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Bankruptcy Worksheet

Instructions

Please answer these questions carefully. The information you give us will be used to compile the schedules the Court requires to have your bankruptcy case approved. Your answers will determine what will be on your bankruptcy petition. Any errors, omissions or misrepresentations may seriously affect the discharge of your debts (meaning that you may need to pay them despite your having filed for bankruptcy). Discuss this with your attorney.

Where space permits, answer the questions on this questionnaire. However, do not let the size of the space available determine the extent of your response. If additional space is necessary, use a separate sheet or the back of this form, identifying by number and letter the question answered. A question asking for a date, or when something happened, can usually be answered with the month and year only. A question asking for an address must include the ZIP code, along with a complete street or post office box address.

There are many parts of the worksheet that will ask you to place a value on property that you own. Please use the following as a guideline for determining those values:

Warning: The F.B.I. investigates bankruptcy crimes. Federal Law provides criminal penalties for bankruptcy crimes, which include bribery, concealment of assets, false statements, fake claims, filing under fictitious name, and perjury. Title 18, United States Code, Sec. 152, et seq. provides penalties of up to 5 years imprisonment or a fine not more than \$250,000, or both.

Bankruptcy is a privilege provided by law to people who are deeply in debt and in need of a fresh start. Bankruptcy will discharge many of your debts and you will not have to pay them, except, in some cases, secured debts for the purchase of particular merchandise or debts on which you gave a mortgage or put other property as collateral.

The instructions in this questionnaire should answer most of your questions. In addition, we have tried to eliminate "legalese" (or lawyer talk) by using clear and simple language. Where terms are used that we feel might be unfamiliar to you, we try to provide clear definitions. Nonetheless, if you find any questions unclear, please call, as accuracy at this stage is of utmost importance.

Remember, these questions *must* be answered fully and accurately. If you absolutely cannot remember,

find out, or guess with reasonable accuracy, answer "Unknown." The effort you expend now will help determine how quickly your bankruptcy can be filed and how complete your discharge will be.

Documents Needed

You will need to bring the following documents to our office when you come in to go over your completed worksheet. It is very important that you bring these items with you:

Use this page as a checklist as you gather the documents

- ___ 1. Copies of any promissory notes, Deeds of Trust, property tax statements, or contracts on any real estate you own or are buying.
- ___ 2. Copies of any notes or retail installment contracts from banks, credit unions, finance companies or other lenders. Also, any security agreements or other documents listing your property as collateral for the purchase of cars, furniture, mobile homes, other personal property, or cash loans.
- ___ 3. Current statements and bills from all creditors for which we do not have information. If we have pulled your credit report and entered your creditors in your case, they will be printed in this packet. Review the information for accuracy and use the additional forms to add creditors, if needed. Remember, creditors with zero balance may not need to included; check with your attorney
- ___ 4. Tax returns for last four (4) years and corresponding state income tax returns for the same period, 2007, 2008, 2009, and 2010.
- ___ 5. Pay stubs for the last six (6) months from all current employers.
- ___ 6. Proof of Insurance. If the policy is new, please provide the “binder” which is issued until the policy is in full force. If the policy is not new, then please provide the declarations page. Insurance information must state, at a minimum, the names of the insureds (you and other drivers in the case of car insurance), the policy number, the collateral that is insured, and the loss payee (the company(ies) that have liens on the property).
- ___ 7. All legal documents pertaining to divorces or lawsuits which are pending or which have been finalized in the past 24 months.
- ___ 8. Copies of all life insurance policies that have a cash value. You do not need to bring copies of term life policies.
- ___ 9. All judgments or court orders entered against you or in your favor.
- ___ 10. All executory contracts; for instance, leases, contracts for sale or deed and lease-purchase contracts.
- ___ 11. Bank statements for the last six (6) months.

General Information

(Please print or type the requested information)

Primary Debtor

Male Female

Spouse/Joint

Debtor Male Female

_____ JR SR III _____

Last Name

_____ JR SR III _____
First Middle Last
Name First Middle

Home Address

_____ Home Address

City/State/ZIP

_____ City/State/ZIP

Mailing Address (if different)

_____ Mailing Address (if different)

City/State/ZIP

_____ City/State/ZIP

County of Residence

_____ County of Residence

Social Security/Tax ID #

_____ Social Security/Tax ID #

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Emergency Contact Name/Phone: _____

Emergency Contact Name/Phone: _____

Other Names Used In Last Eight (8) Years/Dates

Other Names Used In Last Eight (8)

Years/Dates

Including any D/B/A's

Including any D/B/A's

1 _____

1 _____

2 _____

2 _____

Please Check:

Individual Joint (Husband/Wife)

My debts

are: Non-Business Related

Partnership Other _____

Business Related

Marital Status:

Married Divorced
 Separated Widowed
 Never Married

If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing.

If married, do you and your spouse maintain separate households? (Y/N) _____

Have you lived at your current address for at least the past Two (2) Years? (Y/N) _____

If "No," list previous cities, states, and dates: _____

Do you have a business partner or partnership that is currently filing bankruptcy? (Y/N) _____

If "Yes," give city, state, case number, and date filed: _____

Have you taken cash advances on any credit cards in the last 90 days? (Y/N) _____

Creditor Name: _____

Date taken: _____

Amount: _____

\$ _____

Creditor Name: _____

Date taken: _____

Amount: _____

\$ _____

Creditor Name: _____

Date taken: _____

Amount: _____

\$ _____

Creditors to be notified by phone:

Please list any creditor who needs to be notified by phone to prevent any action that the creditor may take against you. Imminent foreclosures, repossessions, or lawsuits are good examples. Please do not list any credit cards or other unsecured debts unless that creditor has filed a lawsuit.

