

# CONSUMER BANKRUPTCY



## CLIENT INTAKE FORMS

## INFORMATION ABOUT YOU (HUSBAND)

FIRST NAME	MIDDLE NAME (spell out)	LAST NAME	SUFFIX (JR. SR. III)
SOCIAL SECURITY NUMBER:		DATE OF BIRTH: MM ____ DD ____ YYYY ____	
RESIDENCE ADDRESS: (spell out)	APT/SPACE NO.	CITY	STATE ZIP CODE
MAILING ADDRESS: (if different from residence)	APT/SPACE NO.	CITY	STATE ZIP CODE
COUNTY OF RESIDENCE:		LENGTH OF TIME AT THIS ADDRESS:	
HOME PHONE:	OTHER PHONE:		
E-MAIL ADDRESS:			
<input type="checkbox"/> YES <input type="checkbox"/> NO   HAVE YOU USED ANY OTHER NAMES IN THE PAST EIGHT (8) YEARS? IF YES, LIST OTHER NAMES: _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO   HAS A BANKRUPTCY CASE BEEN FILED BY YOU OR AGAINST YOU IN THE LAST EIGHT (8) YEARS? IF YES, IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: _____ _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO   ARE THERE CURRENTLY ANY BANKRUPTCY CASES PENDING AGAINST YOU, YOUR BUSINESS? IF YES, NAME OF DEBTOR: _____ RELATIONSHIP: _____ CASE NUMBER: _____ DATE FILED: _____ JUDGE: _____ IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO   DO YOU OWN OR HAVE POSSESSION OF ANY PROPERTY THAT POSES OR IS ALLEGED TO POSE A THREAT OF IMMINENT AND IDENTIFIABLE HARM TO PUBLIC HEALTH OR SAFETY? IF YES, PLEASE ATTACH A LIST AND DESCRIPTION OF THE PROPERTY.			
<input type="checkbox"/> YES <input type="checkbox"/> NO   IF YOU RENT YOUR HOME, DOES A LANDLORD HOLD A JUDGMENT AGAINST YOU? IF YES, NAME OF LANDLORD: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____			
HAVE YOU MET THE DEBT COUNSELING REQUIREMENT FOR YOUR STATE? PLEASE CHECK ONE CHOICE BELOW:			
<input type="checkbox"/> COUNSELING NOT COMPLETED <input type="checkbox"/> RECEIVED COUNSELING WITHIN THE PAST 180 DAYS <input type="checkbox"/> DOES NOT APPLY TO MY DISTRICT <input type="checkbox"/> REQUEST WAIVER			
<input type="checkbox"/> YES <input type="checkbox"/> NO   ARE YOU FILING THIS BANKRUPTCY PETITION WITH YOUR SPOUSE? IF NO, PLEASE CHECK ONE: <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SPOUSE FILING SEPARATELY <input type="checkbox"/> OTHER: _____			

## INFORMATION ABOUT YOUR SPOUSE (WIFE)

FIRST NAME:	MIDDLE NAME: (spell out)	LAST NAME:	SUFFIX: (JR. SR. III)
SOCIAL SECURITY NUMBER:		DATE OF BIRTH: MM ____ DD ____ YYYY ____	
RESIDENCE ADDRESS: (If different from above)	APT/SPACE NO.	CITY	STATE ZIP CODE
MAILING ADDRESS: (If different from residence)	APT/SPACE NO.	CITY	STATE ZIP CODE
COUNTY OF RESIDENCE:		LENGTH OF TIME AT THIS ADDRESS:	
HOME PHONE:	OTHER PHONE:		
E-MAIL ADDRESS:			
<input type="checkbox"/> YES <input type="checkbox"/> NO   HAVE YOU USED ANY OTHER NAMES IN THE PAST EIGHT (8) YEARS? IF YES, LIST OTHER NAMES: _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO   HAS A BANKRUPTCY CASE BEEN FILED BY YOU OR AGAINST YOU IN THE LAST EIGHT (8) YEARS? IF YES, IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: _____ _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO   ARE THERE CURRENTLY ANY BANKRUPTCY CASES PENDING AGAINST YOU, OR YOUR BUSINESS? IF YES, NAME OF DEBTOR: _____ RELATIONSHIP: _____ CASE NUMBER: _____ DATE FILED: _____ JUDGE: _____ IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: _____			
<input type="checkbox"/> YES <input type="checkbox"/> NO   DO YOU OWN OR HAVE POSSESSION OF ANY PROPERTY THAT POSES OR IS ALLEGED TO POSE A THREAT OF IMMINENT AND IDENTIFIABLE HARM TO PUBLIC HEALTH OR SAFETY?  IF YES, PLEASE ATTACH A LIST AND DESCRIPTION OF THE PROPERTY.			
<input type="checkbox"/> YES <input type="checkbox"/> NO   IF YOU RENT YOUR HOME, DOES A LANDLORD HOLD A JUDGMENT AGAINST YOU?  IF YES, NAME OF LANDLORD: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____			
HAVE YOU MET THE DEBT COUNSELING REQUIREMENT FOR YOUR STATE? PLEASE CHECK ONE CHOICE BELOW:			
<input type="checkbox"/> COUNSELING NOT COMPLETED		<input type="checkbox"/> RECEIVED COUNSELING WITHIN THE PAST 180 DAYS	
<input type="checkbox"/> DOES NOT APPLY TO MY DISTRICT		<input type="checkbox"/> REQUEST WAIVER	

# INFORMATION FOR MEANS TEST

YES     NO    The Means Test does NOT apply. Debtor(s) is a disabled veteran with debts incurred primarily during active duty or homeland defense.

