garage sale value)
Wedding rings			

Hobby equipment		Guns, sports equipment, cameras, photo equipment, other hobby equipment	(garage sale value)
Childs Equipment		Sports, camera, video, photographic, hobby	(garage sale value)
Life Insurance		Cash value now - not the amount paid at death	
Annuities		Tax sheltered annuities, investment annuities, settlement annuities	
Education IRA		Husband Wife	
Retirement		IRA, ERISA, 401-K, 403-B, pension and profit sharing plans	
Investments		Stocks, Mutual Funds Company: Shares: Price per share:	
Business		Ownership interest in any business, Name of business: Interest owned:	
Business		Partnerships and Joint ventures Name of Business: Interest Owned:	
Other Investments		Government Bonds, Corporate Bonds or negotiable interest	
Accounts receivable		Money someone owes you	
Settlements		Alimony, maintenance, Property Settlements <b>OWED TO YOU</b>	
Tax Refunds		Are you generally entitled to a tax refund <input type="checkbox"/> Y <input type="checkbox"/> N	
Inheritance		Future estates, possible inheritances, named in will or trust <input type="checkbox"/> Y <input type="checkbox"/> N	
Inheritance		Interest in will, trust, death benefit, Insurance or in any decedent's estate <input type="checkbox"/> Y <input type="checkbox"/> N	
Claims		Claim of any nature you have against anyone , such as lawsuits, personal injury, workers' comp claims	
Intellectual Property		Patents, Copyrights etc	
Intangibles		Licenses, franchise	
Vehicle		Yr.    Make:    Model    Miles    Keep <input type="checkbox"/> Y <input type="checkbox"/> N	
Vehicle		Yr.    Make:    Model    Miles    Keep <input type="checkbox"/> Y <input type="checkbox"/> N	
Vehicle		Yr.    Make:    Model    Miles    Keep <input type="checkbox"/> Y <input type="checkbox"/> N	
Vehicle		Yr.    Make:    Model    Miles    Keep <input type="checkbox"/> Y <input type="checkbox"/> N	
Motorcycle/ATV		Yr.    Make:    Model    Miles    Keep <input type="checkbox"/> Y <input type="checkbox"/> N	
Water Craft		Yr.    Make:    Model    Miles    Keep <input type="checkbox"/> Y <input type="checkbox"/> N	
Trailers		Yr.    Make:    Model    Miles    Keep <input type="checkbox"/> Y <input type="checkbox"/> N	
Mobile Home		Yr.    Make:    Model    Size    Keep <input type="checkbox"/> Y <input type="checkbox"/> N	
Other Vehicles		Yr.    Make:    Model    Miles    Keep <input type="checkbox"/> Y <input type="checkbox"/> N	
Aircraft			
Office equipment		Used in Business	
Tools of Trade		Tools used to do your regular job	
Business		Machinery, fixtures equipment and supplies used in business	
Inventory		Business inventory	
Animals		Livestock and animals worth over \$200.00	
Crops		Planted or harvested crops	

Farms		Equipment and implements	
Other		Personal property of any kind what so ever	
Medical devises		Medical equipment and devises of any kind	
Burial Plots			
Storage		Your property in storage, or at someone's home or anywhere else	
Other			

## Creditors Holding Secured Claims ( Schedule D)

**Please list all secured debts. These are generally loans on vehicles, homes, some jewelry, furniture and high-end electronics.**

Creditor Name	Reason for Debt	Full Address and Account NO.	Details
Name  Description	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Loan <input type="checkbox"/> Secured Credit Card <input type="checkbox"/> Furniture <input type="checkbox"/> Jewelry <input type="checkbox"/> Other	Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	FMV _____ Date Purchased: _____ Balance due: _____ Monthly payment _____ Keep <input type="checkbox"/> Y <input type="checkbox"/> N
Name  Description	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Loan <input type="checkbox"/> Secured Credit Card <input type="checkbox"/> Furniture <input type="checkbox"/> Jewelry <input type="checkbox"/> Other	Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	FMV _____ Date Purchased: _____ Balance due: _____ Monthly payment _____ Keep <input type="checkbox"/> Y <input type="checkbox"/> N
Name  Description	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Loan <input type="checkbox"/> Secured Credit Card <input type="checkbox"/> Furniture <input type="checkbox"/> Jewelry <input type="checkbox"/> Other	Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	FMV _____ Date Purchased: _____ Balance due: _____ Monthly payment _____ Keep <input type="checkbox"/> Y <input type="checkbox"/> N
Name  Description	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Loan <input type="checkbox"/> Secured Credit Card <input type="checkbox"/> Furniture <input type="checkbox"/> Jewelry <input type="checkbox"/> Other	Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	FMV _____ Date Purchased: _____ Balance due: _____ Monthly payment _____ Keep <input type="checkbox"/> Y <input type="checkbox"/> N
Name  Description	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Loan <input type="checkbox"/> Secured Credit Card <input type="checkbox"/> Furniture <input type="checkbox"/> Jewelry <input type="checkbox"/> Other	Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	FMV _____ Date Purchased: _____ Balance due: _____ Monthly payment _____ Keep <input type="checkbox"/> Y <input type="checkbox"/> N
Name  Description	<input type="checkbox"/> Vehicle <input type="checkbox"/> Home Loan <input type="checkbox"/> Secured Credit Card <input type="checkbox"/> Furniture <input type="checkbox"/> Jewelry <input type="checkbox"/> Other	Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	FMV _____ Date Purchased: _____ Balance due: _____ Monthly payment _____ Keep <input type="checkbox"/> Y <input type="checkbox"/> N

