

**Do any of the following situations apply to you?****Yes No**

Membership in a tax protest organization	<input type="checkbox"/>	<input type="checkbox"/>
Unfiled tax returns	<input type="checkbox"/>	<input type="checkbox"/>
Filed fraudulent, frivolous, blank or incomplete tax returns	<input type="checkbox"/>	<input type="checkbox"/>
Multiple failure to pay taxes	<input type="checkbox"/>	<input type="checkbox"/>
Transferred titles, given away, traded or otherwise concealed valuable assets	<input type="checkbox"/>	<input type="checkbox"/>
Sold assets significantly below fair value	<input type="checkbox"/>	<input type="checkbox"/>
Transferred assets into a trust or tax shelter that you set up, control or benefit from	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiary of family trust, business trust or other trust	<input type="checkbox"/>	<input type="checkbox"/>
Unfettered control of any trust assets?	<input type="checkbox"/>	<input type="checkbox"/>
Benefit of use of any trust assets?	<input type="checkbox"/>	<input type="checkbox"/>
Personal living expenses paid by a trust?	<input type="checkbox"/>	<input type="checkbox"/>
Failure to report trust payments as taxable income to yourself	<input type="checkbox"/>	<input type="checkbox"/>
Trust with no economic reality	<input type="checkbox"/>	<input type="checkbox"/>
Created a corporation and transferred assets to it	<input type="checkbox"/>	<input type="checkbox"/>
Changed bank or bank accounts frequently	<input type="checkbox"/>	<input type="checkbox"/>
Closed bank account and conduct business in cash only	<input type="checkbox"/>	<input type="checkbox"/>
Added another person's name to bank account	<input type="checkbox"/>	<input type="checkbox"/>
Deposited income in another's bank account	<input type="checkbox"/>	<input type="checkbox"/>
Use of a foreign bank account	<input type="checkbox"/>	<input type="checkbox"/>
Changed name, spelling of name or social security number	<input type="checkbox"/>	<input type="checkbox"/>
Had an altercation with revenue officer	<input type="checkbox"/>	<input type="checkbox"/>
Engaged in money laundering	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn cash from a bank and hid it	<input type="checkbox"/>	<input type="checkbox"/>
Claimed incorrect number of exemptions on tax return	<input type="checkbox"/>	<input type="checkbox"/>
Purchased property in someone else's name	<input type="checkbox"/>	<input type="checkbox"/>
Refused to cooperate with a revenue officer, or deliberately obstructed audit investigation	<input type="checkbox"/>	<input type="checkbox"/>
Lost, concealed or destroyed financial documents	<input type="checkbox"/>	<input type="checkbox"/>
Maintained inadequate records	<input type="checkbox"/>	<input type="checkbox"/>
Concealed actual residence address or business address	<input type="checkbox"/>	<input type="checkbox"/>
Traded valuable assets for less valuable assets	<input type="checkbox"/>	<input type="checkbox"/>
Transferred ANY property (auto, real estate, etc.) into someone else's name in previous 4 years?	<input type="checkbox"/>	<input type="checkbox"/>

# 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 a faster turnaround.

YOUR 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	
Daytime Phone	Evening Phone	Mobile Phone
Email Address		

MAILING ADDRESS - If you would like any correspondence by the bankruptcy court to be sent to a different mailing address than the physical address you provided above (i.e., PO Box, etc.), please provide that address below:

## INFORMATION ABOUT YOUR SPOUSE

SPOUSE'S NAME, First	Middle (spell out)	Last
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 (six (6) months)? ☐ Yes ☐ No

If not, where have you resided? \_\_\_\_\_

Are you filing this bankruptcy petition jointly with your spouse? ☐ Yes ☐ No

If "No", please select one: ☐ Unmarried ☐ Spouse Filing Separately ☐ Other Reason

If your spouse is not filing with you, does your spouse live in a different household? ☐ Yes ☐ No

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

DATE COMPLETED \_\_\_\_\_

## CURRENT AND HISTORICAL INCOME FOR YOU

Your Name as listed on your current paycheck stub \_\_\_\_\_

Date of Last Paycheck \_\_\_\_\_ Date of Next Paycheck \_\_\_\_\_

**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? (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 wage before deductions? \$ \_\_\_\_\_

"Average" amount of extra money you receive in overtime/commissions per pay period \$ \_\_\_\_\_

Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck \$ \_\_\_\_\_

What is the total amount deducted from your paycheck for insurance? \$ \_\_\_\_\_

What is the total amount deducted from your paycheck for Union Dues? \$ \_\_\_\_\_