## INCOME FOR SIX (6) MONTHS

Provide total amount of earned income received, before tax deductions, and from all sources for the current month and last five (5) months. This is not take-home pay but total income earned before tax deductions.

**YOUR: Wages, salaries, tips, bonuses, overtime, and commission:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

**SPOUSE: Wages, salaries, tips, bonuses, overtime, and commission:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

**YOUR: Income from operation of business, profession, or farm:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

**SPOUSE: Income from operation of business, profession, or farm:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

## INFORMATION FOR MEANS TEST CONT.

**YOUR: Interest income, dividends, and royalties:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

**SPOUSE: Interest income, dividends, and royalties:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

**YOUR: Pension and retirement income:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

**SPOUSE: Pension and retirement income:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

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

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

**YOUR: Unemployment compensation:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

**SPOUSE: Unemployment compensation:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

## INFORMATION FOR MEANS TEST CONT.

**YOUR: Income from other sources not provided for or mentioned above:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

**SPOUSE: Income from other sources not provided for or mentioned above:**

CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO

### OTHER INFORMATION

YES     NO    HAS YOUR INCOME SIGNIFICANTLY INCREASED OR DECREASED DURING THE PAST SIX (6) MONTHS? IF YES, PLEASE PROVIDE DETAILS:

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YES     NO    HAS YOUR SPOUSES INCOME SIGNIFICANTLY INCREASED OR DECREASED DURING THE PAST SIX (6) MONTHS? IF YES, PLEASE PROVIDE DETAILS:

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# REAL ESTATE

- YES  NO DO YOU RENT? IF YES, SKIP THIS PAGE AND GO TO 'PERSONAL PROPERTY'.  
 YES  NO DO YOU OWN A MOBILE HOME? IF YES, SKIP THIS PAGE AND GO TO NEXT PAGE, 'MOBILE HOME'.  
 YES  NO DO YOU OWN REAL ESTATE? IF YES, COMPLETE THIS PAGE.  
 YES  NO IF YOU OWN REAL ESTATE, DO YOU HAVE A HOMESTEAD EXEMPTION THAT EXCEEDS \$125,000.00?

TYPE OF REAL ESTATE OWNED:

- HOUSE  CONDOMINIUM  LAND  TIMESHARE  OTHER: \_\_\_\_\_

NAME(S) ON DEED OR TITLE:

ADDRESS: (spell out) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DESCRIPTION OF REAL ESTATE: (i.e. 1,250 square foot home with 2-bedroom, 2-baths, attached 2-car garage, on 2 acres with outbuildings)

\_\_\_\_\_

\_\_\_\_\_

MORTGAGE COMPANY:

ACCOUNT NUMBER:

ADDRESS: (spell out) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OBTAINED:  
MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_

EXACT MONTHLY PAYMENT:  
\$ \_\_\_\_\_

EXACT PAY-OFF AMOUNT:  
\$ \_\_\_\_\_

WHAT YEAR WAS YOUR REAL ESTATE  
LAST APPRAISED?

WHAT WAS THE APPRAISED VALUE?

INTENTION:

- KEEP  
 SURRENDER

YES  NO ARE YOU BEHIND IN PAYMENTS?

IF SO, WHAT MONTH(S): \_\_\_\_\_ WHAT IS THE INTEREST RATE: \_\_\_\_\_ AMOUNT TO CATCH UP: \$ \_\_\_\_\_

YES  NO DO YOU HAVE A SECOND MORTGAGE ON THE REAL ESTATE?

IF SO, MORTGAGE COMPANY: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: (spell out) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OBTAINED:  
MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_

EXACT MONTHLY PAYMENT:  
\$ \_\_\_\_\_

EXACT PAY-OFF AMOUNT:  
\$ \_\_\_\_\_

YES  NO ARE YOU BEHIND IN PAYMENTS?

IF SO, WHAT MONTH(S): \_\_\_\_\_ WHAT IS THE INTEREST RATE: \_\_\_\_\_ AMOUNT TO CATCH UP: \$ \_\_\_\_\_

YES  NO IS THIS REAL ESTATE IN THE PROCESS OF FORECLOSURE OR REPLEVIN ACTION?