## Creditors Holding Priority Debts (Schedule E)

Please list all priority debts: Generally past due Taxes, Child Support and Alimony or Maintenance

Name of Creditor	Type of debt owed	Full Address	Details
	<input type="checkbox"/> IRS Taxes Yr. _____ <input type="checkbox"/> Mo. Tax Yr. _____ <input type="checkbox"/> Other State Tax <input type="checkbox"/> Subdivision Fee <input type="checkbox"/> Real Estate Tax <input type="checkbox"/> Personal Property tax <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support	Address _____  Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Years Due : _____  Balance due: _____  Offer of compromise <input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> IRS Taxes Yr. _____ <input type="checkbox"/> Mo. Tax Yr. _____ <input type="checkbox"/> Other State Tax <input type="checkbox"/> Subdivision Fee <input type="checkbox"/> Real Estate Tax <input type="checkbox"/> Personal Property tax <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support	Address _____  Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Years Due : _____  Balance due: _____  Offer of compromise <input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> IRS Taxes Yr. _____ <input type="checkbox"/> Mo. Tax Yr. _____ <input type="checkbox"/> Other State Tax <input type="checkbox"/> Subdivision Fee <input type="checkbox"/> Real Estate Tax <input type="checkbox"/> Personal Property tax <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support	Address _____  Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Years Due : _____  Balance due: _____  Offer of compromise <input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> IRS Taxes Yr. _____ <input type="checkbox"/> Mo. Tax Yr. _____ <input type="checkbox"/> Other State Tax <input type="checkbox"/> Subdivision Fee <input type="checkbox"/> Real Estate Tax <input type="checkbox"/> Personal Property tax <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support	Address _____  Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Years Due : _____  Balance due: _____  Offer of compromise <input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> IRS Taxes Yr. _____ <input type="checkbox"/> Mo. Tax Yr. _____ <input type="checkbox"/> Other State Tax <input type="checkbox"/> Subdivision Fee <input type="checkbox"/> Real Estate Tax <input type="checkbox"/> Personal Property tax <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support	Address _____  Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Years Due : _____  Balance due: _____  Offer of compromise <input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> IRS Taxes Yr. _____ <input type="checkbox"/> Mo. Tax Yr. _____ <input type="checkbox"/> Other State Tax <input type="checkbox"/> Subdivision Fee <input type="checkbox"/> Real Estate Tax <input type="checkbox"/> Personal Property tax <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support	Address _____  Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Years Due : _____  Balance due: _____  Offer of compromise <input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> IRS Taxes Yr. _____ <input type="checkbox"/> Mo. Tax Yr. _____ <input type="checkbox"/> Other State Tax <input type="checkbox"/> Subdivision Fee <input type="checkbox"/> Real Estate Tax <input type="checkbox"/> Personal Property tax <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support	Address _____  Account No. _____  Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Years Due : _____  Balance due: _____  Offer of compromise <input type="checkbox"/> Y <input type="checkbox"/> N

## Creditors Holding General Unsecured Claims ( Schedule F )

<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____ _____ Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____ _____ Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____ _____ Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____ _____ Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____ _____ Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____ _____ Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____ _____ Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____ _____ Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____ _____ Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____ _____ Balance Due _____ Date Last Used _____ Date First Used _____

<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Account No. _____ Balance Due _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Account No. _____ Balance Due _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Account No. _____ Balance Due _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned Date Last Used _____ Date First Used _____
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<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Account No. _____ Balance Due _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned Date Last Used _____ Date First Used _____

<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Account No. _____ Balance Due _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned      Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Account No. _____ Balance Due _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned      Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Account No. _____ Balance Due _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned      Date Last Used _____ Date First Used _____
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<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____  Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____  Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____  Balance Due _____ Date Last Used _____ Date First Used _____
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<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____  Balance Due _____ Date Last Used _____ Date First Used _____

<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____  Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____  Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____  Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____  Balance Due _____ Date Last Used _____ Date First Used _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Store Card <input type="checkbox"/> Medical Bill <input type="checkbox"/> Signature Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Bank Fees <input type="checkbox"/> Pay Day Loan <input type="checkbox"/> Utility Bill <input type="checkbox"/> Claim against you <input type="checkbox"/> Other _____ <input type="checkbox"/> Cosigner _____	Creditor Name _____ Address _____  Account No. _____ Debt: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Co-Owned	Collection Agent or Law Firm _____ Address _____  Balance Due _____ Date Last Used _____ Date First Used _____

