

**THE VIDA LAW FIRM, PLLC
3000 CENTRAL DRIVE
BEDFORD, TEXAS 76021
(817)358-9977**

QUESTIONNAIRE

NAME: _____

WARNING: Your Bankruptcy will be prepared using the information contained in the questionnaire. You will be required to sign your bankruptcy petition under OATH AND PENALTY OF PERJURY. The failure to provide complete and accurate information on your bankruptcy and/or documents can constitute a FEDERAL CRIME and your debts may not be discharged.

INSTRUCTIONS:

Please PRINT your answer to each question in spaces provided. Should you need additional space to fully respond insert your own sheet behind the page with your response. **Answer all of the questions completely.** If a question does not apply to your situation insert "N/A" for your response. **It is important that you do not guess!**

ITEMS THAT MUST BE TURNED IN WITH THE QUESTIONNAIRE

1. A copy of tax appraisal for all real estate.
2. Copies of proof of insurance for ALL vehicles.
3. A copy of your last year's Tax Return.
4. Copies of your and your spouse's pay stubs for the last 6 months.
5. A copy of your social security card (you will have to take the original card to your meeting of creditors)
6. A copy of your driver's license (you will have to take the original card to your meeting of creditors)

WARNING

DO NOT TELL ANY CREDITOR THAT YOU HAVE RETAINED AN ATTORNEY IF THE CREDITOR HAS A LIEN ON ANY ITEMS, WHICH ARE SUBJECT TO IMMEDIATE REPOSSESSION. THIS INCLUDES BUT IS NOT LIMITED TO MOTOR VEHICLES AND/OR MOBILE HOMES.

NAME, RESIDENCE AND CONTACT INFORMATION

What is your full name? (Include First, Middle & Last Name)

Debtor: _____
 (First) (Middle) (Last)
(The person listed as Debtor must be so designated throughout this questionnaire.)

Spouse: _____
 (First) (Middle) (Last)
(The person listed as Spouse must be so designated throughout this questionnaire.)

List all other names you have used including maiden name, business name (dba), or any name you've been known by, in the last 8 years _____

Marital Status: Married Divorced Separated Widowed Never Married

If married, is your spouse filing bankruptcy with you? **Yes or No**

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

If married, do you and your spouse maintain separate households? **Yes or No**

	Debtor	Spouse
What is the physical address where you live? (Include City, State and Zip)		
Have you lived at your current address for at least the past 180 days? If "No," list previous cities, states and dates.	Yes No	Yes No
Have you lived in the state of Texas for more than 730 days? If "No," list previous cities, states and dates.	Yes No	Yes No
Do you have a different mailing address? If yes, what is it? (Include City, State and Zip)	Yes No	Yes No
What County do you live in?		

What is your Social Security Number?		
What is your driver's license number?		
<p>IMPORTANT: We need to know all possible telephone numbers where you can be reached so that we will always be able to contact you, especially in case of a deadline. For your information, if we need to contact you at work or at a friend's or relative's house, we will just leave a name and number for call back. To protect your confidentiality, we will not discuss your case with anyone without your permission in writing. If your numbers change after you turn in this questionnaire, please notify this office of the changes <u>in writing</u>.</p>		
Home:		
May we contact you at work?	Yes No	Yes No
Work Number:		
Work (alternate):		
Mobile Phone:		
Fax Number:		
Who may we contact in case of emergency?		
Phone Number:		
Do you wish to receive communications from this office through e-mail?	Yes No	Yes No
If so, please provide e-mail address.		

DEPENDENTS

NAME	AGE	RELATIONSHIP	DOES DEPENDENT LIVE WITH YOU
			Yes No
			Yes No
			Yes No
			Yes No

	Debtor	Spouse
Have you filed for bankruptcy in the last 8 years? If yes: How many times did you file?	Yes No	Yes No
Where did you file?		
What was the case number?		
When did you file?		
Did your bankruptcy get dismissed or discharged?	Dismissed Discharged	Dismissed Discharged
Are any of these cases still pending right now?	Yes No	Yes No
If so, please explain:		

OCCUPATIONS

	Debtor	Spouse
Name of Employer:		
Employer's Address:		
Start Date:		
Job Title:		

TAXES

1. FEDERAL TAXES

	Debtor	Spouse
Federal Identification Number		
Have you received a tax refund for the past 2 years?	Yes No	Yes No
If yes, how much have you received per year?	200__ \$ _____ 200__ \$ _____	200__ \$ _____ 200__ \$ _____

Are you expecting a tax refund? If yes, how much and for what year?	Yes No				Yes No			
If you are completing this questionnaire in July, Aug., Sept., Oct., Nov., or Dec., do you think you will get a tax refund next year when you file your tax return?	Yes No				Yes No			
If yes, estimate how much you think you may get or how much you usually get.								
Do you owe the IRS?	Yes No				Yes No			
<i>If you owe taxes for more than 4 years and need extra space, please attach another sheet of paper with the additional information.</i>	1 st yr	2 nd yr	3 rd yr	4 th yr	1 st yr	2 nd yr	3 rd yr	4 th yr
If yes what year(s) do you owes taxes for?								
What kind of tax do you owe? (1040, 941)								
When did you file the tax returns?								
How Much do you owe per year?								
Do you dispute the debt?	Yes No				Yes No			
Has the IRS filed a tax lien against you? If yes, what County?	Yes No				Yes No			
Are there any years for which you have not filed a tax return? If yes, what years?	Yes No				Yes No			
IMPORTANT: If you owe taxes you must call the Internal Revenue Office at 1-800-829-1040 and request a MFTRA-X transcript (plain English transcript), not a copy of your tax return, for each year that you believe you owe the IRS. We cannot accurately advise you as to tax issues in your case without a MFTRA-X transcript.								

2. STATE TAXES

	Debtor				Spouse			
Do you owe any state taxes to the Comptroller of Public Accounts/Attorney General's Office?	Yes No				Yes No			
If yes what state do you owe taxes?	1 st yr	2 nd yr	3 rd yr	4 th yr	1 st yr	2 nd yr	3 rd yr	4 th yr
What kind of tax do you owe?								
What year do you owe taxes for?								
When did you file the taxes?								
How much do you owe per year?								
Do you dispute the debt?								

3. COUNTY, CITY, AND INDEPENDENT SCHOOL DISTRICT TAXES

	Debtor				Spouse			
Do you owe any county taxes?	Yes No				Yes No			
If yes name of taxing authority.								
Description of property (land, equip., etc.)								
What year do you owe the taxes for?	1 st yr	2 nd yr	3 rd yr	4 th yr	1 st yr	2 nd yr	3 rd yr	4 th yr
How much do you owe per year?								
Do you owe any city taxes?	Yes No				Yes No			
If yes name of taxing authority.								
Description of property (land, equip., etc.)								
What year do you owe the taxes for?	1 st yr	2 nd yr	3 rd yr	4 th yr	1 st yr	2 nd yr	3 rd yr	4 th yr
How much do you owe per year?								

Do you owe any ISD taxes?	Yes No				Yes No			
If yes name of taxing authority.								
Description of property (land, equip., etc.)								
What year do you owe the taxes for?	1 st yr	2 nd yr	3 rd yr	4 th yr	1 st yr	2 nd yr	3 rd yr	4 th yr
How much do you owe per year?								
Do you dispute any of the tax debts?	Yes No				Yes No			
If yes, please explain.								

SECURED CREDITORS

(DEBTS INVOLVING REAL ESTATE)

HOMESTEAD INFORMATION

If you are a renter, skip the "homestead information" section and proceed to page 10.

If you have a **contract for deed** on a home do not list it here. You must list it in the section ahead designated for: **CONTRACTS OR LEASES** on page 32.

If your home is a **mobile home** do not list it here. You must list it in the section ahead designated for: **SECURED CREDITORS (Debts involving Mobile Homes on page 13)**.