Creditor/Attorney

Phone Number

Reason/Acct. No.

Monthly Income

Primary Debtor

Debtor

Spouse/Joint

Job #1

Job
#2

Job
#1

Job
#2

Pay Interval

Weekly, Bi-Weekly,
Semi-Monthly or
Monthly
Weekly, Bi-
Weekly, Semi-Monthly
or Monthly

Gross \$/Month

\$ _____
\$ _____

\$ _____

\$ _____

Deductions:
FIT/State

\$ _____

\$ _____

\$ _____

FICA/Med

\$ _____

\$ _____

\$ _____

\$ _____

Insurance

\$ _____

\$ _____

\$ _____

\$ _____

Union Dues

\$ _____

\$ _____

\$ _____

	\$ _____
	\$ _____
Retirement	\$ _____
	\$ _____

	\$ _____
	\$ _____
Other (Specify)	\$ _____
	\$ _____

	\$ _____
	\$ _____
Other (Specify)	\$ _____
	\$ _____

	\$ _____
	\$ _____
Net Income	\$ _____
	\$ _____

	\$ _____
	\$ _____

Income from Other Sources *Description*

		<i>Description</i>
Other Business	\$ _____	_____
	\$ _____	_____
Rental Income	\$ _____	_____
	\$ _____	_____
Int./Dividends	\$ _____	_____
	\$ _____	_____
Alimony/Child	\$ _____	_____
	\$ _____	_____
Social Security	\$ _____	_____

	\$ _____
Retirement/Pens.	\$ _____
	\$ _____
Other (Specify)	\$ _____
	\$ _____
Other (Specify)	\$ _____
	\$ _____
Other (Specify)	\$ _____
	\$ _____

Monthly Net Income \$ _____

Monthly Net Income
\$ _____

Total Monthly Income \$ _____

Monthly Expenses

For variable expenses (electric bills, medical bills, etc.), figure how much you typically spend in a year and divide by twelve. Medical expenses should not include insurance premiums. If life/health insurance deductions are taken from your pay, do not include them as expenses here. If home insurance and property taxes are included in your mortgage payment, do not list them separately.

Rent/Mortgage	\$ _____
	Transportation
	\$ _____
Includes Taxes	Insurance
	Y N
	(Gas, Maintenance, Tollroads)
	Home
Includes Insurance	\$ _____
	Y N
	Recreation
	\$ _____
	Life
Property Taxes (if not in mortgage)	\$ _____
	Charitable
	\$ _____
	Auto
	\$ _____
	Internet
	\$ _____
	Health
	\$ _____
Haircuts \$ _____	Other
	\$ _____
Electricity/Gas	\$ _____ PetFood/Vet
	\$ _____
	(Specify) _____

Water	\$ _____	School Lunches	_____
		\$ _____	
Telephone/LD	\$ _____	Miscellaneous	\$ _____
Cellular/Pager	\$ _____	Care	\$ _____
Cable/Satellite			\$ _____
		Child Support/Alimony	_____
Home Maint.	\$ _____	Auto Repair/Registration/Maintenance	_____
Food/Toiletries	\$ _____		
Clothing		\$ _____	
		Home Owners Assoc.	\$ _____
Laundry		\$ _____	
Medical/Dental		\$ _____	

Total Monthly Expenses \$ _____

Income Minus Expenses \$ _____

Prior/Related Bankruptcy

Please indicate any bankruptcy filings within the last eight (8) years. Also indicate any pending bankruptcies for a spouse or business partner.

Chapter Filed	Court Case was Filed In	Date Case was Filed	Case Number	Debtor Name as Styled in Case	Disposition of Case

Dependents

If married and filing individually, please include spouse as a dependent.

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Occupation

Primary Debtor

Spouse/Joint Debtor

Job #1

Job #2

Job #1

Job #2

Occupation _____

Employer

How Long?

Address

City

State, ZIP

Telephone #

Real Property Assets

Please complete the following worksheet. Your responses will assist us in determining the most beneficial approach to your case. We will ask that you assign a value to your property real estate, your home, and all other assets. **YOU MUST PROVIDE THE REPLACEMENT VALUE OF THIS PROPERTY** Replacement value means the price a retail merchant would charge for property of that kind considering the age and condition of the property at the time value as determined. (e.g. flea market or ebay)

What is real property? Real property consists of land and whatever is erected, growing upon or affixed to the land. What does this mean to you? It means your home, property you rent to others, and the land that is stands upon.

What is a homestead? A homestead is your land (with or without a dwelling) and the adjoining land where the head of a family dwells. It is your fixed residence with the land and buildings surrounding the main house. In other words, if you own a house and/or land, and it is your primary place of residence, this land/house can be claimed as your homestead. If you own any real property, but are not living there, we can still list it as your homestead property as long as you have made some improvements to the land and intend to live there someday. Temporary renting of a homestead to someone else is permissible as long as you intend to move back into the home.

Please list the property you claim as your homestead here:

Address of Homestead		Principal Amount Owed	\$
		Market Value	\$
		Monthly Payment	\$
Legal Description		Type of Loan (VA, FHA, Conventional)	
		Lienholder Name	
		Lienholder Phone	

If you are in arrears (behind) on the payments on your homestead, please fill out the section below:

Number of Months in Arrears		Months Not Paid	
Late Fees	\$		
Total Arrearage Amount	\$		

Second Lien (if any)

Creditor Name and Address (Be sure to list name and address with secured creditors as well.)	Principal Amount Owed	\$	Months not paid
	Market Value	\$	
	Monthly Payment	\$	

Other Real Property (1)

If you are in arrears on the payments on these properties, please fill out the appropriate sections.