## Leases and Contracts (Schedule G)

Renting Landlord Tenant  
  Furniture  
  Storage Unit  
  Rent to Own  
  Satellite  
  Cell  
  Lot Rent  
  Other  
 Leasing Company \_\_\_\_\_ Describe property Leased \_\_\_\_\_  
 Address \_\_\_\_\_  
 Written Lease    Oral Lease   Security Deposit Yes  No  If so how much \$ \_\_\_\_\_  Assume  Reject  
 Yearly    Month to Month    Other Expiration date \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_ Amount Behind \$ \_\_\_\_\_ Due date \_\_\_\_\_

Renting Landlord Tenant  
  Furniture  
  Storage Unit  
  Rent to Own  
  Satellite  
  Cell  
  Lot Rent  
  Other  
 Leasing Company \_\_\_\_\_ Describe property Leased \_\_\_\_\_  
 Address \_\_\_\_\_  
 Written Lease    Oral Lease   Security Deposit Yes  No  If so how much \$ \_\_\_\_\_  Assume  Reject  
 Yearly    Month to Month    Other Expiration date \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_ Amount Behind \$ \_\_\_\_\_ Due date \_\_\_\_\_

## Co Debtors and Co Signers (Schedule H)

<b>Co-Signed Debt</b>	Did anyone other than you or your spouse sign any of your Loan papers on ANY Debt	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Did you sign as a co-signer on any loan other than debts owed by your or your spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i><b>If you answered yes above fill out the information below otherwise move on to schedule I</b></i>		
	Co- Debtor Name:		
	Street:		
	City , State , Zip:		
	Relationship to you:		
	Describe the Property:		
	Creditor Name:		
	Street:		
	City:                                  State :                                  Zip :		
	Do you wish to remain obligated and therefore legally liable on this debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Co-signed Debt</b>	Co- Debtor Name:		
	Street:		
	City , State , Zip:		
	Relationship to you:		
	Describe the Property:		
	Creditor		
	Street		
	City , State , Zip		
		Do you wish to remain obligated and therefore legally liable on this debt?	<input type="checkbox"/> Yes

# Income ( Schedule I )

<b>Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered <input type="checkbox"/> Co-Habituating		
<b>Employer</b>			
<b>Street Address</b>			
<b>City, State, Zip</b>			
<b>How Long</b>			
<b>Occupation</b>			

<input type="checkbox"/> Spouse <input type="checkbox"/> Non Filing Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate <input type="checkbox"/> Other Cohabitant _____			
<b>Employer</b>			
<b>Street Address</b>			
<b>City, State, Zip</b>			
<b>How Long</b>			
<b>Occupation</b>			

DEPENDANTS (Claimed for IRS purposes)	AGE	Claim on Taxes	
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Relationship</b> : <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Step Son <input type="checkbox"/> Step Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b>Age</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>PAY PERIOD</b>			
<input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Once a Month <input type="checkbox"/> Irregular Commission <input type="checkbox"/> Self Employed Irregular	<input type="checkbox"/> Husband	<input type="checkbox"/> Debtor	
<input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Once a Month <input type="checkbox"/> Irregular Commission <input type="checkbox"/> Self Employed Irregular	<input type="checkbox"/> Wife	<input type="checkbox"/> Co-Debtor	

WAGES and DEDUCTIONS PER PAY PERIOD	Husband Debtor	Wife Co-Debtor
Gross Wages, Salary, Commissions	\$	\$
Estimated Overtime	\$	\$
Pay roll Taxes and Social Security	\$	\$
Insurance	\$	\$
Union Dues	\$	\$
401K Contribution	\$	\$
401K Loan Repayment	\$	\$
Other Pay Roll Deductions	\$	\$

OTHER INCOME	Husband Debtor	Wife Co-Debtor
Regular income from operation of business ,farm, profession	\$	\$
Income from real estate	\$	\$
Interest and dividends	\$	\$
Alimony, Maintenance and support payments	\$	\$
Social Security	\$	\$
Other governmental assistance	\$	\$
Pension	\$	\$
Other retirement income	\$	\$
Other monthly income	\$	\$

EXPECTED CHANGES IN INCOME					
Describe any increase or decrease in income reasonably anticipated to take place within one year of filing your bankruptcy		<input type="checkbox"/>	Husband Debtor	<input type="checkbox"/>	Wife Co-Debtor
Describe any increase or decrease in income reasonably anticipated to take place within one year of filing your bankruptcy		<input type="checkbox"/>	Husband Debtor	<input type="checkbox"/>	Wife Co-Debtor
ADDITIONAL EMPLOYERS					
PERSON:	EMPLOYER	OCCUPATION		HOW LONG	

**ABSOLUTE PROOF OF INCOME REQUIREMENT-NO EXCEPTIONS see Paragraph A. and B.**

**A.** Debtor, Co-Debtor, Partner, Roommate, or other cohabitant must supply this office with the following:

Paycheck stubs or written print out from your employer that shows you gross pay and all deductions. W-2s will NOT work

This proof must cover each pay period starting six months before this day and covering to the day you file your bankruptcy papers

**SELF EMPLOYED INDIVIDUALS**

**B.** You must also prove your income six months prior today up to the date of filing.

We need:

Proof of gross business receipts for the period.

