

General Information for Petition

Please provide the information requested. If a question or selection does NOT apply to you, write "N/A" in the space. There will be a delay if we need to obtain more information concerning a specific asset, debt or creditor, so please provide as much detail as possible.

First Name	Middle Name	Last Name
Social Security Number		Date of Birth
Street Address		
City	State	Zip
County of Residence	Length of Time at This Address	
Home Phone ()	Cell Phone ()	
Email address		

MAILING ADDRESS: If you would like any correspondence from the bankruptcy court to be sent to a mailing address other than the physical address you provided above, please provide the address below:

Information About Your Spouse

First Name (Spouse)	Middle Name	Last Name
Social Security Number		Date of Birth
Address (if living separately)		
City	State	Zip

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

If not, where have you resided: _____

Are you filing this bankruptcy petition with your spouse: Yes No

If "no" please check one: Unmarried Spouse filing separately Other Reason

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

If "yes" provide date(s): _____

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

Counseling not completed Received counseling within the past 180 days Request waiver

Does not apply to my district

Information For Means Test

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

Dependents

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

Income For Six (6) Months

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

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

HUSBAND: 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 Continued

WIFE: 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

HUSBAND: Interest income, dividends and royalties:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

WIFE: Interest income, dividends and royalties:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

HUSBAND: Pension and retirement income:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

WIFE: Pension and retirement income:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

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

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

HUSBAND: Unemployment compensation:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

Information for Means Test Continued

WIFE: Unemployment compensation:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

HUSBAND: Income from other sources not provided for above:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

WIFE: Income from other sources not provided for above:

Current Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

Other Information

Have either you or your spouse been known by any other names during the past 8 years: **Yes** **No**
 (Example: maiden name, last name from a previous marriage, legal name change, etc.)
 If yes, provide the **NAME KNOWN AS** and **DATE(S) THE NAME(S) WAS USED**:

Name Used _____ Dates Used _____ thru _____
 Name Used _____ Dates Used _____ thru _____

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

**Notice: If You Own A Mobile Home
 Please Fill Out The Next Page**

Your Real Estate

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

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

Check the type of real estate you own: Detached Home Condominium Vacant Lot Other

Name(s) on Deed: _____

Address of Real Estate: _____

Description of Real Estate: (example: 2,000 square foot home with 3 bedrooms, 2 baths, attached 2-car garage situated on 10,000 square feet of land.) _____

Name of Mortgage Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Loan Number: _____ Date obtained this mortgage: _____
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 Your intention: Keep Surrender

Second Mortgage Information (If Applicable)

Name of Mortgage Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Loan 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 Code: _____
Is this real estate in the process of foreclosure: Yes No

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

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

Your Mobile Home

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

Name(s) on Title: _____
Address of Mobile Home: _____
Are the wheels completely removed from your mobile home and is it attached to the land: Yes No
Is your mobile home in a mobile home park: Yes No What is the monthly lot rent? \$ _____

Does your mobile home set on a piece of ground you own? Yes No Size of land: _____

Do you make separate payments for the land your mobile home sets on? Yes No

If so, explain: _____

If you own the ground free and clear, what is the fair market value for the land: _____

Description of Mobile Home: (example: doublewide, 3 bedrooms, 2 baths, on wheels with skirting located in mobile home park.) _____

Name of Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Loan 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 fair market 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 Code: _____

Loan 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 Code: _____

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 own. Then, provide the YARD SALE VALUE of each item – NOT the replacement cost.

	Yard Sale Value	<input type="checkbox"/> Paintings/Art	\$ _____
		Describe item(s): _____	
<input type="checkbox"/> Stove/Cooking Unit	\$ _____		
<input type="checkbox"/> Refrigerator	\$ _____	<input type="checkbox"/> Carpenters Tools	\$ _____
<input type="checkbox"/> Washer/Dryer	\$ _____	Describe item(s): _____	
<input type="checkbox"/> Microwave	\$ _____		

G Cooking Utensils \$ _____
 G Silverware/Flatware \$ _____
 G Cookware (Pots/Pans) \$ _____
 G Living Room Furniture \$ _____
 G Dining Room Furniture \$ _____
 G Tables and Chairs \$ _____
 G Televisions(s) \$ _____
 G VCR(s) \$ _____
 G DVD(s) \$ _____
 G Compact Disks \$ _____
 G All Other Stereo Equipment \$ _____
 Describe item(s): _____

G Bedroom Furniture \$ _____
 G Dressers/Nightstands \$ _____
 G Lamps and Accessories \$ _____
 G **Wedding Rings** \$ _____
 G **Other Jewelry/Watches** \$ _____
 Describe item(s): _____

G Furs \$ _____
 G **Computer(s)** \$ _____
 G Computer Printers \$ _____
 G Desks/Office Furniture \$ _____
 G Other Computer Equipment \$ _____
 Describe item(s): _____
 G Photography Equipment \$ _____
 G Satellite Disks \$ _____
 G **All Clothing** \$ _____
 (including shoes, coats, hats, etc.)
 G Collectibles \$ _____
 Describe item(s): _____

G Mechanics Tools \$ _____
 Describe item(s): _____

 G Guns and Firearms \$ _____
 Describe item(s): _____

 G Lawnmower \$ _____
 G **Boats** \$ _____
 G Trailers \$ _____
 G Campers \$ _____
 G Yard Tools/Equipment \$ _____
 G Swimming Pool \$ _____
 G **Cell Phones** \$ _____

OTHER ASSETS

G Rent deposit with landlord \$ _____
 Name of Landlord _____
 Address _____
 City _____ State _____ Zip _____
 G Government Bonds \$ _____
 G Certificate of Deposits \$ _____
 G Copyrights/Patents \$ _____
 G Aircraft \$ _____
 G Interests in education IRA \$ _____
 G Customer lists \$ _____
 G _____ \$ _____
 G _____ \$ _____
 G _____ \$ _____
 G _____ \$ _____
 G _____ \$ _____

Your Motor Vehicles

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

Type: G Automobile G Truck G Motorcycle G Mobile Home (Title Only) G Other: _____
 Year: _____ Make: _____ Model: _____ Style: _____ G 2dr G 4dr G Other
 Condition: G Excellent G Good G Fair G Poor G 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 Code: _____

Loan Number: _____ Date Established Loan: _____

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

What is the "pay off" amount on this vehicle: \$ _____ Your intention: Keep Surrender

Type: Automobile Truck Motorcycle Mobile Home (Title Only) Other: _____

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

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 Code: _____

Loan Number: _____ Date Established Loan: _____

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

What is the "pay off" amount on this vehicle: \$ _____ Your intention: Keep Surrender

Debt Sheet 1 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 Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Creditor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total amount you owe on this debt: \$ _____ Account No: _____

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

If this debt is for a credit card, what date did you last make a purchase: _____

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

Who is financially responsible for this debt: HUSBAND WIFE BOTH OTHER: _____

Has this debt been turned over to a collection agency: YES NO

Name of collection agency or law firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your Income History

Your name as listed on your current paycheck stub: _____

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

Gross Income last year: \$ _____ **Gross Income prior year:** \$ _____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number (_____) _____

Length of Time at This Job: _____ Years _____ Months _____

Job Title (do not abbreviate): _____

How often do you get paid:

Weekly Bi-weekly 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 other deductions from your paycheck: YES NO If yes, how much: \$ _____

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

How much additional income do you make monthly from a business: \$ _____

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

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

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

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

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

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

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Length of Time at This Job: _____ Job Title: _____

How often do you get paid:

Weekly Bi-weekly 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

Your name as listed on your current paycheck stub: _____

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

Gross Income last year: \$ _____ **Gross Income prior year:** \$ _____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number (_____) _____

Length of Time at This Job: _____ Years _____ Months _____

Job Title (do not abbreviate): _____

How often do you get paid:

Weekly Bi-weekly 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 other deductions from your paycheck: YES NO If yes, how much: \$ _____

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

How much additional income do you make monthly from a business: \$ _____

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

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

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

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

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

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

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Length of Time at This Job: _____ Job Title: _____

How often do you get paid:

Weekly Bi-weekly 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: \$ _____

Self-Employed Business Owners

If you have been self-employed during the past 12 months, please list below the average income and expenses your business generated for an **average** month. If you did not have an average monthly income due to extreme highs and

lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter those figures into the spaces below:

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 tax returns for the years you operated your business: Yes No

If not, what years did you NOT file tax returns: _____

Monthly Budget

This form is required to determine how much you spend each month on living expenses. Be certain to write in the MONTHLY (not yearly) amounts in the spaces below. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering an entire 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, describe: \$ _____

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 the expense:

Statement of Affairs (1 of 10)

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

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

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: G Yes G 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 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.) G Yes G 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: G Yes G No

If so, provide details: _____

Do you own or are you buying a time-share in a vacation property or resort: G Yes G No

If so, provide details: _____

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name: G Yes G No

Year, Make, Model of Vehicle: _____

That person's name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

What is this person's relationship to you: _____

Why are you holding this property: _____

Statement of Affairs (2 of 10)

Are you buying any of your furniture or appliances with installment payments: **G Yes G No**

Description of Item(s)

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

Name of company you make installment payments to: _____

MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS.

Are you renting-to-own any of your furniture or appliances: **G Yes G No**

Description of Item(s)

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

Name of company you make installment payments to: _____

MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS.

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

Description of Item(s): _____

Value of the item if sold at a yard sale: \$ _____

If making payments on, who do you pay: _____

MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.

At present, do you have any inventory (stock in trade) that could be sold

for \$200 or more: **G Yes G No**

Description of Item(s): _____

Value of the item(s) if sold at a yard sale: \$ _____

Are you buying any jewelry with installment payments: **G Yes G No**

Description of Item(s):

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

Name of company you make installment payments to: _____

MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.

Do you have any animals, livestock or pets you could sell for \$200 or more: **G Yes G No**

Description of Animals(s): _____

Value of the animals if you had to sell them: \$ _____

Statement of Affairs (3 of 10)

Do you have a checking or savings account(s) at this time: Yes No

Name of Bank: _____

Address of Branch: _____

City: _____ State: _____ Zip Code: _____

Type of account: Checking Savings

Name(s) on the Account(s): _____

Account Number for Checking: _____ Present Balance: \$ _____

Account Number for Savings: _____ Present Balance: \$ _____

Name of Second Bank (if applicable): _____

Address Branch: _____

City: _____ State: _____ Zip Code: _____

Type of account: Checking, Savings or Both? _____

Type of account: Checking Savings

Name(s) on the Account(s): _____

Account Number for Checking: _____ Present Balance: \$ _____

Account Number for Savings: _____ Present Balance: \$ _____

Have you closed any bank accounts within the past (2) years: Yes No

Name of Bank: _____

Address of Bank: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Date Closed: _____ Name(s) on Account: _____

Balance when you closed this account: \$ _____

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 Code: _____

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 Code: _____

Type of account: _____ Account Number: _____

Name(s) on the Account: _____ Present Balance: \$ _____

Statement of Affairs (4 of 10)

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 Code: _____

Account Number: _____ Present Balance: \$ _____

Do you have life insurance: Yes No

Name of Insurance Company: _____

If a "whole life" policy – what is the current cash value: \$ _____

Who is the beneficiary: _____ Relationship: _____

If you have other life insurance policies, please duplicate this page and provide the information.

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

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

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

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 Code: _____

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: _____

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

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 _____

Statement of Affairs (5 of 10)

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 _____

Are you currently attending college: Yes No

Name of college: _____

Anticipated graduation date: _____ Major of Study: _____

Do you have a student loan: Yes No

Name of institution you will make payments to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 Code: _____

Date of occurrence: _____ Amount owed: \$ _____

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

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 Code: _____

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 Code: _____

Statement of Affairs (6 of 10)

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: _____

Over the last year, have you, your children or your spouse been involved in

An accident where someone was hurt, for example, a car accident: Yes No

Date accident occurred: _____ Who was at fault: _____

Who was involved in the accident: _____

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

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

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

Reasons for inheritance: _____

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

Yes No

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

Reasons for receiving this money: _____

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

Yes No

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

Reasons for receiving this money: _____

Are you the beneficiary of a trust fund:

Yes No

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

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

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

Yes No

Employer Name: _____

Amount expected to receive: _____ Date expected to receive: _____

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 Code: _____

Description of Items and yard sale value:

1. _____ Yard Sale Value: \$ _____

2. _____ Yard Sale Value: \$ _____

Statement of Affairs (7 of 10)

3. _____ Yard Sale Value: \$ _____

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

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: _____

Details about this personal injury claim: _____

Attorney or law firm handling this claim: _____

In the near future, do you expect to enter into any property settlement with a former spouse:

Yes No

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

What is the total yard sale value of these items: \$ _____ or

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

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

Name of party you filed a lawsuit against: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 Code: _____

Explain why they owe you money: _____

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

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 Code: _____

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

Address: _____

Statement of Affairs (8 of 10)

City: _____ State: _____ Zip Code: _____

Please make a copy and include them with these forms.

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

Who garnished your 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: _____

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: \$ _____

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

Type of loss? Fire Theft Gambling Other: _____

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

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

Have you had any losses covered by insurance: Yes No

Describe loss: _____

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

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

Name of attorney or service: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Consultation Date: _____ Total paid for service: \$ _____

Statement of Affairs (9 of 10)

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

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

Date your bankruptcy was filed: _____ City, State Filed: _____

Name(s) of persons who filed: _____

Was the case discharged: Yes No Case Number: _____

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

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

Name of person holding these items: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Other than your current address, have you lived at any other addresses within the past six (6) years: Yes No

Previous Address: _____

City: _____ State: _____ Zip Code: _____

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

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

Previous Address: _____

City: _____ State: _____ Zip Code: _____

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

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

Previous Address: _____

City: _____ State: _____ Zip Code: _____

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

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

Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business) within the past eight (8) years: Yes No

Name of business: _____

Business address: _____

Type of business (what type of products or services 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: \$ _____

Statement of Affairs (10 of 10)

During the past two (2) years, have either you or your spouse had any other income source outside normal pay from your employer: Yes No

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

What is the amount of the TAX REFUND you received this year: _____

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

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

Signature of Debtor #1

Signature of Debtor #2

Date: _____

Date: _____