IF SO, NAME OF COLLECTOR OR ATTORNEY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

# MOBILE HOME

NAME(S) ON DEED OR TITLE:

ADDRESS: (spell out) CITY STATE ZIP CODE

<input type="checkbox"/> YES <input type="checkbox"/> NO HAVE THE WHEELS BEEN REMOVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO IS IT IN A MOBILE HOME PARK? IF YES, WHAT IS THE MONTHLY LOT PAYMENT: \$ _____
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<input type="checkbox"/> YES <input type="checkbox"/> NO IS IT ATTACHED TO A PIECE OF GROUND YOU OWN? IF YES, PLEASE INDICATE SIZE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU MAKE SEPARATE PAYMENTS FOR THE GROUND YOUR HOME SITS ON? IF YES, EXPLAIN: _____
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DESCRIPTION OF REAL ESTATE: (i.e. 28X40 doublewide, 2-bedroom, 1-bath, on wheels with skirting and steps and 1-outbuilding shed, situated in mobile home park)

\_\_\_\_\_

\_\_\_\_\_

MORTGAGE COMPANY:	ACCOUNT NUMBER:
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ADDRESS: (spell out) CITY STATE ZIP CODE

DATE OBTAINED: MM ___ DD ___ YYYY ___	EXACT MONTHLY PAYMENT: \$ _____	EXACT PAY-OFF AMOUNT: \$ _____
WHAT YEAR WAS YOUR REAL ESTATE LAST APPRAISED?	WHAT WAS THE APPRAISED VALUE?	INTENTION: <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER

YES  NO ARE YOU BEHIND IN PAYMENTS?  
 IF SO, WHAT MONTH(S): \_\_\_\_\_ WHAT IS THE INTEREST RATE: \_\_\_\_\_ AMOUNT TO CATCH UP: \$ \_\_\_\_\_

YES  NO DO YOU HAVE A SECOND MORTGAGE ON THE REAL ESTATE?  
 IF SO, MORTGAGE COMPANY: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: (spell out) CITY STATE ZIP CODE

DATE OBTAINED: MM ___ DD ___ YYYY ___	EXACT MONTHLY PAYMENT: \$ _____	EXACT PAY-OFF AMOUNT: \$ _____
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YES  NO ARE YOU BEHIND IN PAYMENTS?  
 IF SO, WHAT MONTH(S): \_\_\_\_\_ WHAT IS THE INTEREST RATE: \_\_\_\_\_ AMOUNT TO CATCH UP: \$ \_\_\_\_\_

YES  NO IS THIS REAL ESTATE IN THE PROCESS OF FORECLOSURE OR REPLEVIN ACTION?  
 IF SO, NAME OF COLLECTOR OR ATTORNEY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_



# PERSONAL PROPERTY

## 1 - CASH ON HAND

\$ \_\_\_\_\_

## 2 - BANK ACCOUNTS (please list all open accounts and balances)

CHECKING    SAVINGS   NAME AND ADDRESS OF BANK: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PRESENT BALANCE: \$ \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

CHECKING    SAVINGS   NAME AND ADDRESS OF BANK: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PRESENT BALANCE: \$ \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

CD'S    OTHER   NAME AND ADDRESS OF BANK: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PRESENT BALANCE: \$ \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

## 3 - SECURITY DEPOSITS (please list all deposits held by utility companies or a landlord)

DEPOSIT HELD BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

## 4 - HOUSEHOLD INVENTORY (please provide yard-sale value for all assets)

STOVE / COOKING UNIT: \$ \_\_\_\_\_ BEDROOM FURNITURE: \$ \_\_\_\_\_ REFRIGERATOR: \$ \_\_\_\_\_

WASHER / DRYER: \$ \_\_\_\_\_ MICROWAVE: \$ \_\_\_\_\_ TELEVISION(S): \$ \_\_\_\_\_

VDCR(S): \$ \_\_\_\_\_ DVD(S): \$ \_\_\_\_\_ COOKWARE: \$ \_\_\_\_\_

UTENSILS / SILVERWARE: \$ \_\_\_\_\_ LIVING ROOM FURNITURE: \$ \_\_\_\_\_ CELL PHONE: \$ \_\_\_\_\_

DINING ROOM FURNITURE: \$ \_\_\_\_\_ TABLES AND CHAIRS: \$ \_\_\_\_\_

DRESSER(S) / NIGHTSTAND(S): \$ \_\_\_\_\_ LAMPS AND ACCESSORIES: \$ \_\_\_\_\_

STEREO EQUIPMENT: \$ \_\_\_\_\_ TOOLS: \$ \_\_\_\_\_ LAWNMOWER: \$ \_\_\_\_\_

YARD TOOLS: \$ \_\_\_\_\_ OTHER: \_\_\_\_\_

## 5 - BOOKS, PICTURES, ART OBJECTS, RECORDS, COMPACT DISCS, COLLECTIBLES (please provide yard-sale value and description of asset)

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

## 6 - CLOTHING / WEARING APPAREL (includes shoes, coats, hats, etc.)

TOTAL NUMBER OF ADULTS: \_\_\_\_\_ YARD-SALE VALUE: \$ \_\_\_\_\_

TOTAL NUMBER OF CHILDREN: \_\_\_\_\_ YARD-SALE VALUE: \$ \_\_\_\_\_

# PERSONAL PROPERTY CONT.

**7 – FURS AND JEWELRY** (Includes wedding rings, costume jewelry, and watches. Please provide yard-sale value and description of asset.)