Proof of your business expenses for the period.

Profit and Loss statement.

Income and Expense statement

## Current Average Monthly Expenditures of Debtor ( Schedule J)

<b>Current Monthly Average Living Expenses</b>	1. Rent or Home Mortgage Payment	\$	<input type="checkbox"/> NA
	Real Estate taxes Included? <input type="checkbox"/> Yes <input type="checkbox"/> No if no how much are they yearly \$_____	\$	<input type="checkbox"/> NA
	Property Insurance Included? <input type="checkbox"/> Yes <input type="checkbox"/> No if no how much are they yearly\$_____	\$	<input type="checkbox"/> NA
	2a Electricity and Heating Fuel	\$	<input type="checkbox"/> NA
	2b Water and Sewer	\$	<input type="checkbox"/> NA
	2c Telephone	\$	<input type="checkbox"/> NA
	2d Cable or satellite TV	\$	<input type="checkbox"/> NA
	2d Trash	\$	<input type="checkbox"/> NA
	2d Cellular Telephone	\$	<input type="checkbox"/> NA
	2d Internet access	\$	<input type="checkbox"/> NA
	3. Home Maintenance (repairs and Upkeep	\$	<input type="checkbox"/> NA
	4. Food	\$	<input type="checkbox"/> NA
	5. Clothing	\$	<input type="checkbox"/> NA
	6. Laundry ( detergent, fabric softener stain stick etc.) and Dry cleaning	\$	<input type="checkbox"/> NA
	7. Medical and Dental expenses ( Co-pays, out of pocket for prescriptions, doctor visits lab dental, eye doctor, hospital, emergency room etc.)	\$	<input type="checkbox"/> NA
	8. Transportation not including car payments( gas, oil, oil changes, average maintenance etc)	\$	<input type="checkbox"/> NA
	9. Recreation, Entertainment	\$	<input type="checkbox"/> NA
	10. Charitable contributions	\$	<input type="checkbox"/> NA
	11. Insurance (not deducted from wages or included in home mortgage payments)	\$	<input type="checkbox"/> NA
	a. Homeowner's, Renter's	\$	<input type="checkbox"/> NA
	b. Life	\$	<input type="checkbox"/> NA
	c. Health	\$	<input type="checkbox"/> NA
	d, Auto	\$	<input type="checkbox"/> NA
	e. Other: Specify _____	\$	<input type="checkbox"/> NA
	12. Taxes (not deducted from wages or included in home mortgage payments)	\$	<input type="checkbox"/> NA
	a. Other Taxes: Specify _____	\$	<input type="checkbox"/> NA
	13. Installment payments	\$	<input type="checkbox"/> NA
	a. Auto payments	\$	<input type="checkbox"/> NA
	b. Other: Specify _____	\$	<input type="checkbox"/> NA
	14. Alimony, Maintenance and support paid to others	\$	<input type="checkbox"/> NA
	15. Payments for support of dependents not living at home	\$	<input type="checkbox"/> NA
	16. Regular expenses from the operation a business, profession or farm	\$	<input type="checkbox"/> NA
	17. Other expenses::	\$	<input type="checkbox"/> NA
a. mandatory payroll deductions not already listed	\$	<input type="checkbox"/> NA	
b. court ordered payments not already listed	\$	<input type="checkbox"/> NA	
c. education necessary to maintain employment	\$	<input type="checkbox"/> NA	
d. education for a physically or mentally challenged child	\$	<input type="checkbox"/> NA	
e. childcare	\$	<input type="checkbox"/> NA	
f. disability insurance (if not listed on line 14)	\$	<input type="checkbox"/> NA	
g. health savings accounts	\$	<input type="checkbox"/> NA	
h. care for elderly, chronically ill, or disabled family members	\$	<input type="checkbox"/> NA	
i. protection from family violence	\$	<input type="checkbox"/> NA	

	j. education expense for your children under 18	\$	<input type="checkbox"/> NA
	k. non-mandatory contributions to retirement accounts (including loan repayment)	\$	<input type="checkbox"/> NA
	Any Other Expense	\$	<input type="checkbox"/> NA
	Describe any increase or decrease in expenditures reasonably anticipated to take place within one year of filing your bankruptcy	<input type="checkbox"/> Husband Debtor	<input type="checkbox"/> Wife Co-Debtor
	Describe any increase or decrease in expenditures reasonably anticipated to take place within one year of filing your bankruptcy	<input type="checkbox"/> Husband Debtor	<input type="checkbox"/> Wife Co-Debtor

## Statement of Financial Affairs

### 1. GROSS INCOME from employment, trade, profession AND/OR operation of business. Include part time activities and independent contractor work

DEBTOR/ HUSBAND	YEAR		EMPLOYER	GROSS INCOME
	Year to Date	2007		
	<b>Last Year</b>	<b>2006</b>		\$
	Year before	2005		\$
CO DEBTOR/ WIFE	Year to Date	2007		\$
	<b>Last Year</b>	<b>2006</b>		\$
	Year before	2005		\$

### 2. OTHER INCOME All other money received other than from employment, trade, profession AND/OR operation of business. Include government assistance, child support, unemployment compensation etc.

