

GARY CUNHA, P.C.
254-752-GARY (4279) (phone)
888-748-5297 (fax)

www.752gary.com

email: **gary@752gary.com**

STOP HARASSMENT NOW!

If you are like most debtors, one of the most annoying things you are subjected to is constant harassment from creditors and collection agents in the form of continuous phone calls and threatening letters. Many are extremely rude and will make threats they cannot back or will otherwise violate the law. By retaining Gary Cunha, P.C. as your attorney, you may stop the harassment!

Under 15 U.S.C. § 1692c(2), collection agents must cease all contact with you immediately upon you notifying them that you are represented by an attorney with regard to their debt. Under the Texas Debt Collection Practices Act, which incorporates the Deceptive Trade Practices Act, penalties can be harsh for violators. Note: the creditors themselves are not prohibited from calling you, but some will voluntarily stop calling you once they know you have an attorney.

NOTE: DO NOT TELL A CREDITOR THAT YOU ARE REPRESENTED BY AN ATTORNEY IF THAT CREDITOR CAN IMMEDIATELY REPOSSESS YOUR PROPERTY (such as MOTOR VEHICLES/MOBILE HOMES).

Here's what you do for creditors other than those in the "note" above:

1. Tell the creditor/collector that you are represented by an attorney with regard to their debt.
2. Give them our name, address, and phone number:

Gary Cunha, P.C.
100 N. 6th #604
Waco, TX 76701

254-752-4279

3. You do NOT have to provide them with ANY other information. You should not talk to them other than to give them my name, address, and phone number. Do not tell them that you are filing bankruptcy or any specific details regarding your case.
4. Unfortunately some will choose to break the law and continue to harass you. Document the calls and forward the information to our office. Tell these creditors that you are recording all incoming calls from them and again give them the information in #1 and #2.

THIS OFFICE HAS RECOVERED THOUSANDS OF DOLLARS ON BEHALF OF OUR CLIENTS AGAINST CREDITORS WHO HAVE HARASSED OUR CLIENTS. KEEP TRACK OF ANY AND ALL CONTACTS THAT A CREDITOR, COLLECTION AGENT, OR ATTORNEY MAKES!!!

All Texans have the following rights IN ADDITION to your bankruptcy rights:

Your creditors cannot forcibly enter your home. Do not let a creditor into your home. Ask them to leave and call the police if they do not leave. They cannot repossess your car if you ask them not to while they are trying to take it (they are not allowed to "breach the peace"). They also cannot bring a police officer with them. They can only repossess an item located in a publicly accessible place by taking it when you are not around or by filing a lawsuit and having a Sheriff/Constable serve you with a court order! Homes can only be foreclosed on the first Tuesday of each month but they must give you notice and a right to cure first.

Instructions for completion of this information packet:

1. Tear off the top 4 pages and keep them, return the rest of the packet to your attorney.
2. Please use BLUE ink (if you forget to, do not go back over everything). Please take your time and PRINT LEGIBLY. Take your time and read all information on every page **carefully!**
3. Fill out **ALL** information. **Do not leave blanks** (except those noted “office use”). If you are 100% sure a question does not apply to you, write “N/A” in the blank *or* **cross it out**.
4. If you cannot obtain an exact amount owed for a particular debt, estimate as close as possible.
5. “Date of Debt” means the date which you opened the account or took out the loan. It does NOT mean the date of your last bill. If you do not know the exact month and year a debt was incurred, estimate as close as possible.
6. On the margins of any page, please explain in detail anything out of the ordinary, such as if you do not own furniture because you live with someone.
7. For non-purchase money loans (loans with local loan companies that require your personal property for collateral) and payday loans, please bring a copy of the loan contract(s) for our use.
8. List ALL debts, including those you dispute and those you wish to pay yourself. List ALL property you own, regardless of value or if you wish to keep it or not.
9. For Creditor’s addresses, **use the “correspondence” address**, not the “payment” address. The correspondence address is usually located on the back of the bill under the section describing how to dispute a charge.
10. When figuring your monthly expenses, remember that you must come up with a budget that you can realistically live on. After you have come up with that budget, if necessary we will assist you in changing it to reflect what the trustee will allow.
11. Do not forget any creditors, collection agents, and attorneys collecting debts. You do not want to owe anyone any money upon the completion of your bankruptcy.

Please bring the following items with you when you return this paperwork:

1. A payment of \$_____
2. Your drivers license, social security card, and military ID
3. Automobile Insurance Policy or card showing proof of current coverage
4. Home Insurance Policy showing proof of current coverage
5. Tax Appraisal for your home(s), land, and business property
6. Copy of any leases, rent to own, etc.
7. certain pay stubs from all employers – see list
8. 3 months most recent bank statements for all accounts
9. most recent tax return, including all schedules & attachments
10. kbb.com or nada.com value (print it out) on *all* your automobiles
11. Copy of lawsuit(s) and divorce(s) where debt may still be owed
12. Any notices, bills, or letters from creditors, collection agents, or attorneys
13. Loan agreements from small loan companies
14. Any financial statement you have had prepared in the last two years
15. Proof of credit counseling

PAYSTUBS NEEDED

We need the following paystubs to accurately calculate your “means test.”

Month you are FILING your Bankruptcy case	We need your LAST paystub from these months	Last year December paystub needed?
January	PY June & PY December	Yes
February	PY July & January	Yes
March	PY August & February	Yes
April	PY September & March	Yes
May	PY October & April	Yes
June	PY November & May	Yes
July	PY December & June	Yes
August	January & July	No
September	February & August	No
October	March & September	No
November	April & October	No
December	May & November	No

PY = previous year

Note: The above table only works if you have worked the same job. If you have worked more than one job, we will need additional paystubs.

Note: The trustee may require copies of additional paystubs

Potential Problems in Some Cases

1. Bank Accounts

I understand if I have money in a bank account or credit union *and* I owe that same bank or credit union money, they may seize all money in my account, therefore I will reduce my bank account balances to as low as I can and keep them that low during my bankruptcy case.

If I fall into the situation above, I understand my attorney recommends that I open a new account with a different bank rather than continuing to bank with the old bank.

2. Cash & Bank Accounts

I understand that cash, bank accounts, tax refunds, and their equivalent are not exempt under Texas exemption law and therefore I will have to surrender them to the trustee in a Chapter 7 or pay my creditors for them in a Chapter 13 unless I qualify for federal exemptions and can exempt the money under federal exemptions.

3. Checks

I understand that if I have checks written on my checking account, until the checks have cleared the bank, the money is still in my account and thus falls into the problems listed in #1 and #2 above.

4. Bounced Checks

I also understand that if I bounce a check, in addition to being a crime, it can be considered incurring debt without permission and could cause my Chapter 13 bankruptcy case to be dismissed.