	Debtor	Spouse
Do you own any real property (land or a home)?	Yes No	Yes No
What is the property address (Include: city, state, zip & county)		
Is this property a House or just Land?		
Whose name is on the deed?		
Whose name is on the note?		
Date of Purchase (Month/Year)		
What is the area of the property in acres?		

Are you living at this property?	Yes No	Yes No
If No, do you have it rented to a 3 rd party?	Yes No	Yes No
If Yes, how much are you collecting in rent per month?	\$	\$
Do you want to Keep or Surrender this property?		
Has your home been posted for foreclosure?	Yes No	Yes No
If Yes, what is the scheduled foreclosure date?		

IMPORTANT: 1) If you receive a foreclosure notice after turning in this Questionnaire it's your responsibility to inform this firm at once. 2) If you are filing Ch. 13 and you wish to keep this property and you are currently behind on payments, you must start making your regular monthly payment after you file this case. 3) If you are filing a Ch. 7, your house payments must be current at the time of filing and must remain current during the case. 4) Your mortgage creditor will likely stop sending you monthly statements and will stop automatic drafts from your bank account. It's your responsibility to mail the house payment to the creditor by the due date, not by the end of the grace period.

INFORMATION REQUIRED REGARDING THE FIRST LIENHOLDER (HOMESTEAD)

	Debtor	Spouse
Creditor's Name		
Creditor's Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off amount		
Last tax appraisal value		
What would you list it for if you were to put it on the market today?		
Have any professional appraisals or realtor evaluations been done since the time of the purchase?	Yes No	Yes No
If yes, what was the value?		
Date of Loan (month/day/year)		
When is the final payment due under the loan?		

What is your current interest rate?		
Is your interest rate fixed or variable?		
Is the Loan guaranteed by:	SBA FHA VA Other _____	SBA FHA VA Other _____
What is your monthly payment?		
What is your late charge, if any?		
When is your payment due?		
When is your payment late?		
Is your loan a home equity loan?	Yes No	Yes No
Have you taken a reverse mortgage on your homestead?	Yes No	Yes No
Are you behind in your monthly payments?	Yes No	Yes No
What is today's date?		
How many payments are you behind as of today?		

INFORMATION REQUIRED REGARDING THE SECOND LIENHOLDER (HOMESTEAD)

	Debtor	Spouse
Creditor's Name		
Creditor's Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off amount		
What was the value of property appraised at time of the 2 nd loan.		
Date of Loan (month/day/year)		
What is your current interest rate?		
Is the Loan guaranteed by:	SBA FHA VA Other _____	SBA FHA VA Other _____
What is your monthly payment?		
What is your late charge, if any?		
When is your payment due?		

When is your payment late?		
Are you behind in your monthly payments?	Yes No	Yes No
What is today's date?		
How many payments are you behind as of today?		
What was the purpose of the 2 nd loan and where were the proceeds spent?		

PROPERTY #2

Do you own a 2nd piece of real property? **Yes No**

If you do not own any other real property, proceed to page 14.

	Debtor	Spouse
What is the property address (Include: city, state, zip & county)		
Is this property a House or just Land?		
Whose name is on the deed?		
Whose name is on the note?		
What is the area of the property in acres?		
Are you living at this property?	Yes No	Yes No
If No, do you have it rented to a 3 rd party?	Yes No	Yes No
If Yes, how much are you collecting in rent per month?	\$	\$
Do you want to Keep or Surrender this property?		
Has this property been posted for foreclosure?	Yes No	Yes No
If Yes, what is the scheduled foreclosure date?		

IMPORTANT: 1) If you receive a foreclosure notice after turning in this Questionnaire it's your responsibility to inform this firm at once. 2) If you wish to keep this property, you must start making your regular monthly payment after you file this case.

INFORMATION REQUIRED ON THE FIRST LIENHOLDER (PROPERTY #2)

	Debtor	Spouse
Creditor's Name		
Creditor's Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off amount		
Last tax appraisal value		
What would you list it for if you were to put it on the market today?		
Have any professional appraisals or realtor evaluations been done since the time of the purchase?	Yes No	Yes No
If yes, what was the value?		
Date of Loan (month/day/year)		
When is the final payment due under the loan?		
What is your current interest rate?		
Is your interest rate fixed or variable?		
Is the Loan guaranteed by:	SBA FHA VA Other_____	SBA FHA VA Other_____
What is your monthly payment?		
What is your late charge, if any?		
When is your payment due?		
When is your payment late?		
Are you behind in your monthly payments?	Yes No	Yes No
What is today's date?		
How many payments are you behind as of today?		

INFORMATION REQUIRED REGARDING THE SECOND LIENHOLDER (PROPERTY #2)

	Debtor	Spouse
Creditor's Name		
Creditor's Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off amount		
What was the value of property appraised at time of the 2 nd loan.		
Date of Loan (month/day/year)		
When is the final payment due under the loan?		
What is your current interest rate?		
Is your interest rate fixed or variable?		
Is the Loan guaranteed by:	SBA FHA VA Other _____	SBA FHA VA Other _____
What is your monthly payment?		
What is your late charge, if any?		
When is your payment due?		
When is your payment late?		
Are you behind in your monthly payments?	Yes No	Yes No
What is today's date?		
How many payments are you behind as of today?		
What was the purpose of the 2 nd loan and where were the proceeds spent?		

**SECURED CREDITORS
(DEBTS INVOLVING MOBILE HOMES)**

Do you have a mobile home that is financed? **Yes No**

If you do not, proceed to page 14.

INFORMATION REQUIRED ON THE FIRST LIENHOLDER (MOBILE HOME)

	Debtor	Spouse
Creditor's Name		
Creditor's Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off amount		
What is market value? (What you would sell it for)		
Is the note for the mobile home and the land one note or two separate notes?		
Date of Loan (month/day/year)		
What is your current interest rate?		
What is your monthly payment?		
What is your late charge, if any?		
When is your payment due?		
When is your payment late?		
Are you behind in your monthly payments?	Yes No	Yes No
What is today's date?		
How many payments are you behind as of today?		
If you are filing a Chapter 13 do you wish to (1) pay for the mobile home through the plan OR (2) pay only the past due payments through the plan, and continue to make your regular monthly payments directly to the creditor after bankruptcy?	Option 1 Option 2	Option 1 Option 2
Is the Loan guaranteed by:	SBA FHA VA Other _____	SBA FHA VA Other _____
What is the make:		

What is the model:		
What year model is it?		
ID Number		
The name(s) of the individual(s) listed on the title.		
What state was the title issued in?		
Is there a second lienholder for your mobile home? If Yes, you will need to provide the information on the second lien also.	Yes No	Yes No

**SECURED CREDITORS
(DEBTS INVOLVING VEHICLES)**

Do you have a vehicle that is financed? **Yes No** If you do not proceed to page 19.

If you are behind on your vehicle payment, you must not inform your vehicle lienholder(s) that you are about to file bankruptcy. If you do, the vehicle lienholder may repossess your vehicle before your file bankruptcy.

If your name is on the note for a vehicle that was awarded to your ex-spouse in a divorce and the ex-spouse has not refinanced the note to remove your name, you should disclose the vehicle and the note here.

If filing a Ch. 7, you must keep you vehicle payment current if you wish to keep the vehicle.

INFORMATION REQUIRED REGARDING THE LIENHOLDER ON VEHICLE #1

	Debtor	Spouse
Creditor's Name		
Creditor's Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off amount		
What is your current interest rate?		
Date of Loan (month/day/year)		
What is your monthly payment?		
What is your late charge, if any?		
Are you behind in your monthly payments?	Yes No	Yes No
What is today's date?		
How many payments are you behind as of today?		