DEBTOR/ HUSBAND	YEAR		SOURCES	GROSS RECEIVED
	Year to Date	2007		
	<b>Last Year</b>	<b>2006</b>		\$
	Year before	2005		\$
CO DEBTOR/ WIFE	Year to Date	2007		\$
	<b>Last Year</b>	<b>2006</b>		\$
	Year before	2005		\$

### 3a. Payments to Creditors NONE \_\_\_\_\_

a. List all payments in the last **90 days**, to any **single creditor, more than \$600.00**, either in a lump sum or payments that add up to \$600.00 or more, on loans, installment purchases of goods or services, and other debts. Also, list any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency.

DEBTOR HUSBAND	DATE PAID	CREDITOR NAME AND ADDRESS	AMOUNT PAID	AMOUNT OWING
				\$
			\$	\$
			\$	\$

AND			\$	\$
			\$	\$
CO DEBTOR WIFE			\$	\$
			\$	\$
			\$	\$
			\$	\$

**3b. Payments to Creditors** NONE\_\_\_\_\_  
 Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days either as a lump sum or payments or transfers of property adding up to \$5,000 or more. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DEBTOR HUSBAND	DATE PAID	CREDITOR NAME AND ADDRESS	AMOUNT PAID	AMOUNT OWING
				\$
			\$	\$
AND			\$	\$
			\$	\$
CO DEBTOR WIFE			\$	\$
			\$	\$
			\$	\$

**3c. Payments to Insiders** NONE\_\_\_\_\_  
 c. List all payments on money owed to friends, relatives, co-workers, bosses, employees, partners, or other insiders by both or either spouse in the **last year**. Include any payments you made from your tax refund this year.

DEBTOR HUSBAND	DATE PAID	CREDITOR NAME AND ADDRESS	AMOUNT PAID	AMOUNT OWING
				\$
			\$	\$
AND			\$	\$
			\$	\$
CO DEBTOR WIFE			\$	\$
			\$	\$
			\$	\$

**4a. Suits and administrative proceedings** NONE\_\_\_\_\_  
 List all lawsuits, civil suits, divorces, domestic relations, and administrative proceedings that you are or were a party in the last year. (Also, list as a creditor on your creditor sheets. List the attorney under 'collection agency')

Case Title	Case Number	Court Location	Nature off Suit	Court Date	Status

**4b. Executions, Garnishments and Attachments** NONE\_\_\_\_\_  
 List all property that has been attached, garnished, or seized in the last year by any means

<input type="checkbox"/> Judgment <input type="checkbox"/> Wages Garnished <input type="checkbox"/> Attachment at Bank <input type="checkbox"/> Lien	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____
---	---



<input type="checkbox"/> Assets Seized <input type="checkbox"/> Other _____	_____ Description of Property _____ Value of property _____ Seizure Date _____
<input type="checkbox"/> Judgment <input type="checkbox"/> Wages Garnished <input type="checkbox"/> Attachment at Bank <input type="checkbox"/> Lien <input type="checkbox"/> Assets Seized <input type="checkbox"/> Other _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Description of Property _____ Value of property _____ Seizure Date _____

**5. Repossessions & Voluntary Returns Foreclosure, Deed in Lieu of Foreclosure, Returns** NONE \_\_\_\_\_

List all property that has been returned to, or repossessed by a creditor, or returned to a seller, foreclosed upon or a deed in lieu of foreclosure given in the last year

<input type="checkbox"/> Repossession <input type="checkbox"/> Voluntary return <input type="checkbox"/> Foreclosure <input type="checkbox"/> Deed in Lieu of Foreclosure <input type="checkbox"/> Other _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Description of Property _____ Value of property _____ Action Date _____
<input type="checkbox"/> Repossession <input type="checkbox"/> Voluntary return <input type="checkbox"/> Foreclosure <input type="checkbox"/> Deed in Lieu of Foreclosure <input type="checkbox"/> Other _____	Creditor Name _____ Collection Agent or Law Firm _____ Address _____ Address _____ _____ Description of Property _____ Value of property _____ Action Date _____

**6a. Assignments** NONE \_\_\_\_\_

List any Assignment of property for the benefit of creditors made within the last 4 months (120 days)

Creditor Name _____	Terms of Assignment _____
Address _____	
_____	
Description of Property Assigned _____	

**6b. Receiverships** NONE \_\_\_\_\_

List all property in the hands of a custodian, receiver, or court appointed official in the last year

Creditor Name _____	Terms of Assignment _____
Address _____	
_____	
Description of Property Assigned _____	

**7. Gifts and Charitable Contributions**

NONE\_\_\_\_\_

List all gifts or charitable contributions given away valued over \$200.00 per individual or charitable contributions over \$100.00 per recipient made in the last year.