5. Tax Refunds

I understand that if I normally receive a tax refund each year, it is considered both an asset and income and that I must list my tax refund or expected tax refund in all required places. If I have a non-exempt tax refund, I should discuss the timing of my bankruptcy filing accordingly so that I maximize the amount I can keep.

Do I Need a Credit Report?

Many clients ask if they need to get copies of their credit report or if we can get them. Our firm cannot access your credit report. Most clients are able to complete the paperwork without their credit reports, however if you think there are possibly items on your credit report, you may want to obtain copies of all three credit reports to review them and make sure you list all possible creditors.

There are three credit bureaus, so for the most accurate information, you should obtain a copy of all three reports. You are entitled to a free copy if you have been denied credit, employment, or had other negative action taken against you in the last 60 days. Otherwise they charge a fee, generally about \$8.00.

Obtaining credit reports by mail can take several days or weeks. If you are in risk of suffering repossession or foreclosure, you should file your case quickly and you can always add creditors later.

If you need to obtain credit reports, the three bureaus can be reached at the following toll free numbers:

Experian 888-397-3742
TransUnion 800-888-4213
Equifax 800-685-1111

You are also entitled to a free credit report one time per year. Visit www.annualcreditreport.com to get your copy. Please note: this is the official site, other sites promising a free report may actually charge you money for services you do not need.

Urgent Filing Needed?

Are you in immediate danger of suffering repossession or foreclosure? If so, we can file an emergency petition to protect you. To file an emergency petition, we need the entire up front attorney fees and court costs plus your name, address, social security number, and the name and address of any creditor who is threatening you. We can set an emergency filing appointment to sign and file your emergency petition. At that point you would have 14 days to complete the paperwork and file the rest with the court. The court charges an additional \$30.00 to file an emergency petition (because you will have to add creditors later) plus you must pay us \$0.45 per creditor added for postage. Return the completed paperwork to our office no later than 10 days after filing the emergency petition (so we have time to complete the court documents).

Credit Counseling

Remember you **MUST** take an approved credit counseling class during the 6 months *prior* to you filing. Visit our website www.752gary.com and click on bankruptcy, then credit counseling for a list of approved classes. You must also take another class *after* you file. In Chapter 13, the trustee will provide the class for you (you can still take the class on your own if you prefer). In Chapter 7 you must find and take your own class and provide us proof within 30 days of your 341 meeting so we can file it with the court. We recommend www.debthelper.com (800-920-2262) to handle both your pre- and post-bankruptcy classes. Make sure you tell them our code: TX0155 Gary Cunha, P.C. so they can email me your certificates.

PERSONAL INFORMATION

	Single Debtor or Husband	Wife
Social Security #		
Name (as shown on drivers license or Social Security Card)		
Aliases/Maiden/Other FULL Names used in last 6 years (please specify please add "fka" or "aka")		
DBA/business names used in last 6 years please add "dba" or "fdba"		
Street Address		
City, State, Zip		
County (circle one)	McLennan Bell Hill Coryell Bosque Falls Freestone Hamilton Leon Limestone Milam Robertson Somerville Other:	McLennan Bell Hill Coryell Bosque Falls Freestone Hamilton Leon Limestone Milam Robertson Somerville Other:
Mailing Address City, State, Zip (or write "same")		
Home Phone		
Work Phone		
Cell Phone		
email address		

Circle one of the following:

Single/Divorced

Married Filing Individually/Separated

Married Filing Jointly

Prior Bankruptcies?

What City & State?		
Date of Filing		
Case Number and Chapter		
Outcome of your case	Discharge / Dismissal	Discharge / Dismissal

HOUSE/LAND/MOBILE HOMES

Please circle: HOUSE / LAND / MOBILE HOME PAID FOR / FINANCED / EQUITY LOAN / CONTRACT

Describe(ie. 2 acres, 3 BR/2 BA home, etc.) _____

Address of Home/Land: _____ TX _____
street address city zip

Creditor: _____
Address: _____
City,St,Zip: _____
Phone: _____
Acct# _____

Whose
Debt?
Husband
Wife
Joint

Date Purchased: _____ (month/year)
Payoff \$ _____
Value \$ _____
Tax Appraisal \$ _____
Purchase Price \$ _____
Interest _____% Monthly Pmt \$ _____

If you are behind on monthly payment, how many months? _____ Monthly payment \$ _____ Total \$ _____

Circle: This IS / IS NOT my primary home I want to KEEP / GIVE UP this property

Property Insured? Y / N By who? _____ Policy# & Expiration Date: _____

Property taxes & insurance on this property are: Paid with mortgage / I pay them myself - Yearly Tax \$ _____

Are property taxes past due? Y / N How much is owed in back property tax? \$ _____ Years: _____

Business Debt? Y / N

Please circle: HOUSE / LAND / MOBILE HOME PAID FOR / FINANCED / EQUITY LOAN / CONTRACT

Describe(ie. 2 acres, 3 BR/2 BA home, etc.) _____

Address of Home/Land: _____ TX _____
street address city zip

Creditor: _____
Address: _____
City,St,Zip: _____
Phone: _____
Acct# _____

Whose
Debt?
Husband
Wife
Joint

Date Purchased: _____ (month/year)
Payoff \$ _____
Value \$ _____
Tax Appraisal \$ _____
Purchase Price \$ _____
Interest _____% Monthly Pmt \$ _____

If you are behind on monthly payment, how many months? _____ Monthly payment \$ _____ Total \$ _____

Circle: This IS / IS NOT my primary home I want to KEEP / GIVE UP this property

Property Insured? Y / N By who? _____ Policy# & Expiration Date: _____

Property taxes & insurance on this property are: Paid with mortgage / I pay them myself - Yearly Tax \$ _____

Are property taxes past due? Y / N How much is owed in back property tax? \$ _____ Years: _____

Business Debt? Y / N

FINANCED MOTOR VEHICLES

Here list the motor vehicles which you owe money on (financed, re-financed, auto title loans, leased, etc.)

Year: _____ Make _____ Model _____ Trim (GT, SLT, etc.) _____

This vehicle was (circle): *purchased* / *leased* / *re-financed* / *put up as collateral for title loan* with this debt.

Creditor: _____

Address: _____

City, St, Zip: _____

Phone: _____

Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date Financed: _____

Payoff \$ _____

kbb.com Value \$ _____

Purchase Price \$ _____

Interest rate _____% Monthly Pmt \$ _____

Business Debt? Y / N Circle: I want to KEEP / GIVE UP this vehicle Who drives this? _____

Vehicle Insured? Y / N By who? _____ Policy# & Expiration Date: _____

I want to pay for this vehicle MYSELF / IN CHAPTER 13 PLAN Payments Behind? Y / N How many months? _____

Year: _____ Make _____ Model _____ Trim (GT, SLT, etc.) _____

This vehicle was (circle): *purchased* / *leased* / *re-financed* / *put up as collateral for title loan* with this debt.