<p>If filing a Chapter 13: Do you wish to (1) pay for the vehicle through the plan OR (2) pay only the past due payments through the plan, and continue to make your regular monthly payments after bankruptcy?</p>	<p>Option 1</p> <p>Option 2</p>	<p>Option 1</p> <p>Option 2</p>
<p>What is the mileage?</p>		
<p>What is the VIN Number?</p>		
<p>What is the vehicle year?</p>		
<p>What is the vehicle make?</p>		
<p>What is the vehicle model? (Include Se, LE, GXE, GT, etc.)</p>		
<p>The name(s) of the individual(s) listed on the title.</p>		
<p>The name(s) of the individual(s) listed on the loan.</p>		
<p>Is the vehicle in your possession?</p> <p>If No, when was it repossessed or surrendered?</p> <p>If Yes, do you want to keep or surrender the vehicle?</p>	<p>Yes No</p>	<p>Yes No</p>
<p>Did you purchase an extended warranty, credit life or disability? If yes, which did you purchase and for how much?</p> <p>Do you wish to retain any of these policies?</p> <p>If yes, which one(s)?</p>	<p>Yes No</p>	<p>Yes No</p>
<p>If the vehicle is financed with a credit union, do you have any other loans or credit cards with the same credit union?</p>	<p>Yes No</p>	<p>Yes No</p>

PLEASE CIRCLE YOUR VEHICLE'S OPTIONS:

Stereo, CD Player, A/C, P-Seats, Tilt, Cruise, P-Windows, P-Locks, ABS Brakes, Theft deterrent, Leather interior, Luggage rack, Custom wheels, Alloy wheels, Sunroof, T-Tops, Convertible, Custom paint, 4, 6, or cylinder, Manual or Automatic, Diesel, Customized. Other special packages (explain): _____

TRUCKS: Bed length_____, Cab Style_____, Bed Style (fleet, sport, etc.)_____,
Rear Air, 2WD, 2-4WD, 4WD, Dually, Tonage ½, 3/4, 1,_____, Please fully describe any additional attachments and their value: _____

INFORMATION REQUIRED REGARDING THE LIENHOLDER ON VEHICLE #2

	Debtor	Spouse
Creditor's Name		
Creditor's Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off amount		
What is your current interest rate?		
Date of Loan (month/day/year)		
What is your monthly payment?		
What is your late charge, if any?		
Are you behind in your monthly payments?	Yes No	Yes No
What is today's date?		
How many payments are you behind as of today?		
If filing a Chapter 13: Do you wish to (1) pay for the vehicle through the plan OR (2) pay only the past due payments through the plan, and continue to make your regular monthly payments after bankruptcy?	Option 1 Option 2	Option 1 Option 2
What is the mileage?		
What is the VIN Number?		
What is the vehicle year?		
What is the vehicle make?		
What is the vehicle model? (Include Se, LE, GXE, GT, etc.)		
The name(s) of the individual(s) listed on the title.		
The name(s) of the individual(s) listed on the loan.		

Is the vehicle in your possession?	Yes No	Yes No
If No , when was it repossessed or surrendered?		
If Yes , do you want to keep or surrender the vehicle?		
Did you purchase an extended warranty, credit life or disability?	Yes No	Yes No
If yes, which did you purchase and for how much?		
Do you wish to retain any of these policies?	Yes No	Yes No
If yes, which one(s)?		
If the vehicle is financed with a credit union, do you have any other loans or credit cards with the same credit union?	Yes No	Yes No

PLEASE CIRCLE YOUR VEHICLE'S OPTIONS:

Stereo, CD Player, A/C, P-Seats, Tilt, Cruise, P-Windows, P-Locks, ABS Brakes, Theft deterrent, Leather interior, Luggage rack, Custom wheels, Alloy wheels, Sunroof, T-Tops, Convertible, Custom paint, 4, 6, or cylinder, Manual or Automatic, Diesel, Customized. Other special packages (explain): _____
 TRUCKS: Bed length____, Cab Style_____, Bed Style (fleet, sport, etc.)_____,
 Rear Air, 2WD, 2-4WD, 4WD, Dually, Tonage ½, 3/4, 1, _____, Please fully describe any additional attachments and their value:_____

INFORMATION REQUIRED REGARDING THE LIENHOLDER ON VEHICLE #3

	Debtor	Spouse
Creditor's Name		
Creditor's Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off amount		
What is your current interest rate?		
Date of Loan (month/day/year)		
What is your monthly payment?		
What is your late charge, if any?		

Are you behind in your monthly payments?	Yes No	Yes No
What is today's date?		
How many payments are you behind as of today?		
If filing a Chapter 13: Do you wish to (1) pay for the vehicle through the plan OR (2) pay only the past due payments through the plan, and continue to make your regular monthly payments after bankruptcy?	Option 1 Option 2	Option 1 Option 2
What is the mileage?		
What is the VIN Number?		
What is the vehicle year?		
What is the vehicle make?		
What is the vehicle model? (Include Se, LE, GXE, GT, etc.)		
The name(s) of the individual(s) listed on the title.		
The name(s) of the individual(s) listed on the loan.		
Is the vehicle in your possession?	Yes No	Yes No
If No , when was it repossessed or surrendered?		
If Yes , do you want to keep or surrender the vehicle?		
Did you purchase an extended warranty, credit life or disability?	Yes No	Yes No
If yes, which did you purchase and for how much?		
Do you wish to retain any of these policies?	Yes No	Yes No
If yes, which one(s)?		
If the vehicle is financed with a credit union, do you have any other loans or credit cards with the same credit union?	Yes No	Yes No

PLEASE CIRCLE YOUR VEHICLE’S OPTIONS:

Stereo, CD Player, A/C, P-Seats, Tilt, Cruise, P-Windows, P-Locks, ABS Brakes, Theft deterrent, Leather interior, Luggage rack, Custom wheels, Alloy wheels, Sunroof, T-Tops, Convertible, Custom paint, 4, 6, or cylinder, Manual or Automatic, Diesel, Customized. Other special packages (explain): _____
 TRUCKS: Bed length _____, Cab Style _____, Bed Style (fleet, sport, etc.) _____,
 Rear Air, 2WD, 2-4WD, 4WD, Dually, Tonage ½, ¾, 1, _____, Please fully describe any additional attachments and their value: _____

**SECURED CREDITORS
(OTHER DEBTS)**

This category includes furniture stores, electronic stores, jewelry stores, and any other places that have a security interest in items you bought. It also includes places where you took a loan and used household goods that you already owned as collateral. Disclose the collateral here and in the sections of assets beginning on page 21.

INFORMATION REQUIRED REGARDING SECURED DEBT #1

	Debtor	Spouse
Creditor’s Name		
Creditor’s Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off		
What is the collateral?		
What is the market value of the items securing the debt?		
Do you wish to keep or surrender the collateral?		
Did you purchase the items with this loan or did you already own the items and used them as collateral?		
Date debt was incurred (month/day/year)		
What name(s) are on this account?		

INFORMATION REQUIRED REGARDING SECURED DEBT #2

	Debtor	Spouse
Creditor’s Name		
Creditor’s Address (Include city, state and zip)		
Account Number		

Phone Number		
Pay off		
Whit is the collateral?		
What is the market value of the items securing the debt?		
Do you wish to keep or surrender the collateral?		
Did you purchase the items with this loan or did you already own the items and used them as collateral?		
Date debt was incurred (month/day/year)		
What name(s) are on this account?		

INFORMATION REQUIRED REGARDING SECURED DEBT #3

	Debtor	Spouse
Creditor's Name		
Creditor's Address (Include city, state and zip)		
Account Number		
Phone Number		
Pay off		
Whit is the collateral?		
What is the market value of the items securing the debt?		
Do you wish to keep or surrender the collateral?		
Did you purchase the items with this loan or did you already own the items and used them as collateral?		
Date debt was incurred (month/day/year)		
What name(s) are on this account?		