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

**8 – SPORTS, PHOTOGRAPHIC, HOBBY EQUIPMENT, FIREARMS** (please provide yard-sale value and description of asset)

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

## 9 – LIFE INSURANCE POLICIES

WHOLE LIFE     TERM LIFE    NAME OF INSURANCE COMPANY: \_\_\_\_\_

IF WHOLE LIFE, CURRENT CASH VALUE: \$ \_\_\_\_\_

IF PAYABLE UPON DEATH, FACE VALUE OF POLICY: \$ \_\_\_\_\_

BENEFICIARY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## 10 - ANNUITIES

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

## 11 – INTEREST IN EDUCATION IRA 530(b)(1)

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

\$ \_\_\_\_\_ ITEM: \_\_\_\_\_

## 12 – INTEREST IN PENSION, RETIREMENT, OR PROFIT SHARING – 401(k)

TYPE OF PLAN: \_\_\_\_\_ POLICY HELD WITH: \_\_\_\_\_

ENROLMENT DATE: \_\_\_\_\_ CURRENT CASH VALUE: \$ \_\_\_\_\_

## 13 - STOCKS

ITEM: \_\_\_\_\_ SHARES: \_\_\_\_\_ CURRENT CASH VALUE: \$ \_\_\_\_\_

ITEM: \_\_\_\_\_ SHARES: \_\_\_\_\_ CURRENT CASH VALUE: \$ \_\_\_\_\_

## 14 – INTERESTS IN PARTNERSHIPS / JOINT VENTURES

YES     NO    DO YOU SHARE OWNERSHIP (CO-TENANCY OR JOINT TENANCY) OF ANY REAL PROPERTY WITH ANOTHER PERSON? IF YES, EXPLAIN: \_\_\_\_\_

YES     NO    DO YOU HAVE A FUTURE INTEREST IN ANY REAL ESTATE, SUCH AS PUTTING MONEY DOWN ON A PROPERTY YOU HAVE NOT YET PURCHASES? IF YES, EXPLAIN: \_\_\_\_\_

YES     NO    DO YOU OWN OR ARE YOU BUYING A TIME-SHARE IN A VACATION PROPERTY OR RESORT? IF YES, EXPLAIN: \_\_\_\_\_

# PERSONAL PROPERTY CONT.

## 15 - BONDS

ITEM: \_\_\_\_\_ TOTAL: \_\_\_\_\_ CURRENT CASH VALUE: \$ \_\_\_\_\_

ITEM: \_\_\_\_\_ TOTAL: \_\_\_\_\_ CURRENT CASH VALUE: \$ \_\_\_\_\_

## 17 - ALIMONY / FAMILY SUPPORT TO WHICH YOU ARE ENTITLED

NAME OF EX-SPOUSE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TOTAL AMOUNT OWED YOU: \$ \_\_\_\_\_ DATE ORIGINALLY STARTED OWING YOU: \_\_\_\_\_

YES  NO THERE IS A COURT ORDER? IF YES, YEAR OF COURT ORDER: \_\_\_\_\_

IF YES, IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED: \_\_\_\_\_

## 18 - OTHER LIQUIDATES DEBTS OWED TO YOU INCLUDING TAX REFUNDS

ITEM: \_\_\_\_\_ CASH VALUE: \$ \_\_\_\_\_ DUE DATE: \_\_\_\_\_

ITEM: \_\_\_\_\_ CASH VALUE: \$ \_\_\_\_\_ DUE DATE: \_\_\_\_\_

YES  NO ARE YOU OWED BACK WAGES, COMMISSIONS, OR VACATION PAY FROM YOUR CURRENT OR PREVIOUS EMPLOYER?

IF YES, EXPLAIN: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ AMOUNT EXPECTED TO RECEIVE: \$ \_\_\_\_\_

DATE EXPECTED TO RECEIVE: \_\_\_\_\_

## 19 - EQUITABLE OR FUTURE INTERESTS OR LIFE ESTATES

*DURING THE NEXT SIX (6) MONTHS, DO YOU EXPECT TO:*

YES  NO INHERIT ANYTHING? IF YES, EXPLAIN: \_\_\_\_\_

YES  NO RECEIVE MONEY FROM AN INSURANCE CLAIM? IF YES, EXPLAIN: \_\_\_\_\_

## 20 - INTERESTS IN ESTATE OF DECEDENT OR LIFE INSURANCE PLAN OR TRUST

*DURING THE NEXT SIX (6) MONTHS, DO YOU EXPECT TO:*

YES  NO RECOVER ON A LIFE INSURANCE POLICY? IF YES, EXPLAIN: \_\_\_\_\_

YES  NO AS A BENEFICIARY, MANAGE A TRUST FUND? IF YES, EXPLAIN: \_\_\_\_\_

## 22 - PATENTS, COPYRIGHTS, OTHER INTELLECTUAL PROPERTY

EXPLAIN: \_\_\_\_\_

## 23 - LICENSES, FRANCHISES

EXPLAIN: \_\_\_\_\_

# PERSONAL PROPERTY CONT.

## 24 – CUSTOMER LIST OR OTHER COMPILATION

EXPLAIN: \_\_\_\_\_

## 25 – AUTOMOBILES, TRUCKS, TRAILERS, AND ACCESSORIES

TYPE:  AUTOMOBILE  TRUCK  MOTORCYCLE  TRAILER  R.V.  OTHER: \_\_\_\_\_

CONDITION:  EXCELLENT  GOOD  FAIR  POOR  NOT RUNNING

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

NAME(S) ON TITLE: \_\_\_\_\_

YES  NO VEHICLE IS LEASED? IF YES, WHAT IS THE BUY OUT ON THE LEASE: \$ \_\_\_\_\_

NAME OF CREDITOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE LOAN ESTABLISHED: \_\_\_\_\_ EXACT MONTHLY PAYMENT: \$ \_\_\_\_\_ PAY OFF AMOUNT: \$ \_\_\_\_\_

YES  NO PAYMENTS ARE CURRENT? IF NO, HOW MANY MONTHS BEHIND: \_\_\_\_\_

YES  NO VEHICLE IS USED AS COLLATERAL FOR A PERSONAL LOAN?  
IF YES, NAME OF LOAN COMPANY: \_\_\_\_\_

YES  NO DO YOU WISH TO KEEP THIS VEHICLE?