Creditor: _____

Address: _____

City, St, Zip: _____

Phone: _____

Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date Financed: _____

Payoff \$ _____

kbb.com Value \$ _____

Purchase Price \$ _____

Interest rate _____% Monthly Pmt \$ _____

Business Debt? Y / N Circle: I want to KEEP / GIVE UP this vehicle Who drives this? _____

Vehicle Insured? Y / N By who? _____ Policy# & Expiration Date: _____

I want to pay for this vehicle MYSELF / IN CHAPTER 13 PLAN Payments Behind? Y / N How many months? _____

Year: _____ Make _____ Model _____ Trim (GT, SLT, etc.) _____

This vehicle was (circle): *purchased* / *leased* / *re-financed* / *put up as collateral for title loan* with this debt.

Creditor: _____

Address: _____

City, St, Zip: _____

Phone: _____

Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date Financed: _____

Payoff \$ _____

kbb.com Value \$ _____

Purchase Price \$ _____

Interest rate _____% Monthly Pmt \$ _____

Business Debt? Y / N Circle: I want to KEEP / GIVE UP this vehicle Who drives this? _____

Vehicle Insured? Y / N By who? _____ Policy# & Expiration Date: _____

I want to pay for this vehicle MYSELF / IN CHAPTER 13 PLAN Payments Behind? Y / N How many months? _____

Please print out the value sheet from www.kbb.com or www.nada.com for each vehicle

SECURED FINANCE COMPANIES ("Loan Companies")

These are places that loan money and ask that you put up household goods or other property as collateral. Places like "payday loans," Gold Star, Beneficial, World Finance, Worth Finance, Covington Credit, Atlas Credit, etc.

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband
Wife
Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband
Wife
Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband
Wife
Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband
Wife
Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband
Wife
Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

SECURED FINANCE COMPANIES ("Loan Companies")

These are places that loan money and ask that you put up household goods or other property as collateral. Places like "payday loans," Gold Star, World Finance, Worth Finance, Covington Credit, Atlas Credit, etc.

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____
Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date of Loan: _____ (month/year)
Payoff \$ _____ Interest _____ %
Collateral for loan: circle: Household Goods or
Other: _____ Keep? Y / N
Value of Other \$ _____

OTHER SECURED DEBT

Includes *store* credit cards where you purchased large items such as appliances, tools, furniture, and electronics (except Sears, Visa, Mastercard, Discover). It also includes property tax on business.

Creditor: _____ Address: _____ City, St, Zip: _____ Phone: _____ Acct# _____	Whose Debt? Husband Wife Joint	Date of Purchase: _____ (month/year) Payoff \$ _____ Collateral: _____ _____ <u>Keep? Y / N</u> Value \$ _____ Interest _____ %	<input type="checkbox"/> Check if Business Debt
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Creditor: _____ Address: _____ City, St, Zip: _____ Phone: _____ Acct# _____	Whose Debt? Husband Wife Joint	Date of Purchase: _____ (month/year) Payoff \$ _____ Collateral: _____ _____ <u>Keep? Y / N</u> Value \$ _____ Interest _____ %	<input type="checkbox"/> Check if Business Debt
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Creditor: _____ Address: _____ City, St, Zip: _____ Phone: _____ Acct# _____	Whose Debt? Husband Wife Joint	Date of Purchase: _____ (month/year) Payoff \$ _____ Collateral: _____ _____ <u>Keep? Y / N</u> Value \$ _____ Interest _____ %	<input type="checkbox"/> Check if Business Debt
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Creditor: _____ Address: _____ City, St, Zip: _____ Phone: _____ Acct# _____	Whose Debt? Husband Wife Joint	Date of Purchase: _____ (month/year) Payoff \$ _____ Collateral: _____ _____ <u>Keep? Y / N</u> Value \$ _____ Interest _____ %	<input type="checkbox"/> Check if Business Debt
--	---	---	---

Creditor: _____ Address: _____ City, St, Zip: _____ Phone: _____ Acct# _____	Whose Debt? Husband Wife Joint	Date of Purchase: _____ (month/year) Payoff \$ _____ Collateral: _____ _____ <u>Keep? Y / N</u> Value \$ _____ Interest _____ %	<input type="checkbox"/> Check if Business Debt
--	---	---	---

PRIORITY DEBT

Priority Debt includes the IRS, State and Local Tax (*not property tax*), Child Support, and Alimony.

Creditor: _____

Address: _____

City, St, Zip: _____

Phone: _____

Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date of Debt: _____ (month/year)

Payoff \$ _____

Priority \$ _____
(office use)

Circle: Business / Personal

Interest _____% Monthly Payment \$ _____ Description _____

Office Use: _____

Creditor: _____

Address: _____

City, St, Zip: _____

Phone: _____

Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date of Debt: _____ (month/year)

Payoff \$ _____

Priority \$ _____
(office use)

Circle: Business / Personal

Interest _____% Monthly Payment \$ _____ Description _____

Office Use: _____

Creditor: _____

Address: _____

City, St, Zip: _____

Phone: _____

Acct# _____

Whose
Debt?

Husband

Wife

Joint

Date of Debt: _____ (month/year)

Payoff \$ _____

Priority \$ _____
(office use)

Circle: Business / Personal

Interest _____% Monthly Payment \$ _____ Description _____

Office Use: _____

Collection Agents & Co-Debtors

If any of your creditors have hired a collection agent (including attorneys) or if you have Co-debtors (other than a spouse filing a joint bankruptcy with you) list them here.

Collection Agent: _____ Original Creditor Name: _____

Collection Address, City, St, Zip: _____

Collection Agent: _____ Original Creditor Name: _____

Collection Address, City, St, Zip: _____

Collection Agent: _____ Original Creditor Name: _____

Collection Address, City, St, Zip: _____

Collection Agent: _____ Original Creditor Name: _____

Collection Address, City, St, Zip: _____

Collection Agent: _____ Original Creditor Name: _____

Collection Address, City, St, Zip: _____

Collection Agent: _____ Original Creditor Name: _____

Collection Address, City, St, Zip: _____

Collection Agent: _____ Original Creditor Name: _____

Collection Address, City, St, Zip: _____

Collection Agent: _____ Original Creditor Name: _____

Collection Address, City, St, Zip: _____

Collection Agent: _____ Original Creditor Name: _____

Collection Address, City, St, Zip: _____

Co-Debtor #1: _____ Debts: _____

Co-Debtor #1 Address, City, St, Zip: _____

Co-Debtor #2: _____ Debts: _____

Co-Debtor #2 Address, City, St, Zip: _____

Co-Debtor #3: _____ Debts: _____

Co-Debtor #3 Address, City, St, Zip: _____

UNSECURED DEBT

Unsecured Debt includes most credit cards, medical bills, signature loans, mail order, student loans, utility bills that are cut off, and repossession deficiencies. For date of debt, put the date you opened the account, not the date of the last bill.