Amount you pay in Alimony AND Child Support (if any) \$ \_\_\_\_\_

Are you court ordered to pay this? ☐ Yes ☐ No

Are there any other deductions from your paycheck? ☐ Yes ☐ No If so, how much? \$ \_\_\_\_\_

What is this "other" deduction for? \_\_\_\_\_ If 401k, how long have you participated? \_\_\_\_\_

How much additional income do you make monthly from a business, ebay, 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 Assistance \$ \_\_\_\_\_ Monthly Pension or Retirement \$ \_\_\_\_\_

Other Income (Reason and amount received monthly)? \$ \_\_\_\_\_

Do you expect your income to change in the next 1 year? Explain: \_\_\_\_\_

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: Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title (do not abbreviate) \_\_\_\_\_

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 wage before deductions? \$ \_\_\_\_\_

Year-to-Date Income: \$ \_\_\_\_\_ Income Last year: \$ \_\_\_\_\_ Income 2 Yrs Ago: \$ \_\_\_\_\_

Do you receive income from a home-based business? ☐ Yes ☐ No How much per month? \$ \_\_\_\_\_

## CURRENT AND HISTORICAL INCOME FOR YOUR SPOUSE

Your Name as listed on your current paycheck stub \_\_\_\_\_

Date of Last Paycheck \_\_\_\_\_ Date of Next Paycheck \_\_\_\_\_

**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? (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 wage before deductions? \$ \_\_\_\_\_

"Average" amount of extra money you receive in overtime/commissions per pay period \$ \_\_\_\_\_

Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck \$ \_\_\_\_\_

What is the total amount deducted from your paycheck for insurance? \$ \_\_\_\_\_

What is the total amount deducted from your paycheck for Union Dues? \$ \_\_\_\_\_

Amount you pay in Alimony AND Child Support (if any) \$ \_\_\_\_\_

Are you court ordered to pay this? ☐ Yes ☐ No

Are there any other deductions from your paycheck? ☐ Yes ☐ No If so, how much? \$ \_\_\_\_\_

What is this "other" deduction for? \_\_\_\_\_ If 401k, how long have you participated? \_\_\_\_\_

How much additional income do you make monthly from a business, ebay, 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 Assistance \$ \_\_\_\_\_ Monthly Pension or Retirement \$ \_\_\_\_\_

Other Income (Reason and amount received monthly)? \_\_\_\_\_ \$ \_\_\_\_\_

Do you expect your income to change in the next 1 year? Explain: \_\_\_\_\_

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: Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title (do not abbreviate) \_\_\_\_\_

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 wage before deductions? \$ \_\_\_\_\_

Year-to-Date Income: \$ \_\_\_\_\_ Income Last year: \$ \_\_\_\_\_ Income 2 Yrs Ago: \$ \_\_\_\_\_

Do you receive income from a home-based business? ☐ Yes ☐ No How much per month? \$ \_\_\_\_\_

## SELF-EMPLOYED BUSINESS OWNERS - PROFIT AND LOSS (P&L)

If you have been self-employed during the past six (6) months, 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 those figures into the spaces below:

Gross Income for 12 Months Prior to Filing \$ \_\_\_\_\_  
Estimated Average Future Gross Monthly Income \$ \_\_\_\_\_

Net Payroll (Other than Self)	\$ _____
Payroll Taxes	\$ _____
Unemployment Taxes	\$ _____
Workers Compensation	\$ _____
Other Taxes	\$ _____
Inventory Purchases	\$ _____
Purchase of Feed/Fertilizer/etc.	\$ _____
Rent (Other than Your Residence)	\$ _____
Utilities	\$ _____
Office Expenses and Supplies	\$ _____
Repairs and Maintenance	\$ _____
Vehicle Expenses	\$ _____
Travel and Entertainment	\$ _____
Equipment Rental and Leases	\$ _____
Legal/Accounting/Professional Fees	\$ _____
Insurance	\$ _____
Employee Benefits	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____

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

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

**Total Monthly Income** \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**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? \_\_\_\_\_

## INFORMATION FOR MEANS TEST

☐ 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, and / or Claimed on your Taxes?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

### INCOME FOR LAST SIX (6) Months

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:

Month:	Month:	Month	Month	Month	Month

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

Month:	Month:	Month:	Month	Month	Month

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

Month:	Month:	Month	Month:	Month	Month

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

Month:	Month:	Month	Month	Month	Month

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

Month:	Month:	Month	Month:	Month	Month

**CONTINUED ON NEXT PAGE**

## INFORMATION FOR MEANS TEST CONTINUED

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

Month:	Month:	Month	Month	Month	Month

### HUSBAND: Interest income, dividends and royalties:

Month:	Month:	Month	Month	Month	Month

### WIFE: Interest income, dividends and royalties:

Month:	Month:	Month	Month	Month	Month

### HUSBAND: Pension and retirement income:

Month:	Month:		Month:	Month	Month

### WIFE: Pension and retirement income:

Month:	Month:	Month	Month:	Month	Month

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

Month:	Month:	Month	Month	Month	Month

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

Month:	Month:	Month	Month	Month	Month

### HUSBAND: Unemployment compensation:

Month:	Month:	Month	Month	Month	Month

### WIFE: Unemployment compensation:

Month:	Month:	Month	Month	Month	Month

CONTINUED ON NEXT PAGE

### INFORMATION FOR MEANS TEST CONTINUED

**HUSBAND: Income from other sources not provided for above:**

Month:	Month:		Month	Month	Month

**WIFE: Income from other sources not provided for above:**

Month:	Month:	Month	Month	Month	Month

## OTHER INFORMATION

Have you or your spouse been known by any other name during the past 8 years? ☐ Yes ☐ No  
(Example: maiden name, last name from previous marriage, legal name change, etc.)

If yes, write the NAME KNOWN AS and DATE(S) THIS NAME WAS USED below:

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:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## 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 below 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 twelve (12) month period.

### Housing Expenses

Rent (If You Don't 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 Homeowner's Insurance Included  
in Your Mortgage Payment? ☐ Yes ☐ No  
Insurance Not Included in House Payment \$ \_\_\_\_\_

### Utilities (Normal Monthly Average)

Electricity and Gas \$ \_\_\_\_\_  
Water \$ \_\_\_\_\_  
Telephone: Home Phone \$ \_\_\_\_\_  
Telephone: Cellular / Mobile \$ \_\_\_\_\_  
Trash Pick-up \$ \_\_\_\_\_

### Basic Needs

Home Maintenance (If You Own a Home) \$ \_\_\_\_\_  
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? ☐ Yes ☐ No

Other Taxes \$ \_\_\_\_\_

### Other Expenses

Alimony and/or Child Support \$ \_\_\_\_\_  
Payments for Someone Outside  
Your Home \$ \_\_\_\_\_  
Union Dues \$ \_\_\_\_\_  
Internet Access \$ \_\_\_\_\_  
Cable/Satellite TV \$ \_\_\_\_\_  
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 \$ \_\_\_\_\_  
Home Security Monitoring \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
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:

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Do you expect your budget to change in the next 1 year? Explain: \_\_\_\_\_

**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

USE SEPARATE 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 \_\_\_\_\_

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 payoff amount? \$ \_\_\_\_\_

Are you behind on payments? ☐ Yes ☐ No If so, which months? \_\_\_\_\_

Does payment include taxes? ☐ Yes ☐ No Does payment include insurance? ☐ Yes ☐ No

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 2<sup>nd</sup> mortgage on the real estate? ☐ Yes ☐ No Intention: ☐ Keep ☐ Surrender

### **SECOND (2<sup>nd</sup>) 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? \$ \_\_\_\_\_

Are you behind on payments? ☐ Yes ☐ No If so, which 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.

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

## YOUR MOBILE HOME

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

Name(s) on title \_\_\_\_\_

Address of mobile home \_\_\_\_\_

Are the wheels completely removed and the mobile home attached to the ground? ☐ Yes ☐ No

Does the 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 lot \_\_\_\_\_

Do you make separate payments for the ground your mobile home sits on? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_

If you own the ground free and clear, what is the resale value for this piece of ground? \$ \_\_\_\_\_

Description of Mobile Home: (example: 28x40 double-wide, 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? \$ \_\_\_\_\_

Are you behind on payments? ☐ Yes ☐ No If so, which 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 2<sup>nd</sup> mortgage on this mobile home? ☐ Yes ☐ No Intention: ☐ Keep ☐ Surrender

### SECOND (2<sup>nd</sup>) 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? \$ \_\_\_\_\_

Are you behind on payments? ☐ Yes ☐ No If so, which 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 HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home. Bolded items are most common. Then, **provide the “Yard Sale” VALUE of each item**

