

GENERAL INFORMATION

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

Name, First _____ Middle (spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

County of Residence _____ Length of Time at This Address _____

Home Phone _____ Other Phone _____

Email address _____

SPOUSE, First Name _____ **Middle (spell out)** _____ **Last** _____

Social Security Number _____ **Date of Birth** _____

Address (if living separately) _____

City _____ **State** _____ **Zip** _____

DEPENDENTS			
Name	Age	Relationship to You	Is this person/child living with you ?
1. _____	_____	_____	[] Yes [] No
2. _____	_____	_____	[] Yes [] No
3. _____	_____	_____	[] Yes [] No
4. _____	_____	_____	[] Yes [] No

Have you ever filed bankruptcy before? [] Yes [] No If yes, what year? _____

Are both you and your spouse filing this bankruptcy together? [] Yes [] No

Has either your or your spouse been known by any other name during the past 6 years? [] Yes [] No

(Example: maiden name, last name from previous marriage, legal name change, etc.)

If yes, please write the **NAME** and **DATE(S) USED** below:

Name Used _____ Dates Used _____ thru _____

Name Used _____ Dates Used _____ thru _____

YOUR REAL ESTATE

NOTICE: IF YOUR OWN A MOBILE HOME, PLEASE FILL OUT NEXT PAGE

PRINT OUT ADDITIONAL PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN.

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

Name(s) on Deed or Title _____

Address of Real Estate _____

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

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

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

Are you behind in payments? ☐ Yes ☐ No If so, what months? _____

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

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

Do you have a second mortgage on the real estate? ☐ Yes ☐ No

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

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

Are you behind in payments? ☐ Yes ☐ No If so, what months? _____

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

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney _____

Address _____

City _____ State _____ Zip _____

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

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

YOUR MOBILE HOME

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

Name(s) on Deed or Title _____

Address of Mobile Home _____

Are the wheels completely removed from your mobile home and it is attached to the ground? ☐ YES ☐ NO

Does your mobile home sit in a mobile home park? ☐ YES ☐ NO What is the monthly lot rent? \$ _____

Does your mobile home sit on a piece of ground you own? ☐ YES ☐ NO Size of ground _____

Do you make separate payments for the ground your mobile home sits on? _____

If so, explain: _____

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

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

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

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

Are you behind in payments? ☐ YES ☐ NO If so, what months? _____

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

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

Do you have a second mortgage on this mobile home? ☐ YES ☐ NO

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

What are the monthly payments? * _____ What is the pay-off amount on this mortgage? _____

Are you behind in payments? ☐ YES ☐ NO If so, what months? _____

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

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney _____

Address _____

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

YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Then, provide the **REPLACEMENT VALUE** OF EACH ITEM.

[illegible]

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, mobile homes, boats, trailers, campers, etc. that are TITLED IN YOU (OR YOUR SPOUSE'S NAME) **print out more sheets if you own more than 2 vehicles.**

TYPE: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home ☐ Other

Year _____ **Make** _____ Model _____

Condition ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____

Name(s) on vehicle title? _____

Is vehicle leased? ☐ YES ☐ NO If yes, what is the "buy out" on the lease? _____

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

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Established Loan _____

Monthly Payment \$ _____ How many months are you behind in payments? _____

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

Have you went to a loan company and listed this vehicle as collateral for a personal loan? ☐ YES ☐ NO

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

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home ☐ Other:

Year _____ **Make** _____ Model _____

Condition ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____

Name(s) on vehicle title? _____

Is vehicle leased? ☐ YES ☐ NO If yes, what is the "buy out" on the lease? _____

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

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Established Loan _____

Monthly Payment? _____ How many months are you behind in payments? _____

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

Have you went to a loan company and listed this vehicle as collateral for a personal loan? ☐ YES ☐ NO

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

DEBT SHEET 1 OF 5

DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE – BUT EVERY DEBT YOU OWE, EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

DEBT SHEET 2 OF 5

- **PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.**
 - **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE – BUT EVERY DEBT YOU OWE, EVEN LOANS FROM RELATIVES**
-

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

DEBT SHEET 3 OF 5

- **PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.**
 - **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE – BUT EVERY DEBT YOU OWE, EVEN LOANS FROM RELATIVES**
-