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____

Whose?	Acct# _____
Husband	Date of Debt: _____ (month/year)
Wife	Payoff \$ _____
Joint	Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____

Whose?	Acct# _____
Husband	Date of Debt: _____ (month/year)
Wife	Payoff \$ _____
Joint	Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____

Whose?	Acct# _____
Husband	Date of Debt: _____ (month/year)
Wife	Payoff \$ _____
Joint	Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____

Whose?	Acct# _____
Husband	Date of Debt: _____ (month/year)
Wife	Payoff \$ _____
Joint	Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____

Whose?	Acct# _____
Husband	Date of Debt: _____ (month/year)
Wife	Payoff \$ _____
Joint	Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____
Address: _____
City, St, Zip: _____
Phone: _____

Whose?	Acct# _____
Husband	Date of Debt: _____ (month/year)
Wife	Payoff \$ _____
Joint	Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

UNSECURED DEBT

Unsecured Debt includes most credit cards, medical bills, signature loans, mail order, student loans, utility bills that are cut off, and repossession deficiencies. For date of debt, put the date you opened the account, not the date of the last bill.

Creditor: _____ Whose? Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City,St,Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City,St,Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City,St,Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City,St,Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City,St,Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City,St,Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

UNSECURED DEBT

Unsecured Debt includes most credit cards, medical bills, signature loans, mail order, student loans, utility bills that are cut off, and repossession deficiencies. For date of debt, put the date you opened the account, not the date of the last bill.

Creditor: _____ Whose? _____ Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City, St, Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? _____ Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City, St, Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? _____ Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City, St, Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? _____ Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City, St, Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? _____ Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City, St, Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Creditor: _____ Whose? _____ Acct# _____
Address: _____ Husband Date of Debt: _____ (month/year)
City, St, Zip: _____ Wife Payoff \$ _____
Phone: _____ Joint Debt is: Business / Personal

Circle: Credit Card / Signature Loan / Student Loan / Utility / Medical / Repossession Deficiency

Luxury Purchases, Cash Advances, & New Loans (including balance transfers)

If you have made any "luxury purchases" or cash advances (including balance transfers), and/or new loans within the last 180 days, we need the specific details here.

Luxury Purchases:

Creditor: _____ Item Purchased: _____ Date: _____ Amount \$ _____

Creditor: _____ Item Purchased: _____ Date: _____ Amount \$ _____

Creditor: _____ Item Purchased: _____ Date: _____ Amount \$ _____

Creditor: _____ Item Purchased: _____ Date: _____ Amount \$ _____

Creditor: _____ Item Purchased: _____ Date: _____ Amount \$ _____

Creditor: _____ Item Purchased: _____ Date: _____ Amount \$ _____

Creditor: _____ Item Purchased: _____ Date: _____ Amount \$ _____

Cash Advances/Balance Transfers:

Creditor: _____ Date: _____ Amount \$ _____ Paid to: _____

Creditor: _____ Date: _____ Amount \$ _____ Paid to: _____

Creditor: _____ Date: _____ Amount \$ _____ Paid to: _____

Creditor: _____ Date: _____ Amount \$ _____ Paid to: _____

Creditor: _____ Date: _____ Amount \$ _____ Paid to: _____

Creditor: _____ Date: _____ Amount \$ _____ Paid to: _____

Creditor: _____ Date: _____ Amount \$ _____ Paid to: _____

Creditor: _____ Date: _____ Amount \$ _____ Paid to: _____

Creditor: _____ Date: _____ Amount \$ _____ Paid to: _____

New Loans:

Creditor: _____ Date: _____ Amount \$ _____ Purpose: _____

Creditor: _____ Date: _____ Amount \$ _____ Purpose: _____

Creditor: _____ Date: _____ Amount \$ _____ Purpose: _____

Creditor: _____ Date: _____ Amount \$ _____ Purpose: _____

Creditor: _____ Date: _____ Amount \$ _____ Purpose: _____

Creditor: _____ Date: _____ Amount \$ _____ Purpose: _____

FAMILY LAW OBLIGATIONS

If you have any living former spouses/parent of your child where there are outstanding debts (whether you were ordered to pay the debts or not) you must provide their name and address. They may be considered your “creditors” for the purposes of divorce and bankruptcy law. Be advised that if you fail to notify your former spouses through this bankruptcy, if a creditor that you discharge goes after them to collect the debt, your former spouse could then sue you to recover. Therefore you must list all former spouses which you have joint debts which are not already paid off. Be advised that your former spouse will be notified by the Court if they are listed here. **List anyone you owe a domestic support obligation to (usually child support, alimony, spousal support), even if current on payment.**

Former Spouse: _____ Male / Female

Address: _____ City _____ State _____ Zip _____

Date of Marriage _____ Date of Divorce _____

Debts **and** circle those you were ordered to pay in the divorce _____

Former Spouse: _____ Male / Female

Address: _____ City _____ State _____ Zip _____

Date of Marriage _____ Date of Divorce _____

Debts **and** circle those you were ordered to pay in the divorce _____

Former Spouse: _____ Male / Female

Address: _____ City _____ State _____ Zip _____

Date of Marriage _____ Date of Divorce _____

Debts **and** circle those you were ordered to pay in the divorce _____

LEGAL MATTERS

If you have had a consultation with an attorney (other than us!), hired an attorney, been involved in any type of court case (including criminal), been arrested or charged with a crime, please describe below.

Attorney Name	Date of Visit	Reason for Visit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Court Cases (civil, criminal, divorce, child custody, bankruptcy, administrative, traffic, probate, etc.)

Case#	Type of Case	Outcome (final, still pending, dismissed, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR PROPERTY

List all the property you own here. Do not list it here if you already listed it as a secured debt. Do not leave any spaces blank! Put N/A or \$0 where appropriate.