SEPARATION AGREEMENTS, DIVORCE SETTLEMENTS AND CHILD SUPPORT OBLIGATIONS

	Debtor	Spouse
Have your or your spouse <u>filed</u> for divorce now?	Yes No	Yes No
If yes, have you received a temporary order in the case?	Yes No	Yes No
If yes, please provide a copy.		

	Debtor	Spouse
Have you been divorced in the past 8 years?	Yes No	Yes No
If yes, provide name, last known full address for your former spouse.		
Date of divorce:		
Do you have debts for which you and your ex are jointly liable? If yes, you must disclose them in the debt section of this Questionnaire.	Yes No	Yes No
Does your ex-spouse owe you money other than child support?	Yes No	Yes No
Are there assets awarded to you in the divorce that you have not collected yet?	Yes No	Yes No
Does your divorce decree order you to pay any of the joint obligations of your and your ex-spouse? If yes, which ones?	Yes No	Yes No
Has your ex-spouse filed bankruptcy?	Yes No	Yes No

	Debtor	Spouse
Do you owe child support to anyone?	Yes No	Yes No

Names/address of all parties to whom you owe child support.		
Do you pay child support through a wage-withholding order from your paycheck?	Yes No	Yes No
Are you current?	Yes No	Yes No
If no, how much is past due?		
Is there a judgment or contempt order against you for the child support arrears?	Yes No	Yes No
If yes, how much?		
Are you making payments on the arrears?	Yes No	Yes No
If you are not currently making your child support payments do you understand that you must stay current during this bankruptcy?	Yes No	Yes No

UNSECURED CREDITORS AND COLLECTION AGENCIES

You must disclose your friends and relatives as creditors if you owe them money even if you intend to repay them later.

If you owe a balance on a loan or credit card, you must disclose the debt even if you intend to attempt to “keep” the card. It is not up to you, and it is not up to us whether you may retain credit with a credit card or credit union – it is up to the creditor. The creditors will likely close all accounts upon the filing of a case, even those with a zero balance.

COLLECTION AGENCY: If a collection agency is working for a particular creditor, you should not only list the creditor and its full address but **also** you should list the name and full address of the collection agency.

Creditor’s Name and full address					
Account Number:		Balance Owed:		Date account Opened	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____				
Do you dispute this debt?	Yes No If yes, please explain: _____				
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____				

Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
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Account Number:		Balance Owed:		Date account Opened	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____				
Do you dispute this debt?	Yes No If yes, please explain: _____				
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____				
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____				
Collection Agency's Name and full address:					

Creditors Name and full address					
Account Number:		Balance Owed:		Date account Opened	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____				
Do you dispute this debt?	Yes No If yes, please explain: _____				
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____				
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____				
Collection Agency's Name and full address:					

Creditors Name and full address					
Account Number:		Balance Owed:		Date account Opened	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____				
Do you dispute this debt?	Yes No If yes, please explain: _____				
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____				
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____				

Collection Agency's Name and full address:	
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Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			

Do you dispute this debt?	Yes No If yes, please explain: _____
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____
Collection Agency's Name and full address:	

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____			

Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
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Account Number:		Balance Owed:		Date account Opened	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____				
Do you dispute this debt?	Yes No If yes, please explain: _____				
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____				
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____				
Collection Agency's Name and full address:					

Creditors Name and full address					
Account Number:		Balance Owed:		Date account Opened	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____				
Do you dispute this debt?	Yes No If yes, please explain: _____				
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____				
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____				
Collection Agency's Name and full address:					

Creditors Name and full address					
Account Number:		Balance Owed:		Date account Opened	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____				
Do you dispute this debt?	Yes No If yes, please explain: _____				
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____				
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____				

Collection Agency's Name and full address:	
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Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			
Do you dispute this debt?	Yes No If yes, please explain: _____			
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____			
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____			
Collection Agency's Name and full address:				

Creditors Name and full address				
Account Number:		Balance Owed:		Date account Opened
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgement Other: _____			

Do you dispute this debt?	Yes No If yes, please explain: _____
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____
Collection Agency's Name and full address:	

STUDENT LOAN INFORMATION

Generally, Student Loans are **not** dischargeable, but must be listed.

Creditor's Name and full address			
Account Number:		Pay off:	
Monthly Payment:			
Are you behind?	Yes No If yes, how many months? _____		
Is this loan guaranteed by a governmental unit or a non-profit institution?	Yes No If yes, state the name and address: _____ _____		
Is this a consolidated student loan?	Yes No		

Creditor's Name and full address			
Account Number:		Pay off:	
Monthly Payment:			
Are you behind?	Yes No If yes, how many months? _____		
Is this loan guaranteed by a governmental unit or a non-profit institution?	Yes No If yes, state the name and address: _____ _____		
Is this a consolidated student loan?	Yes No		

CONTRACTS OR LEASES

(Include: rental property, contract for deeds, cellular phones, pager services, lease vehicles, contracts for legal services with an attorney including divorce cases and personal injury cases, etc.)

Lessor's Name and full address			
Account Number:		Monthly Payment:	
Date Lease began:		Date Lease Ends:	
Are you behind?	Yes No If yes, how many months? _____		
Circle One:	Home Apartment Vehicle Furniture Appliance Cell Phone Internet Legal Service Other: _____		
Is any other party responsible for the lease/contract?	Yes No If yes, give full name and address: _____ _____		

Lessor's Name and full address			
Account Number:		Monthly Payment:	
Date Lease began:		Date Lease Ends:	
Are you behind?	Yes No If yes, how many months? _____		
Circle One:	Home Apartment Vehicle Furniture Appliance Cell Phone Internet Legal Service Other: _____		
Is any other party responsible for the lease/contract?	Yes No If yes, give full name and address: _____ _____		

Lessor's Name and full address			
Account Number:		Monthly Payment:	
Date Lease began:		Date Lease Ends:	
Are you behind?	Yes No If yes, how many months? _____		
Circle One:	Home Apartment Vehicle Furniture Appliance Cell Phone Internet Legal Service Other: _____		
Is any other party responsible for the lease/contract?	Yes No If yes, give full name and address: _____ _____		

CO-DEBTORS

A co-debtor is a person who is liable on the same debt as you are. Examples of a co-debtor are: co-signer, surety, guarantor, etc. If there are any co-debtors on any of your debts please list their names as well as the names of the corresponding creditor.

Please be advised that a co-debtor will not be relieved of any debt by you filing bankruptcy.

CREDITOR	CO-DEBTOR
Name:	Name:
Address:	Address:

CREDITOR	CO-DEBTOR
Name:	Name:
Address:	Address:

CASH COLLATERAL

List of all creditors that have a lien against your accounts receivables or bank accounts.
(i.e., you have used accounts receivables or bank accounts as collateral for a loan)

CREDITOR	TERMS & CONDITIONS OF AGREEMENT
Name:	
Address:	

REAL PROPERTY

List all property, even if you have already disclosed them elsewhere in this questionnaire, that are free and clear of liens as well as all property which are subject to liens.

REAL PROPERTY #1

	Debtor	Spouse
Type of property? (Please circle one)	Homestead Condominium Duplex Land Timeshare Rental Property Other: _____	Homestead Condominium Duplex Land Timeshare Rental Property Other: _____
What is the address of the property?		
What is the fair market resale value?		
Do you own this property free and clear of all liens?		
Are your real property taxes paid directly by you, or through an escrow account?		

Is your homeowners' insurance paid directly by you, or through an escrow account?		
Do you intend to keep, or surrender or has the property already been foreclosed?		

REAL PROPERTY #2

	Debtor	Spouse
Type of property? (Please circle one)	Homestead Condominium Duplex Land Timeshare Rental Property Other: _____	Homestead Condominium Duplex Land Timeshare Rental Property Other: _____
What is the address of the property?		
What is the fair market resale value?		
Are your real property taxes paid directly by you, or through an escrow account?		
Is your homeowners' insurance paid directly by you, or through an escrow account?		
Do you own this property free and clear of all liens?		
Do you intend to keep, or surrender or has the property already been foreclosed?		