Recipient \_\_\_\_\_ Dates of Gift \_\_\_\_\_  
Address \_\_\_\_\_ Description of Gift \_\_\_\_\_  
Value of Gift \_\_\_\_\_  
Relationship of recipient to you \_\_\_\_\_

**8. Losses**

NONE\_\_\_\_\_

List all losses from fire, theft, flood, vandalism, accidents, or other casualty or gambling in the last year

- Fire
- Theft
- Gambling
- Accidents
- Other \_\_\_\_\_

Description of Property \_\_\_\_\_  
Value of property \$ \_\_\_\_\_  
Circumstances of Loss \_\_\_\_\_  
Was Loss Covered by Insurance  Y  N If Yes How Much Did You Receive \$ \_\_\_\_\_  
Date of Loss \_\_\_\_\_

**9. Payments Related to Bankruptcy and Debt Counseling**

Other than this office, within the last year, have you paid anyone or transferred any property to anyone for debt counseling, bankruptcy representation or bankruptcy petition preparation?

Recipient Name \_\_\_\_\_ Address \_\_\_\_\_  
Date of Payment \_\_\_\_\_  
Name of Person Making Payment \_\_\_\_\_ Amount of Money Paid \$ \_\_\_\_\_  
Description of and Value of Property Assigned as Payment \_\_\_\_\_

**10a. All other transfers of property of any kind**

NONE\_\_\_\_\_

List **all property**, you sold, traded, traded in, pawned, exchanged, put up as security or collateral, or transferred either absolutely or as security in the last **two (2) years**, either voluntarily or involuntarily or against your will.

Recipient Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Transfer Date \_\_\_\_\_ Amount of Money or Value Received \$ \_\_\_\_\_  
Description Property Transferred \_\_\_\_\_

**11. Closed financial accounts**

NONE\_\_\_\_\_

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred in the last year.

Institution \_\_\_\_\_ Address \_\_\_\_\_  
Type of Account  checking  savings  other financial accounts  certificates of deposit  other instruments  shares  
 share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and financial institutions.  
 Other \_\_\_\_\_ Account Number \_\_\_\_\_  
Final Balance \$ \_\_\_\_\_ Date of Closing \_\_\_\_\_

<b>12. Safe Deposit Boxes</b>	NONE_____
Institution _____ Name of those with Access to Box _____	
Address _____ Address _____	
Description of Contents _____ Date of Transfer or Closing if Any _____	

<b>13. Setoffs</b>	NONE_____
List all money taken out of your bank accounts or deposit of yours or setoffs made by any creditor, including the bank, for a debt or money you owed them in the last 90 days	
Creditor Name _____	Date of Setoff _____
Address _____	Amount Taken or Set Off _____

<b>14. Property held for another</b>	NONE_____
List all property owned by another person that you hold or control, using, borrowing, that you have. List all property owned by another person who lives with you, but is not filing bankruptcy. (exclude minor children)	
Owner Name _____	Value of Property \$ _____
Address _____	Description of Property _____

<b>15. Prior address of debtor</b>	NONE_____		
List all addresses where you lived in the last 3 years exclusive of your current address. If a joint petition is filed, report also any separate address of either spouse.			
Address _____	Name Used _____	<input type="checkbox"/> Husband Debtor <input type="checkbox"/> Wife CoDebtor	Date of Occupancy _____
Address _____	Name Used _____	<input type="checkbox"/> Husband Debtor <input type="checkbox"/> Wife CoDebtor	Date of Occupancy _____

<b>16. Spouses and Former Spouses</b>	NONE_____
If you resided in a <u>community property state</u> , commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the 8 year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.	
Name _____	Name _____
Name _____	Name _____

<b>17a. Environmental Information</b>	NONE_____
List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:	
Site Name _____	Date of Notice _____
Address _____	Environmental Law _____

<b>17b. Environmental Information</b>	NONE_____
---------------------------------------	-----------

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

Site Name \_\_\_\_\_ Date of Notice \_\_\_\_\_  
Address \_\_\_\_\_ Environmental Law \_\_\_\_\_  
\_\_\_\_\_

**17c. Environmental Information**

NONE \_\_\_\_\_

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

Govt. Unit \_\_\_\_\_ Docket Number \_\_\_\_\_  
Address \_\_\_\_\_ Disposition:  Judgment  Pending  Mediation  Unknown  
 Other \_\_\_\_\_

**18. Business**

NONE \_\_\_\_\_

List for all businesses you have been involved in the last 6 years (either as owner, partner, officer, stock holder, etc.)