1. **Cash**\$ _____

2. **Bank Accounts (circle either checking, savings, or CD):** Acct. Balance

Checking/Savings/CD Bank: _____ Acct# _____ \$ _____

Checking/Savings/CD Bank: _____ Acct# _____ \$ _____

Checking/Savings/CD Bank: _____ Acct# _____ \$ _____

Checking/Savings/CD Bank: _____ Acct# _____ \$ _____

3. **Security Deposits with utility companies, landlords, etc.**

Name _____ \$ _____ Name _____ \$ _____

Name _____ \$ _____ Name _____ \$ _____

4. **Household Goods**

Stove	\$	Lawn Furniture (specify below):	
Microwave	\$		\$
Refrigerator	\$	Video Game (specify):	\$
Large Freezer	\$	Televisions How Many?	\$
Dishwasher	\$	VCRs How Many?	\$
Washing Machine	\$	DVD Players How Many?	\$
Dryer	\$	Blu-Ray Players How Many?	\$
Kitchenware (Silverware, Appliances, etc.)	\$	Stereos How Many?	\$
Other:	\$	Musical Instrument specify:	\$
Living Room Furniture (specify below):		Spa/Hot Tub	\$
(circle) Couch Sofa Loveseat	\$	Tools/Garden Tools/Lawnmowers	\$
(circle) Coffee Table End Table(s)	\$	Other Tools (specify):	\$
Other:	\$	Computers How Many?	\$
Other:	\$	Other Furniture (specify below):	
Other:	\$		\$
Bedroom Furniture (specify below):			\$
Beds How Many?	\$	Dining Room Furniture (specify below):	
Night Stands How Many?	\$	Table and ___ Chairs	\$
Dressers How Many?	\$	Other:	\$
Other:	\$	Other:	\$
Other:	\$	circle: Videos DVD's CD's Tapes	\$
Other:	\$	Linens	\$
Other:	\$	Other:	\$

5. **Collectors Items** (examples: antiques, books, art, records, stamps, cards, coins, etc.)
- _____ \$ _____ \$ _____
- _____ \$ _____ \$ _____
- _____ \$ _____ \$ _____
6. **Clothing and Shoes** (EVERYONE owns clothing!) \$ _____
7. **Furs** \$ _____
- Jewelry** \$ _____
- You must itemize expensive jewelry worth \$500 or more per item below
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
8. **Firearms, Sporting Goods, Recreational Equipment, Cameras/Video Cameras**
- _____ \$ _____ \$ _____
- _____ \$ _____ \$ _____
- _____ \$ _____ \$ _____
9. **Life Insurance Policies** (can you cash it in for money? Y/N) \$ _____
10. **Annuities** (specify: _____) \$ _____
11. **Educational IRA's** _____ \$ _____
12. **Retirement Funds** (IRA/ERISA/401K/KEOUGH/other: _____) \$ _____
13. **Stocks or other business ownership** (specify: _____) \$ _____
14. **Interests in partnerships or joint ventures** (specify: _____) \$ _____
15. **Government or Corporate Bonds** (specify: _____) \$ _____
16. **Accounts Receivable** (specify: _____) \$ _____
17. **Marital Property Settlements you are entitled to** (explain: _____) \$ _____
18. **Tax Refunds owed to you, not yet deposited/spent** (years: _____) \$ _____
- Personal Injury Claims** (you against someone else) (explain: _____) \$ _____
- Other Lawsuits** (you against someone else) (explain: _____) \$ _____

- Money owed to you** (explain: _____) \$ _____
19. **Equitable and future interests, life estates, etc.** (explain: _____) \$ _____
20. **Money expected from life insurance/inheritance** (explain: _____) \$ _____
21. **Counter claims in a lawsuit, or right to have some debt forgiven** (Explain: _____) \$ _____
22. **Patents, Copyrights, intellectual property** (specify: _____) \$ _____
23. **Licenses or Franchise Rights** (explain: _____) \$ _____
24. **Customer Lists** _____ \$ _____
25. **Motor Vehicles (cars, trucks, SUV's, motorcycles, etc.) you own which are paid off:**
- Yr. _____ Make/Model/Options/Miles _____ \$ _____
- Yr. _____ Make/Model/Options/Miles _____ \$ _____
- Yr. _____ Make/Model/Options/Miles _____ \$ _____
26. **Boats, Motors** describe: _____ \$ _____
27. **Aircraft** describe: _____ \$ _____
28. **Office Equipment, furnishings, supplies: (used in business only)**
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
29. **Business Machinery, fixtures, equipment (used in business only)**
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
30. **Business Inventory** (attach a detailed list) \$ _____
31. **Animals/Pets** (specify: _____) \$ _____
32. **Crops** (specify: _____) \$ _____
33. **Farm Equipment, implements** (make, model, year)
- _____ \$ _____

_____ \$ _____

_____ \$ _____

34. **Farm Supplies, chemical, and feed** \$ _____

35. **Other personal property** (specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

If you have any other property that you cannot list above, please explain below:

I hereby certify that the property I listed above is a true and accurate list of the property (real and personal) that I own to the best of my knowledge. I realize that any property attained between now and 180 days after the date of filing my bankruptcy petition must be added to this list and it is a **violation of law which could result in imprisonment and the revoking of my bankruptcy discharge** to intentionally exclude any property or assets that I own.

Date: _____ Signature: _____

Date: _____ Signature: _____

EXECUTORY CONTRACTS

Executory Contracts may include apartment leases, equipment rentals, furniture rentals, automobile leases, services, pest control, storage units, cell phone contracts, pagers, internet agreements, etc.

Name of lessor (landlord/bank/rental agency):	type: (circle one) residential lease equipment lease contract for deed appliances vehicle lease business lease utility other:
Address:	Terms: \$ per month / per week
City/St/Zip:	Beginning Date Month: Year: Ending Date Month: Year:
Phone:	I want to (circle one): KEEP / CANCEL this contract

Name of lessor (landlord/bank/rental agency):	type: (circle one) residential lease equipment lease contract for deed appliances vehicle lease business lease utility other:
Address:	Terms: \$ per month / per week
City/St/Zip:	Beginning Date Month: Year: Ending Date Month: Year:
Phone:	I want to (circle one): KEEP / CANCEL this contract

Name of lessor (landlord/bank/rental agency):	type: (circle one) residential lease equipment lease contract for deed appliances vehicle lease business lease utility other:
Address:	Terms: \$ per month / per week
City/St/Zip:	Beginning Date Month: Year: Ending Date Month: Year:
Phone:	I want to (circle one): KEEP / CANCEL this contract

FAMILY INFORMATION

List all children and family members who depend on you for food and shelter. Give initials (not names), ages, and circle or specify what their relationship is to you. Include children who do not live in your home if you pay more than 50% of their support. Do not include yourself or your spouse.