BURIAL PLOT:

	Debtor	Spouse
Give the location of the burial plot.		
Do you own the property free and clear of all liens?		
What is the fair market resale value?		
Do you intend to keep, or surrender or has the property already been foreclosed?		

PERSONAL PROPERTY OWNED

The law requires you to disclose and value every item that you own, not just things you consider to be valuable or nice. Don't forget the stuff in your closets, under the bed, in the attic, in the garage and in the yard. Take a look around each room in your house at all of the items, not just furniture.

In the space provided give the description and market value for each category. With respect to personal property, the term "market value" means what you would pay for the item if you were to buy it at a **garage sale**, but don't value them ridiculously low.

WARNING!!! If you owe money to a financial institution in which you have a checking account, savings account or certificate of deposit, it is advisable that you close your account in that financial institution and withdraw all funds before filing bankruptcy.

Cat 1	CASH ON HAND - enter the amount of cash on hand - money in purse, wallet, or safe, not money in your bank account	
	Debtor	Spouse
How much cash on hand do you have?	\$	\$

Cat. 2	CASH ON DEPOSIT - List cash on deposit. Please list all current bank accounts, certificates of deposit, shares in banks, 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. (Use the balance according to your bank statement, not your checkbook register.) Include accounts that you are holding for your children. This information will have to be updated at the time the case is filed.		
	Debtor	Spouse	
1.	Please give the financial institution's name and address.		
	Type of Account		
	Name(s) on Account		
	Account Number		
	Current Balance		
2.	Please give the financial institution's name and address.		
	Type of Account		
	Name(s) on Account		
	Account Number		
	Current Balance		

3.	Please give the financial institution's name and address.		
Type of Account			
Name(s) on Account			
Account Number			
Current Balance			
4.	Please give the financial institution's name and address.		
Type of Account			
Name(s) on Account			
Account Number			
Current Balance			

Cat. 3	SECURITY DEPOSITS - list all security deposits with public utilities, telephone companies, landlords and others.
-----------	---

		Debtor	Spouse
1.	Name and address of creditors		
Account number and purpose for deposit.			
Amount of deposit			
2.	Name and address of creditors		
Account number and purpose for deposit.			
Amount of deposit			

Cat. 4	HOUSEHOLD GOODS AND FURNISHINGS - complete the following by providing the garage sale value of each item. If certain items you own are not listed please describe them in the space provided for "other" and give the item's value.
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LIVING ROOM			KITCHEN AND DINING ROOM			MISCELLANEOUS ITEMS		
<u>Item</u>	<u>Debtor</u>	<u>Spouse</u>	<u>Item</u>	<u>Debtor</u>	<u>Spouse</u>	<u>Item</u>	<u>Debtor</u>	<u>Spouse</u>
Couch			Stove			Washer		
Sectional Sofa			Refrigerator			Dryer		

Recliner			Dishwasher			Freezer		
Love Seat			Trash Compactor			Computer		
Side Chair			Microwave Oven			Printer		
Coffee Table			Small Appliances			Fax Machine		
End Table(s)			Pots & Pans			Electric Tools		
Bookcase			Dishes & Glassware			Garden Tools		
Lamp (s)			Flatware			Lawn Mower		
Television			Sterling Ware			Desk		
Art Work			China			Baby Furniture		
VCR, Stereo DVD & Tivo			Crystal			Miscellaneous Baby Access.		
Ceiling Fan			Table & Chairs			Other:		
Stereo Cabinet			China Cabinet					
Satellite Dish			Buffet					
Entertainment Center			Baker's Rack					
DVD's			Bar Stools					
Other:			Other:					
TOTAL EACH COLUMN								

BEDROOM #1			BEDROOM #2		
<u>Item</u>	<u>Debtor</u>	<u>Spouse</u>	<u>Item</u>	<u>Debtor</u>	<u>Spouse</u>
Bed			Bed		
Dresser			Dresser		
Chest			Chest		

Night Stand(s)			Night Stand(s)		
Clock			Clock		
Lamp(s)			Lamp(s)		
Other:			Other:		
TOTAL EACH COLUMN					

BEDROOM #3			BATHROOM(S)		
Item	Debtor	Spouse	Item	Debtor	Spouse
Bed			Towels & linens		
Dresser			Toilette Articles		
Chest			Other:		
Night Stand(s)					
Clock					
Lamp(s)					
Toys					
Other:					
TOTAL EACH COLUMN					

Cat. 5	BOOKS, PICTURES AND OTHER ART OBJECTS - this covers and includes any of such items which you may own whether you believe it to be valuable or not.	
	Debtor	Spouse
Books		
Pictures & Art Objects		
Records, tapes & CDs		
Antiques		
Stamps		
Coins		
Other Collectibles (describe):		

Cat. 6	CLOTHING - you need to value all of your clothes, including kids' clothes, suits, coats, shoes, etc.	
	Debtor	Spouse
Clothing & Personal Effects		

Cat. 7	FURS AND JEWELRY	
	Debtor	Spouse
Furs		
Rings		
Watches		
Earrings		
Wedding Rings		
Costume Jewelry		
Necklaces		
Bracelets		
Other (describe):		

Cat. 8	FIREARMS, SPORTS EQUIPMENT, PHOTOGRAPHIC EQUIPMENT AND HOBBY EQUIPMENT	
	Debtor	Spouse
Tennis/Raquet Ball		
Pool Table		
Camera		
Exercise Equipment		
Scuba Gear		
Baseball/Softball Equipment		
Fishing Equipment		
Golf Clubs		
Roller Blades		
Firearms (describe):		

Cat. 9		LIFE INSURANCE POLICIES - list all policies that you have and include all policies provided by employer							
		Debtor				Spouse			
1.	Name and address of Insurance Company								
Account number									
Type of Policy: (circle one)		Term	Whole	Universal	Other	Term	Whole	Universal	Other
What's the surrender (cash value) of this policy?									
What's the face value of the policy?									
Have you borrowed money against this policy or put this policy up as collateral?		Yes		No		Yes		No	
If yes, how much?									
2.	Name and address of Insurance Company								
Account number									
Type of Policy: (circle one)		Term	Whole	Universal	Other	Term	Whole	Universal	Other
What's the surrender (cash value) of this policy?									
What's the face value of the policy?									
Have you borrowed money against this policy or put this policy up as collateral?		Yes		No		Yes		No	
If yes, how much?									
3.	Name and address of Insurance Company								
Account number									
Type of Policy: (circle one)		Term	Whole	Universal	Other	Term	Whole	Universal	Other
What's the surrender (cash value) of this policy?									
What's the face value of the policy?									

Have you borrowed money against this policy or put this policy up as collateral? If yes, how much?	Yes No	Yes No

Cat. 10	ANNUITIES - an annuity is a sum of money payable at regular time intervals
------------	--

		Debtor	Spouse
1.	Annuity Company's Name & Address		
Account #			
Total Value			
Are you receiving payments yet?		Yes No	Yes No
If Yes, How often do you receive payments?			
What is your payment amount?			
2.	Annuity Company's Name & Address		
Account #			
Total Value			
Are you receiving payments yet?		Yes No	Yes No
If Yes, How often do you receive payments?			
What is your payment amount?			

Cat. 11	EDUCATION IRA's - this is a §530(b) plan or a §529(b) state tuition plan for yourself or your children.
------------	---

		Debtor	Spouse
1.	What is the Institution's Name and Address?		
What kind of account is it?			
What is the Account Number?			
What is the Account Balance?			