If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5% or more of the voting or equity securities within the 6 years immediately preceding the commencement of this case.

If the debtor is a partnership or corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5% or more of the voting or equity securities, within the 6 years immediately preceding the commencement of this case.

Business Name \_\_\_\_\_ SSN \_\_\_\_\_ EIN \_\_\_\_\_  
Address \_\_\_\_\_ Nature of Business \_\_\_\_\_  
\_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Single Asset Real Estate as defined in 11 USC Section 101  Yes  No

**Business Questionnaire**

*Questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.*

**19a. Books Records, And Financial Statements**

NONE \_\_\_\_\_

List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

Bookkeeper Name \_\_\_\_\_ Address \_\_\_\_\_  
Dates of Service \_\_\_\_\_

**19b.**

NONE \_\_\_\_\_

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

Firm/Individual Name \_\_\_\_\_ Address \_\_\_\_\_  
Dates of Service \_\_\_\_\_

**19c.** NONE \_\_\_\_\_  
 List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain

Firm/Individual Name \_\_\_\_\_ Address \_\_\_\_\_

Explain if records are not available \_\_\_\_\_

**19d.** NONE \_\_\_\_\_  
 List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

Firm/Individual Name \_\_\_\_\_ Address \_\_\_\_\_

Date Issued \_\_\_\_\_

**20a. Inventories** NONE \_\_\_\_\_  
 List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

<u>Date of Inventory</u>	<u>Inventory Supervisor</u>	<u>Dollar Amount of Inventory (specify cost, market, or other basis)</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

**20b.** NONE \_\_\_\_\_  
 List the name and address of the person possessing the records of each of the two inventories reported in 20a. Above.

<u>Date of Inventory</u>	<u>Name and Address of Custodian of Inventory Records</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

**21a. Current partners** NONE \_\_\_\_\_  
 Partnership: If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

<u>Name and Address</u>	<u>Nature of Interest</u>	<u>Percentage of Interest</u>
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1. \_\_\_\_\_ %

2. \_\_\_\_\_ %

**21b. Current officers, directors, and shareholders** NONE \_\_\_\_\_  
 If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

<u>Name and Address</u>	<u>Title</u>	<u>Nature and Percentage of Stock Ownership</u>
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1. \_\_\_\_\_ %

2. \_\_\_\_\_ %

**22a. Former partners, officers, directors and shareholder** NONE \_\_\_\_\_

<u>Name and Address</u>	<u>Title</u>	<u>Date of Withdrawal</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

**22b. Current officers, directors, and shareholders** NONE \_\_\_\_\_

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

Name and Address	Title	Date of Termination
1. _____	_____	_____
2. _____	_____	_____

**23. Withdrawals from a partnership or distributions by a corporation** NONE \_\_\_\_\_

If your business is 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.

Recipient Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_

Withdrawal Date \_\_\_\_\_ Purpose of Withdrawal \_\_\_\_\_

Amount of Money or Description and Value of Property Withdrawn \_\_\_\_\_

**24. Tax Consolidation Group.** NONE \_\_\_\_\_

If the debtor is 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.

Name of Parent Corporation \_\_\_\_\_ Tax I. D Number \_\_\_\_\_

**24. Pension Funds.** NONE \_\_\_\_\_

If the debtor 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.

Name of Pension Fund \_\_\_\_\_ Tax I. D Number \_\_\_\_\_

**Instructions, Disclosures and Warnings You MUST READ**

By checking yes you are stating that you understand the information in that paragraph. If you do not understand check no and it will be explained fully. You are required to provide certain information to the court when you file bankruptcy. It is our obligation to make diligent inquiry of you so as to obtain information to include in your bankruptcy petition. Please carefully read and follow these instructions.