	"Yard Sale" Value
<input type="checkbox"/> Stove/Cooking Unit	\$ _____
<input type="checkbox"/> Refrigerator	\$ _____
<input type="checkbox"/> Washer/Dryer	\$ _____
<input type="checkbox"/> Microwave	\$ _____
<input type="checkbox"/> Dishwasher	\$ _____
<input type="checkbox"/> Cooking Utensils	\$ _____
<input type="checkbox"/> Silverware/Flatware	\$ _____
<input type="checkbox"/> Cookware (Pots/Pans)	\$ _____
<input type="checkbox"/> Dining Room Furniture	\$ _____
<input type="checkbox"/> Tables and Chairs	\$ _____
<input type="checkbox"/> Bedroom Furniture	\$ _____
<input type="checkbox"/> Television(s)	\$ _____
<input type="checkbox"/> Satellite or Cable Equipment	\$ _____
<input type="checkbox"/> VCR/DVD Players	\$ _____
<input type="checkbox"/> DVD's	\$ _____
<input type="checkbox"/> Compact Discs	\$ _____
<input type="checkbox"/> All Other Stereo Equipment	\$ _____
<b>Describe item(s):</b>	

<input type="checkbox"/> <b>Cellular / Mobile Phones</b>	\$
<input type="checkbox"/> <b>Living Room Furniture</b>	\$
<input type="checkbox"/> <b>Dressers/Night Stands</b>	\$
<input type="checkbox"/> <b>Lamps and Accessories</b>	\$
<input type="checkbox"/> <b>Wedding Rings</b>	\$
<input type="checkbox"/> <b>Other Jewelry / Watches</b>	\$
<b>Describe item(s):</b>	

<input type="checkbox"/> Furs	\$
<input type="checkbox"/> <b>Computer(s)</b>	\$
<input type="checkbox"/> <b>Computer Printers/Fax Mach</b>	\$
<input type="checkbox"/> <b>Desks/Office Furniture</b>	\$
<input type="checkbox"/> <b>Other Computer Equipment</b>	\$
<b>Describe item(s):</b>	

<input type="checkbox"/> <b>Photography Equipment</b>	\$
<input type="checkbox"/> <b>All Clothing</b>	\$
<input type="checkbox"/> Collectibles	\$
Describe Item(s):	

<b>"Yard Sale" Value</b>	
<input type="checkbox"/> Paintings/Art	\$ _____
Describe item(s): _____	
<input type="checkbox"/> <b>Carpenter Tools</b>	\$ _____
Describe item(s): _____	
<input type="checkbox"/> <b>Mechanic Tools</b>	\$ _____
Describe item(s): Misc hand tools _____	
<input type="checkbox"/> Guns and Firearms	\$ _____
Describe item(s): _____	
<input type="checkbox"/> <b>Lawnmower</b>	\$ _____
<input type="checkbox"/> Boats	\$ _____
<input type="checkbox"/> Trailers	\$ _____
<input type="checkbox"/> Campers	\$ _____
<input type="checkbox"/> <b>Yard Tools/Equipment</b>	\$ _____
<input type="checkbox"/> Swimming Pool	\$ _____

## Other Assets

[illegible]

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## INVENTORY OF FINANCIAL ACCOUNTS

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List all financial accounts, including checking, savings, 401k or other Retirement, PayPal, etc. Make copies of this page if you have more accounts to report.

Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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Name of Bank \_\_\_\_\_  
Address of Branch same as above \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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NOTES: \_\_\_\_\_  
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\_\_\_\_\_

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## INVENTORY OF FINANCIAL ACCOUNTS CONTINUED

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List all financial accounts, including checking, savings, 401k or other Retirement, PayPal, etc. Make copies of this page if you have more accounts to report.

Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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NOTES: \_\_\_\_\_  
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## YOUR MOTOR VEHICLES

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Motor vehicles include cars, trucks, SUV's, motorcycles, four wheelers/ATV's, motor homes, boats, trailers, campers, tractors, airplanes, etc., that are titled in your name *or* your spouse's name

Print more sheets if you own more than four (4) vehicles.

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (title only) ☐ Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_ ☐ 2 dr ☐ 4 dr ☐ Other

Vehicle Identification Number (VIN #) - **VERY IMPORTANT** \_\_\_\_\_

Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage \_\_\_\_\_

Any mechanical or cosmetic repairs needed: \_\_\_\_\_

---

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 loan established \_\_\_\_\_

Monthly payment? \$ \_\_\_\_\_ How many months are you behind on payments? \_\_\_\_\_

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

Interest rate of auto loan: \_\_\_\_\_ % Month and year this will be paid off: \_\_\_\_\_

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☐ No

If so, name and address of loan company for personal loan: \_\_\_\_\_

---

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (title only) ☐ Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_ ☐ 2 dr ☐ 4 dr ☐ Other

Vehicle Identification Number (VIN #) - **VERY IMPORTANT** \_\_\_\_\_

Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage \_\_\_\_\_

Any mechanical or cosmetic repairs needed: \_\_\_\_\_

---

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 loan established \_\_\_\_\_

Monthly payment? \$ \_\_\_\_\_ How many months are you behind on payments? <sup>0</sup> \_\_\_\_\_

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

Interest rate of auto loan: \_\_\_\_\_ % Month and year this will be paid off: \_\_\_\_\_

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☐ No

If so, name of loan company for personal loan: \_\_\_\_\_

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## YOUR MOTOR VEHICLES CONTINUED

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Motor vehicles include cars, trucks, SUV's, motorcycles, four wheelers/ATV's, motor homes, boats, trailers, campers, tractors, airplanes, etc., that are titled in your name *or* your spouse's name

Print more sheets if you own more than four (4) vehicles.