Is there a loan against this?	Yes No	Yes No
If Yes, please list the amount of the loan.	\$	\$
What is the monthly repayment?	\$	\$
2. What is the Institution's Name and Address?		
What kind of account is it?		
What is the Account Number?		
What is the Account Balance?		
Is there a loan against this?	Yes No	Yes No
If Yes, please list the amount of the loan.	\$	\$
What is the monthly repayment?	\$	\$

Cat. 12	RETIREMENT ACCOUNTS such as IRA, ERISA, KEOGH, 401K, 403(b), Pension Plans Profit Sharing Plans, Teacher Retirement, Railroad Retirement and Military Retirement
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		Debtor	Spouse
1.	What is the Institution's Name and Address?		
	What kind of account is it?		
	What is the Account Number?		
	What is the Account Balance?		
	Is there is a loan against this?	Yes No	Yes No
	If Yes, please list the amount of the loan.	\$	\$
	What is the monthly repayment?	\$	\$
2.	What is the Institution's Name and Address?		
	What kind of account is it?		
	What is the Account Number?		
	What is the Account Balance?		

Is there is a loan against this?	Yes No	Yes No
If Yes, please list the amount of the loan.	\$	\$
What is the monthly repayment?	\$	\$

Cat. 13	STOCKS AND INTEREST IN INCORPORATED AND UNINCORPORATED BUSINESSES (for each business provide the most recent tax return)
------------	---

		Debtor	Spouse
Do you own stock that is not part of your 401k plan?		Yes No	Yes No
Do you own a business that is a corporation?		Yes No	Yes No
1.	Name of the business which you own an interest in		
Number of shares			
Market value of the shares			
2.	Name of the business which you own an interest in		
Number of shares			
Market value of the shares			

Cat. 14	INTEREST IN PARTNERSHIPS AND JOINT VENTURES
------------	--

		Debtor	Spouse
1.	Name of the partnership or joint venture		
Are you a general or limited partner?			
What is the value of your interest?			
2.	Name of the partnership or joint venture		
Are you a general or limited partner?			
What is the value of your interest?			

Cat. 15	GOVERNMENT OR CORPORATE BONDS and other NEGOTIALBE and NON-NEGOTIABLE INSTRUMENTS (you must provide photocopies of the certificates and the value of each item)
------------	--

		Debtor	Spouse
1.	Description of Bond		
What is the value of the bond?			
If there is a lienholder, please list the name and address of the lienholder.			
List the amount of the lien			
2.	Description of Bond		
What is the value of the bond?			
If there is a lienholder, please list the name and address of the lienholder.			
List the amount of the lien			

Cat. 16	ACCOUNTS RECEIVABLE (commissions and bonuses are considered accounts receivable)
------------	---

		Debtor	Spouse
Does anyone owe money to you?		Yes No	Yes No
If yes, why are you owed money?			
1.	Name and address of who owes you money		
How much is owed to you?			
Is the money collectable?		Yes No	Yes No
2.	Name and address of who owes you money		
How much is owed to you?			
Is this money collectable?		Yes No	Yes No

Cat. 17	ALIMONY, MAINTENANCE, CHILD SUPPORT, SPOUSAL SUPPORT AND PROPERTY SETTLEMENTS TO WHICH THE DEBTOR OR SPOUSE IS OR MAY BE ENTITLED
------------	---

		Debtor	Spouse
1	Name and address of individual who pays the support.		
Monthly amount paid to you			
How often payment is received or made?			
What is the expected ending date of payments?			
Is there arrearage (back payments) owed to you?		Yes No	Yes No
If yes, how much?			
2	Name and address of individual who pays the support.		
Monthly amount paid to you			
How often payment is received or made?			
What is the expected ending date of payments?			
Is there arrearage (back payments) owed to you?		Yes No	Yes No
If yes, how much?			

Cat. 18	LIQUIDATED DEBTS (A DEBT OWING IN A SPECIFIC AMOUNT) TO YOU OR YOUR SPOUSE INCLUDING TAX REFUNDS
------------	---

		Debtor	Spouse
Have you sued anyone or received a judgment?		Yes No	Yes No
1	Name and address of debtor		
Nature of debt			
Amount owed			
Date of collection			

Is this debt collectable?	Yes	No	Yes	No
Is there a lienholder?	Yes	No	Yes	No
Lienholder's name & address, including city, state & zip code				
Amount of lien				
Has this person or company who owes money to you filed bankruptcy?	Yes	No	Yes	No
2 Do you expect a tax refund?	Yes	No	Yes	No
Tax year				
Amount Expected				
Date Expected				

Cat. 19	EQUITABLE OR FUTURE INTEREST, LIFE ESTATES, AND RIGHTS OR POWERS EXERCISABLE FOR THE BENEFIT OF THE DEBTOR OTHER THAN THOSE PREVIOUSLY LISTED.			
	Debtor		Spouse	
1	Description and market value of interest.			
2	Description and market value of interest.			

Cat. 20	ARE YOU LIKELY TO BECOME ENTITLED TO AN INHERITANCE AND /OR RECEIVE LIFE INSURANCE MONEY WITHIN THE NEXT NINE (9) MONTHS? IF SO, PLEASE PROVIDE THE NAME AND RELATIONSHIP OF THE PERSON AND DESCRIBE THE PROPERTY OR AMOUNT OF MONEY YOU MAY INHERIT OR RECEIVE.			
	Debtor		Spouse	
1	Description of property			
	Market value of interest			
	Has a recent death occurred in which the proceeds of the estate have not been distributed to you yet?	Yes	No	Yes No
1	Description			
	Market value of interest			

Cat. 21		OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF EVERY NATURE, INCLUDING TAX REFUNDS, COUNTERCLAIMS OF THE DEBTOR, AND RIGHTS TO SETOFF CLAIMS.			
		Debtor		Spouse	
Do you have any personal injury claims pending or claims you could make against anyone?		Yes	No	Yes	No
If yes, have you hired an attorney?		Yes	No	Yes	No
If yes, please provide the attorney's name and address.					
1	Description				
	Market value of interest				
2	Description				
	Market value of interest				

Cat. 22		PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY.			
		Debtor		Spouse	
1	Description of property.				
	Market value of interest				

Cat. 23		LICENSES, FRANCHISES, AND OTHER INTELLECTUAL PROPERTY			
		Debtor		Spouse	
1	Description				
2	Description				

Cat. 24		CUSTOMER LISTS OR OTHER COMPILATIONS CONTAINING PERSONALLY IDENTIFIABLE INFORMATION PROVIDED TO YOU BY INDIVIDUALS IN CONNECTION WITH OBTAINING A PRODUCT OR SERVICE FROM YOU. (This questions only pertains to you if you own a business and maintain personal information on your customers.)			
		Debtor		Spouse	
What is the value of your customer list?					