1. READ AND FILL OUT THE PRECEDING FORMS COMPLETELY, ACCURATELY, AND NEATLY.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. DO NOT LEAVE BLANKS. If a particular blank does not apply to you, put <b>'N/A'</b> in the blank. By doing so we will know that you did not mistakenly overlook it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. List ALL your property. – everything, tangible, intangible, paid in full, still owe money on it, on the title with someone else or alone, have any legal claim to it at all,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. List all your debts. a. You must list debts that will not be discharged, such as student loans and child support. b. You must list debts that you intend to pay. c. You must list debts that you cosigned for someone else or that someone else cosigned for you. d. You must list debts to family members, friends, co-workers, employers, other insiders.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Attach additional sheets if you do not have sufficient space to include all the information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. Debt Counseling Requirement.</b> CLASS NUMBER ONE: <b>REQUIRED TO FILE.</b> You are not eligible to file a bankruptcy unless you receive an individual or group briefing from an approved nonprofit budget and counseling agency. That briefing must outline your opportunities for available credit counseling and assist you in performing a related budget analysis. It must occur within 180 days prior to filing the bankruptcy. It can take place on the internet, by telephone or in person. If you have not yet received the counseling and you want our assistance, we will help you make the arrangements for it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. <b>Debt Counseling Requirement.</b> CLASS NUMBER TWO: <b>REQUIRED TO GET YOUR DEBTS DISCHARGED.</b> You must also complete a second credit counseling class that is performed after your case is filed <b>Pursuant to the amended Rule 1007(c) of the Bankruptcy Court, this second Financial Management Course must be completed and the certificate filed with the Court within 45 days of your first scheduled 341 Meeting of Creditors in a Chapter 7. Please also use this same 45 day time requirement in your chapter 13.</b> This must be done in order for the bankruptcy case to be discharged. Otherwise it will be closed without a discharge meaning you will still owe all your debts. Completing and providing our office with this certificate is your responsibility. You must wait in our office to obtain a receipt of filing once you give us the certificate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. <b>Bank or Credit Union Account Beware,</b> if you have money in a bank or credit union where you owe money, they may, upon discovering that you intend to file bankruptcy, "freeze" your account and apply its contents to the debt you owe them. It is probably in your best interest to withdraw your money and stop all automatic deposits before you inform such a bank or credit union that you intend to file bankruptcy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. <b>Account Balances:</b> The balance in any account you have on the day of filing should be \$200.00 or less. If it is higher than that the trustee will generally take that money. Balance is the amount in the bank on the day of filing including checks or transactions that have not cleared. People also have problems with direct deposits. You must give you're the lawyer permission to file once you are confident your account balances are at \$200.00!	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10 <b>Tax Refunds:</b> Chapter 7: If you get a refund in excess of \$1000.00 the Chapter 7 Trustee will require that you turn over a portion of your refund. If you think you are going to get a refund in excess of \$1000.00 discuss this fully with your attorney. If you file bankruptcy in October through April this is especially true. Chapter 13: you will be required to turn over your tax refund to the Chapter 13 trustee each year you are in bankruptcy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. <b>Felony and Honesty:</b> It is a FEDERAL FELONY to provide false information on your bankruptcy paperwork and filings. It is also fraud and therefore criminal not to list all your creditors and to not list all of you property and assets. You must provide complete disclosure of you entire financial condition. There is no such thing as "FUDGING" in bankruptcy. You are signing your petition and schedules under oath and under the penalty of perjury. You will appear at the meeting of creditors and will be put under oath to tell the truth the whole truth and nothing but the truth. The FBI investigates bankruptcy crimes and people are aggressively prosecuted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. <b>Credit Reports:</b> You should obtain a current credit report to help assure your disclosure to the court is correct. Free credit reports are available as follows: Internet address: www.annualcreditreport.com Toll-free number: (877) 322-8228 Mailing address: Annual Credit Reporting Service P.O. Box 105281, Atlanta, GA 30348	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Home Work: Providing this Law Office with Additional Information Required by Law.

**By checking YES you are stating that are attaching the required information. By checking NO you are not relieved of the burden of producing the information. By checking NA you are telling us you do not have the item requested and it is not applicable to your bankruptcy**

**INCOME: PAY STUBS, PAY ADVISES Showing Gross income, all deductions and net pay for the SIX MONTHS indicated below and up until the day your bankruptcy is filed. NO EXCEPTIONS** Note: if filling this out on line the six month period starts from the first full month prior to filing bankruptcy and goes back six full months. We need pay advises from that date to present.

<b>DEBTOR</b>					
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December
<b>CO-DEBTOR</b>					
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December
<b>CO-HABITANT</b>					
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

<b>CREDIT COUNSELING CERTIFICATE</b>	<b>Attached</b>
A certificate from an approved nonprofit budget and credit counseling agency describing the individual or group briefing received by you.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you developed a debt repayment plans as a result of the briefing, a copy of the plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>TAXES</b>	<b>Attached</b>	
A copy of your federal income tax return, or a transcript of the return, for the most recent year ending immediately before we file your case and for which you filed the return.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A copy of each required federal income tax return that had not been filed with the IRS when your case is filed and that you subsequently file for any tax year for the three years preceding the date we file your case.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A copy of each amendment to any federal income tax return or a transcript of each amendment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>FINANCIAL ACCOUNTS</b>	<b>Attached</b>		<b>NA</b>	
Bank Statements from each account covering the month in which you file	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
IRA 401 K or other qualified retirement account statement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
Any Other investment account statements	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
Pay-Pal account statement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
Life Insurance Statements or Policy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA

<b>DOMESTIC RELATIONS ORDERS</b>	<b>Attached</b>		<b>NA</b>	
Divorce decree	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
Divorce modification	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
Child support enforcement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
Paternity action court order	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
Administrative orders relating to debt or child support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA

<b>LAW SUITS, FORECLOSURE, GARNISHMENTS AND ANY LEGAL ACTION PENDING AGAINST YOU</b>	<b>Attached</b>		<b>NA</b>	
Copy of petition and summons	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
Garnishment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA
Foreclosure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NA