YES  NO DO YOU WISH TO SURRENDER THIS VEHICLE?

YES  NO DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?  
IF YES, NAME OF AGENCY OR LAW FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## 26 – BOATS, MOTORS, AND ACCESSORIES

ITEM: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

## 27 – AIRCRAFT AND ACCESSORIES

ITEM: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

## 28 – OFFICE EQUIPMENT AND SUPPLIES

ITEM: \_\_\_\_\_ YARD SALE VALUE: \$ \_\_\_\_\_

## 30 – OTHER PERSONAL PROPERTY OF ANY KIND NOT LISTED

ITEM: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

OTHER: \_\_\_\_\_

# DEBTS

Please list all debts associated with bank loans, personal loans, student loans, credit cards, department store credit cards, gas cards, phone cards, medical bills, utility bills, unpaid rent, unpaid taxes, unpaid alimony or child support, unpaid services fees, and all other debt you currently owe.

- YES  NO ARE YOU PURCHASING FURNITURE OR APPLIANCES WITH INSTALLMENT PAYMENTS?
- YES  NO ARE YOU RENTING-TO-OWN ANY FURNITURE OR APPLIANCES?
- YES  NO ARE YOU USING FURNITURE OR APPLIANCES AS COLLATERAL FOR A PERSONAL LOAN?
- YES  NO ARE YOU PURCHASING ANY JEWELRY WITH INSTALLMENT PAYMENTS?
- YES  NO DO YOU OWE ANY FINES? (includes parking tickets, moving violations, etc.)

WHO IS RESPONSIBLE FOR DEBT?  SELF  SPOUSE  BOTH  OTHER: \_\_\_\_\_

NAME OF CREDITOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TOTAL AMOUNT OWED: \$ \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_ DATE OF LAST PURCHASE: \_\_\_\_\_

WHAT IS THIS DEBT FOR: \_\_\_\_\_

YES  NO DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?

IF YES, NAME OF AGENCY OR LAW FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WHO IS RESPONSIBLE FOR DEBT?  SELF  SPOUSE  BOTH  OTHER: \_\_\_\_\_

NAME OF CREDITOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TOTAL AMOUNT OWED: \$ \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_ DATE OF LAST PURCHASE: \_\_\_\_\_

WHAT IS THIS DEBT FOR: \_\_\_\_\_

YES  NO DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?

IF YES, NAME OF AGENCY OR LAW FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WHO IS RESPONSIBLE FOR DEBT?  SELF  SPOUSE  BOTH  OTHER: \_\_\_\_\_

NAME OF CREDITOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TOTAL AMOUNT OWED: \$ \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_ DATE OF LAST PURCHASE: \_\_\_\_\_

WHAT IS THIS DEBT FOR: \_\_\_\_\_

YES  NO DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?

IF YES, NAME OF AGENCY OR LAW FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## UNEXPIRED LEASES AND CONTRACTS

Please list all current leases and contracts associated with residential leases and service or business contracts like cell phones, lawn service, and pest control.

WHO IS RESPONSIBLE FOR DEBT?     SELF     SPOUSE     BOTH     OTHER: \_\_\_\_\_

NAME OF CREDITOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EXACT MONTHLY PAYMENT: \$ \_\_\_\_\_ DATE LEASE OR CONTRACT WAS ESTABLISHED: \_\_\_\_\_

YES     NO    IS THIS A MONTH-TO-MONTH CONTRACT?

YES     NO    IS THIS AN ANNUAL CONTRACT?

IF YES, TERM:     1-YEAR     2-YEAR     3-YEAR     OTHER: \_\_\_\_\_

YES     NO    DO YOU WISH TO KEEP THIS LEASE OR CONTRACT?

YES     NO    DO YOU WISH TO SURRENDER THIS LEASE OR CONTRACT?

YES     NO    DEBT HAS BEEN TURNED OVER TO A COLLECTION AGENCY?