Cat. 25	AUTOMOBILES, TRUCKS, TRAILERS AND OTHER VEHICLES (You <u>MUST</u> provide us with a copy of the current insurance binder for each vehicle). List ALL vehicles whether the vehicle has a lien against it or not. (Yes, you must list all vehicles that you own, or vehicles titled in your name even if someone else drives it, or it does not run. For vehicles that are torn apart you must disclose the value of the vehicle and the parts.)
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	Debtor	Spouse
1. Make		
Model		
Year		
Mileage		
VIN number		
Estimated Resale Value		
2. Make		
Model		
Year		
Mileage		
VIN number		
Estimated Resale Value		
3. Make		
Model		
Year		
Mileage		
VIN number		
Estimated Resale Value		
4. Make		
Model		
Year		
Mileage		
VIN number		
Estimated Resale Value		

Cat. 26	BOATS AND MOTORS (You <u>must</u> provide us with a copy of the current insurance binder for each item).	
	Debtor	Spouse
1. Make		
Model		
Year		
Fair Market Resale Value		
2. Make		
Model		
Year		
Fair Market Resale Value		

Cat. 27	AIRCRAFT (You <u>must</u> provide us with a copy of the current insurance binder for each item).	
	Debtor	Spouse
1. Make		
Model		
Year		
Fair Market Resale Value		

Cat. 28	OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES (self-employed individuals you must disclose this information)	
	Debtor	Spouse
Chairs		
Tables		
Desk		
Copiers		
Computers		
Fax		
Other (please itemize):		

Cat. 29	MACHINERY, FIXTURES, EQUIPMENT AND SUPPLIES USED IN BUSINESS (self-employed individuals you must disclose this information; itemize into groups and list market value of each group).	
	Debtor	Spouse

Cat. 30	INVENTORY (self-employed individuals you must disclose this information; itemize into groups and list market value of each group).	
	Debtor	Spouse

Cat. 31	ANIMALS (list all pets, farm animals, and breeding stock)	
	Debtor	Spouse
Cats		
Dogs		
Reptiles		
Farm Animals (please describe):		

Cat. 32	CROPS - GROWING OR HARVESTED	
	Debtor	Spouse

Cat. 33	FARMING EQUIPMENT AND IMPLEMENTS (please describe)	
	Debtor	Spouse

Cat. 34	FARM SUPPLIES, CHEMICALS, AND FEED (Please describe)	
	Debtor	Spouse

Cat. 35	OTHER PERSONAL PROPERTY OF ANY KIND NOT ALREADY LISTED. (such as oil & gas interest, etc.)	
	Debtor	Spouse

CURRENT INCOME

	Debtor	Spouse
How often do you get paid?	Weekly Bi-weekly Semi-monthly Monthly	Weekly Bi-weekly Semi-monthly Monthly
What day of the week do you get paid?	Monday Tuesday Wednesday Thursday Friday	Monday Tuesday Wednesday Thursday Friday
Do you receive monthly income from the following? If yes, how much and how often?		
Part Time Job		
Rental Property		
Child Support		
Alimony		
Social Security		
Retirement/Pension		
Food Stamps		
Unemployment		
Annuity		
Oil and Gas		

If you anticipate a noticeable change in your income within the year of the completion of the questionnaire, please detail the expected changes: _____

MONTHLY EXPENSES

If you are separated, complete both columns. If you are not separated, complete the Debtor column.

	Debtor	Spouse
Rent, Mobile Home Lot or Home Mortgage	\$	\$
Are your property taxes included in your monthly payment?	Yes No	Yes No
Is your property insurance included in your monthly payment?	Yes No	Yes No
2 nd Lien Payment, if any	\$	\$
Electricity (12 month average)	\$	\$
Water (12 month average)	\$	\$
Phone (land line) do not include your internet service or cell phone. (12 month average)	\$	\$
Home Maintenance and Repairs	\$	\$
Food (Groceries)	\$	\$
Clothing	\$	\$
Laundry and Dry Cleaning	\$	\$
Medical and Dental Expenses (out of pocket for co-pays and prescriptions, deductibles, eyecare, eyewear, therapy, over the counter drugs)	\$	\$
Transportation (gas, oil, bus fare, etc.)	\$	\$
Recreation, Clubs, Newspapers	\$	\$
Charitable Contributions	\$	\$
INSURANCE: (not deducted from wages or included in home mortgage)		

Homeowner's or Renter's	\$	\$
Life	\$	\$
Auto	\$	\$
Health	\$	\$
Other (explain): _____	\$	\$
AUTOMOBILE: (payments you will be paying direct):		
Auto #1 (type _____)	\$	\$
Auto #2 (type _____)	\$	\$
Auto #3 (type _____)	\$	\$
TAXES (not deducted from wages or included in home mortgage)		
IRS Installment Payments	\$	\$
Property Taxes	\$	\$
Other: (explain): _____		
Alimony, maintenance and child support paid (not deducted from your income)	\$	\$
Payment for support of dependents not at home (explain: _____)	\$	\$
Cable/Satellite	\$	\$
Home Security System	\$	\$
Natural Gas	\$	\$
Household Supplies	\$	\$
Health & Beauty Aids	\$	\$
Animal Care	\$	\$
Child Care	\$	\$
Tags & License for Autos	\$	\$
Estimated Repair for Autos	\$	\$
Bank Charges	\$	\$
Work Lunches	\$	\$

School Expense Including Lunches	\$	\$
Tobacco Expense	\$	\$
Landscaping	\$	\$
Pool Service	\$	\$
Savings	\$	\$
Internet	\$	\$
Cellular Phone	\$	\$
Student Loans	\$	\$
Postage	\$	\$
Other (explain):		
	\$	\$
	\$	\$

Non-filing Spouse (if your spouse is not filing Bankruptcy with you):

You must provide copies of his/her paystubs for the for the last 6 months.

Does your spouse receive child support? **YES NO** If yes, how much \$ _____

Credit Card Payments \$ _____

Vehicle Payment \$ _____

Other Payments (specify) \$ _____

If you anticipate a noticeable change in your expenses within the year of completion of the questionnaire, please detail the expected changes: _____

INCOME AND EXPENSES FOR A BUSINESS OR A SELF-EMPLOYED PERSON

You should only complete this pages if you own a business or are self-employed. You must provide a Profit and Loss Statement for the past 6 months. You can either use the below form by making copies or provide your own statement.

DO NOT INCLUDE YOUR PERSONAL EXPENSES AS A BUSINESS EXPENSE.

Business Name: _____

Type of Business: _____

Business Address: _____

Profit and Loss for which month? _____

Total Monthly Gross Income: \$ _____

Monthly Expenses:	Amount
Advertising	\$
Bank service charges	\$
Car and truck expenses	\$
Commissions	\$
Depreciations	\$
Dues and publications	\$
Employee benefit programs	\$
Freight	\$
Insurance	\$
Interest	\$
Laundry and or cleaning	\$
Mortgage/Rent	\$
Office Expenses	\$
Pensions and profit sharing	\$
Rent	\$
Repairs	\$
Supplies and materials	\$
Federal Taxes	\$
State Taxes	\$
Travel and entertainment	\$
Utilities and telephone	\$
Wages and salaries	\$
Other monthly expenses:	
Explain:	\$
Explain:	\$
Explain:	\$
Explain:	\$
TOTAL EXPENSES	\$

FINANCIAL HISTORY
THERE MUST BE AN ANSWER TO EVERY QUESTION!

Cat. 1	What was reported on your tax return for the past two years?			
Debtor		Spouse		
20__	\$ _____	20__	\$ _____	
20__	\$ _____	20__	\$ _____	

Cat. 2	Other Income-Have you received income this year or the past two years in the following areas?				
Type of Income	Debtor		Spouse		
Tax Refund	20__	\$ _____	20__	\$ _____	
	20__	\$ _____	20__	\$ _____	
Social Security	This Year to date \$ _____		This Year to date \$ _____		
	Last year \$ _____		Last year \$ _____		
	Two years ago \$ _____		Two years ago \$ _____		
Unemployment	This Year to date \$ _____		This Year to date \$ _____		
	Last year \$ _____		Last year \$ _____		
	Two years ago \$ _____		Two years ago \$ _____		
Workers Compensation	This Year to date \$ _____		This Year to date \$ _____		
	Last year \$ _____		Last year \$ _____		
	Two years ago \$ _____		Two years ago \$ _____		
Disability	This Year to date \$ _____		This Year to date \$ _____		
	Last year \$ _____		Last year \$ _____		
	Two years ago \$ _____		Two years ago \$ _____		
Retirement/Pension	This Year to date \$ _____		This Year to date \$ _____		
	Last year \$ _____		Last year \$ _____		
	Two years ago \$ _____		Two years ago \$ _____		

Annuity	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Food Stamps	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Help from family, friends, church, etc.	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Child Support	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____
Alimony	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____	This Year to date \$ _____ Last year \$ _____ Two years ago \$ _____