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

DEBT SHEET 4 OF 5

- **PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.**
 - **DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE – BUT EVERY DEBT YOU OWE, EVEN LOANS FROM RELATIVES**
-

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] **HUSBAND** [] **WIFE** [] **BOTH** [] **OTHER** _____

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

Name of collection agency or law firm _____

Address _____

DEBT SHEET 5 OF 5

- PRINT OUT MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS.
- DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE – BUT EVERY DEBT YOU OWE, EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] HUSBAND [] WIFE [] BOTH [] OTHER _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] HUSBAND [] WIFE [] BOTH [] OTHER _____

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

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Account Number: _____

Date (for year) you originally obtained this debt or established credit: _____

If this debt is for a credit card, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? [] HUSBAND [] WIFE [] BOTH [] OTHER _____

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

Name of collection agency or law firm _____

Address _____

INCOME HISTORY FOR YOU

Your Name as listed on your current **paycheck stub**: _____

Year-to-Date Total for this current year? _____

VERY IMPORTANT: Gross Income last year _____ **Gross Income 2 Yrs Ago** _____

Employer's Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Length of Time at This Job? _____ **Years** _____ **Months** _____

Job Title (do not abbreviate) _____

How often do you get paid? (circle or check one)

☐ every week ☐ bi-weekly (sometimes I get paid 3 times a month) ☐ once a month

☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wages before deductions? _____

How much "average" extra money do you receive in overtime and commissions per pay period? _____

What is the total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck? _____

How much Insurance is deducted from your paycheck? _____ How much in Union Dues? _____

How much do you pay in Alimony or Child Support if any? _____ Are you court ordered to pay this? ☐ **YES** ☐ **NO**

Are there any other deductions from your paycheck? ☐ **YES** ☐ **NO** If yes, how much? _____

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

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

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

Monthly Alimony or Child Support received _____ Monthly Social Security _____

Monthly Government Assistance _____ Monthly Food Stamps _____

Monthly Public Assistant _____ Monthly Pension or Retirement _____

Other Income (Reason and amount received monthly)? _____

Do you have a second job? ☐ **YES** ☐ **NO** If yes, name of employer: _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Length of Time at This Job? _____ Job Title _____

How often do you get paid? (*check one*)

☐ every week ☐ bi-weekly (sometimes I get paid 3 times a month) ☐ once a month

☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wages before deductions? _____

Do you receive any income from a home-based business? ☐ **YES** ☐ **NO** How much per month? _____

INCOME HISTORY FOR YOUR SPOUSE IF FILING JOINTLY

Your Name as listed on your current **paycheck stub**: _____

Year-to-Date Total for this current year? _____

VERY IMPORTANT: Gross Income last year _____ **Gross Income 2 Yrs Ago** _____

Employer's Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Length of Time at This Job? _____ **Years** _____ **Months** _____

Job Title (do not abbreviate) _____

How often do you get paid? (circle or check one)

☐ every week ☐ bi-weekly (sometimes I get paid 3 times a month) ☐ once a month

☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wages before deductions? _____

How much "average" extra money do you receive in overtime and commissions per pay period? _____

What is the total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck? _____

How much Insurance is deducted from your paycheck? _____ How much in Union Dues? _____

How much do you pay in Alimony or Child Support if any? _____ Are you court ordered to pay this? ☐ **YES** ☐ **NO**

Are there any other deductions from your paycheck? ☐ **YES** ☐ **NO** If yes, how much? _____

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

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

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

Monthly Alimony or Child Support received _____ Monthly Social Security _____

Monthly Government Assistance _____ Monthly Food Stamps _____

Monthly Public Assistant _____ Monthly Pension or Retirement _____

Other Income (Reason and amount received monthly)? _____

Do you have a second job? ☐ **YES** ☐ **NO** If yes, name of employer: _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Length of Time at This Job? _____ Job Title _____

How often do you get paid? (check one)

☐ every week ☐ bi-weekly (sometimes I get paid 3 times a month) ☐ once a month

☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wages before deductions? _____

Do you receive any income from a home-based business? ☐ **YES** ☐ **NO** How much per month? _____

HOME BASED BUSINESS OWNERS

If you have operated a business inside your home, or owned a small business that does not qualify for filing under Chapter 11 of the Bankruptcy Code, an Exhibit will be prepared for the Trustee overseeing your case. Please list below the **normal** income and expenses your business generated for an **average** month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter into the spaces below:

Average monthly business income \$ _____

Did you withhold any earnings for tax purposes? [☐] Yes [☐] No

If yes, how much did you withhold monthly? \$ _____

Average monthly business expenses (if applicable)

Rent and utilities \$ _____

Office Supplies \$ _____

Product Supplies \$ _____

Wages \$ _____

Equipment Leases \$ _____

Other Business Leases \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Average Monthly Income \$ _____

Total Average Monthly Expenses \$ _____

Average Monthly Business Profit \$ _____

Did you file income taxes for the years you operated your business? [☐] Yes [☐] No

If not, what years did you NOT file taxes? _____

MONTHLY BUDGET

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

Housing Expenses

Rent (if you do not own your home) \$ _____
 First Mortgage payment or mobile home monthly payment \$ _____

Second mortgage (if applicable) \$ _____

Third mortgage (if applicable) \$ _____

Lot Payment (if applicable) \$ _____

Are real estate **taxes** included in your mortgage payment? ☐ Yes ☐ No

Taxes not included in house payment \$ _____

Is your home **insurance** included in your mortgage payment? ☐ Yes ☐ No

Insurance not included in house payment \$ _____

Utilities (Normal Monthly Average)

Electricity and Gas \$ _____

Water \$ _____

Telephone (Basic Service) \$ _____

Trash Pick-Up \$ _____

Basic Needs

Home Maintenance (home owners) \$ _____

Food (Monthly) \$ _____

Clothing (Monthly Expense) \$ _____

Laundry, dry cleaning, soap, etc. \$ _____

Medical expenses NOT paid by insurance \$ _____

Transportation

Gasoline/auto maintenance \$ _____

Recreation, Entertainment \$ _____

Charitable Giving (if claimed on taxes) \$ _____

Insurance

Renters Insurance \$ _____

Life Insurance (other than employer) \$ _____

Health Insurance (other than employer) \$ _____

Automobile Insurance \$ _____

Other Insurance \$ _____

Taxes

Are any other taxes deducted from your wages? If so, what type of taxes are they? \$ _____

Other Expenses

Alimony or Child Support \$ _____

Payments for someone outside your home \$ _____

Union Dues (not payroll deducted) \$ _____

Professional Dues (not payroll deducted) \$ _____

Child Care Expenses \$ _____

Babysitter/Day Care Expenses \$ _____

School Expenses \$ _____

School Lunch Expenses \$ _____

College Tuition (Not Loans) \$ _____

Student Loan Repayment \$ _____

Newspapers, Books, Magazines \$ _____

Personal Care Items \$ _____

Other _____ \$ _____

Other _____ \$ _____

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

STATEMENT OF AFFAIRS (1 of 11)

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

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

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Have you ever provided a notice to any governmental unit of a Release of Hazardous Materials?

[☐] Yes [☐] No

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

Name/Address of Site _____

Governmental Unit Notice Sent To _____

Date Notice Sent to Governmental Unit _____

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

[☐] Yes [☐] No

Name of person _____

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

[☐] Yes [☐] No

If so, provide details: _____

Do you own or are you buying a time-share in a vacation property or resort?

[☐] Yes [☐] No

If so, provide details: _____

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

[☐] Yes [☐] No

Year, Make, Model of Vehicle _____

Whose name is the motor vehicle titled to? _____

Address _____

City _____ State _____ Zip _____

What is this person's relationship to you? _____

Why are you holding this property? _____

STATEMENT OF AFFAIRS (2 of 11)

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

Description of Item(s)

1. _____ Replacement Value _____

2. _____ Replacement Value _____

3. _____ Replacement Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

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

Description of Item(s)

1. _____ Replacement Value _____

2. _____ Replacement Value _____

3. _____ Replacement Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

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

Description of Item(s)

1. _____ Replacement Value _____

2. _____ Replacement Value _____

3. _____ Replacement Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

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

Description of Item(s): _____

Replacement Value: _____

If making payments on, whom do you pay? _____

**** MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS**

At present, do you have any inventory (stock in trade) that could be sold for \$200 or more in profit? ☐ Yes ☐ No

Description of Item(s) _____

Replacement Value: _____

STATEMENT OF AFFAIRS (3 of 11)

Are you buying any jewelry with installment payments?