IF YES, NAME OF AGENCY OR LAW FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

# MONTHLY INCOME

MARITAL STATUS:     SINGLE     MARRIED     DIVORCED     SEPARATED     WIDOWED

YES     NO    DO YOU AND/OR YOUR SPOUSE HAVE DEPENDENTS? IF YES, PROVIDE THE FOLLOWING:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

YES     NO    LIVING WITH YOU? IF NO, WHO: \_\_\_\_\_

	DEBTOR	SPOUSE
OCCUPATION:	_____	_____
NAME OF EMPLOYER:	_____	_____
HOW LONG EMPLOYED:	_____	_____
ADDRESS OF EMPLOYER:	_____	_____
HOW OFTEN DO YOU GET PAID:	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> OTHER: _____

(Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
MONTHLY GROSS WAGES, SALARY, AND COMMISSIONS:	\$ _____	\$ _____
ESTIMATE MONTHLY OVERTIME:	\$ _____	\$ _____
MONTHLY PAYROLL TAXES AND SOCIAL SECURITY:	\$ _____	\$ _____
MONTHLY INSURANCE:	\$ _____	\$ _____
MONTHLY UNION DUES:	\$ _____	\$ _____
OTHER MONTHLY DEDUCTIONS: _____	\$ _____	\$ _____
REGULAR MONTHLY INCOME FROM OPERATION OF BUSINESS:	\$ _____	\$ _____
MONTHLY INCOME FROM REAL PROPERTY:	\$ _____	\$ _____
MONTHLY ALIMONY, MAINTENANCE OR SUPPORT PAYMENTS PAYABLE TO DEBTOR:	\$ _____	\$ _____
SOCIAL SECURITY OR GOVERNMENT ASSISTANCE: _____	\$ _____	\$ _____
PUBLIC ASSISTANCE OR FOOD STAMPS:	\$ _____	\$ _____
MONTHLY INCOME FROM PENSION OR RETIREMENT:	\$ _____	\$ _____
OTHER MONTHLY INCOME: _____	\$ _____	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO    EXPECTING AN INCREASE OR DECREASE IN SALARY NEXT YEAR?		
IF YES, EXPLAIN: _____	\$ _____	\$ _____

# MONTHLY EXPENDITURES / BUDGET

Please estimate the average or projected monthly expenses at the time case is filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to reflect monthly rate.

YES    NO   A JOINT PETITION IS BEING FILED AND SPOUSE MAINTAINS A SEPARATE HOUSEHOLD?  
IF YES, COMPLETE EXPENDITURES FOR DEBTOR AND SPOUSE.

## HOUSING

**DEBTOR**

**SPOUSE**

RENT OR MORTGAGE:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

YES    NO            REAL ESTATE TAXES INCLUDED? IF NO, HOW MUCH:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

YES    NO            PROPERTY INSURANCE INCLUDED? IF NO, HOW MUCH:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

LOT RENTAL IF MOBILE HOME:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

SECOND MORTGAGE:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

## UTILITIES

ELECTRIC AND GAS (monthly average):    \$ \_\_\_\_\_    \$ \_\_\_\_\_

WATER AND SEWER:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

TELEPHONE:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

TRASH PICK-UP:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

OTHER: \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

## ESSENTIALS

HOME MAINTENANCE (repairs and upkeep):    \$ \_\_\_\_\_    \$ \_\_\_\_\_

FOOD:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

CLOTHING:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

LAUNDRY, DRY CLEANING, SOAP, etc.:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

MEDICAL AND DENTAL EXPENSES:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

TRANSPORTATION (not including car payments):    \$ \_\_\_\_\_    \$ \_\_\_\_\_

RECREATION, ENTERTAINMENT, CLUBS, NEWSPAPERS, MAGAZINES etc.:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

CHARITABLE CONTRIBUTIONS:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

## INSURANCE (not deducted from wages or included in home mortgage payments)

HOME/RENTER INSURANCE:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

LIFE INSURANCE:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

HEALTH INSURANCE:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

AUTO INSURANCE:    \$ \_\_\_\_\_    \$ \_\_\_\_\_

OTHER: \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_



# MONTHLY EXPENDITURES / BUDGET CONT.

OTHER EXPENSES	DEBTOR	SPOUSE
TAXES (not deducted from wages or included in mortgage payments):	\$ _____	\$ _____
AUTOMOBILE PAYMENT:	\$ _____	\$ _____
CELL PHONE:	\$ _____	\$ _____
ALIMONY, MAINTENANCE, AND SUPPORT PAID TO OTHERS:	\$ _____	\$ _____
PAYMENTS FOR SUPPORT OF DEPENDENT(S) NOT LIVING AT YOUR HOME:	\$ _____	\$ _____
EXPENSES FROM OPERATION OF BUSINESS, PROFESSION, OR FARM:	\$ _____	\$ _____
UNION DUES (not payroll deducted):	\$ _____	\$ _____
PROFESSIONAL DUES (not payroll deducted):	\$ _____	\$ _____
CHILD CARE EXPENSES:	\$ _____	\$ _____
BABYSITTER / DAY CARE EXPENSES:	\$ _____	\$ _____
SCHOOL BUS EXPENSES:	\$ _____	\$ _____
SCHOOL LUNCH EXPENSES:	\$ _____	\$ _____
COLLEGE TUITION:	\$ _____	\$ _____
STUDENT LOAN REPAYMENT:	\$ _____	\$ _____
PERSONAL CARE ITEMS:	\$ _____	\$ _____
OTHER: _____	\$ _____	\$ _____
OTHER: _____	\$ _____	\$ _____

YES     NO    YOU ANTICIPATE AN INCREASE OR DECREASE IN MONTHLY EXPENDITURES TO OCCUR WITHIN THE YEAR (12 months) FOLLOWING THE FILING OF THIS DOCUMENT? IF YES, PLEASE PROVIDE DETAILS:

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YES     NO    YOUR SPOUSE ANTICIPATES AN INCREASE OR DECREASE IN MONTHLY EXPENDITURES TO OCCUR WITHIN THE YEAR (12 months) FOLLOWING THE FILING OF THIS DOCUMENT? IF YES, PLEASE PROVIDE DETAILS:

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# STATEMENT OF AFFAIRS

If you are filing jointly, please include information about both you and your spouse. If you are filing under chapter 12 or 13 and you are married and not separated, you must also provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, please check the 'NONE' box.