Property Address	Principal Amount Owed	\$
	Market Value	\$
	Monthly Payments	\$
	Type of Loan (VA, FHA, Conventional)	
	Lienholder Names	
Months Not Paid	Lienholder Telephone	
	Number of Months in Arrears	
	Late Fees	\$
	Total Arrearage Amount	\$

SECOND LIEN (IF ANY):

CREDITOR NAME & ADDRESS: (Be sure to list name and address with secured creditors as well.)	Principal Amount Owed	\$	Months Not Paid
	Market Value	\$	
	Monthly Payment	\$	

Other Real Property (2)

Property Address	Principal Amount Owed	\$
	Market Value	\$
	Monthly Payment Amount	\$
	Type of Loan (VA, FHA, Conventional)	
	Lienholder Name	
Months Not Paid	Lienholder Phone	
	Number of Months in Arrears	
	Late Fees	\$
	Total Arrearage Amount	\$

SECOND LIEN (IF ANY)

Lienholder Name and Address	Principal Amount Owed	\$	Months Not Paid
	Market Value	\$	
	Monthly Payment Amount	\$	

YOU MUST PROVIDE THE **REPLACEMENT VALUE** OF THIS PROPERTY

Replacement value means the price a retail merchant would charge for property of that kind considering the age and condition of the property at the time value as determined. (e.g. flea market or ebay)

Living Room	# of items	Market Value	Bed Room #1	# of items	Market Value
Sofa			Bed		
Love Seat			Dresser		
Recliner			Chest of Drawer		
Side Chair			Night Stand		
Rocking Chair			Clock		
Coffee Table			Lamp		
Bookcase			TV		
TV			VCR / DVD		
VCR/ Tapes			Other (describe)		
DVD / DVD's			Other (describe)		
Stereo					
Enter. Center					
Lamps					
Bed Room #2	# of items	Market Value	Bed Room # 3	# of items	Market Value
Bed			Bed		
Dresser			Dresser		
Chest of Drawer			Chest of Drawer		
Night Stand			Night Stand		
Clock			Clock		
Lamp			Lamp		
TV			TV		
VCR /DVD			VCR / DVD		
Other (describe)			Other (describe)		
Other (describe)			Other (describe)		
Garage/Utility	# of items	Market Value	Kitchen/Dining	# of items	Market Value
Washer			Stove		
Dryer			Refrigerator		
Freezer			Dishwasher		
Lawn Mower			Microwave		
Weed Eater			Toaster		
Blower			Blender		
Garden Tools			Pots & Pans		
Electric Tools			Dishes		
Hand Tools			Glasses		
Other (describe)			Table/Chairs		
			Buffet		
			Other (describe)		
Bathroom			Other (describe)		
Towels			Other (describe)		
Linens					
Toiletries/Sundries					

Clothing Husband	#of items	Market Value	Clothing Wife	#of items	Market Value
Suits			Suits		
Shirts			Shirts		
Pants			Pants		
Shoes			Dresses		
Coats			Skirts		
Neck Ties			Shoes		
Sock/Intimates			Purses		
Other (describe)			Intimates		
Other (describe)			Other(describe)		
Child Clothing			Jewelry		
Shirts			Watch		
Pants			Wedding Bands		
Dresses			Rings		
Skirts			Bracelets		
Shoes			Necklace		
Coats			Earrings		
Sock/Intimates			Costume Jewelry		
Other (describe)			Other (describe)		
Other (describe)			Other (describe)		
Firearms	# of items	Market Value	Pictures/Art	# of items	Market Value
Guns			Home Interior		
Rifles			Pictures		
Other (describe)			Other (describe)		
Collections	# of items	Market Value	Sports Equip./ Hobby Equip.	# of items	Market Value
Coin Collection			Bikes		
Card Collection			Cameras		
Stamp Collection			Video Cameras		
Doll Collection			Pool Table		
Antique Collection			Toys		
Other (describe)			CD's		
Other (describe)			Other (describe)		
Home Office	# of items	Market Value	Other	# of items	Market Value
Desk			Other		
Computer			Other		
Printer			Other		
Books			Other		
Other (describe)			Other		
Other (describe)			Other		

Personal Property Assets

H=husband; W=Wife; J=Joint account; C=Community (H&W)

Cat. 1	Cash on hand This is cash that is not on deposit in an account or being held by another.	H, W, J, C (circle)
		\$

Cat. 2	Cash on Deposit List cash on deposit. Please list all current bank accounts, certificates of deposit, shares in bank accounts or credit unions, money market accounts or any other institutions with which you have a deposit. All bank accounts must be listed, including inactive accounts where the balance is very small.		
1.	FINANCIAL INSTITUTION (NAME AND ADDRESS)	TYPE OF ACCOUNT	WHO ELSE CAN SIGN ON ACCOUNT? (NAME AND ADDRESS)
		NAME ON ACCOUNT	
		ACCOUNT NUMBER	
		BALANCE	
2.	FINANCIAL INSTITUTION (NAME AND ADDRESS)	TYPE OF ACCOUNT	WHO ELSE CAN SIGN ON ACCOUNT? (NAME AND ADDRESS)
		NAME ON ACCOUNT	
		ACCOUNT NUMBER	
		BALANCE	
3.	FINANCIAL INSTITUTION (NAME AND ADDRESS)	TYPE OF ACCOUNT	WHO ELSE CAN SIGN ON ACCOUNT? (NAME AND ADDRESS)
		NAME ON ACCOUNT	
		ACCOUNT NUMBER	
		BALANCE	
TOTAL OF ALL DEPOSITS			\$