[] Yes [] No

Description of Item(s)

1. _____ Replacement Value _____

2. _____ Replacement Value _____

3. _____ Replacement Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THIS DEBT ON THE DEBT SHEETS.**

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

[] Yes [] No

Description of Animal(s) _____

Value of the animals if you had to sell them _____

Do you have any checking or savings account(s) at this time?

[] Yes [] No

Name of Bank _____

Address of Branch _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number for Checking _____ Present Balance _____

Account Number for Savings (if applicable) _____ Present Balance _____

Name of Second Bank (if applicable) _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number _____ Present Balance _____

Have you closed any bank accounts within the past two (2) years?

[] Yes [] No

Name of Bank _____

Address of Bank _____

City _____ State _____ Zip _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? [] Yes [] No Balance owed: _____

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

STATEMENT OF AFFAIRS (4 of 11)

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

Name of Financial Institution _____

Address of Financial Institution _____

City _____ State _____ Zip _____

What are the contents of the safe deposit box? _____

What monthly amount do you pay for rental of this deposit box? _____

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

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

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

Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

Type of account: _____ Account Number _____

Name(s) on the Account _____ Present Balance _____

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

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

Address of Utility Company _____

City _____ State _____ Zip _____

Account Number _____ Present Balance _____

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

Do you have any life insurance? ☐ Yes ☐ No

Name of Insurance Company _____

If a "whole life" policy - what is the current cash value? _____

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

Who is the beneficiary? _____ Relationship _____

**** If you have other life insurance policies, please list the information above for each one on BACK of this page.**

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

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

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

STATEMENT OF AFFAIRS (5 of 11)

Have you set up your own separate retirement not provided by employer? ☐ Yes ☐ No

Name of Financial Institution (if applicable) _____

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

Will you be receiving retirement benefits from a previous employer within the next six (6) months? ☐ Yes ☐ No

Date you expect to start receiving retirement benefits: _____

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

Type of bond, stock, mutual fund: _____

Does this bond, stock or mutual fund have a cash value: ☐ Yes ☐ No Cash value: _____

Do you have a cell phone? ☐ Yes ☐ No

Name of cell phone company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date contract began _____

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

If not, what is the length of the contract? ☐ 1 year ☐ 2 years ☐ 3 years ☐ Other: _____

What is the normal monthly contract payment? (i.e.: \$19.95, \$29.95, etc.) _____

**** If you have more than one cell phone, list the same information above on the **BACK** of this page.**

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

Name of roommate or relative: _____ Relationship? _____

What expenses do they pay? _____

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

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

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

Name of relatives providing additional support: _____

Relationship of this relative to you: _____

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

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

STATEMENT OF AFFAIRS (6 of 11)

Are you currently attending college?

[☐] Yes [☐] No

Name of college _____

Anticipated graduation date _____ Major of Study _____

Do you have a student loan?

[☐] Yes [☐] No

Name of institution you will make payment to: _____

Address _____

City _____ State _____ Zip _____

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

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

Do you currently owe any fines?

(includes parking tickets, moving violations, etc.)

[☐] Yes [☐] No

Name of court you owe fines to _____

Address _____

City _____ State _____ Zip _____

Date of occurrence _____ Name of party [☐] Husband [☐] Wife [☐] Other

What was this fine for? _____

**If you pay child support,
are you currently behind in any payments?**

[☐] Yes [☐] No

Name of person/agency you pay child support to _____

Address _____

City _____ State _____ Zip _____

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

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

If so, what are the payment arrangements? _____

**Even if you never expect to collect any money, does an ex-spouse owe you
money for alimony or child support**

[☐] Yes [☐] No

Name of Ex-Spouse _____

Address of Ex-Spouse _____

City _____ State _____ Zip _____

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

Has this ex-spouse been court ordered to pay you? _____ Year of court order? _____

STATEMENT OF AFFAIRS (7 of 11)

**Over the last year, have you, your children or your spouse been involved in
An accident where someone was hurt, for example, a car accident?**

[] Yes [] No

Date accident occurred _____ Who was at fault? _____

Who was involved in the accident? _____

Was any insurance money received? [] Yes [] No If yes, how much? _____

During the next six (6) months, do you expect to inherit anything?