<b>ANNUAL INCOME</b>	<b>DEBTOR</b>	<b>SPOUSE</b>
<input type="checkbox"/> NONE ANNUAL INCOME FROM EMPLOYMENT		
CURRENT YEAR-TO-DATE (JAN 1 to current date):	\$ _____	\$ _____
PRIOR YEAR (JAN 1 to DEC 31 of last year):	\$ _____	\$ _____
TWO YEARS AGO (JAN 1 to DEC 31 year before last):	\$ _____	\$ _____
<input type="checkbox"/> NONE ANNUAL INCOME FROM OPERATION OF BUSINESS		
CURRENT YEAR-TO-DATE (JAN 1 to current date):	\$ _____	\$ _____
PRIOR YEAR (JAN 1 to DEC 31 of last year):	\$ _____	\$ _____
TWO YEARS AGO (JAN 1 to DEC 31 year before last):	\$ _____	\$ _____
<input type="checkbox"/> NONE ANNUAL INCOME OTHER THAN FROM EMPLOYMENT OR BUSINESS		
CURRENT YEAR-TO-DATE (JAN 1 to current date):	\$ _____	\$ _____
PRIOR YEAR (JAN 1 to DEC 31 of last year):	\$ _____	\$ _____
TWO YEARS AGO (JAN 1 to DEC 31 year before last):	\$ _____	\$ _____

<b>PAYMENTS TO CREDITORS</b>	<b>DEBTOR PAYMENT</b>	<b>SPOUSE PAYMENT</b>
<input type="checkbox"/> NONE LIST ALL PAYMENTS ON LOANS, INSTALLMENT PURCHASES OF GOODS OR SERVICES, AND OTHER DEBTS, MORE THAN \$600.00 TO ANY ONE CREDITOR MADE WITHIN THE PAST 90 DAYS.		
NAME/ADDRESS OF CREDITOR: _____		
DATE OF PAYMENT: _____ AMOUNT OWED: \$ _____	\$ _____	\$ _____

<b>PAYMENTS TO INSIDERS (relatives)</b>	<b>DEBTOR PAYMENT</b>	<b>SPOUSE PAYMENT</b>
<input type="checkbox"/> NONE LIST ALL PAYMENTS MADE WITHIN 1 YEAR PRIOR TO THIS FILING		
NAME/ADDRESS OF CREDITOR: _____		
RELATIONSHIP: _____		
DATE OF PAYMENT: _____ AMOUNT OWED: \$ _____	\$ _____	\$ _____

## STATEMENT OF AFFAIRS CONT.

### SUITS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS

- NONE LIST ALL SUITS AND ADMINISTRATIVE PROCEEDINGS TO WHICH YOUR ARE OR WERE A PARTY WITHIN 1 YEAR PRIOR TO THIS FILING

CAPTION OF SUIT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

NATURE OF PROCEEDING: \_\_\_\_\_

COURT/AGENCY AND LOCATION: \_\_\_\_\_

STATUS OR DISPOSITION: \_\_\_\_\_

### PROPERTY GARNISHMENT

- NONE LIST ALL PROPERTY THAT HAS BEEN GARNISHED, SEIZED, OR ATTACHED UNDER ANY LEGAL OR EQUITABLE PROCESS WITHIN 1 YEAR PRIOR TO THIS FILING

NAME AND ADDRESS: \_\_\_\_\_

DESCRIPTION AND VALUE OF PROPERTY: \_\_\_\_\_

DATE OF SEIZURE: \_\_\_\_\_

### REPOSSESSIONS, FORECLOSURES, AND RETURNS

- NONE 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 1 YEAR PRIOR TO THIS FILING

NAME AND ADDRESS OF CREDITOR: \_\_\_\_\_

DESCRIPTION AND VALUE OF PROPERTY: \_\_\_\_\_

DATE OF REPOSSESSION, FORECLOSURE, OR RETURN: \_\_\_\_\_

### ASSIGNMENTS AND RECEIVERSHIPS

- NONE DESCRIBE ANY ASSIGNMENT OF PROPERTY FOR THE BENEFIT OF CREDITORS MADE WITHIN 120 DAYS PRIOR TO THIS FILING

NAME AND ADDRESS OF ASSIGNEE: \_\_\_\_\_

DESCRIPTION AND VALUE OF PROPERTY: \_\_\_\_\_

TERMS OF ASSIGNMENT / SETTLEMENT: \_\_\_\_\_

# STATEMENT OF AFFAIRS CONT.

## GIFTS

- NONE LIST ALL GIFTS OR CHARITABLE CONTRIBUTIONS MADE WITHIN 1 YEAR PRIOR TO THIS FILING EXCEPT ORDINARY AND USUAL GIFTS TO FAMILY MEMBERS TOTALING LESS THAN \$200.00 IN VALUE PER INDIVIDUAL FAMILY MEMBER AND CHARITABLE CONTRIBUTIONS TOTALING LESS THAN \$100.00 PER RECIPIENT.