Cat. 3	Security Deposits List all security deposits with public utilities, telephone companies, landlords or others.			
Name and Address of Creditor		Amount of Deposit	\$	H, W, J, C (circle)
		Account Number		
Name and Address of Creditor		Amount of Deposit	\$	H, W, J, C (circle)
		Account Number		
Name and Address of Creditor		Amount of Deposit	\$	H, W, J, C (circle)
		Account Number		
Name and Address of Creditor		Amount of Deposit	\$	H, W, J, C (circle)
		Account Number		
Name and Address of Creditor		Amount of Deposit	\$	H, W, J, C (circle)
		Account Number		
Name and Address of Creditor		Amount of Deposit	\$	H, W, J, C (circle)
		Account Number		
Name and Address of Creditor		Amount of Deposit	\$	H, W, J, C (circle)
		Account Number		
Name and Address of Creditor		Amount of Deposit	\$	H, W, J, C (circle)
		Account Number		
TOTAL OF ALL DEPOSITS			\$	

IF YOU HAVE ALREADY COMPLETE EXHIBIT "A", THE INVENTORY SHEET, IT IS NOT NECESSARY THAT YOU COMPLETE THE FOLLOWING CAT. 4, 5, 6 AND 7.

Cat. 4	Household Goods and Furnishings			
	Complete this form by indicating the number of items you own in the space provided and the value. If no item of that description is owned, leave it blank. Write in other items you own under "other." In assessing the value of an item, use the value that you could receive in a "quick sale" in which you needed to sell the items in a rush. This is the value of the property, <i>not to you, but to others</i> . Do not use purchase price or replacement value unless it is in fact what you could sell it for. Be sure to include all liens on schedules. Please note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).			
Item	# Items	Total cash value of the property	H, W, J, C?	Amount of any liens
Dining Room furniture (tables, chairs, etc.)		\$		\$
Bed/Living Room Furniture (beds, dressers, lamps, sofas, tables, etc.)		\$		\$
Bathroom		\$		\$
Kitchen Appliances		\$		\$
Other		\$		\$

Cat. 5	Books, pictures, collections, and other art objects			
	List any books; pictures or other art objects; stamp, coin, record, tape, CD or other collections. Please describe and give the value as well as note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).			
Item	Quantity	Total cash value of the property	H, W, J, C?	Amount of any liens
Music		\$		\$
Antique, furniture collection		\$		\$
Figurines		\$		\$
Statues, art objects		\$		\$
Other		\$		\$

Cat. 6.	Clothing	
	Please supply the following information regarding all of your wearing apparel and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).	
Apparel	Total cash value:	H, W, J, C ? (circle one)
	\$	

Cat. 7	Furs and jewelry List all furs or jewelry. Please complete the following and note whether the asset is owned by the Husband (H), Wife (W), as Community property (C), or as Joint property (J). Jewelry includes all rings (wedding and engagement), necklaces, bracelets, non-mounted jewels, watches, etc.				
	Item	# Items	Cash Value	H, W, J, C ?	Amount of any liens
	Furs		\$		\$
	Jewels		\$		\$
	Other		\$		\$

Cat.	Firearms, sports equipment, photographic equipment and hobby equipment List all firearms, sports equipment, photographic equipment or other hobby equipment. Please describe the items, give the value and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).			
	Item Description	Cash Value	H, W, J, C ?	Amount of any liens
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Cat 9.	Cat. 10	Other Transfers				
	List all other property, other than property transferred in the ordinary course of the business, transferred within the past 12 months. (If you are married and are filing under chapters 12 or 13, you must include transfers by your spouse, even if your spouse is not filing. If you are separated, then you do not need to list any transfers by your spouse.					
Insurar	Name and Address of Receiver	Date of Transfer		Description of Property Transferred		
		value	lienholder			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			

Cat. 11	Annuities Retirement, IRAs, 401(k) Plans and other pensions				
	List any interest in any of the above plan. Please complete the following information and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).				
	Description (401k, annuity, etc)	Value	Payment amount and schedule	Amount of any lien	H, W, J, C?
		\$	\$	\$	
	\$	\$	\$		
	\$	\$	\$		
Cat. 12	Stocks or interests in corporations				
	List any stock or interests in incorporated or unincorporated companies. Please complete the following information and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J)C, or as Community property (C).				
	Name of Company	Stock or Interest?	No. of shares	Value of shares or interest	H, W, J, C?
				\$	
				\$	
				\$	
				\$	
				\$	
			\$		

Cat. 13		Interests in partnerships			
		List any interests in partnerships. Please complete the following information and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J)C, or as Community property (C).			
1.	Name of Business/Partnership	Value/Nature of Interest	\$		
		Percent of Interest	%		
		H W J C ? (circle)	Kind of Business		
Name and Address of Lienholder, if any					
		Amount of Lien	\$		
2.	Name of Business/Partnership	Value/Nature of Interest	\$		
		Percent of Interest	%		
		H W J C ? (circle)	Kind of Business		
Name and Address of Lienholder, if any					
		Amount of Lien	\$		

Cat. 14		Government or Corporate Bonds - negotiable instruments			
		List any government or corporate bonds or other negotiable or non-negotiable instruments. Please complete the following information and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J)C, or as Community property (C).			
1.	Description	H W J C ?	Market Value	\$	
		Lienholder name and address, if any			
		Amount of Lien	\$		
2.	Description	H W J C ?	Market Value	\$	
		Lienholder name and address, if any			
		Amount of Lien	\$		

Cat. 15	Accounts receivable List any accounts receivable (money owed to you). Please complete the following information and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J)C, or as Community property (C).
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1.	Name and address of debtor	Amount Owed:	\$	H, W, J, C ?	
		In Collection? Since?			
		Name and Address of Lienholder, if any			
		If applicable, list the amount of the lien.	\$		
2.	Name and address of debtor	Amount Owed:	\$	H, W, J, C ?	
		In Collection? Since?			
		Name and Address of Lienholder, if any			
		If applicable, list the amount of the lien.	\$		
		If applicable, list the amount of the lien.	\$		