Cat. 3	List all payments made that would total \$600.00 or more within the past 90 days , to any single creditor for: loan payments, purchase of goods or services, payment to credit card company or other debts. (Do not include car payments or mortgage payments).	
Creditors Name and Address:	Dates and Amounts of Payments	Balance owed
Creditors Name and Address:	Dates and Amounts of Payments	Balance owed

Cat. 4	Have you made payments to a family member, relative or close friend (further known as insider) within one year immediately preceding the filing of this case? [In business bankruptcies this would be to an officer, director or a shareholder of the business.]	
Name and Address of Whom You Paid:	Dates and Amounts of Payments	Balance Owed

Name and Address of Whom You Paid:	Dates and Amounts of Payments	Balance Owed
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Cat. 5	List all lawsuits to which you are or were a party (suing or being sued) within one year immediately preceding the filing of this bankruptcy case. (Include divorces and modifications)		
Who vs. Who:	Cause No.:	Court No. & County:	Status of Lawsuit:
Who vs. Who:	Cause No.:	Court No. & County:	Status of Lawsuit:

Cat. 6	Do you have a claim against, or right to sue, anyone or any company for money or property?	
Please provide the name of the person/company:	Describe the nature of your claim:	

Cat. 7	Describe all of your property which has been attached, garnished or sized under any legal or equitable process within the last year.		
Name and address of the person for whose benefit the property was seized:	Date of the seizure:	The description of the property seized:	The value of the property seized:

Cat. 8	List all property that has been repossessed, sold at foreclosure, transferred through a deed in lieu of foreclosure or returned to the seller, within the last year.		
Name and address of the creditor:	Date of repossession, foreclosure, transfer or return:	Description of the property:	Value of the property:

Cat. 9	List any assignment of property for the benefit of a creditor made within the preceding 120 days.		
Name and address of the creditor:	Date of assignment:	Description of the property:	Value of the property:

Cat. 10	List all Property which has been in the hands of a custodian, receiver, or court-appointed official within the last year.			
Name and address fo the custodian	Name and location of the court	Case title and number	Date of the order	Describe and value property

Cat. 11	List all gifts and charitable contributions you have made within the last year.			
Do you donate to a church? YES NO	If yes, please provide the name and address.	How often?	How much?	
Do you donate to any organizations? (i.e. united way, food banks, american red cross, etc) YES NO	If yes, please provide the name and address.	How often?	How much?	
Have you given a family member a gift valued more than \$200 in the last year? YES NO	If yes, please provide the name and address of the family member.	When?	How Much?	

Cat. 12	List all losses from fire, theft, other casualty or gambling within the last year.			
Describe the property damaged or lost to fire, theft or gambling.	Value of property.	Date of loss.	Was the loss covered in whole or in part by insurance? YES NO	

Cat. 13	Payments related to debt counseling or bankruptcy within the last year.			
Have you paid anyone for debt counseling or bankruptcy? YES NO	If yes, please provide the name of whom you paid.	Date of payment.	How much did you pay?	

Cat. 14	List any and all assets sold or transferred or given away either absolutely or as security within the last two years. (Including cars, houses, land, boats, RV's, and personal belongings)			
Name and address of the transferee. (Who you sold to)	Transferee's relationship to your.	Describe property you sold or transferred.	Date of transfer.	Value received.

Cat. 15	List all property you have transferred within ten years to a self-settled trust or similar device of which you are a beneficiary.		
Name of trust or similar device.	Describe property that was transferred.	Date of transfer.	

Cat. 16	List all checking, savings, IRA's, Retirements, 401K, etc. that have been closed within the last year.		
Name of account holder.	Type of Account.	Dated Closed	Balance on date of closing.
Name of account holder.	Type of Account.	Dated Closed	Balance on date of closing.

Cat. 17	List each safe deposit or other box or depository which you have had within the last year.	
Name and address of the bank or the depository.	Names and addresses of the persons authorized to have access.	Description of contents.

Cat. 18	List all setoffs made by any creditor, including a bank, against a debt or deposit within the last 90 days. (When a bank takes money out of your bank account towards debt that you owe to it, it is exercising its right of set off)	
Name and address of creditor.	Date of setoff.	Amount of setoff.

Cat. 19	List all property owned by another person that you hold or control. For example: Are you using some else's care or house? Are you listed on someone else's bank account. Do you have someone's personal property in your possession?		
Name and address of owner.	Describe the property.	Value of property.	Location of property.

Cat. 20	List all addresses you have lived at in the last three years.	
Address:	Dates of occupancy:	
Address:	Dates of occupancy:	
Address:	Dates of occupancy:	
Address:	Dates of occupancy:	

Cat. 21	Identify the name and address of your current spouse and former spouses for the last eight years.	
Name:	Address:	
Name:	Address:	

*****IF YOU OWN A BUSINESS OR ARE SELF-EMPLOYED CONTINUE ON.

For the purpose of questions 22 - 24, these definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation pollution, contamination, releases or 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 waster, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

Cat. 22	List the name and address of every site for which you have received notice in writing by a governmental unit that may be liable or potentially liable under or in violation of an Environmental Law.		
The governmental Unit.		Date of the notice.	The Environmental Law.

Cat. 23	List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.		
Governmental unit to which the notice was sent.		Date of the notice.	

Cat. 24	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.		
The name and address fo the governmental unit that is or was a party to the proceeding.		Docket number.	

Cat. 25	List names and addresses or all business entities operated in the previous six years and all partners and officers of each entity.		
Name and address of business:	Nature of business.	Date of operation	Names of partners or officers.
Name and address of business:	Nature of business.	Date of operation	Name and address of business:
Does the business own a "single asset real estate"?		YES NO	

Cat. 26	Year to date Income and Expenses for all non-incorporated businesses.		
Business #1	Gross Income \$ _____	Expenses \$ _____	
Business #2	Gross Income \$ _____	Expenses \$ _____	

Cat. 27	Last 2 years Income and Expenses for all non-incorporated businesses.		
Business #1	Last years:	Gross Income \$ _____	Expenses \$ _____

Business #1	2 years ago:	Gross Income \$ _____	Expenses \$ _____
Business #2	Last years:	Gross Income \$ _____	Expenses \$ _____
Business #2	2 years ago:	Gross Income \$ _____	Expenses \$ _____

Cat. 28	List all bookkeepers and accountants who within the last two years kept or supervised the keeping of books of account and records.		
Name and address.		Date of service.	

Cat. 29	List all firms or individuals who within the last two years have audited the books of account and records, or prepared a financial statement for the debtor		
Name and address.		Date of service.	

Cat. 30	List all financial institutions, creditors and other parties to whom a financial statement was issued by the debtor within the last two years.		
Name and address.		Date issued.	

Cat. 31	List the dates of the last two inventories taken of your property.			
Inventory #1 Date: _____	Name of the person who supervised inventory.	Dollar amount of inventory.	Basis of inventory. Cost Market Other _____	Who has possession of the records:
Inventory #1 Date: _____	Name of the person who supervised inventory.	Dollar amount of inventory.	Basis of inventory. Cost Market Other _____	Who has possession of the records:

Cat. 32	If the debtor is a partnership, list the nature and percentage of interest for each member of the partnership.		
Name and address of partners.		Percentage of Interest.	

Cat. 33	If the debtor is a corporation, list all officers whose relationship with the corporation terminated within the last year.	
Name and address.		Date of termination.

Cat. 34	If the debtor 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 the last year.	
Name and address.		Complete description of transaction.

Cat. 35	If the debtor is a corporation, list the name and federal taxpayers identification number of the parent corporation or any consolidated group for tax purposes of which the debtor has been a member at any time within the last six years.	
Name of parent corporation:		Federal taxpayer identification number.

Cat. 36	If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time with the last 6 years.	
Pension fund name.		Federal taxpayer identification number.