[] Yes [] No

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

Reasons for inheritance _____

**During the next six (6) Months, do you expect to recover on
anyone's life insurance policy?**

[] Yes [] No

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

Reasons for this money: _____

**Do you expect to receive any money from any insurance claim,
for any reason, during the next six (6) months?**

[] Yes [] No

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

Reasons for receiving this money: _____

Are you the beneficiary of a trust fund?

[] Yes [] No

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

Relationship to you: _____ when will you have access to this trust fund? _____

**Are you owed any back wages, commissions, or vacation
pay from your current or previous employer?**

[] Yes [] No

Employer Name _____

Amount expected to receive _____ Date expected to receive _____

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

**Is any of your property in the hands of a repairman, storage
Company or pawnbroker?**

[] Yes [] No

Name of Place Holding Your Property _____

Address _____

City _____ State _____ Zip _____

Description of Items and replacement value:

1. _____ replacement value _____

2. _____ replacement value _____

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

STATEMENT OF AFFAIRS (8 of 11)

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

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

Provide details about this personal injury claim: _____

Name of attorney or law firm handling this claim? _____

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

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

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

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

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

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

Name of party you filed a lawsuit on _____

Address _____

City _____ State _____ Zip _____

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

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

Name of Person who owes you money _____

Address _____

City _____ State _____ Zip _____

Explain why they owe you money: _____

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

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

Name of Creditor You Paid _____

Date Paid _____ Amount Paid _____ Current Balance Due _____

Name of Creditor You Paid _____

Date Paid _____ Amount Paid _____ Current Balance Due _____

STATEMENT OF AFFAIRS (9 of 11)

Are there any lawsuits pending against you now?

[] Yes [] No

Name of party suing you (Plaintiff)? _____

Case Number _____ Date Lawsuit Filed _____

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

Attorney for the Plaintiff (found on court pleading): _____

Address _____

City _____ State _____ Zip _____

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

Address _____

City _____ State _____ Zip _____

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

Have your wages or property been garnished or attached?

[] Yes [] No

Who garnished you wages or attached your property? _____

What item did they repossess? (if car, provide the **year, make, model**) _____

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

Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller?

[] Yes [] No

What property did you turn over to a receiver? _____

When and where did this take place? _____

Is any of your property in receivership or other legal custody?

[] Yes [] No

When did you file your receivership? _____

In what court was this done? _____

Have you made any gifts to friends or relatives?

[] Yes [] No

What gifts or transfers have you made? _____

Who did you give the gift to? _____

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

Have you transferred any money or property to family members or Friends or paid them any money on debts you might owe them?

[] Yes [] No

Type of property transferred: _____

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

STATEMENT OF AFFAIRS (10 of 11)

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

Type of loss? [] Fire [] Theft [] Gambling [] Other: _____

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

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

Have you had any losses covered by insurance? [] Yes [] No

Describe loss: _____

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

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

Name of attorney or service _____

Address _____

City _____ State _____ Zip _____

Consultation Date _____ Total paid for service _____

Have you filed any bankruptcy with in the last six (6) years? [] Yes [] No

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

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

Name(s) of persons who filed? _____

Was the case discharged? [] Yes [] No Case Number _____

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

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

Name of person holding these items: _____

Address _____

City _____ State _____ Zip _____

Beside your current address, have you lived at any other Addresses within the past six (6) years? [] Yes [] No

Previous address lived at: _____

City _____ State _____ Zip _____

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

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

Previous address lived at: _____

City _____ State _____ Zip _____

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

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

Use other side of this sheet as necessary.

STATEMENT OF AFFAIRS (11 of 11)

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

Name of business _____

Business address _____

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

Date business began _____ Date business ended _____

Name of your partners, co-investors, or associates? _____

What were your net profits for this year? _____ Last year? _____ 2 Yrs Ago? _____

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

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

Income this year? _____ Last year? _____ 2 Yrs Ago? _____

By signing this Affidavit, I/we acknowledge that all statements contained herein are true and accurate and that Elizabeth Fletcher, Esq. may rely on the truth of each of these statements and all other documents submitted in preparing my/our bankruptcy petition and all items that flow therefrom, either now or in the future. Debtor(s) understand that should any of the above declarations change at any point, Debtor(s) must and will advise Elizabeth Fletcher, Esq. of such change(s).

I/We declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature of Debtor #1

Signature of Debtor #2