Cat. 16	Alimony, maintenance, support or property settlements List any alimony, maintenance, support or property settlements owed to you . Please complete the following information and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).
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1.	Name and Address of Debtor	Total Amount Owed	\$	H W J C(circle one)	
		Monthly Amount Owed	\$	Type of Debt Owed	
		Date(s) payment is due			
2.	Name and Address of Debtor	Total Amount Owed	\$	H W J C(circle one)	
		Monthly Amount Owed	\$	Type of Debt Owed	
		Date(s) payment is due			
		Date(s) payment is due			

Cat. 17 (Part A)	Liquidated debts List any liquidated debts (debts in a specific amount) owed to you that have not been previously listed. Please complete the following information and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).
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1.	Name and Address of Debtor	Nature of Debt		If there is a lienholder, please give the name, address and amount below.
		Amount Owed	\$	
		Date of Collection		
		Probability of Collection?		
		H, W, J, C ?		
2.	Name and Address of Debtor	Nature of Debt		If there is a lienholder, please give the name, address and amount below.
		Amount Owed	\$	
		Date of Collection		
		Probability of Collection?		
		H, W, J, C ?		

Cat. 17 (Part B)	Are you expecting a tax refund? If yes, please complete the following information and note whether the asset is owned by the Husband (H), Wife (W), as Joint Property (J), or as Community property (C).
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TAX YEAR	AMOUNT EXPECTED	DATE EXPECTED	H, W, J, C
1.	\$		
2.	\$		
3.	\$		

Cat. 18	Equitable or future interests, life estates, or rights or powers List any equitable or future interests, life estates or rights, or powers in anything not previously listed. Please describe the interest and note whether the asset is owned by the Husband (H), Wife (W), as Community property (C), or as Joint property (J)
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DESCRIPTION	MARKET VALUE OF INTEREST:	H, W, C, J
1.	\$	
2.	\$	
3.	\$	

Cat. 19	<p>Contingent, non-contingent and/or unliquidated interests in estates, life insurance or trusts</p> <p>List any contingent, non-contingent, and/or unliquidated interests in an estate of a decedent, death benefit plan, life insurance policy or trust. Please describe, in detail, the interest and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).</p>
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DESCRIPTION	MARKET VALUE OF INTEREST	H, W, C, J
1.		
2.		
3.		
4.		
5.		

Cat. 20	<p>Contingent and/or unliquidated claims</p> <p>List any other contingent and/or unliquidated claims, including any other counterclaims, or rights to setoff claims. Please describe and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).</p>
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Description	Market Value Of Interest	H, W, J, C
1.	\$	
2.	\$	
3.	\$	
4.	\$	

Cat. 21	<p>Patents, copyrights or other intellectual property</p> <p>List any patents, copyrights, or other intellectual property. Please describe and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).</p>
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Description	Market Value Of Your Interest	Substantiating Documents	H, W, J, C
1.	\$		
2.	\$		
3.	\$		
4.	\$		

Cat. 22	Licenses, franchises or other intangibles List any licenses, franchises, or other intangibles. Please describe and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	Description	H, W, J, C
1.		
2.		
3.		
4.		

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Cat. 22	Licenses, franchises or other intangibles List any licenses, franchises, or other intangibles. Please describe and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Description	H, W, J, C
1.	
2.	
3.	
4.	

Automobiles, trucks, trailers, mobile homes and other vehicles

Please list all automobiles, trucks, trailers, mobile homes and other vehicles. Note whether the vehicle is owned by the household (H), wife (W), or joint tenants (J) or as community property (C).

Cat. 23 Vehicle Options and Accessories Use the available boxes below to list any additional options or accessories (alloy wheels, CD, Automatic Transmission, sunroof, A/C, etc.)

Vehicle Model		Lienholder Telephone & Account Number	
---------------	--	---------------------------------------	--

Date of Purchase		Current payoff	\$
------------------	--	----------------	----

N.A.D.A. Value	\$	Mileage		H, W, J, C	
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List any additional options or accessories (alloy wheels, CD, Automatic Transmission, sunroof, A/C, etc.)

2 .	Vehicle Year		Name and address of Lienholder	
	Vehicle Make			

Vehicle Model		Lienholder Telephone & Account Number	
---------------	--	---------------------------------------	--

Date of Purchase		Current payoff	\$
------------------	--	----------------	----

N.A.D.A. Value	\$	Mileage		H, W, J, C	
----------------	----	---------	--	------------	--

List any additional options or accessories (alloy wheels, CD, Automatic Transmission, sunroof, A/C, etc.)

3 .	Vehicle Year		Name and address of Lienholder	
	Vehicle Make			

Vehicle Model		Lienholder Telephone & Account Number	
---------------	--	---------------------------------------	--

Date of Purchase		Current payoff	\$
------------------	--	----------------	----

N.A.D.A. Value	\$	Mileage		H, W, J, C	
----------------	----	---------	--	------------	--

Cat. 25	Airplanes and accessories List any airplanes and their accessories. Please complete the following and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).
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1.	Description		H, W, J, C	
			Market Value	\$
Name and Address of Lienholder, if any			Date of Purchase	
			Lienholder Phone Number	
2.	Description		H, W, J, C	
			Market Value	\$
Name and Address of Lienholder, if any			Date of Purchase	
			Lienholder Phone Number	

Cat. 26	Office equipment, furnishings, and supplies List office equipment, furnishings and supplies. Do not include desks, etc. used at home. Please attach an itemized list and complete the following noting whether the asset is owned by the Husband (H), Wife (W), as Community property (C), or as Joint property (J).
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Description	Lienholder Name and Address	Lienholder Phone Number	Market Value	H, W, J, C ?
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	