NAME AND ADDRESS OF RECIPIENT: \_\_\_\_\_

DESCRIPTION AND VALUE OF GIFT: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ DATE OF GIFT: \_\_\_\_\_

## LOSSES

- NONE LIST ALL LOSSES FROM FIRE, THEFT, GAMBLING, OR OTHER CASUALTY WITHIN 1 YEAR PRIOR TO THE FILING OF THIS CASE OR IMMEDIATELY AFTER THE FILING OF THIS CASE

DESCRIPTION AND VALUE OF PROPERTY: \_\_\_\_\_

DESCRIPTION OF CIRCUMSTANCES: \_\_\_\_\_

AMOUNT COVERED BY INSURANCE: \$ \_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_

## PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

- NONE LIST ALL PAYMENTS MADE OR PROPERTY TRANSFERRED BY OR ON BEHALF OF THE DEBTOR TO ANY PERSONS, INCLUDING ATTORNEYS, FOR CONSULTATION CONCERNING DEBT CONSULTATION, RELIEF UNDER THE BANKRUPTCY LAW OR PREPARATION OF THE PETITION IN BANKRUPTCY WITHIN 1 YEAR PRIOR TO THE FILING OF THIS CASE

NAME AND ADDRESS OF PAYEE: \_\_\_\_\_

DESCRIPTION AND AMOUNT PAID: \_\_\_\_\_

NAME OF PERSON WHO PAID, IF NOT YOU: \_\_\_\_\_ DATE OF PAYMENT: \_\_\_\_\_

## OTHER TRANSFERS (including sale of your property)

- NONE LIST ALL PROPERTY TRANSFERRED EITHER ABSOLUTELY OR AS SECURITY WITHIN 2 YEARS PRIOR TO THE FILING OF THIS CASE

NAME AND ADDRESS OF TRANSFEREE: \_\_\_\_\_

DESCRIPTION AND VALUE OF PROPERTY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ DATE OF ORDER: \_\_\_\_\_

# STATEMENT OF AFFAIRS CONT.

## CLOSED FINIANCIAL ACCOUNTS

- NONE LIST ALL FINANCIAL ACCOUNTS HELD IN YOUR NAME OR FOR YOUR BENEFIT WHICH WERE CLOSED, SOLD, OR OTHERWISE TRANSFERRED WITHIN 1 YEAR PRIOR TO THE FILING OF THIS CASE

NAME AND ADDRESS OF INSTITUTION: \_\_\_\_\_

TYPE OF ACCOUNT AND ACCOUNT NUMBER: \_\_\_\_\_

FINAL BALANCE: \$ \_\_\_\_\_ LATE FEES: \$ \_\_\_\_\_ DATE OF CLOSING: \_\_\_\_\_

## SAFE DEPOSIT BOXES

- NONE LIST EACH SAFE DEPOSIT OR OTHER BOX OR DEPOSITORY IN WHICH YOU HAVE OR HAVE HAD SECURITIES, CASH, OR OTHER VALUABLES WITHIN 1 YEAR PRIOR TO THE FILING OF THIS CASE

NAME AND ADDRESS OF BANK/DEPOSITORY: \_\_\_\_\_

DESCRIPTION OF CONTENTS: \_\_\_\_\_

NAME AND ADDRESS OF THOSE WITH ACCESS TO BOX: \_\_\_\_\_

DATE OF ORDER: \_\_\_\_\_

## PROPERTY HELD FOR ANOTHER PERSON

- NONE LIST ALL PROPERTY THAT YOU HOLD OR CONTROL THAT IS OWNED BY ANOTHER PERSON

NAME AND ADDRESS OF OWNER: \_\_\_\_\_

DESCRIPTION AND VALUE OF PROPERTY: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

## PRIOR ADDRESS

- NONE LIST ALL RESIDENCES DURING THE LAST 3 YEARS PRIOR TO THE FILING OF THIS CASE, DO NOT INCLUDE PRESENT ADDRESS

ADDRESS: \_\_\_\_\_

YOUR COMPLETE NAME AT THE TIME: \_\_\_\_\_ DATES OF OCCUPANCY: \_\_\_\_\_

## STATEMENT OF AFFAIRS CONT.

### **SPOUSES AND FORMER SPOUSES**

- NONE PROVIDE THE COMPLETE NAME(S) OF YOUR SPOUSE AND OF ANY FORMER SPOUSE WHO RESIDES OR RESIDED WITH YOU WITHIN THE PAST 8 YEARS PRIOR TO THE FILING OF THIS CASE

NAME: \_\_\_\_\_ DATES: \_\_\_\_\_

### **CUSTODIAN / PAWNBROKER**

- NONE LIST ALL PROPERTY WHICH HAS BEEN IN THE HANDS OF A CUSTODIAN, RECEIVER, OR COURT-APPOINTED OFFICIAL WITHIN 1 YEAR PRIOR TO THIS FILING

NAME AND ADDRESS OF CUSTODIAN: \_\_\_\_\_

DESCRIPTION AND VALUE OF PROPERTY: \_\_\_\_\_

CASE TITLE AND NUMBER: \_\_\_\_\_ DATE OF ORDER: \_\_\_\_\_