Initials (not name)	Age	Relationship
		son – daughter – grandson –granddaughter nephew – niece – other:
		son – daughter – grandson –granddaughter nephew – niece – other:
		son – daughter – grandson –granddaughter nephew – niece – other:
		son – daughter – grandson –granddaughter nephew – niece – other:
		son – daughter – grandson –granddaughter nephew – niece – other:
		son – daughter – grandson –granddaughter nephew – niece – other:
		son – daughter – grandson –granddaughter nephew – niece – other:
		son – daughter – grandson –granddaughter nephew – niece – other:
		son – daughter – grandson –granddaughter nephew – niece – other:

OCCUPATION

Single Debtor/Husband	Wife
Main Job Title:	Main Job Title:
Employer:	Employer:
Payroll Address: City, St, Zip:	Payroll Address: City, St, Zip:
How long worked there?	How long worked there?
Are you Self Employed? Y / N	Self Employed? Y / N
Second Job (if any):	Second Job (if any):
Monthly Take Home Pay (2 nd job) \$	Monthly Take Home Pay (2 nd job) \$

INCOME FROM MAIN JOB

For pay frequency, remember bi-weekly means you are paid every 2 weeks (i.e. every other Friday), whereas semi-monthly means you are paid two times per month (i.e. on the 1st and 15th)

	<u>Single Debtor/Husband</u>	<u>Wife</u>
<u>Pay Frequency</u> (circle)	weekly/bi-weekly/semi-monthly/monthly	weekly/bi-weekly/semi-monthly/monthly
<u>Gross Wages per pay period</u>	_____	_____
(+) <u>Overtime/Bonuses</u>	_____	_____
<u>Deductions</u>		
(-) Federal Tax	_____	_____
(-) Social Security	_____	_____
(-) Medicare	_____	_____
(-) Union Dues	_____	_____
(-) Retirement (Circle: Voluntary / Mandatory)	_____	_____
(-) 401K (Circle: Voluntary / Mandatory)	_____	_____
<small>(Do not list child support or insurance deductions here, list them on the budget page)</small>		
(=) <u>Sub Totals</u>	_____	_____
<small>(if paid weekly multiply by 4.333, if bi-weekly by (x)2.17, semi-monthly by 2 to get monthly total)</small>		
(=) <u>Monthly Totals</u>	_____	+ _____
(=) <u>Combined Total</u> <i>(add the above two together)</i>	_____	
(+) <u>Expected Tax Refund ÷ 12</u> <i>(you must include this!)</i>	_____	
(=) TOTAL COMBINED MONTHLY INCOME \$	_____	

For Chapter 13 Debtors only: I want my Plan payments taken from (circle):
 Debtor's / Spouse's / Both 50-50 paycheck or Waive Pay Order (requires valid legal excuse)

OTHER MONTHLY INCOME

Do you have any other income sources? If you do, we must list them and their monthly amount.
Please describe the item or give other details about it on the dotted line.

	<u>Debtor/Husbnd</u>	<u>Wife</u>
Do you have income from any of the following sources?	Yes / No	Yes / No
Regular income from business, profession or farm (after expenses and taxes).....	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Social Security.....	\$ _____	\$ _____
Child Support.....	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Interest and dividends.....	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Alimony received	\$ _____	\$ _____
Gifts from relatives and friends	\$ _____	\$ _____
Sales commissions.....	\$ _____	\$ _____
Food Stamps/Other Govt. Assistance: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Do you expect a change in your income of more than 10% in the next 12 months? Yes / No
 If so, please explain.

Debtor: _____

Spouse: _____

Do you need to buy a new vehicle in the next year? Yes / No Explain: _____

MONTHLY EXPENSES

Fill out completely, estimate your bills realistically, because these amounts are what you must be able to live on for up to the next five years. If you have a bill that is abnormally high, please use the blank space to explain why it is high and bring copies of the bills. Do not leave any blank, use N/A or \$0 instead. If you list an amount next to "other" please describe the expense in the blank space. On this page only, you should also fill in the shaded boxes too.

TYPE OF EXPENSE	Amount	Office Use
House Payment/Rent Does it Include: Property Taxes Y / N ? Insurance? Y / N	\$	\$
Electricity (remember to average this one)	\$	\$
Water, Sewer, Garbage	\$	\$
Home Telephone	\$	\$
Other/Cable TV (describe):	\$	\$
Home Maintenance & Repair	\$	\$
Food & Groceries	\$	\$
Clothing	\$	\$
Laundry & Dry Cleaning	\$	\$
Medical and Dental Expenses (include over the counter medicine & co-pays)	\$	\$
Transportation (gas, car repairs & maintenance, bus fare)	\$	\$
Recreation/Reading	\$	\$
Charitable Contributions (may have to provide proof)	\$	\$
Insurance: Home/Renters	\$	\$
Life and Disability	\$	\$
Auto	\$	\$
Health	\$	\$
Other describe:	\$	\$
Installment Payments Auto	\$	\$
Other 1:	\$	\$
Other 2:	\$	\$
Other 3:	\$	\$
Other taxes:	\$	\$
Alimony & Child Support	\$	\$
Support of Dependents not at home explain:	\$	\$
Business Expenses (attached itemized business budget)	\$	\$
Other Expense 1 _____ or Day Care (circle)	\$	\$
Other Expense 2 _____ or Property Tax (circle)	\$	\$
Other Expense 3 _____	\$	\$
Personal Care (Guideline 1=\$31 2=\$55 3=\$59 4+=\$65)	\$	\$
Housekeeping Supplies (Guideline 1=\$28 2=\$66 3=\$61 4+=\$74)	\$	\$
Miscellaneous (Guideline 1=\$87 2=\$165 3=\$197 4+=\$235)	\$	\$
TOTAL:	\$	\$

Do you expect any of these expenses to change (ie: new child on the way, moving, etc.)? Yes / No

Explain: _____

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of a business

State the income you have received from your job, work, and self employment the past 3 years.

Single Debtor/Husband

Wife

Year to Date	\$	Year to Date	\$
Last Year	\$	Last Year	\$
Year Before	\$	Year Before	\$

2. Income other than from employment or business

List ANY other income which includes things like social security, pension, annuity, unemployment, retirement, disability, government assistance, workers compensation, etc. Be sure to state each.

Single Debtor/Husband

Wife

Source		Source	
Year to Date	\$	Year to Date	\$
Last Year	\$	Last Year	\$
Year Before	\$	Year Before	\$

Source		Source	
Year to Date	\$	Year to Date	\$
Last Year	\$	Last Year	\$
Year Before	\$	Year Before	\$

Source		Source	
Year to Date	\$	Year to Date	\$
Last Year	\$	Last Year	\$
Year Before	\$	Year Before	\$

Source		Source	
Year to Date	\$	Year to Date	\$
Last Year	\$	Last Year	\$
Year Before	\$	Year Before	\$

3. Payments to creditors

a. List ALL Creditors who you have paid ***a total of \$600 or more*** to in the *last three* months.