Cat. 27	<p>Tools of trade, machinery, fixtures, and equipment/supplies used in business</p> <p>List any tools of trade, machinery, fixtures, equipment, or supplies used in business not previously listed. Please attach an itemized list and complete the following noting whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).</p>
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Description	Lienholder Name and Address	Lienholder Phone Number	Market Value	H, W, C, J ?
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	
9.			\$	
10.			\$	
11.			\$	
12.			\$	

Cat. 28	<p>Inventory List all inventory. Please attach an itemized list and complete the following noting whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).</p>
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Description	Lienholder Name and Address	Lienholder Phone Number	Market Value	H, W, C, J ?
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	
9.			\$	
10.			\$	
11.			\$	
12.			\$	

Cat. 29	<p>Animals List all animals including but not limited to horses, cows, pigs, chickens, dogs, cats, birds, fish and any household pets. Please complete the following and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).</p>
----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Description	Lienholder Name and Address	Lienholder Phone Number	Market Value	H, W, J, C ?
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

Cat. 30	<p>Crops List any crops. Please complete the following and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).</p>
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Description	Lienholder Name and Address	Lienholder Phone Number	Market Value	H, W, J, C ?
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

Cat. 31	Farming Equipment or Implements List any farming equipment or implements. Please complete the following and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).
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Description	Lienholder Name and Address	Lienholder Phone Number	Market Value	H, W, J, C ?
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

Cat. 32	Farming supplies, and feeds List any farming supplies, chemicals or feeds. Please complete the following and note whether the asset is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).
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Description	Lienholder Name and Address	Lienholder Phone Number	Market Value	H, W, J, C ?
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

Cat. 33	Other personal property List other personal property of any kind not previously scheduled. Please describe the nature of the property and complete the following noting whether the property is owned by the Husband (H), Wife (W), as Joint property (J), or as Community property (C).			
Description	Lienholder Name and Address	Lienholder Phone Number	Market Value	H, W, C, J ?
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

Codebtors

Yes/No	Codebtors Do you have any debts which have been cosigned with parties other than you or your spouse (if this is a joint filing)? If yes, please complete the following information for each account.			
Cat. 34	Name of Codebtor	Address of Codebtor	Name/Acct. No. of Creditor	Address of Creditor

Creditors

Please list all your debts on this worksheet. Also, please attach copies of all billing statements to this creditor list. You must list all your debts on this form for us to complete your schedules accurately. If you are unsure about how to fill out any of the questions, you can call our office. The Chapter 13 and Chapter 7 areas at the bottom of each creditor entry will be filled out by our office so you do not need to check those boxes.

If possible, list your secured debts and tax debts first, then go on to list the unsecured creditors (credit cards). If you need more space, please attach a separate page listing the additional creditors and including the same information requested in the boxes.

What is a secured debt? A secured debt is a debt which has collateral or security. This means that if you don't pay the debt, the creditor could come and repossess the item he is holding as security for the debt. Houses, land, cars, large appliances and furniture are all examples of secured debts if they have not already been paid off. Purchases of appliances, furniture, televisions, VCRs, stereos, computers, jewelry and other tangible goods **purchased with department store credit cards** may be secured debts. Discuss these with your attorney. To determine this, he or she will need the credit card agreement that you signed before receiving the credit card. Large appliances purchased with a "general" or major credit card such as a MasterCard, Visa, American Express, or Discover may be considered unsecured debts, which is explained below.

What is a priority debt? A priority debt is a tax or administrative debt. Monies owed to the Internal Revenue Service and other taxing authorities are the best examples of priority debt. However, there are many circumstances where the IRS could also be a secured or even an unsecured debt.

What is an unsecured debt? Unsecured creditors do not have any collateral to secure payment of your debt. Examples of unsecured debt include most credit cards, medical bills, and signature loans. Deficiencies that remain after a secured creditor repossesses and sells its collateral (and the proceeds from the sale do not pay off the debt) are other examples. Appliances, furniture, televisions, VCRs, stereos, computers, jewelry and other tangible goods **purchased on universal credit cards such as Visa, Master Card, American Express and Discover** are usually unsecured. As noted above, these same items when purchased on department store credit cards may be secured so discuss this with your attorney.

Signature and Personal Loans. **Personal loans for which listed personal property (such as a television, stereo, or vehicle) as collateral may be considered unsecured debt. It is important that you inform your attorney if you have done this so that he or she can protect your property.**

If you have a homestead, please list it and other real property first:

CREDITOR #1

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM
		<input type="checkbox"/> AVOID	<input type="checkbox"/> REAFFIRM

CREDITOR #2

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM
		<input type="checkbox"/> AVOID	<input type="checkbox"/> REAFFIRM

CREDITOR #3

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #4

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #5

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #6

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #7

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #8

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #9

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #10

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #11

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #12

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #13

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #14

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #15

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #16

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #17

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #18

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #19

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #20

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #21

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #22

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #23

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #24

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #25

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #26

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #27

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #28

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #29

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

CREDITOR #30

CREDITOR NAME & ADDRESS		AMOUNT OF CLAIM:	\$
		CONTRACT PAYMENT:	\$
		VALUE OF PROPERTY:	\$
ACCOUNT NUMBER:		AMOUNT DISPUTED, IF ANY:	\$
DESCRIPTION OF DEBT:		# MONTHS IN ARREARS	
		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> UNSECURED
		<input type="checkbox"/> SECURED	<input type="checkbox"/> SPECIAL
CHAPTER 13	<input type="checkbox"/> PAY DIRECT STARTING:	<input type="checkbox"/> PAY THROUGH PLAN	<input type="checkbox"/> SURRENDER
CHAPTER 7	<input type="checkbox"/> CONTINUE PAYMENTS	<input type="checkbox"/> SURRENDER	<input type="checkbox"/> REDEEM <input type="checkbox"/> AVOID <input type="checkbox"/> REAFFIRM