Type: ☐Automobile ☐Truck ☐Motorcycle ☐Mobile Home (title only) ☐Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_ ☐2 dr ☐4 dr ☐Other

Vehicle Identification Number (VIN #) - **VERY IMPORTANT** \_\_\_\_\_

Condition: ☐Excellent ☐Good ☐Fair ☐Poor ☐Not Running Mileage \_\_\_\_\_

Any mechanical or cosmetic repairs needed: \_\_\_\_\_

---

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 loan established \_\_\_\_\_

Monthly payment? \$ \_\_\_\_\_ How many months are you behind on payments? \_\_\_\_\_

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

Interest rate of auto loan: \_\_\_\_\_ % Month and year this will be paid off: \_\_\_\_\_

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐Yes ☐No

If so, name of loan company for personal loan: \_\_\_\_\_

---

Type: ☐Automobile ☐Truck ☐Motorcycle ☐Mobile Home (title only) ☐Other: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_ ☐2 dr ☐4 dr ☐Other

Vehicle Identification Number (VIN #) - **VERY IMPORTANT** \_\_\_\_\_

Condition: ☐Excellent ☐Good ☐Fair ☐Poor ☐Not Running Mileage \_\_\_\_\_

Any mechanical or cosmetic repairs needed: \_\_\_\_\_

---

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 loan established \_\_\_\_\_

Monthly payment? \$ \_\_\_\_\_ How many months are you behind on payments? \_\_\_\_\_

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

Interest rate of auto loan: \_\_\_\_\_ % Month and year this will be paid off: \_\_\_\_\_

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐Yes ☐No

If so, name of loan company for personal loan: \_\_\_\_\_



## DEBT SHEET (1 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

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**Name of Creditor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year 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 \_\_\_\_\_

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**Name of Creditor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year 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 \_\_\_\_\_

---

**Name of Creditor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year 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 \_\_\_\_\_

## DEBT SHEET (2 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

**Name of Creditor** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_

Month and year you originally obtained this debt or established credit \_\_\_\_\_

If this debt is for a credit card, what month and year 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 \_\_\_\_\_

---

**Name of Creditor** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_

Month and year you originally obtained this debt or established credit \_\_\_\_\_

If this debt is for a credit card, what month and year 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 \_\_\_\_\_

---

**Name of Creditor** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_

Month and year you originally obtained this debt or established credit \_\_\_\_\_

If this debt is for a credit card, what month and year 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 \_\_\_\_\_

## DEBT SHEET (3 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

**Name of Creditor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year 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 \_\_\_\_\_

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**Name of Creditor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year 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 \_\_\_\_\_

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**Name of Creditor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year 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 \_\_\_\_\_

## DEBT SHEET (4 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

**Name of Creditor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year 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 \_\_\_\_\_

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**Name of Creditor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year 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 \_\_\_\_\_

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**Name of Creditor** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_  
Month and year you originally obtained this debt or established credit \_\_\_\_\_  
If this debt is for a credit card, what month and year 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 \_\_\_\_\_

## DEBT SHEET (5 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

---

**Name of Creditor** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_

Month and year you originally obtained this debt or established credit \_\_\_\_\_

If this debt is for a credit card, what month and year 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 \_\_\_\_\_

---

**Name of Creditor** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_

Month and year you originally obtained this debt or established credit \_\_\_\_\_

If this debt is for a credit card, what month and year 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 \_\_\_\_\_

---

**Name of Creditor** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total amount you owe on this debt \$ \_\_\_\_\_ Account Number \_\_\_\_\_

Month and year you originally obtained this debt or established credit \_\_\_\_\_

If this debt is for a credit card, what month and year 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 \_\_\_\_\_

## STATEMENT OF AFFAIRS (1 of 13)

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 each 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 yes, provide details \_\_\_\_\_

**Do you own or are you buying a timeshare in a vacation property or resort?**

☐ Yes ☐ No

If yes, provide details \_\_\_\_\_

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

☐ Yes ☐ No

If yes, Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Who/s name is the vehicle titled in? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is this person's relationship to you? \_\_\_\_\_

Why are you holding this property? \_\_\_\_\_

## STATEMENT OF AFFAIRS (2 of 13)

Are you buying any of your furniture or appliances with installment payments?