Creditor		Creditor	
Address		Address:	
City, ST, Zip		City, ST, Zip	
Pmt. Date(s)		Pmt. Date(s)	
Amount Paid	\$	Amount Paid	\$

Creditor		Creditor	
Address		Address:	
City, ST, Zip		City, ST, Zip	
Pmt. Date(s)		Pmt. Date(s)	
Amount Paid	\$	Amount Paid	\$

Creditor		Creditor	
Address		Address:	
City, ST, Zip		City, ST, Zip	
Pmt. Date(s)		Pmt. Date(s)	
Amount Paid	\$	Amount Paid	\$

Creditor		Creditor	
Address		Address:	
City, ST, Zip		City, ST, Zip	
Pmt. Date(s)		Pmt. Date(s)	
Amount Paid	\$	Amount Paid	\$

b. List ANY debt payments made within one year to “insiders” (friends, relatives, business partners).

Creditor		Creditor	
Relationship		Relationship	
Address		Address	
Date(s)		Date(s)	
Amount Paid	\$	Amount Paid	\$
Amount still owed	\$	Amount still owed	\$

On the following pages, if you have more than 1 item, list them side by side or on the back

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

a. List all lawsuits, divorces, & administrative proceedings which you were a party to within one year.

Case title (Smith v. Jones): _____

Case #: _____

Nature of proceeding: _____

Court/agency location: _____

Suit status _____

b. List all property (including wages, bank accounts, furniture, land or homes) which has been seized or garnished because of legal process within one year.

Who took it? _____

Address: _____

Seizure date: _____

Property description: _____

Value: _____

5. Repossessions, foreclosures and returns

List all property that has been repossessed, foreclosed, or surrendered within one year.

Who took it? _____

Address: _____

Date: _____

Property description: _____

Value: _____

Who took it? _____

Address: _____

Date: _____

Property description: _____

Value: _____

6. Assignments and receiverships

a. List property assigned for the benefit of creditors within 120 days.

Who took it? _____

Address: _____

Date: _____

Terms of assignment: _____

b. List property in the hands of a custodian, receiver, or court appointed official within one year.

Custodian Name _____

Address: _____

Court: _____

Case Title & Number: _____

Date: _____

Property description: _____

Value: _____

7. Gifts

List gifts of \$200 or more to any family member and \$100 or more to charities within one year.

To Whom? _____

Address: _____

Relationship (if any): _____

Date of Gift: _____

Property description: _____

Value: _____

8. Losses

List property lost due to fire, theft, gambling, or other casualty within one year.

Property description: _____

Value: _____

Circumstances: _____

Did Insurance pay: Y / N Details: _____

Date of Loss: _____

9. Payments related to debt counseling or bankruptcy

Pre-Bankruptcy Credit Counseling Name: _____ Date: _____ Fee Paid \$ _____

List all property transferred to debt counseling services, including other attorneys within one year.

To Whom? _____

Address: _____

Date of Payment: _____

Property description: _____

Amount: _____

10. Other transfers

List ALL property transferred (sold, donated, given away, traded) within two years.

To Whom? _____

Relationship _____

Address: _____

Date of Transfer: _____

Property description: _____

Value: _____

To Whom? _____

Relationship _____

Address: _____

Date of Transfer: _____

Property description: _____

Value: _____

11. Closed financial accounts

List bank accounts closed or transferred within one year.

Bank _____

Address: _____

Type and Account # _____

Final Balance: _____

Date of Closing: _____

12. Safe deposit boxes

List any safe deposit box which contains securities, cash, or valuables within one year.

Bank _____

Address: _____

Those with Access: _____

Contents: _____

Date closed: _____

13. Setoffs

List money setoff by a bank within the last 90 days. A setoff is where the bank takes money out of your account against your will, for example if you miss a payment to them.

Creditor: _____

Address: _____

Date of Setoff: _____

Amount of Setoff: _____

14. Property held for another person

List all property you are keeping for someone else.

Owner: _____

Address: _____

Property description: _____

Value: _____

Location of Property: _____

15. Prior address of debtor

List all prior addresses for the last three years.

Address: _____

City, St, Zip: _____

Name Used: _____

From: _____ To: _____

Address: _____

City, St, Zip: _____

Name Used: _____

From: _____ To: _____

Address: _____

City, St, Zip: _____

Name Used: _____

From: _____ To: _____

Address: _____

City, St, Zip: _____

Name Used: _____

From: _____ To: _____

16. Former Spouses (include current spouse if filing married filing separately)

List all former spouses you had within the past eight years.

Wives

Husbands

_____	_____
_____	_____
_____	_____
_____	_____

17. Environmental Information

a. List the name and address of every site for which you have received notice in writing from a governmental agency that you may be in violation of an environmental law.

Site Name: _____

Address: _____

Governmental Agency: _____

Their Address: _____

Date of Notice: _____

Law Violated: _____

b. List the name and address for every site which you provided notice to the government that you are releasing hazardous material.

Site Name: _____

Address: _____

Governmental Agency: _____

Their Address: _____

Date of Notice: _____

Law Violated: _____

c. List all proceedings under Environmental Law which you were a party to.

Governmental Agency: _____

Their Address: _____

Docket Number: _____

Status: _____

Means Test

You should take the entire amount of income you made for a particular month. For example, if it is February now, then 7 months ago is July and you should put down your entire income received in July. Remember to put down your GROSS amount received (before taxes/deductions)

Income from work/job (write here what month is "this month" _____)

Time Period	Husband				Wife			
	Income	Fed Tax	SS	Medicare	Income	Fed Tax	SS	Medicare
7 months ago								
6 months ago								
5 months ago								
4 months ago								
3 months ago								
2 months ago								
1 month ago								
this month								

Income from owning a business

Time Period	Husband	Wife
7 months ago		
6 months ago		
5 months ago		
4 months ago		
3 months ago		
2 months ago		
1 month ago		
this month		

Income from rental properties

Time Period	Husband	Wife
7 months ago		
6 months ago		
5 months ago		
4 months ago		
3 months ago		
2 months ago		
1 month ago		
this month		

Income from interest, dividends, royalties

Time Period	Husband	Wife
7 months ago		
6 months ago		
5 months ago		
4 months ago		
3 months ago		
2 months ago		
1 month ago		
this month		

Income from pension

Time Period	Husband	Wife
7 months ago		
6 months ago		
5 months ago		
4 months ago		
3 months ago		
2 months ago		
1 month ago		
this month		

Income from others paying your living expenses

Time Period	Husband	Wife
7 months ago		
6 months ago		
5 months ago		
4 months ago		
3 months ago		
2 months ago		
1 month ago		
this month		

Income from unemployment

Time Period	Husband	Wife
7 months ago		
6 months ago		
5 months ago		
4 months ago		
3 months ago		
2 months ago		
1 month ago		
this month		

Income from other sources

Time Period	Husband	Wife
7 months ago		
6 months ago		
5 months ago		
4 months ago		
3 months ago		
2 months ago		
1 month ago		
this month		

COMMON OMISSIONS

It is important for you to list EVERY debt so that you will be debt free upon the completion of your bankruptcy. This page will help you think of debts that you may have forgotten. If you are reminded of something, be sure to go back and add it where appropriate!!!!

Did you omit any debts or assets on purpose? Yes / No

Please explain: _____

Other common omissions

If these remind you of things you forgot, please go back into the paperwork and add them where appropriate.

Medical bills	Yes No	Medical bills that might not get paid by insurance?
Leases/Rent to Own	Yes No	Do you have any leases/rent to own on motor vehicles, buildings or equipment, furniture, etc.?
Bank overdraft protection	Yes No	Do you have any bounced checks?
Credit unions	Yes No	Do you have any loans with a credit union?
Debts taken over	Yes No	Is a friend or relative making payments on a loan that is in your name?
Store accounts	Yes No	Do you owe any money on a store account?
Furniture	Yes No	Do you owe money on the purchase of furniture?
Timeshares	Yes No	Do you have a timeshare?
Campgrounds	Yes No	Do you have a campground membership?
Gym memberships	Yes No	What about gym or spa memberships?
Club memberships	Yes No	Are you a member of a private club?
Ex-spouses	Yes No	Does your ex-spouse have any potential claims against you?
Assumed debts	Yes No	Has someone taken over payments on a debt for you?
	Yes No	Have you taken over someone else's payments?
Credit report	Yes No	Are there items on your credit report you did not include here?
Returned items	Yes No	Have you returned something and not been given a refund?
Old repossessions	Yes No	Are there repo's or foreclosures where the creditor says you still owe them money?
FHA or VA guarantees	Yes No	Was a house or mobile home you lost covered by FHA or VA?
	Yes No	Is your present home covered by an FHA or VA guarantee?
Co-signers	Yes No	Have you co-signed or guaranteed a loan for someone else?
	Yes No	Has anyone co-signed with you on a debt (excluding your spouse if filing jointly)?
Car accidents	Yes No	Do you have any potential claims against you because of a car accident? Or can you sue someone because of a car accident?
Other lawsuits	Yes No	Do you have any potential claims against you (other than a car accident)? Or can you sue someone because of something other than a car accident?
Contingent obligations	Yes No	Do you have any contracts or obligations such that if something does not work out, you will owe some money?
Business	Yes No	Have you owned <i>any</i> interest in a business within the last 6 years?

If you owned any part of a business in the last six years you must also complete a business packet.

Business Budget

Estimate your average monthly amounts for each business you own.

	Business: _____	Business: _____
Avg. Monthly Income (past 12 months)	\$	\$
Expected Monthly Income	\$	\$
Employee Payroll	\$	\$
Payroll Taxes	\$	\$
Unemployment Taxes	\$	\$
Workers Compensation	\$	\$
Other Taxes	\$	\$
Inventory Purchases	\$	\$
Feed, Fertilizer, Etc.	\$	\$
Rent	\$	\$
Utilities	\$	\$
Office Expenses/Supplies	\$	\$
Repairs/Maintenance	\$	\$
Vehicle Expenses	\$	\$
Travel/Entertainment	\$	\$
Equipment Rental/Leases	\$	\$
Professional Fees	\$	\$
Insurance	\$	\$
Employee Benefits	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$

18. Nature, Location, & Name of Business

a. Within the last SIX years, have you owned or operated a business or had at least a 5% ownership in a partnership or corporation or were you an officer, director, partner, or managing executive, or self employed professional?

Name of Business: _____

Address: _____

Taxpayer ID#: _____

Nature of Business: _____

Type of Business: Sole Proprietorship / Partnership / Corporation / LLC / other: _____

From: _____ To: _____

Name of Business: _____

Address: _____

Taxpayer ID#: _____

Nature of Business: _____

Type of Business: Sole Proprietorship / Partnership / Corporation / LLC / other: _____

From: _____ To: _____

b. Of the above, are any a “single asset real estate” as defined by 11 U.S.C. § 101

Name: _____

Address: _____

Name: _____

Address: _____

19. Books, Records, & Financial Statements

a. List all bookkeepers and accountants who supervised or kept your books, accounts, and records within two years.

Name: _____

Address: _____

Date of Service: _____

b. List all firms or individuals who have audited your books and records or prepared a financial statement for you within two years.

Name: _____

Address: _____

Date of Service: _____

c. List all firms or individuals who are in possession of your books, accounts, and records.

Name: _____

Address: _____

d. List all financial institutions, creditors, and other parties to whom a financial statement was issued to within two years.

Name: _____

Address: _____

Date of Issued: _____

20. Inventories

List the last two inventories taken of your property:

Date of Inventory: _____

Inventory Supervisor: _____

Dollar Amount: _____

Basis: Cost / Market / Other: _____

Who has the records: Name: _____ Address: _____

Date of Inventory: _____

Inventory Supervisor: _____

Dollar Amount: _____

Basis: Cost / Market / Other: _____

Who has the records: Name: _____ Address: _____

21. Current Partners, Officers, Directors, and Shareholders

a. Partnerships

Partner: _____

Address: _____

Nature of Interest: _____

Percentage of Interest: _____

Partner: _____

Address: _____

Nature of Interest: _____

Percentage of Interest: _____

b. Corporations

Officer/Director/Shareholder: _____
Address: _____
Title: _____
Nature of Interest: _____
Percentage of Interest: _____

Officer/Director/Shareholder: _____
Address: _____
Title: _____
Nature of Interest: _____
Percentage of Interest: _____

22. Former Partners, Officers, Directors, and Shareholders

a. Partnership

Name: _____
Address: _____
Date of Withdrawal: _____

Name: _____
Address: _____
Date of Withdrawal: _____

b. Corporation

Name: _____
Address: _____
Title: _____
Date of Termination: _____

Name: _____
Address: _____
Title: _____
Date of Termination: _____

23. Withdrawals from a partnership or distributions by a corporation

Name of Recipient: _____

Address: _____

Relation to you: _____

Date & Purpose: _____

Amount: _____

Description: _____

24. Tax Consolidation Group

If you are a corporation, list the name and federal taxpayer ID# of the parent corporation of any consolidated group for tax purposes within the last six years.

Name of Parent Corp.: _____

Taxpayer ID#: _____

25. Pension Funds

If you are not an individual, list the name and taxpayer ID# of any pension fund which you, as an EMPLOYER have been contributing to within six years.

Name of pension: _____

Taxpayer ID#: _____

Name of pension: _____

Taxpayer ID#: _____