Leases and Contracts

Yes/No	Question		
	Do you have unexpired leases or executory contracts of any kind? Leases include apartment leases, house leases, car leases, etc. Executory contracts include contracts for services, contracts for deed, contracts for sale, cell phone contracts, etc. If yes, please list all parties to the contract or lease, describe the nature of the interest, and attach copies of the lease or contract to this package . Please indicate whether you wish to assume (keep) or reject the contract or lease.		
DESCRIPTION (Type of contract/lease) ASSUME? (Y/N):	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE
DESCRIPTION (Type of contract/lease) ASSUME? (Y/N):	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE
DESCRIPTION (Type of contract/lease) ASSUME? (Y/N):	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE
DESCRIPTION (Type of contract/lease) ASSUME? (Y/N):	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE
DESCRIPTION (Type of contract/lease) ASSUME? (Y/N):	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE	NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE

STATEMENT OF FINANCIAL AFFAIRS

Client Identifier Information.

Date Information Prepared: _____

Name	Address	Telephone Nos.	Tax Id. and Soc. Sec. Nos.
		Office: _____	
		Home: _____	
		Email: _____	
		Office: _____	
		Home: _____	
		Email: _____	

ALL QUESTIONS ARE TO BE ANSWERED COMPLETELY AND HONESTLY. Intentionally omitting or giving false information may be a punishable felony. Further, filing false documents is grounds for the Court to deny a discharge, meaning that your creditors can still pursue you.

EACH QUESTION MUST BE ANSWERED. IF THE ANSWER TO ANY QUESTION IS "NONE" OR THE QUESTION IS NOT APPLICABLE, WRITE "NONE" OR "NOT APPLICABLE" IN THE ANSWER BOX.

Information about Spouses.

Spouses filing jointly should fill out a single statement on which the information for both spouses is combined.

If the case is to be filed under **chapter 12** or **chapter 13**, a married client must furnish information for both spouses whether or not the spouse also files, unless the spouses are separated and the absent spouse does not join in filing.

Business Clients.

An individual client engaged in business as a sole proprietor, partner, family farmer or self-employed professional, should provide the information requested on this statement concerning all activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed in all cases. Clients that are or have been in business, as defined below, also must complete Questions 19 - 25.

If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

You. "You" means you, the client. If both husband and wife file, "you" includes both of you. If only one spouse files, "you" may include the non-filing spouse—please read the instructions for the question. If you own an interest in a corporation, "you" does not include the corporation.

In business. A client is "in business" for the purpose of this form if the client is a corporation or partnership. An individual client is "in business" for the purpose of this form if the client is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or self-employed.

Insider. The term "insider" (or payee) includes, but is not limited to: relatives of the client; general partners of the client and their relatives; corporations of which the client is an officer, director, or person in control; officers, directors, and any person in control of a corporate client and their relatives; affiliates of the client and insiders of such affiliates; any managing agent of the client. 11 U.S.C. § 101.

1. Income from employment or operation of business

State the GROSS amount of income received from employment, trade or profession, or from operation of your business from the beginning of this calendar year to the date this case was filed. State also the GROSS amounts received during the **two years** immediately preceding this calendar year. (A client that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the client's fiscal year.) ***If a joint case is filed, state income for each spouse separately. (Married clients filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)***

YEAR	Debtor/ Spouse	GROSS AMOUNT	SOURCE (if more than one)
2011 year to date	Debtor	\$	
	Spouse	\$	
2010	Client	\$	
	Spouse	\$	
2009	Client	\$	
	Spouse	\$	

2. Income other than from employment or operation of business for past 24 months.

State the amount of income received by the client *other than* from employment, trade, profession, or operation of the client's business during the **two years** immediately preceding the filing of this case. Give particulars. If husband and wife file jointly, state income for each spouse separately. ***(Married clients filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint case is filed, unless the spouses are separated and a joint petition is not filed.)***

YEAR	Debtor/ Spouse	GROSS AMOUNT	SOURCE (if more than one)
Past 12 months	Debtor	\$	
	Spouse	\$	
Past 13- 24 months	Client	\$	
	Spouse	\$	

3. Payments to creditors

a. More than \$600 (total) within the past 90 days. List all payments to any creditors totaling more than \$600 made within 90 days immediately preceding the filing of this case. (*Married clients filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

NAME OF CREDITOR	DATES OF PAYMENTS	AMOUNT OF EACH PAYMENT	TOTAL AMOUNT STILL OWING
		\$	\$
		\$	\$
		\$	\$

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (*Married debtor filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a jointed petition is not filed.*)

NAME OF CREDITOR	DATES OF PAYMENTS	AMOUNT OF EACH PAYMENT	TOTAL AMOUNT STILL OWING
		\$	\$
		\$	\$
		\$	\$

c. **To insiders within past year.** List all payments made within **one year** immediately preceding the filing of this case to or for the benefit of creditors who are or were insiders. (NOTE: "**Insider**" is defined on the first page.) (*Married clients filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

NAME AND ADDRESS OF PAYEE AND RELATIONSHIP TO CLIENT	DATES OF PAYMENTS	AMOUNT OF EACH PAYMENT	TOTAL AMOUNT STILL OWING
		\$	\$
		\$	\$
		\$	\$