☐ Yes ☐ 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?

☐ Yes ☐ 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 \*\*\*

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions as security, at the time you obtained the loan?

☐ Yes ☐ 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?

☐ Yes ☐ 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 have any inventory (stock in trade) that could be sold for \$200 or more in profit?

☐ Yes ☐ 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 \*\*\*

## STATEMENT OF AFFAIRS (3 of 13)

**Are you buying any jewelry with installment payments?**

☐ Yes ☐ No

Description of Item(s) AND Name and Mailing Address of Creditor

1. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
2. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_  
3. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

Name and mailing address of company you make payments to \_\_\_\_\_

Monthly Payments: \$ \_\_\_\_\_

Are the payments current? ☐ Yes ☐ No If not, how many months are behind? \_\_\_\_\_

\*\*\* MAKE CERTAIN TO LIST THESE DEBTS 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 \_\_\_\_\_

**Have you closed ANY checking, savings, or other ANY other type of financial account(s) (e.g., PayPal) within the past 12 months?**

☐ Yes ☐ No

Name of Bank where account was closed \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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? \$ \_\_\_\_\_

Name of Bank where account was closed \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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? \$ \_\_\_\_\_

Name of Bank where account was closed \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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 13)

Have you closed ANY checking, savings, or other ANY other type of financial account(s) (e.g., PayPal) within the past two (2) years? CONTINUED

☐ Yes ☐ No

Name of Bank where account was closed \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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? \$ \_\_\_\_\_

Name of Bank where account was closed \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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? \$ \_\_\_\_\_

Name of Bank where account was closed \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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? \$ \_\_\_\_\_

Name of Bank where account was closed \_\_\_\_\_

Address of Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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 (5 of 13)

**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? (divide annual fee by 12 months) \$ \_\_\_\_\_

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 of financial institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on Account \_\_\_\_\_ Current 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 <sup>TN</sup> \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

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

**Do you have any life insurance?**

☐ Yes ☐ No

Name of insurance company \_\_\_\_\_

Address of insurance company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If a "whole life" or "universal 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 copy this page and fill in the information for each policy.**

**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.) \_\_\_\_\_

Name of pension company \_\_\_\_\_

Address of pension company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

When did you first enroll in this plan? \_\_\_\_\_ Current cash value \$ \_\_\_\_\_

**\*\* If you have other pension plans, please copy this page and fill in the information for each policy.**

## STATEMENT OF AFFAIRS (6 of 13)

**Have you setup your own separate retirement not provided by employer?**

☐ Yes ☐ No

Name of financial institution (if applicable) \_\_\_\_\_

Address of financial institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount in this separate retirement account? \$ \_\_\_\_\_ Who is the beneficiary? \_\_\_\_\_

**Will you be receiving retirement benefits from a former employer within the next six 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 of cell phone company \_\_\_\_\_

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 Date contract began \_\_\_\_\_

What is the normal monthly contract payment? \$ \_\_\_\_\_

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

**\*\* If you have other cell phones, please copy this page and fill in the information for each phone.**

**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 (7 of 13)

**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 \_\_\_\_\_

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 \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

Case number assigned by court \_\_\_\_\_ Name of party ☐ Husband ☐ Wife ☐ Other

**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? \_\_\_\_\_

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 he/she originally started owing you \_\_\_\_\_

Has this ex-spouse been court ordered to pay you? ☐ Yes ☐ No Year of court order? \_\_\_\_\_

## STATEMENT OF AFFAIRS (8 of 13)

**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 \_\_\_\_\_

**\*\* 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 Yard Sale value:

1. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

2. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

3. \_\_\_\_\_ Yard Sale Value \$ \_\_\_\_\_

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

## STATEMENT OF AFFAIRS (9 of 13)

**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 former 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 (Yard Sale value) of these items? \_\_\_\_\_

When do you expect to receive this money or property? 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 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 money 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 (10 of 13)

**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 your wages or attached your property? \_\_\_\_\_

When 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 (month AND year)? \_\_\_\_\_

Name and Address of Creditor \_\_\_\_\_

Value of Property \$ \_\_\_\_\_

**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 (11 of 13)

**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 \_\_\_\_\_

Consultation Date \_\_\_\_\_ Total paid for service \$ \_\_\_\_\_

**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 \_\_\_\_\_

**Beside your current address, have you lived at any other addresses within the past three (3) 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 \_\_\_\_\_



## STATEMENT OF AFFAIRS (12 of 13)

Previous Addresses lived at (last three years) \_\_\_\_\_  
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 Addresses lived at (last three years) \_\_\_\_\_  
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 Addresses lived at (last three years) \_\_\_\_\_  
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 Addresses lived at (last three years) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Time period lived at this address: From (date/year) \_\_\_\_\_ To (date/year) \_\_\_\_\_  
Name(s) of parties who lived at this address \_\_\_\_\_

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

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

**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 (6) years?** ☐ Yes ☐ No

Name of business \_\_\_\_\_

Business Address \_\_\_\_\_

Employer Identification Number (EIN) of business (or Social Security Number if no EIN) \_\_\_\_\_

Type of business (what type of products were/are sold)? \_\_\_\_\_

Date business began \_\_\_\_\_ Date business ended (if still operating, list "Present") \_\_\_\_\_

What were your net profits for this year? \$ \_\_\_\_\_ Last Year? \$ \_\_\_\_\_ 2 Years ago \$ \_\_\_\_\_

How much income tax do you pay from the income you make with your business? \$ \_\_\_\_\_

Income this year \$ \_\_\_\_\_ Last year \$ \_\_\_\_\_ 2 Yrs Ago \$ \_\_\_\_\_

## STATEMENT OF AFFAIRS (13 of 13)

Bookkeepers and accountants within two (2) years prior this filing

---

Firms or individuals who have audited the books within two (2) years prior to this filing

---

Firms or individuals possessing books of account and records at the time of this filing

---

List financial institutions, creditors and other parties a financial statement was issued two (2) years prior to this filing

---

Dates of the last two inventories taken, name of supervisor, value of inventory, and names of persons with records

---

If a partnership, list the nature and percentage of partnership interest of each member of the partnership

---

If a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation

---

If a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case

---

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

---

If a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case

---

If a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case

---

If a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case

---

If filer is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case

---

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.

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Signature of Debtor #1

---

Signature of Debtor #2

Date \_\_\_\_\_

Date \_\_\_\_\_

- ☐ Separation agreements, decrees of dissolution, divorce decrees or support obligations filed within the past 12 months.
- ☐ Security agreements, financing statements and any or all personal property leases.
- ☐ Stock certificates, bonds, credit union and passbook savings accounts and statements evidencing investments or savings.
- ☐ Documents (such as a Will) verifying interest in any future property.
- ☐ Consumer credit counseling certificate. If you have not obtained your credit counseling, you may obtain one through any provider authorized to provide certificates in this district. CC Advising, Inc provides the course online at [www.ccadvising.com](http://www.ccadvising.com) for \$9.76 per person. If you are filing joint, 001 Debtorcc offers this course at [www.debtorcc.org](http://www.debtorcc.org) for \$14.95 per household. Please note that these are the prices to take the course online. If you try to access these courses through your smartphone, the fees are typically \$50. If you need to take the course by phone, The Dollar Learning Foundation, Inc. offers the course for \$20 for individual or \$30 for joint, they can be reached at 877-366-6070. The course typically takes 1 to 2 hours. If you are unable to complete the course in one sitting, you can save your progress and return to it if you utilize one of the recommended online providers.
- ☐ Documentation of previous bankruptcy cases filed within the past eight (8) years.
- ☐ Copies of the most recent statement from any Education, IRS and/or Tuition Trust account.
- ☐ Copies of the most recent statements from any student loans.
- ☐ Copies of utility bills.
- ☐ Any documents relating to a "disabled veteran" status.

Please retain your document originals. Please make copies for the attorney or scan them into PDF format to e-mail or fax to us; or save onto CD or DVD. Please don't hesitate to contact us if you have any questions, thank you.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

## Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial  
difficulty preventing them from paying their debts  
and who are willing to allow their nonexempt  
property to be used to pay their creditors. The  
primary purpose of filing under chapter 7 is to have  
your debts discharged. The bankruptcy discharge  
relieves you after bankruptcy from having to pay  
many of your pre-bankruptcy debts. Exceptions exist  
for particular debts, and liens on property may still  
be enforced after discharge. For example, a creditor  
may have the right to foreclose a home mortgage or  
repossess an automobile.

However, if the court finds that you have committed  
certain kinds of improper conduct described in the  
Bankruptcy Code, the court may deny your  
discharge.

You should know that even if you file chapter 7 and  
you receive a discharge, some debts are not  
discharged under the law. Therefore, you may still  
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement  
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## **11 U.S.C. § 527(a)(2) Disclosure**

In accordance with section 527(a)(2) of the Bankruptcy Code, be advised that:

1. All information that you are required to provide with a bankruptcy petition and during a bankruptcy case must be complete, accurate, and truthful.
2. All assets and liabilities must be completely and accurately disclosed, with the replacement value of each asset as defined in section 506 listed after reasonable inquiry to establish such value.
3. Current monthly income, the amounts specified in the “means test” under section 707(b)(2), and disposable income in chapter 13 cases must be stated after reasonable inquiry.
4. Information that you provide during your bankruptcy case may be audited, and the failure to provide such information may result in dismissal of the case or other sanction, including a criminal sanction.



## **11 U.S.C. § 527(b) Disclosure**

### **IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER.**

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules, and Statement of Financial Affairs, and in some cases a Statement of Intention, need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

## 11 U.S.C. § 527(c) Disclosure

### (A) How to value assets at replacement value:

**Replacement value** under 11 USC 506(2) means the value determined based on the replacement value of such property as of the date of the filing of the petition without deduction for costs of sale or marketing.

With respect to property acquired for personal, family or household purposes, replacement value shall mean the price a retail merchant would charge for property of that kind considering the age and condition of the property at the time value is determined.

### (B) How to determine current monthly income:

Your current monthly income includes all income you have received from **any source in the last 6 months**. This includes wages, salary, tips, bonuses, overtime, commissions, income from operation of a business, profession or farm, rents and real property income, interest, dividends, royalties, unemployment, pension and retirement income. Income also includes regular contributions to your household expenses, including from a child, roommate or spouse. Income includes income from any other source not listed above.

### (C) The amounts specified in 707(b)(2):

You will be required to complete a “**means test**” to determine the bankruptcy chapter you can file. This test will be applied based upon your monthly income as explained herein. This test will also be applied based upon monthly expenses. Some of these expenses will be based upon applicable monthly expense amounts specified under National Standards and Local Standards, and some on your actual monthly expenses. Your actual monthly expenses include your average monthly expenses for payments to secured creditors on your automobile, amounts actually incurred for taxes, mandatory payroll deductions, life insurance premiums, money required to be paid by court order, including spousal or child support, education expenses required for work, child care, health care not otherwise reimbursed and the amount you pay for telecommunication services.

### (D) In a Chapter 13 case, how to determine disposable income in accordance with 707(b)(2) and related calculations:

\_\_\_\_\_ In a Chapter 13 case, your income and expenses also include Chapter 13 administrative expenses.

### (E) How to complete the list of creditors, including how to determine what amount is owed and what address for the creditor should be shown:

You will be required to provide a list of all your creditors. This list must include the name and address of the creditor as well as your account number with this creditor. If, within 90 days before you file bankruptcy, a creditor supplies to you in at least 2 communications the account number and an address that the creditor request to receive correspondence, you must use this address and account number. The creditor may also file with the court a notice of address to be used to provide notice to such creditor.

(F) How to determine what property is exempt and how to value exempt property as replacement value as defined in section 506:

You can exempt certain property from property of your bankruptcy estate. You may use the exemptions available under state law if you have lived in this state for 730 days prior to the bankruptcy filing. If you have not lived in this state for the last 730 days, you will have to use the exemption laws under the state that you lived in prior to this state if you lived there for at least 180 days. If you did not live in that state for 180 days, you will have to use the Federal Exemptions available under 11 USC 522. You value your exempt property under the replacement value that is listed previously herein.

I have received, read, and understand the following disclosure notices:

§ 342

§ 527(a)(2)

§ 527 (b)

§ 527 (c)

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Debtor Signature

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Date

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Spouse Signature

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Date

**CONSUMER AUTHORIZATION AND RELEASE**

I / We hereby authorize Credit Infonet, Inc. doing business as CIN Legal Data Services ("CIN") to obtain my consumer report/credit information (hereinafter referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, TransUnion) and provide a copy of the Report to my attorney, Joseph Botelho ("Attorney") for Attorney to perform due diligence and verification pursuant to the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. §1681b (a) (2).

I / We acknowledge that the Report is provided "AS IS" AND THAT CIN MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS, AND CIN EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

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CIN Account Number: G16790

Date: \_\_\_\_\_

Primary Applicant Name: \_\_\_\_\_

Primary Applicant SS#: \_\_\_\_\_

Primary Applicant Signature: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Co-Applicant SSN: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

☐ ***Please copy a photo ID for both the Primary Applicant and Co-Applicant in the space above. Fax Completed Form to CIN at 866-307-1003***