4. Suits and administrative proceedings, executions, garnishments and attachments

a. **In which you were a party in the last 12 months.** List all suits to which you are or were a party within **one year** immediately preceding the filing of this bankruptcy case. (*Married clients filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION

b. **Property seized in past 12 months.** Describe all property that has been attached, garnished or seized under any legal or equitable process for the benefit of another within **one year** immediately preceding the filing of this case. (*Married clients filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns in past 12 months

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the filing of this case. (*Married clients filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the filing of this case. (*Married clients filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the filing of this case. (*Married clients filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE, TITLE & NO.	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

7. Gifts within past 12 months

List all gifts or charitable contributions made within **one year** immediately preceding the filing of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (***Married clients filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.***)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO CLIENT, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT

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8. Fire, Theft, Gambling or Casualty losses within past 12 months

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the filing of this case **or since the filing of this case**. (*Married clients filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS

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9. Payments related to debt counseling or bankruptcy within past 12 months

List all payments made or property transferred by or on behalf of the client to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the filing of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT AND NAME OF PAYOR IF OTHER THAN CLIENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

10. Any and All Other transfers within past 24 months

List all other property of any kind, other than property transferred in the ordinary course of the business or financial affairs of the client, transferred either absolutely or as security within **two years** immediately preceding the filing of this case. ***(Married clients filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)***

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO CLIENT	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

11. Financial Accounts and Instruments (CDs, etc.) closed, sold, or transferred within past 12 months.

List all financial accounts and instruments held in your name or for your benefit which were closed, sold or otherwise transferred within **one year** immediately preceding the filing of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. *(Married clients filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF INSTITUTION	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes where you had things in past 12 months

List each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within **one year** immediately preceding the filing of this case. *(Married clients filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY

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13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the filing of this case. (*Married clients filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.*)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

14. Property held for another person

List all property owned by another person that you hold or control.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

15. Prior address within past 36 months.

If you have moved within the **three years** immediately preceding the filing of this case, list all premises which you occupied during that period and vacated prior to the filing of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY

16. Spouses and Former Spouses.

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME AND ADDRESS

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

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

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

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

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION

18. Nature, location and name of business

a. If you are an **individual**, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the client was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the filing of this case, or in which the client owned five (5) percent or more of the voting or equity securities within the **six years** immediately preceding the filing of this case.

If the client is a **partnership**, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the client was a partner or owned five (5) percent or more of the voting or equity securities, within the **six years** immediately preceding the filing of this case.

If the client is a **corporation**, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the client was a partner or owned five (5) percent or more of the voting or equity securities within the **six years** immediately preceding the filing of this case.

NAME, ADDRESS, AND TAXPAYER I.D.	NATURE OF BUSINESS	BEGINNING AND ENDING DATES OF OPERATION

b. Identify any business listed in response to subdivision "a", above, that is "single asset real estate." "Single asset real estate" means real property constituting a single property or project, other than residential real property with fewer than four (4) residential units, which generates substantially all of the gross income of a debtor and on which no substantial business is being conducted by a debtor other than the business of operating the real property and activities incidental thereto having aggregate, non-contingent, liquidated secured debts in an amount no more than \$4,000,000.

NAME	ADDRESS

(BUSINESS SECTION)

COMPLETE THIS SECTION IF YOU HAVE OWNED MORE THAN 5% OF A BUSINESS OR BEEN AN OFFICER, DIRECTOR OR MANAGER OF A BUSINESS WITHIN THE PAST 72 MONTHS.

The following questions are to be completed by every client that is a corporation or partnership and by any individual client who is or has been, within the **six years** immediately preceding the filing of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(AN INDIVIDUAL OR JOINT CLIENT SHOULD COMPLETE THIS PORTION OF THE STATEMENT **ONLY** IF THE CLIENT IS OR HAS BEEN IN BUSINESS, AS DEFINED ABOVE, WITHIN THE SIX YEARS IMMEDIATELY PRECEDING THE FILING OF THIS CASE.)

19. Books, records and financial statements

a. **Bookkeepers and accountants within past 24 months.** List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of your books of account and records.

NAME AND ADDRESS	DATES SERVICES RENDERED

b. **Auditors and preparers of financial statements within past 24 months.** List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the client.

NAME	ADDRESS	DATES SERVICES RENDERED

c. **People in possession of books and records.** List all firms or individuals who at the time of the filing of this case were in possession of your books of account and records. If any of the books of account and records are not available, explain.

NAME	ADDRESS

d. **People who received financial statements within past 24 months.** List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the filing of this case by the client.

NAME AND ADDRESS	DATE ISSUED

20. Inventories

a. **Last two inventories.** List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY	SUPERVISOR	DOLLAR AMOUNT (Specify cost, market or other)
			\$
			\$

b. List the name and address of the person having possession of the records of each of the two inventories reported in "a", above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

a. **Partners of a partnership.** If your business is a **partnership**, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
		%
		%
		%

b. **Officers, Directors and Shareholders of a Corporation.** If your business is a **corporation**, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds five percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. **Former partners, officers, directors and shareholders who withdrew in past 12 months.**

a. If your business is a **partnership**, list each member who withdrew from the partnership within **one year** immediately preceding the filing of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL

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

NAME	ADDRESS	DATE OF TERMINATION

23. Withdrawals and distributions from a partnership or corporation within past 12 months.

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

NAME & ADDRESS OF RECIPIENT AND RELATIONSHIP TO YOU/YOUR BUSINESS	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
		\$
		\$
		\$

24. Tax Consolidation Group. If your business is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which your business has been a member at any time within the **six-year** period immediately preceding the filing of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER

25. Pension Funds. If your business is to be the debtor (filer of bankruptcy), list the name and federal taxpayer identification number of any pension fund to which your business, as an employer, has been responsible for contributing at any time within the **six-year** period immediately preceding the filing of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER