Pamela A. Miller, PLC

Bankruptcy Worksheet

Return to: 4126 Leonard Drive
Fairfax, Virginia 22030
Telephone: (703) 691-0045
Facsimile: (703) 636-3075
pmiller@nova-attorney.com

Instructions

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

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

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

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

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

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

Remember, these questions *must* be answered fully and accurately. If you absolutely cannot remember, find out, or guess with reasonable accuracy, answer "Unknown." The effort you expend now will help determine how quickly your bankruptcy can be filed and how complete your discharge will be.

VOLUNTARY PETITION: PERSONAL INFORMATION

	YOU	YOUR SPOUSE
Full Name:		
Physical Address:		
City, State, Zip	, VA	, VA
Mailing Address:		
City, State, Zip	, VA	, VA
Home Phone Number:	- -	- -
Cell Phone Number:	- -	- -
Work Phone Number:	- -	- -
Other Phone Number:	- -	- -
Email Address:	Home:	Home:
Email Address:	Business:	Business:
Social Security Number:	- -	- -
Date of Birth:	/ /	/ /
County of Residence:		
Have you resided ONLY in the Commonwealth of Virginia during the past two years?	☐ Yes ☐ No	☐ Yes ☐ No
If you have NOT resided ONLY in the Commonwealth of Virginia during the past two years, list the State where you resided for the greater part of the 180-day period PRIOR to the past two years:	State: Did you live in this State for at least 91 days of the 180-day period? ☐ Yes ☐ No	State: Did you live in this State for at least 91 days of the 180-day period? ☐ Yes ☐ No
Comments:		
Other Name Used:		
Other Name Used:		
Other Name Used:		
Comments:		

PRIOR BANKRUPTCIES

Have you ever filed bankruptcy before?	☐ Yes ☐ No	If yes, complete the following:	
Chapter: ☐	Date Filed:	Court:	Case No:
Chapter: ☐	Date Filed:	Court:	Case No:
Chapter: ☐	Date Filed:	Court:	Case No:
Comments:			

SCHEDULE A: REAL PROPERTY

☐ Mark ☒ if you own **NO** interest in any real estate, residence or mobile home AND you have **NOT** entered into any lease with an option to purchase real estate.

☐ Check ☒ and complete if you **RENT** or **LEASE** a residence.

Important Information

Type of Residence:	
Name(s) on Agreement:	
Effective Dates:	From: / / To: / /
Name of Landlord:	
Address of Landlord:	
City, State, Zip:	,
Payment Amount:	$ /

Rental/Lease Agreement - Please provide a copy of any written Agreement with your Landlord.

Effective Dates – Provide the starting and ending dates of Rental/Lease Agreement.

☐ Mark ☒ & complete if you are **PURCHASING** a residence and/or land.

Type of Residence:		
Property Address:		
City, State, Zip:	,	
Acreage:		
Date of Purchase:	/ /	
Purchase Price:	$	
Current Property Value:	$	
Property Taxes Current?	☐ Yes ☐ No ☐ Included in Payment	
If Mobile Home, please complete this section:	Year:	
	Make:	
	Model:	
	Size:	
1st Mortgage Lender:		
Lender's Address:		
City, State, Zip:	,	
Account Number:		
Payments Missed:	Monthly Payment: $	
Total Balance Owed:	$	
2nd Mortgage Lender:		
Lender's Address:		
City, State, Zip:	,	
Account Number:		
Payments Missed:	Monthly Payment: $	
Total Balance Owed:	$	
Is this residence in foreclosure?	☐ Yes ☐ No	
Do you intend to ☐ keep or to ☐ surrender this residence?		
Insurer:		
Address:		
City, State, Zip:	,	
Policy No:		

Security Agreement and Account Statement - Please provide a copy of the Security Agreement and recent Account Statement to this office.

Current Property Value – Please list property value as assessed by your county tax office and provide a copy of the tax notice to this office.

Property Taxes – If taxes are included in mortgage payment or paid by the mortgage company, mark ☒ included.

3rd Mortgage – If the residence has a third mortgage, please provide information on the back of this form.

Proof of Insurance – You must maintain insurance coverage on the residence. Please provide or ask your insurance agent to provide proof of insurance coverage to this office.

Foreclosure – If this residence is in foreclosure, please provide a copy of any documentation to this office.

Other Residences - Please supply information for additional residence(s) which you are purchasing in the space provided on page 6 of this form. Please indicate use of additional residence(s).

Comments:

☐	Mark ☒ and complete if you **OWN** a residence and/or land.	
	Name(s) on Deed:	
	Property Address:	
	City, State, Zip:	,
	Acreage:	
	Date of Purchase:	/ /
	Purchase Price:	$
	Current Property Value:	$
	Property Taxes Current?	☐ Yes ☐ No
	Type of Residence:	
	If Mobile Home, please complete this section:	Year:	
		Make:	
		Model:	
		Size:	

Current Property Value – Please list property value as assessed by your county tax office and provide a copy of the tax notice to this office.

Other Owned Residences Please supply information for additional residence(s) which you own in the space provided on page 6 of this form. Please indicate use of additional residence(s).

☐	Mark ☒ & complete if you have a **HOMEOWNERS ASSOCIATION**.	
	Association Name:	
	Contact Person's Name:	
	Association Address:	
	City, State, Zip:	,
	Amount of monthly membership dues and/or fees:	$
	Are you current on membership dues and/or fees?	☐ Yes ☐ No
	If not, how much is needed to bring current?	$

Association Membership Complete this section is you belong to a Homeowners or Condo Association to which dues and/or fees are payable.

Dues/Fees Agreement - Please provide a copy of the Security Agreement to this office.

☐	Mark ☒ & complete if you have a **TIMESHARE**.		
	Name(s) on Agreement:		
	Timeshare Location:		
	Company Name:		
	Contact Person's Name:		
	Company Address:		
	City, State, Zip:	,	
	Monthly Payment:	$	Payments Missed:
	Total Balance Owed:	$	
	Date of Purchase:	/ /	
	Purchase Price:	$	
	Current Property Value:	$	
	Property Taxes Current?	☐ Yes ☐ No ☐ Included in Payment	
	Do you intend to ☐ keep or to ☐ surrender this timeshare?		

Security Agreement - Please provide a copy of the Security Agreement to this office.

Current Property Value – Please list property value as assessed by the county tax office and provide a copy of the tax notice to this office.

Property Taxes – If taxes are included in mortgage payment or paid by the mortgage company, mark ☒ included.

☐	Mark ☒ & complete if you have **BURIAL PLOT(S)**.		
	Name(s) of Ownership:		
	Location of Plot(s):		
	Address:		
	City, State, Zip:	,	
	Number of Plots:		Balance Owed:	$
	Monthly Payment:	$	Payments Missed:	

Burial Plots - Burial plots are considered real property and must be listed.

Purchase Price:	$	Date of Purchase:	/ /	
Comments:				

OTHER REAL PROPERTY	Other Real Property – Use the space provided to provide information about any other real property that you own or are purchasing. Use the appropriate form above as a guideline for the necessary information.

SCHEDULE B: PERSONAL PROPERTY - VEHICLES

Vehicle Information	Vehicle 1	Mark ☒ Body Style
Name(s) on Title:		☐ 2 Door Coupe
Year, Make & Model:		☐ 4 Door Sedan
Class: (LE, GT, F150)		☐ Pickup Truck
Vehicle Identification No:		☐ SUV
Mileage:		☐ Mini/Cargo Van
Date of Purchase:	/ /	☐ Wagon ☐ Sport/Convertible
Transmission:	☐ Automatic ☐ Manual	☐ Hybrid
Engine (2.2L, V-6):		☐ Luxury Vehicle
2WD or 4WD?		☐ Crossover ☐ Van/Truck Conversion
Condition:	☐ Excellent ☐ Good ☐ Fair ☐ Poor	☐ Limousine ☐ Motorcycle
Status:	☐ Own ☐ Purchasing ☐ Leasing	☐ Motor Home

Factory Installed Equipment and Options – Mark ☒ all that apply to this vehicle.

☐ Sunroof/Moon Roof	☐ Navigation System	☐ Anti-Lock Braking	☐ Luggage Rack
☐ T-Top	☐ Air Conditioning	☐ Aluminum Wheels	☐ Running Boards
☐ Power Steering	☐ AM/FM Radio	☐ Dual Rear Wheels	☐ Roll Bar
☐ Power Brakes	☐ Compact Disk Player	☐ Theft Deterrent Sys	☐ Sports Package
☐ Power Windows	☐ Cassette Player	☐ Alarm	☐ Handling Package
☐ Power Locks	☐ Satellite Radio	☐ Theft Recovery Sys	☐ Trim Package
☐ Power Seats	☐ Entertainment Center	☐ Keyless Remote	☐ Towing Package
☐ Power Mirrors	☐ Leather Seats	☐ Extended Cab	☐ Off Road Package
☐ Tilt Steering	☐ Cloth Seats	☐ Bed Liner	☐ Camper Package
☐ Cruise Control	☐ Vinyl Seats	☐ Bed Liner – Spray On	☐ Auxiliary Fuel Tank

Lender Information

Lender:		Account Number:	
Address:		City, State, Zip:	,
Monthly Payment:	$	Balance Owed:	$
Payments Missed:		Has vehicle been repossessed?	☐ Yes ☐ No
Date of repossession:	/ /	Do you intend to ☐ keep or to ☐ surrender?	
If you intend to keep this vehicle, then you must complete insurance information and provide proof of insurance to this office:		Insurer:	
		Address:	
		City, State, Zip:	,

Lease Information

Leasor:		Account Number:	
Address:		City, State, Zip:	,
Monthly Payment:	$	Start Date: / /	End Date: / /
Payments Missed:		Has vehicle been repossessed?	☐ Yes ☐ No
Date of repossession:	/ /	Do you intend to ☐ keep or to ☐ surrender?	

If you intend to keep this vehicle, then you must complete insurance information and provide proof of insurance to this office:	Insurer:	
	Address:	
	City, State, Zip:	,
Comments:		

SCHEDULE B: PERSONAL PROPERTY - VEHICLES

Vehicle Information	Vehicle 2	Mark ☒ Body Style
Name(s) on Title:		☐ 2 Door Coupe
Year, Make & Model:		☐ 4 Door Sedan
Class: (LE, GT, F150)		☐ Pickup Truck
Vehicle Identification No:		☐ SUV
Mileage:		☐ Mini/Cargo Van
Date of Purchase:	/ /	☐ Wagon
Transmission:	☐ Automatic ☐ Manual	☐ Sport/Convertible
Engine (2.2L, V-6):		☐ Hybrid
2WD or 4WD?		☐ Luxury Vehicle
		☐ Crossover
Condition:	☐ Excellent ☐ Good ☐ Fair ☐ Poor	☐ Van/Truck Conversion
		☐ Limousine
Status:	☐ Own ☐ Purchasing ☐ Leasing	☐ Motorcycle
		☐ Motor Home

Factory Installed Equipment and Options – Mark ☒ all that apply to this vehicle.

☐ Sunroof/Moon Roof	☐ Navigation System	☐ Anti-Lock Braking	☐ Luggage Rack
☐ T-Top	☐ Air Conditioning	☐ Aluminum Wheels	☐ Running Boards
☐ Power Steering	☐ AM/FM Radio	☐ Dual Rear Wheels	☐ Roll Bar
☐ Power Brakes	☐ Compact Disk Player	☐ Theft Deterrent Sys	☐ Sports Package
☐ Power Windows	☐ Cassette Player	☐ Alarm	☐ Handling Package
☐ Power Locks	☐ Satellite Radio	☐ Theft Recovery Sys	☐ Trim Package
☐ Power Seats	☐ Entertainment Center	☐ Keyless Remote	☐ Towing Package
☐ Power Mirrors	☐ Leather Seats	☐ Extended Cab	☐ Off Road Package
☐ Tilt Steering	☐ Cloth Seats	☐ Bed Liner	☐ Camper Package
☐ Cruise Control	☐ Vinyl Seats	☐ Bed Liner – Spray On	☐ Auxiliary Fuel Tank

Lender Information

Lender:		Account Number:	
Address:		City, State, Zip:	,
Monthly Payment:	$	Balance Owed:	$
Payments Missed:		Has vehicle been repossessed?	☐ Yes ☐ No
Date of repossession:	/ /	Do you intend to ☐ keep or to ☐ surrender?	
If you intend to keep this vehicle, then you must complete insurance information and provide proof of insurance to this office:		Insurer:	
		Address:	
		City, State, Zip:	,

Lease Information

Leasor:		Account Number:	
Address:		City, State, Zip:	,
Monthly Payment:	$	Start Date: / /	End Date: / /
Payments Missed:		Has vehicle been repossessed?	☐ Yes ☐ No

Date of repossession:	/ /	Do you intend to ☐ keep or to ☐ surrender?	

If you intend to keep this vehicle, then you must complete insurance information and provide proof of insurance to this office:	Insurer:	
	Address:	
	City, State, Zip:	,

Comments:

SCHEDULE B: PERSONAL PROPERTY - VEHICLES

Vehicle Information	Vehicle 3	Mark ☒ Body Style
Name(s) on Title:		☐ 2 Door Coupe
Year, Make & Model:		☐ 4 Door Sedan
Class: (LE, GT, F150)		☐ Pickup Truck
Vehicle Identification No:		☐ SUV
Mileage:		☐ Mini/Cargo Van
Date of Purchase:	/ /	☐ Wagon
Transmission:	☐ Automatic ☐ Manual	☐ Sport/Convertible ☐ Hybrid
Engine (2.2L, V-6):		☐ Luxury Vehicle ☐ Crossover
2WD or 4WD?		☐ Van/Truck Conversion
Condition:	☐ Excellent ☐ Good ☐ Fair ☐ Poor	☐ Limousine ☐ Motorcycle
Status:	☐ Own ☐ Purchasing ☐ Leasing	☐ Motor Home

Factory Installed Equipment and Options – Mark ☒ all that apply to this vehicle.

☐ Sunroof/Moon Roof	☐ Navigation System	☐ Anti-Lock Braking	☐ Luggage Rack
☐ T-Top	☐ Air Conditioning	☐ Aluminum Wheels	☐ Running Boards
☐ Power Steering	☐ AM/FM Radio	☐ Dual Rear Wheels	☐ Roll Bar
☐ Power Brakes	☐ Compact Disk Player	☐ Theft Deterrent Sys	☐ Sports Package
☐ Power Windows	☐ Cassette Player	☐ Alarm	☐ Handling Package
☐ Power Locks	☐ Satellite Radio	☐ Theft Recovery Sys	☐ Trim Package
☐ Power Seats	☐ Entertainment Center	☐ Keyless Remote	☐ Towing Package
☐ Power Mirrors	☐ Leather Seats	☐ Extended Cab	☐ Off Road Package
☐ Tilt Steering	☐ Cloth Seats	☐ Bed Liner	☐ Camper Package
☐ Cruise Control	☐ Vinyl Seats	☐ Bed Liner – Spray On	☐ Auxiliary Fuel Tank

Lender Information

Lender:		Account Number:	
Address:		City, State, Zip:	,
Monthly Payment:	$	Balance Owed:	$
Payments Missed:		Has vehicle been repossessed?	☐ Yes ☐ No
Date of repossession:	/ /	Do you intend to ☐ keep or to ☐ surrender?	

If you intend to keep this vehicle, then you must complete insurance information and provide proof of insurance to this office:	Insurer:	
	Address:	
	City, State, Zip:	,

Lease Information

Leasor:		Account Number:	
Address:		City, State, Zip:	,
Monthly Payment:	$	Start Date: / /	End Date: / /

Payments Missed:		Has vehicle been repossessed?	☐ Yes ☐ No
Date of repossession:	/ /	Do you intend to ☐ keep or to ☐ surrender?	

If you intend to keep this vehicle, then you must complete insurance information and provide proof of insurance to this office:	Insurer:	
	Address:	
	City, State, Zip:	,
Comments:		

SCHEDULE B: PERSONAL PROPERTY - BOATS, MOTORS & TRAILERS

Boat Information		Boat Information	
Name(s) on Title:		Name(s) on Title:	
Year, Make & Model:		Year, Make & Model:	
Motor Information		**Motor Information**	
Year, Make & Model:		Year, Make & Model:	
Horsepower:		Horsepower:	
Trailer Information		**Trailer Information**	
Year, Make & Model:		Year, Make & Model:	
Size/Dimension:		Size/Dimension:	
Lender Information		**Lender Information**	
Lender:		Lender:	
Address:		Address:	
City, State, Zip:	,	City, State, Zip:	,
Account Number:		Account Number:	
Date of Purchase:	/ /	Date of Purchase:	/ /
Monthly Payment:	$	Monthly Payment:	$
Payments Missed:		Payments Missed:	
Balance Owed:	$	Balance Owed:	$
Do you intend to ☐ keep or to ☐ surrender?		Do you intend to ☐ keep or to ☐ surrender?	
Insurer:		Insurer:	
Address:		Address:	
City, State, Zip:	,	City, State, Zip:	,
Comments:			

B: PERSONAL PROPERTY – MOTORBIKES & FOUR-WHEELERS

Motorbike		Four-Wheeler	
Year, Make & Model:		Year, Make & Model:	
Horsepower:		Horsepower:	
Lender Information		**Lender Information**	
Lender:		Lender:	
Address:		Address:	
City, State, Zip:	,	City, State, Zip:	,
Account Number:		Account Number:	
Date of Purchase:	/ /	Date of Purchase:	/ /
Monthly Payment:	$	Monthly Payment:	$

Payments Missed:		Payments Missed:	
Balance Owed:	$	Balance Owed:	$
Do you intend to ☐ keep or to ☐ surrender?		Do you intend to ☐ keep or to ☐ surrender?	
Insurer:		Insurer:	
Address:		Address:	
City, State, Zip:	,	City, State, Zip:	,
Comments:			

SCHEDULE B: PERSONAL PROPERTY – ASSETS INVENTORY

1: Cash on Hand	YOU	YOUR SPOUSE
List the total amount of cash on hand to include any in your pocket, wallet, purse, coin jar, mattress, etc.	$	$

2: Checking Accounts, Savings Accounts, Certificates of Deposit, Money Market Accounts and Other Financial Accounts with any Bank, Credit Union or Other Financial Institution

☐	Mark ☒ if you do **NOT** have an account with any Bank, Credit Union or Financial Institution		**CHECKING AND/OR SAVINGS ACCOUNTS -** If you owe money to any financial institution (bank, credit union, etc) and have a checking or savings account with that financial institution, it is recommended that you simply maintain a minimal balance and open new accounts at a financial institution to which you do not owe any money.

CREDIT UNIONS – If you have an account with a Credit Union and owe money to that Credit Union, then all membership rights will be terminated as of the date your bankruptcy case is file. |
1	Type of Account:		
	Bank or Credit Union:		
	Account Number:		
	Name(s) on Account:		
	Account Balance:	$	
2	Type of Account:		
	Bank or Credit Union:		
	Account Number:		
	Name(s) on Account:		
	Account Balance:	$	
3	Type of Account:		
	Bank or Credit Union:		
	Account Number:		
	Name(s) on Account:		
	Account Balance:	$	
4	Type of Account:		
	Bank or Credit Union:		
	Account Number:		
	Name(s) on Account:		
	Account Balance:	$	
5	Type of Account:		
	Bank or Credit Union:		
	Account Number:		
	Name(s) on Account:		
	Account Balance:	$	

3: Security Deposits for Rentals, Utilities and Services

☐	Mark ☒ if you do **NOT** have any Security Deposits for Rentals, Utilities and Services	
1	Person or Company Holding Deposit:	
	Purpose of Deposit:	
	Amount of Deposit:	$
	Date that Deposit Was Paid:	/ /

2	Person or Company Holding Deposit:		
	Purpose of Deposit:		
	Amount of Deposit:	$	
	Date that Deposit Was Paid:	/ /	
3	Person or Company Holding Deposit:		
	Purpose of Deposit:		
	Amount of Deposit:	$	
	Date that Deposit Was Paid:	/ /	

SCHEDULE B: PERSONAL PROPERTY - HOUSEHOLD INVENTORY

The US Bankruptcy Code requires a complete disclosure of all personal property including items purchased, found, or received as gifts. **Replacement value** is to be used when valuing your household goods. Replacement value means the price that a retail merchant would charge you for property of that kind considering the age and condition of the property. Therefore, if you are valuing your 10 year-old stove, then you should consider how much a retailer would charge for a 10 year-old stove in the same condition as yours. You may wish to photograph or videotape the items in your home for verification purposes, but this is not required.

All information that you are required to provide with a Bankruptcy Petition and thereafter during your Bankruptcy Case is required to be complete, accurate and truthful. Information that you provide may be audited, and failure to provide such information may result in the dismissal of your Bankruptcy Case or other sanctions including criminal prosecution.

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Please fill in the charts below listing any additional articles as applicable.
 ⬇ Mark ☒ if article was purchased with a secured loan within the past year.

4: APPLIANCES					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Stove		$	☐ Convection Oven		$
☐ Microwave		$	☐ Barbecue Grill		$
☐ Refrigerator		$	☐ Freezer		$
☐ Dishwasher		$	☐ Washer		$
☐ Dryer		$	☐ Air Conditioner		$
☐ Wood Burning Stove		$	☐ Space Heater		$
☐ Gas Logs		$	☐ Sewing Machine		$
☐ Vacuum		$	☐ Carpet Cleaner		$
☐ Floor Buffer		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	**APPLIANCES**	**TOTAL**	**$**

4: SMALL APPLIANCES					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Toaster Oven		$	☐ Toaster		$
☐ Blender		$	☐ Mixer		$
☐ Can Opener		$	☐ Deep Fryer		$
☐ Crock Pot		$	☐ Electric Frying Pan		$
☐ Electric Knife		$	☐ Coffee Maker		$

Article	Quantity	Value	Article	Quantity	Value
☐ Percolator		$	☐ Iced Tea Maker		$
☐ Humidifier		$	☐ Dehumidifier		$
☐ Iron		$	☐ Fan		$
☐ Steamer		$	☐ Hand Vacuum		$
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	**SMALL APPLIANCES**	**TOTAL**	**$**

4: ELECTRONICS

Article	Quantity	Value	Article	Quantity	Value
☐ Television		$	☐ Satellite Dish		$
☐ Surround Sound		$	☐ Stereo System		$
☐ Portable Stereo		$	☐ Radio		$
☐ VCR		$	☐ DVD Player		$
☐ VCR/DVD Combo		$	☐ CD Player		$
☐ I-Pod		$	☐ Palm Pilot		$
☐ MP3 Player		$	☐ Nintendo		$
☐ Nintendo64		$	☐ PlayStation		$
☐ PlayStation-II		$	☐ X-Box		$
☐ Computer		$	☐ Laptop		$
☐ e-machine		$	☐ Printer		$
☐ Scanner		$	☐ Fax Machine		$
☐ Photocopier		$	☐ Typewriter		$
☐ Telephone		$	☐ Cell Phone		$
☐ Answering Machine		$	☐ Pager		$
☐ Alarm Clock		$	☐ Clock Radio		$
☐ Clock		$	☐ CB Radio		$
☐ Police Scanner		$	☐		$
☐		$	☐		$
☐		$	**ELECTRONICS**	**TOTAL**	**$**

4: KITCHEN

Article	Quantity	Value	Article	Quantity	Value
☐ Breakfast Table		$	☐ Breakfast Chairs		$
☐ Kitchen Table		$	☐ Kitchen Chairs		$
☐ Bar		$	☐ Bar Stools		$
☐ Microwave Cart/Table		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	**KITCHEN**	**TOTAL**	**$**

4: KITCHENWARE

Article	Quantity	Value	Article	Quantity	Value
☐ Dinnerware/Dishes		$	☐ Glassware/Cups		$
☐ Flatware		$	☐ Cooking Ware		$
☐ Pots/Pans		$	☐ Utensils		$
☐ Knives		$	☐ Wine Rack		$
☐		$	☐		$
☐		$	☐		$

			KITCHENWARE	TOTAL	$
☐		$	**KITCHENWARE**	**TOTAL**	**$**

4: DINING ROOM					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Dining Room Table		$	☐ Dining Room Chairs		$
☐ China Cabinet/Hutch		$	☐ Buffet		$
☐ Tea Carts		$	☐ Servers		$
☐		$	☐		$
☐		$	**DINING ROOM**	**TOTAL**	**$**

4: LIVING ROOM					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Couch		$	☐ Sofa		$
☐ Loveseat		$	☐ Chair		$
☐ Recliner		$	☐ Rocker / Glider		$
☐ Benches		$	☐ Ottoman / Footstool		$
☐ Coffee Table		$	☐ End Table		$
☐ Entertainment Center		$	☐ TV Cart / Stand		$
☐ Curio Cabinet		$	☐ Bookcase		$
☐ Desk		$	☐ Fireplace Set		$
☐ Folding / Card Table		$	☐		$
☐		$	**LIVING ROOM**	**TOTAL**	**$**

4: DEN OR FAMILY ROOM					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Couch		$	☐ Sofa		$
☐ Loveseat		$	☐ Chair		$
☐ Recliner		$	☐ Rocker / Glider		$
☐ Benches		$	☐ Ottoman / Footstool		$
☐ Coffee Table		$	☐ End Table		$
☐ Entertainment Center		$	☐ TV Cart / Stand		$
☐ Curio Cabinet		$	☐ Bookcase		$
☐ Desk		$	☐ Fireplace Set		$
☐ Folding / Card Table		$	☐		$
☐		$	**DEN/FAMILY ROOM**	**TOTAL**	**$**

4: BEDROOM 1					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Bedroom Suite		$	☐ Bed Frame		$
☐ Box Springs		$	☐ Mattress		$
☐ Futon		$	☐ Day Bed		$
☐ Night Stand		$	☐ Dresser		$
☐ Chest of Drawer		$	☐ Armoire		$
☐ Cedar / Hope Chest		$	☐ Vanity		$
☐ Mirror		$	☐ Crib		$
☐ Bassinette		$	☐ Toy Chest		$
☐		$	☐		$
☐		$	**BEDROOM 1**	**TOTAL**	**$**

4: BEDROOM 2					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Bedroom Suite		$	☐ Bed Frame		$
☐ Box Springs		$	☐ Mattress		$

Article	Quantity	Value	Article	Quantity	Value
☐ Futon		$	☐ Day Bed		$
☐ Night Stand		$	☐ Dresser		$
☐ Chest of Drawer		$	☐ Armoire		$
☐ Cedar / Hope Chest		$	☐ Vanity		$
☐ Mirror		$	☐ Crib		$
☐ Bassinette		$	☐ Toy Chest		$
☐		$	☐		$
☐		$	**BEDROOM 2**	**TOTAL**	**$**
4: BEDROOM 3					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Bedroom Suite		$	☐ Bed Frame		$
☐ Box Springs		$	☐ Mattress		$
☐ Futon		$	☐ Day Bed		$
☐ Night Stand		$	☐ Dresser		$
☐ Chest of Drawer		$	☐ Armoire		$
☐ Cedar / Hope Chest		$	☐ Vanity		$
☐ Mirror		$	☐ Crib		$
☐ Bassinette		$	☐ Toy Chest		$
☐		$	☐		$
☐		$	**BEDROOM 3**	**TOTAL**	**$**
4: BEDROOM 4					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Bedroom Suite		$	☐ Bed Frame		$
☐ Box Springs		$	☐ Mattress		$
☐ Futon		$	☐ Day Bed		$
☐ Night Stand		$	☐ Dresser		$
☐ Chest of Drawer		$	☐ Armoire		$
☐ Cedar / Hope Chest		$	☐ Vanity		$
☐ Mirror		$	☐ Crib		$
☐ Bassinette		$	☐ Toy Chest		$
☐		$	☐		$
☐		$	**BEDROOM 4**	**TOTAL**	**$**
4: MISCELLANEOUS					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Lamps		$	☐ Vases		$
☐ Mirrors		$	☐ Pictures		$
☐ Blinds		$	☐ Drapery/Curtains		$
☐ Window Treatments		$	☐ Rugs		$
☐ Bath Mats		$	☐ Shower Treatments		$
☐ Laundry Baskets		$	☐ Ironing Boards		$
☐ Brooms & Mops		$	☐ Buckets		$
☐ Luggage		$	☐ Gun Cabinet		$
☐ Gun Rack		$	☐ Carriage/Stroller		$
☐ Child Car Seat		$	☐ Playpen		$
☐ Christmas Tree		$	☐		$
☐		$	**MISCELLANEOUS**	**TOTAL**	**$**
4: LINENS					

Article	Quantity	Value	Article	Quantity	Value
☐ Bed Spreads		$	☐ Comforters		$
☐ Blankets		$	☐ Quilts		$
☐ Sheets		$	☐ Pillows		$
☐ Pillowcases		$	☐ Towels		$
☐ Wash Cloths		$	☐ Table Cloths		$
☐ Table Linens/Napkins		$	☐		$
☐		$	**LINENS**	**TOTAL**	**$**

4: HOME OFFICE					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Desk		$	☐ Chair		$
☐ File Cabinets		$	☐ Bookcase		$
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	**HOME OFFICE**	**TOTAL**	**$**

4: MUSICAL					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Piano		$	☐ Organ		$
☐ String:		$	☐ String:		$
☐ Wind:		$	☐ Wind:		$
☐ Brass:		$	☐ Brass:		$
☐ Percussion:		$	☐ Percussion:		$
☐		$	☐		$
☐		$	☐		$
☐		$	**MUSICAL**	**TOTAL**	**$**

4: LAWN AND GARDEN					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Patio Furniture		$	☐ Chaise Lounge		$
☐ Chairs/Benches		$	☐ Lawnmower – Push		$
☐ Lawnmower – Riding		$	☐ Wheelbarrow		$
☐ Hand Tools		$	☐ Power Tools		$
☐ Garden Hose		$	☐ Weed Eater		$
☐ Leaf Blower		$	☐ Snow Blower		$
☐ Tiller		$	☐ Plants/Flowers		$
☐ Outbuilding		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	**LAWN & GARDEN**	**TOTAL**	**$**

5: COLLECTIONS AND COLLECTIBLES					
Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
☐ Books		$	☐ Prints		$
☐ Pictures		$	☐ Artwork		$
☐ Stamps		$	☐ Coins		$
☐ Video Tapes		$	☐ DVDs		$

Article	Quantity	Value	Article	Quantity	Value
☐ Compact Disks		$	☐ Cassette Tapes		$
☐ Game Cartridges		$	☐ China		$
☐ Stemware		$	☐ Silverware		$
☐ Tea Sets		$	☐ Curios		$
☐ Holiday Ornaments		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	**COLLECTIONS**	**TOTAL**	**$**

6: WEARING APPAREL

Article	Quantity	Value	Article	Quantity	Value
☐ Clothing – Male		$	☐ Hats - Male		$
☐ Coats – Male		$	☐ Ties/Belts - Male		$
☐ Shoes – Male		$	☐ Miscellaneous - Male		$
☐		$	**APPAREL - MALE**	**TOTAL**	**$**

Article	Quantity	Value	Article	Quantity	Value
☐ Clothing – Female		$	☐ Hats - Female		$
☐ Coats – Female		$	☐ Ties/Belts - Female		$
☐ Shoes – Female		$	☐ Purses - Female		$
☐ Misc – Female		$	☐		$
☐		$	**APPAREL - FEMALE**	**TOTAL**	**$**

Article	Quantity	Value	Article	Quantity	Value
☐ Clothing – Children		$	☐ Hats - Children		$
☐ Coats – Children		$	☐ Ties/Belts - Children		$
☐ Shoes – Children		$	☐ Misc - Children		$
☐		$	☐		$
☐		$	**APPAREL - CHILDREN**	**TOTAL**	**$**

7: JEWELRY AND FURS

Article	Quantity	Value	Article	Quantity	Value
☐ Furs		$	☐ Wedding Band – Male		$
☐ Wedding Band-Female		$	☐ Wedding Ring–Female		$
☐ Ring – Male		$	☐ Ring – Female		$
☐ Necklace – Male		$	☐ Necklace – Female		$
☐ Bracelet – Male		$	☐ Bracelet – Female		$
☐ Earrings – Male		$	☐ Earrings – Female		$
☐ Body Jewelry – Male		$	☐ Body Jewelry- Female		$
☐ Watch – Male		$	☐ Watch – Female		$
☐ Charm		$	☐ Broach		$
☐		$	☐		$
☐		$	**JEWELRY & FURS**	**TOTAL**	**$**

8: FIREARMS, CAMERAS, SPORTS, EXERCISE AND HOBBY EQUIPMENT

Article	Quantity	Value	Article	Quantity	Value
☐ Firearms		$	☐ Polaroid Cameras		$
☐ 35mm Cameras		$	☐ Digital Cameras		$
☐ Camcorders		$	☐ Sports Equipment		$
☐ Golf Clubs		$	☐ Rods, Reels & Tackle		$
☐ Ski Equipment		$	☐ Hobby Equipment		$
☐ Board Games		$	☐ Toys		$

☐ Ping Pong/Pool Table		$	☐ Trampolines		$
☐ Swings		$	☐ Playground Sets		$
☐ Bicycles & Tricycles		$	☐ Scooters		$
☐ Exercise Equipment		$	☐ Treadmill		$
☐ Stair Stepper		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	**FIREARMS, ETC**	**TOTAL**	**$**

	9 & 10: LIFE INSURANCE POLICIES & ANNUITIES

☐	Check [✓] if you do **NOT** have any life insurance policies and annuities, then proceed to Section 11.

1	Name of Insurance Company:			**Insurance/Annuities -** List all life insurance policies and annuities. You may need to contact your insurance agent or benefits manager at your place of employment for this information. Please use the back of this form to provide additional insurance and annuity information. **Term Life** insurance pays benefits only when you die therefore it has only a **Face Value. Whole Life** insurance accrues cash value against which you can borrow or cash out money therefore list the **Face Value** and the current **Cash Value**.
	Address:			
	City, State, Zip	,		
	Type of Policy:			
	Policy Number:			
	Face and Cash Value(s):	Face: $	Cash: $	
	Amount Owed (if Collateral):	$		
	Name of Person Insured:			
2	Name of Insurance Company:			
	Address:			
	City, State, Zip	,		
	Type of Policy:			
	Policy Number:			
	Face and Cash Value(s):	Face: $	Cash: $	
	Amount Owed (if Collateral):	$		
	Name of Person Insured:			
3	Name of Insurance Company:			
	Address:			
	City, State, Zip	,		
	Type of Policy:			
	Policy Number:			
	Face and Cash Value(s):	Face: $	Cash: $	
	Amount Owed (if Collateral):	$		
	Name of Person Insured:			
4	Name of Insurance Company:			
	Address:			
	City, State, Zip	,		
	Type of Policy:			
	Policy Number:			
	Face and Cash Value(s):	Face: $	Cash: $	
	Amount Owed (if Collateral):	$		
	Name of Person Insured:			
5	Name of Insurance Company:			
	Address:			

City, State, Zip	,		
Type of Policy:			
Policy Number:			
Face and Cash Value(s):	Face: $	Cash: $	
Amount Owed (if Collateral):	$		
Name of Person Insured:			

Comments:	

11: EDUCATION IRAs

	Check [✓] if you do **NOT** have any Education IRAs, then proceed to Section 12.

1	Type of Plan:	
	Plan Administrator:	
	Address:	
	City, State, Zip:	,
	Current Vested Amount:	$
	Amount Owed (if Collateral):	$
	Ownership:	
2	Type of Plan:	
	Plan Administrator:	
	Address:	
	City, State, Zip:	,
	Current Vested Amount:	$
	Amount Owed (if Collateral):	$
	Ownership:	

Comments:	

12: RETIREMENT PLANS, PENSION PLANS, PROFIT SHARING PLANS, IRAs, 401(k)s

	Check [✓] if you do **NOT** have any retirement plans, pension plans, profit sharing plans, IRAs and 401(k)s, then proceed to Section 12.

1	Employer:		**Retirement, Pensions, Profit Sharing, IRA, 401(k) -** List all. You may need to contact your employer/benefits manager for your plan information. Please use the back of this form to provide any additional plan information. **Vested Amount –** List current amount against which you may borrow or current amount you would receive if you cashed out today.
	Type of Plan:		
	Plan Administrator:		
	Address:		
	City, State, Zip:	,	
	Current Vested Amount:	$	
	Amount Owed (if Collateral):	$	
	Covered Individual:		
2	Employer:		
	Type of Plan:		
	Plan Administrator:		
	Address:		
	City, State, Zip:	,	
	Current Vested Amount:	$	
	Amount Owed (if Collateral):	$	
	Covered Individual:		
3	Employer:		

Type of Plan:		
Plan Administrator:		
Address:		
City, State, Zip:	,	
Current Vested Amount:	$	
Amount Owed (if Collateral):	$	
Covered Individual:		

Comments:	

13: STOCKS OR INTEREST IN BUSINESS

☐	Check [✓] if you do **NOT** have any stocks or interest in business, then proceed to Section 13.		
1	Description:		**STOCKS & INTEREST IN BUSINESS –** List here any stocks and other interests in any business.
	Business Name:		
	Number of Shares:		
	Value:	$	
	Ownership:		
2	Description:		
	Business Name:		
	Number of Shares:		
	Value:	$	
	Ownership:		
3	Description:		
	Business Name:		
	Number of Shares:		
	Value:	$	
	Ownership:		

Comments:	

14: PARTNERSHIPS & JOINT VENTURES

☐	Check [✓] if you do **NOT** have any partnerships and joint ventures, then proceed to Section 14		
1	Description:		**PARTNERSHIPS & JOINT VENTURES –** List here any business partnerships and joint ventures.
	Percentage of Ownership:	%	
	Value of Ownership:	$	
2	Description:		
	Percentage of Ownership:	%	**ALSO COMPLETE STATEMENT OF BUSINESS FINANCIAL AFFAIRS.**
	Value of Ownership:	$	
3	Description:		
	Percentage of Ownership:	%	
	Value of Ownership:	$	

Comments:	

15: GOVERNMENT AND CORPORATE BONDS & OTHER NEGOTIABLES AND NON-NEGOTIABLES

☐	Check [✓] if you do **NOT** have any government and corporate bonds and other negotiables and non-negotiables, then proceed to Section 15.			
1	Type of Bond:			**BONDS & OTHER NEGOTIABLES AND NON-NEGOTIABLES –**
	Values:	Face: $	Current:	

			$	List here any US Savings Bonds, Corporate Bonds, and other negotiables and non-negotiables.
	Effective Date:		/ /	
	Maturation Date:		/ /	
2	Type of Bond:			
	Values:	Current: $		
	Effective Date:		/ /	
	Maturation Date:		/ /	
Comments:				

16: ACCOUNTS RECEIVABLE		
☐	Check [✓] if you do **NOT** have any accounts receivable, then proceed to Section 16.	
1	Source:	**ACCOUNTS RECEIVABLE** List here anyone who owes you money.
	Address of Source:	
	City, State, Zip	,
	Value and Frequency:	$ /
2	Source:	
	Address of Source:	
	City, State, Zip	,
	Value and Frequency:	$ /
3	Source:	
	Address of Source:	
	City, State, Zip	,
	Value and Frequency:	$ /
Comments:		

17: ALIMONY, MAINTENANCE, CHILD OR OTHER SUPPORT, OR PROPERTY SETTLEMENTS		
☐	Check [✓] if you do **NOT** have any alimony, maintenance, child support or other support, or property settlements, then proceed to Section 17.	
1	Description:	**SUPPORT –** List here all support you receive from any source. Include alimony, maintenance, child support or other support, and property settlements of any kind.
	Source:	
	Address of Source:	
	City, State, Zip:	,
	Amount and Frequency:	$ /
2	Description:	
	Source:	
	Address of Source:	
	City, State, Zip:	,
	Amount and Frequency:	$ /
3	Description:	
	Source:	
	Address of Source:	
	City, State, Zip:	,
	Amount and Frequency:	$ /
Comments:		

18: OTHER LIQUIDATED DEBTS OWED TO YOU INCLUDING TAX REFUNDS	
☐	Check [✓] if you do **NOT** have any other liquidated debts owed to you including tax refunds, then proceed to Section 18.

1	Type of Debt Owed to You:		**OTHER LIQUIDATED DEBTS –** List here any other liquidated debts owed to you.
	Source:		
	Address of Source:		
	City, State, Zip:	,	
	Value:	$	
2	Type of Debt Owed to You:		
	Source:		
	Address of Source:		
	City, State, Zip:	,	
	Value:	$	

Comments:

19: EQUITABLE OR FUTURE INTERESTS, LIFE ESTATES AND RIGHTS OF POWER

☐	Check [✓] if you do **NOT** have any equitable or future interests, life estates, or rights of power, then proceed to Section 19.		
1	Type of Debt Owed to You:		**INTEREST, ESTATES, & RIGHTS OF POWER –** List here any equitable or future interests, life estates and rights of power exercisable to benefit you.
	Source:		
	Address of Source:		
	City, State, Zip:	,	
	Value:	$	
2	Type of Debt Owed to You:		
	Source:		
	Address of Source:		
	City, State, Zip:	,	
	Value:	$	

Comments:

20: INTEREST IN ESTATE OF A DECEDENT, DEATH BENEFIT PLAN, LIFE INSURANCE POLICY OR TRUST

☐	Check [✓] if you do **NOT** have any interest in Estate of a decedent, death benefit plan, life insurance policy or trust, then proceed to Section 20.		
1	Type of Interest:		**INHERITANCE –** List here any inheritances which you are currently receiving. Also please note that if you receive any inheritances during the term of your bankruptcy, we must report this information to the Trustee and Court.
	Source:		
	Address of Source:		
	City, State, Zip:	,	
	Value:	$	
2	Type of Interest:		
	Source:		
	Address of Source:		
	City, State, Zip:	,	
	Value:	$	

Comments:

21: OTHER CONTINGENT AND UNLIQUIDATED CLAIMS, COUNTERCLAIMS, AND RIGHTS TO SETOFF CLAIMS

☐	Check [✓] if you do **NOT** have any other contingent and unliquidated claims, counterclaims, or rights to setoff claims, then proceed to Section 21.

1	Type of Claim/Counterclaim:		**CLAIMS –** Include in this section any filed or potential claims or counterclaims including personal injury claims, disability claims, divorce settlement, tax refunds, etc.
	Source:		
	Address of Source:		
	City, State, Zip:	,	
	Estimated Value:	$	
2	Type of Claim/Counterclaim:		
	Source:		
	Address of Source:		
	City, State, Zip:	,	
	Estimated Value:	$	
Comments:			

22: PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY

☐ Check [✓] if you do **NOT** have any patents, copyrights or other intellectual property, then proceed to Section 22.

1	Type of Property:		**PATENTS/COPYRIGHTS** If you possess patents or copyrights, provide any pertinent information.
	Property Description:		
	Estimated Value:	$	
2	Type of Property:		
	Property Description:		
	Estimated Value:	$	
Comments:			

23: LICENSES, FRANCHISES, AND OTHER GENERAL INTANGIBLES

☐ Check [✓] if you do **NOT** have any licenses, franchises or other general intangibles, then proceed to Section 23.

1	Type of Intangible:		**INTANGIBLES –** List here any special licenses or franchises which you hold including licenses issued for professional services.
	Intangible Description:		
	Estimated Value:	$	
2	Type of Intangible:		
	Intangible Description:		
	Estimated Value:	$	
Comments:			

24: CUSTOMER LISTS

☐ Check [✓] if you do **NOT** have customer lists, then proceed to Section 23.

Use this space for customer lists or attach separate page(s):			**CUSTOMER LISTS –** or similar compilations provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal family or household purposes.
Comments:			

28: OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES

☐ Check [✓] if you do **NOT** have any office equipment, furnishings and supplies, then proceed to Section 27.

Article	Quantity	Value	Article	Quantity	Value
		$			$

		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$	**OFFICE EQUIPMENT**	**TOTAL**	**$**

Comments:

29: BUSINESS MACHINERY, FIXTURES AND SUPPLIES					

☐ Check [✓] if you do **NOT** have any business machinery, fixtures and supplies, then proceed to Section 28.

Article	**Quantity**	**Value**	**Article**	**Quantity**	**Value**
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$	**MACHINERY, ETC**	**TOTAL**	**$**

Comments:

30: INVENTORY

Check [✓] if you do **NOT** have any inventory, then proceed to Section 29.

Article	Quantity	Value	Article	Quantity	Value
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$	**INVENTORY**	**TOTAL**	**$**

Comments:

29: ANIMALS: LIVESTOCK, PETS & DOMESTICATED ANIMALS

Check [✓] if you do **NOT** have any animals, then proceed to Section 30.

Animal	Quantity	Value	Animal	Quantity	Value
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$	**ANIMALS**	**TOTAL**	$

Comments:

32: CROPS – GROWING OR HARVESTED

☐	Check [✓] if you do **NOT** have any crops, growing or harvested, then proceed to Section 31.				
Crop	**Quantity**	**Value**	**Crop**	**Quantity**	**Value**
		$			$
		$			$
		$			$
		$			$
		$			$
		$	**CROPS**	**TOTAL**	$

Comments:

33: FARMING EQUIPMENT AND IMPLEMENTS

☐	Check [✓] if you do **NOT** have any farming equipment or implements, then proceed to Section 32.				
Equipment	**Quantity**	**Value**	**Equipment**	**Quantity**	**Value**
		$			$
		$			$
		$			$
		$			$
		$			$
		$	**FARM EQUIPMENT**	**TOTAL**	$

Comments:

34: FARM SUPPLIES, CHEMICAL AND FEED

☐	Check [✓] if you do **NOT** have any farm supplies, chemicals or feed, then proceed to Section 33.				
Supply	**Quantity**	**Value**	**Supply**	**Quantity**	**Value**
		$			$
		$			$
		$			$
		$			$
		$			$
		$	**FARM SUPPLIES**	**TOTAL**	$

Comments:	

35: OTHER PERSONAL PROPERTY OF ANY KIND

☐ Check [✓] if you do **NOT** have any other personal property, then proceed to next section.

Article	Quantity	Value	Article	Quantity	Value
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$			$
		$	**OTHER PROPERTY**	**TOTAL**	$

Comments:	

SCHEDULE E: PRIORITY DEBTS

1. FEDERAL & STATE INCOME TAXES, EMPLOYEE TAXES, & COUNTY PROPERTY TAXES

☐ Check [✓] if you owe NO Federal and State Income Taxes, Employee Taxes, and County Property Taxes, then proceed to section 2.

1	Tax Authority:		Type of Tax Owed:	
	Address:		For Which Year?	
	City, State, Zip:	,	Amount Owed:	$
2	Tax Authority:		Type of Tax Owed:	
	Address:		For Which Year?	
	City, State, Zip:	,	Amount Owed:	$
3	Tax Authority:		Type of Tax Owed:	
	Address:		For Which Year?	
	City, State, Zip:	,	Amount Owed:	$
4	Tax Authority:		Type of Tax Owed:	
	Address:		For Which Year?	
	City, State, Zip:	,	Amount Owed:	$
5	Tax Authority:		Type of Tax Owed:	
	Address:		For Which Year?	
	City, State, Zip:	,	Amount Owed:	$
6	Tax Authority:		Type of Tax Owed:	
	Address:		For Which Year?	

	City, State, Zip:	,	Amount Owed:	$
7	Tax Authority:		Type of Tax Owed:	
	Address:		For Which Year?	
	City, State, Zip:	,	Amount Owed:	$
8	Tax Authority:		Type of Tax Owed:	
	Address:		For Which Year?	
	City, State, Zip:	,	Amount Owed:	$

2. FEDERAL & STATE TAX RETURNS

Have you filed all federal and state tax returns to date?	☐ Yes ☐ No
If you have NOT filed all federal and state tax returns to date, which years have NOT been filed:	

3. FEDERAL & STATE TAX REFUNDS & PAYMENTS

YEAR	FEDERAL		STATE	
Last Year	☐ Refund ☐ Payment	Amount: $	☐ Refund ☐ Payment	Amount: $
Year Before	☐ Refund ☐ Payment	Amount: $	☐ Refund ☐ Payment	Amount: $
Year Before	☐ Refund ☐ Payment	Amount: $	☐ Refund ☐ Payment	Amount: $
Comments:				

4. CHILD SUPPORT OBLIGATIONS

☐	Check [✓] if you have NO Child Support Obligations, then proceed to section 5.

Person Owed Support:			
Address:			
City, State, Zip:	,		
Relationship of Child 1:		Birth Date:	/ /
Relationship of Child 2:		Birth Date:	/ /
Relationship of Child 3:		Birth Date:	/ /
Method of Payment:	☐ Direct Pay ☐ DSHS Order	Wage Garnishment?	☐ Yes ☐ No
Monthly Obligation:	$	Are You Current?	☐ Yes ☐ No
Back Support Owed:	$	As of This Date:	/ /
Person Owed Support:			
Address:			
City, State, Zip:	,		
Relationship of Child 1:		Birth Date:	/ /
Relationship of Child 2:		Birth Date:	/ /
Relationship of Child 3:		Birth Date:	/ /
Method of Payment:	☐ Direct Pay ☐ DSHS Order	Wage Garnishment?	☐ Yes ☐ No
Monthly Obligation:	$	Are You Current?	☐ Yes ☐ No
Back Support Owed:	$	As of This Date:	/ /
Comments:			

5. STUDENT LOANS

☐	Check [✓] if you have NO Student Loan Obligations, then proceed to section 6.					
1	Lender:					
	Address:					
	City, State, Zip:			,		
	Date of Loan:	/ /		Amount Owed:		$
	Payments Missed:			Monthly Payment:		$
	Cosigner: (if any)					
	Cosigner Address:					
	City, State, Zip:			,		
2	Lender:					
	Address:					
	City, State, Zip:			,		
	Date of Loan:	/ /		Amount Owed:		$
	Payments Missed:			Monthly Payment:		$
	Cosigner: (if any)					
	Cosigner Address:					
	City, State, Zip:			,		
Comments:						

GOVERNMENT TICKETS AND FINES

☐	Check [✓] if you have NO unpaid tickets or fines, then proceed to next section.					
Drivers License Number:				State:		
1	Nature of Charge:					
	Court Name:					
	Court Address:					
	City, State, Zip:			,		
	Citation Number:			Amount Owed:		$
	Date of Citation:	/ /		Court Date:		/ /
Comments:						
2	Nature of Charge:					
	Court Name:					
	Court Address:					
	City, State, Zip:			,		
	Citation Number:			Amount Owed:		$
	Date of Citation:	/ /		Court Date:		/ /
Comments:						

OUTSTANDING BAD CHECKS

☐	Check [✓] if you have NO outstanding bad checks, then proceed to next section.	
1	Check Written to:	

	Address:				
	City, State, Zip:		,		
	Drawn on Bank:				
	Account Number:				
	Amount of Check:	$	Date of Check:	/ /	

Comments:		

2	Check Written to:				
	Address:				
	City, State, Zip:		,		
	Drawn on Bank:				
	Account Number:				
	Amount of Check:	$	Date of Check:	/ /	

Comments:		

3	Check Written to:				
	Address:				
	City, State, Zip:		,		
	Drawn on Bank:				
	Account Number:				
	Amount of Check:	$	Date of Check:	/ /	

Comments:		

SCHEDULE F: UNSECURED DEBTS

1. CREDIT CARDS, MEDICAL BILLS, PERSONAL LOANS, ETC.

☐	Check [✓] if you have NO unsecured debts, then proceed to next section.				
1	Type of Account:		If Other, List Type:		
	Creditor Name:				
	Creditor Address:				
	City, State, Zip:		,		
	Creditor Bankruptcy Address:				
	City, State, Zip		,		
	Account Number:				
	Date Last Purchase:	/ /	Amount of Purchase:	$	
	Account Balance:	$	Monthly Payment:	$	

Comments:		

2	Type of Account:		If Other, List Type:		
	Creditor Name:				
	Creditor Address:				
	City, State, Zip:		,		
	Creditor Bankruptcy Address:				
	City, State, Zip		,		
	Account Number:				
	Date Last Purchase:	/ /	Amount of Purchase:	$	
	Account Balance:	$	Monthly Payment:	$	

	Comments:					
3	Type of Account:			If Other, List Type:		
	Creditor Name:					
	Creditor Address:					
	City, State, Zip:		,			
	Creditor Bankruptcy Address:					
	City, State, Zip		,			
	Account Number:					
	Date Last Purchase:		/ /	Amount of Purchase:		$
	Account Balance:	$		Monthly Payment:		$
	Comments:					
4	Type of Account:			If Other, List Type:		
	Creditor Name:					
	Creditor Address:					
	City, State, Zip:		,			
	Creditor Bankruptcy Address:					
	City, State, Zip		,			
	Account Number:					
	Date Last Purchase:		/ /	Amount of Purchase:		$
	Account Balance:	$		Monthly Payment:		$
	Comments:					
5	Type of Account:			If Other, List Type:		
	Creditor Name:					
	Creditor Address:					
	City, State, Zip:		,			
	Creditor Bankruptcy Address:					
	City, State, Zip		,			
	Account Number:					
	Date Last Purchase:		/ /	Amount of Purchase:		$
	Account Balance:	$		Monthly Payment:		$
	Comments:					
6	Type of Account:			If Other, List Type:		
	Creditor Name:					
	Creditor Address:					
	City, State, Zip:		,			
	Creditor Bankruptcy Address:					
	City, State, Zip		,			
	Account Number:					
	Date Last Purchase:		/ /	Amount of Purchase:		$
	Account Balance:	$		Monthly Payment:		$
	Comments:					
7	Type of Account:			If Other, List Type:		

	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					
8	Type of Account:			If Other, List Type:	
	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					
9	Type of Account:			If Other, List Type:	
	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					
10	Type of Account:			If Other, List Type:	
	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					
11	Type of Account:			If Other, List Type:	

	Creditor Name:			
	Creditor Address:			
	City, State, Zip:	,		
	Creditor Bankruptcy Address:			
	City, State, Zip	,		
	Account Number:			
	Date Last Purchase:	/ /	Amount of Purchase:	$
	Account Balance:	$	Monthly Payment:	$

	Comments:	

12	Type of Account:		If Other, List Type:	
	Creditor Name:			
	Creditor Address:			
	City, State, Zip:	,		
	Creditor Bankruptcy Address:			
	City, State, Zip	,		
	Account Number:			
	Date Last Purchase:	/ /	Amount of Purchase:	$
	Account Balance:	$	Monthly Payment:	$

	Comments:	

13	Type of Account:		If Other, List Type:	
	Creditor Name:			
	Creditor Address:			
	City, State, Zip:	,		
	Creditor Bankruptcy Address:			
	City, State, Zip	,		
	Account Number:			
	Date Last Purchase:	/ /	Amount of Purchase:	$
	Account Balance:	$	Monthly Payment:	$

	Comments:	

14	Type of Account:		If Other, List Type:	
	Creditor Name:			
	Creditor Address:			
	City, State, Zip:	,		
	Creditor Bankruptcy Address:			
	City, State, Zip	,		
	Account Number:			
	Date Last Purchase:	/ /	Amount of Purchase:	$
	Account Balance:	$	Monthly Payment:	$

	Comments:	

15	Type of Account:		If Other, List Type:	

	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					
16	Type of Account:			If Other, List Type:	
	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					
17	Type of Account:			If Other, List Type:	
	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					
18	Type of Account:			If Other, List Type:	
	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					
19	Type of Account:			If Other, List Type:	

	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					
20	Type of Account:			If Other, List Type:	
	Creditor Name:				
	Creditor Address:				
	City, State, Zip:	,			
	Creditor Bankruptcy Address:				
	City, State, Zip	,			
	Account Number:				
	Date Last Purchase:	/ /		Amount of Purchase:	$
	Account Balance:	$		Monthly Payment:	$
Comments:					

3. COLLECTIONS

	If you have been contacted by a collection agency on behalf of any creditor in Section 1, list in the space on the left the number of the corresponding debt and provide information.		
	Collection Agency:		Acct No:
	Agency Address:		
	City, State, Zip:	,	
	Original Creditor:		Acct No:
	If you have been contacted by a collection agency on behalf of any creditor in Section 1, list in the space on the left the number of the corresponding debt and provide information.		
	Collection Agency:		Acct No:
	Agency Address:		
	City, State, Zip:	,	
	Original Creditor:		Acct No:
	If you have been contacted by a collection agency on behalf of any creditor in Section 1, list in the space on the left the number of the corresponding debt and provide information.		
	Collection Agency:		Acct No:
	Agency Address:		
	City, State, Zip:	,	
	Original Creditor:		Acct No:
Comments:			

4. JUDGMENTS

	If there is a pending or filed Judgment for any of the debts listed in Section 1, list in the space on the left the number of the corresponding debt and provide information.

Court Name:			
Court Address:			
City, State, Zip:	,		
Court Number:		Date Filed:	/ /
Book:		Page Number:	
Judgment Amount:	$	Status of Judgment:	
Terms of Judgment:			

	If there is a pending or filed Judgment for any of the debts listed in Section 1, list in the space on the left the number of the corresponding debt and provide information.

Court Name:			
Court Address:			
City, State, Zip:	,		
Court Number:		Date Filed:	/ /
Book:		Page Number:	
Judgment Amount:	$	Status of Judgment:	
Terms of Judgment:			

Comments:	

SCHEDULE H: CO-DEBTORS

	If there is a co-debtor for any of the debts listed in Section 1, list in the space on the left the number of the corresponding debt and provide information.

Co-Debtor:			
Co-Debtor Address:			
City, State, Zip:	,		
Original Creditor:		Acct No:	

	If there is a co-debtor for any of the debts listed in Section 1, list in the space on the left the number of the corresponding debt and provide information.

Co-Debtor:			
Co-Debtor Address:			
City, State, Zip:	,		
Original Creditor:		Acct No:	

	If there is a co-debtor for any of the debts listed in Section 1, list in the space on the left the number of the corresponding debt and provide information.

Co-Debtor:			
Co-Debtor Address:			
City, State, Zip:	,		
Original Creditor:		Acct No:	

	If there is a co-debtor for any of the debts listed in Section 1, list in the space on the left the number of the corresponding debt and provide information.

Co-Debtor:	
Co-Debtor Address:	

	City, State, Zip:	,		
	Original Creditor:		Acct No:	
	If there is a co-debtor for any of the debts listed in Section 1, list in the space on the left the number of the corresponding debt and provide information.			
	Co-Debtor:			
	Co-Debtor Address:			
	City, State, Zip:	,		
	Original Creditor:		Acct No:	
	If there is a co-debtor for any of the debts listed in Section 1, list in the space on the left the number of the corresponding debt and provide information.			
	Co-Debtor:			
	Co-Debtor Address:			
	City, State, Zip:	,		
	Original Creditor:		Acct No:	
	If there is a co-debtor for any of the debts listed in Section 1, list in the space on the left the number of the corresponding debt and provide information.			
	Co-Debtor:			
	Co-Debtor Address:			
	City, State, Zip:	,		
	Original Creditor:		Acct No:	
Comments:				

SCHEDULE G: EXECUTORY CONTRACTS & UNEXPIRED LEASES

1. EXECUTORY CONTRACTS

☐	Check [✓] if you have NO executory contracts, then proceed to next section.		
1	Type of Executory Contract:		
	If Government Contract, List Contract Number:		
	Nature of Your Interest:	☐ Purchaser ☐ Agent ☐ Other:	
	Name of Other Party:		
	Address of Other Party:		
	City, State, Zip:	,	
Comments:			
2	Type of Executory Contract:		
	If Government Contract, List Contract Number:		
	Nature of Your Interest:	☐ Purchaser ☐ Agent ☐ Other:	
	Name of Other Party:		
	Address of Other Party:		
	City, State, Zip:	,	
Comments:			

2. UNEXPIRED LEASES

☐	Check [✓] if you have NO unexpired leases, then proceed to next section.		
1	Type of Unexpired Lease:		
	Nature of Your Interest:	☐ Lessor ☐ Lessee	
	Name of Other Party:		

	Address of Other Party:			
	City, State, Zip:		,	
	Monthly Payment:	$	Payments Missed:	
	If any legal action has been taken, list Case Number:			
	Court of Record:		Status:	
	Name of Attorney for Other Party:			
	Address:			
	City, State, Zip:		,	
Comments:				

2	Type of Unexpired Lease:			
	Nature of Your Interest:		☐ Lessor ☐ Lessee	
	Name of Other Party:			
	Address of Other Party:			
	City, State, Zip:		,	
	Monthly Payment:	$	Payments Missed:	
	If any legal action has been taken, list Case Number:			
	Court of Record:		Status:	
	Name of Attorney for Other Party:			
	Address:			
	City, State, Zip:		,	
Comments:				

SCHEDULE I: MARITAL STATUS & DEPENDENTS

Debtor's Marital Status:	**DEPENDENTS OF DEBTOR AND SPOUSE (Do not list names)**	
	RELATIONSHIP	**AGE**
☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Widow/Widower		
Comments:		

SCHEDULE I: EMPLOYMENT

EMPLOYMENT:	**DEBTOR**	**SPOUSE**
Occupation:		
Name of Employer:		
How Long Employed?		
Address of Employer:		
City, State, Zip:	,	,
Comments:		

SCHEDULE I: INCOME

INSTRUCTIONS FOR COMPLETING SCHEDULE I: INCOME

The column labeled "SPOUSE" must be completed in all cases filed by joint debtors and by a married debtor in a Chapter 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Complete the next section by indicating average gross monthly income.

If you get paid **weekly** multiply your average gross income per pay period for the past six months X 26 pay periods and then divide by 6 months.

If you get paid **biweekly** multiply your average gross income per pay period for the past six months X 13 pay periods and then divide by 6 months.

If you get paid **semimonthly** multiply your average gross income per pay period for the past six months X 12 pay periods and then divide by 12 months.

If you get paid **monthly** indicate your average gross income for the past six months.

Use the same formulas above for calculating other income and/or deductions from your paycheck.

INCOME	DEBTOR	SPOUSE
1. Current Monthly Income (see instructions above) :	$	$
2. Estimated Monthly Overtime:	$	$
3. SUBTOTAL (Add Lines 1 + 2):	**$**	**$**
4. A. Federal Taxes Withheld:	$	$
B. State Taxes Withheld:	$	$
C. Social Security (FICA) Withheld:	$	$
D. Medicare Withheld:	$	$
E. If Self-Employed, Taxes Remitted:	$	$
F. Insurance – Specify:	$	$
G. Insurance – Specify:	$	$
H. Insurance – Specify:	$	$
I. Union Dues:	$	$
J. Other – Specify:	$	$
K. Other – Specify:	$	$
L. Other – Specify:	$	$
M. Other – Specify:	$	$
5. DEDUCTIONS SUBTOTAL (Add lines A thru M):	**$**	**$**
6. TOTAL NET MONTHLY TAKE HOME PAY (Lines 3 – 4):	**$**	**$**
7. Income from Operation of Business, Profession or Farm:	$	$
8. Income from Real Property:	$	$
9. Interest and Dividends:	$	$
10. Alimony, Maintenance or Support Payments Received:	$	$

11. Social Security or Other Government Assistance		
11. Specify:	$	$
11. Specify:	$	$
12. Pension or Retirement Income:	$	$
13. Other Monthly Income		
13. Specify:	$	$
13. Specify:	$	$
14. TOTAL OTHER INCOME (Add Lines 6 thru 12):	**$**	**$**
15. TOTAL MONTHLY INCOME (Add Lines 5 + 13):	**$**	**$**
16. TOTAL COMBINED MONTHLY INCOME (DEBTOR + SPOUSE):	**$**	

17. Describe any increase or decrease of more than 10% in any of the above categories to occur within the first year following the filing of this document:

SCHEDULE J: EXPENDITURES

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro-rate any payments made weekly, biweekly, semimonthly, quarterly, semiannually, or annually to show monthly rate.

☐ Check [✓] this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "SPOUSE."

1. YOUR RESIDENCE

Rent or Home Mortgage Payment:	$	Lot Rental (if mobile home)	$
Are real estate taxes included? ☐ Yes ☐ No		Is property insurance included? ☐ Yes ☐ No	

2. UTILITIES

Utilities - Electricity & Heating Fuel:	$	Utilities - Natural Gas/Propane:	$
Utilities - Water & Sewage:	$	Utilities - Telephones:	$
Utilities – Cable/Satellite/Internet:	$	Utilities – Security:	$
Utilities – Specify:	$	**TOTAL UTILITIES**	**$**

3. MAINTENANCE, REPAIRS & UPKEEP

Home Maintenance - HVAC Filters:	$	Maintenance - Specify:	$
Maintenance - Specify:	$	Maintenance - Specify:	$
Home Repairs – Parts:	$	Home Repairs – Labor:	$

Home Repairs – Specify:	$	Home Repairs – Specify:	$
Home Upkeep - Cleaning Supplies:	$	Home Upkeep – Dish Detergent:	$
Home Upkeep - Paper Products:	$	Home Upkeep – Vacuum Bags:	$
Home Upkeep – Specify:	$	**TOTAL MAINTENANCE, ETC**	**$**
4. GROCERIES			
Supermarkets:	$	Restaurants / Cafeterias:	$
Convenience Stores:	$	**TOTAL GROCERIES**	**$**
5. CLOTHING			
DEBTOR'S CLOTHING			
Debtor – Clothing:	$	Debtor – Loungewear:	$
Debtor – Coats/Sweaters:	$	Debtor – Hats/Caps:	$
Debtor – Shoes:	$	Debtor – Accessories:	$
Debtor – Specify:	$	**TOTAL – DEBTOR'S CLOTHING**	**$**
SPOUSE'S CLOTHING			
Spouse – Clothing:	$	Spouse – Loungewear:	$
Spouse – Coats/Sweaters:	$	Spouse – Hats/Caps:	$
Spouse – Shoes:	$	Spouse – Accessories:	$
Spouse – Specify:	$	**TOTAL – SPOUSE'S CLOTHING**	**$**
CHILDREN'S CLOTHING			
Children – Clothing:	$	Children – School Clothing:	$
Children – Play Clothes:	$	Children – Loungewear:	$
Children – Coats/Sweaters:	$	Children – Hats/Caps:	$
Children – Accessories:	$	**TOTAL–CHILDREN'S CLOTHING**	**$**
6. LAUNDRY AND DRY CLEANING			
Laundry Detergent:	$	Bleach:	$
Fabric Softener/Dryer Sheets:	$	Laundromat:	$
Dry Cleaning:	$	Other – Specify:	$
Other – Specify:	$	**TOTAL LAUNDRY & CLEANING**	**$**

7. MEDICAL & DENTAL			
Physician Visits (out of pocket):	$	Prescriptions & OTC Medications	$
Laboratory (out of pocket):	$	Dental Visits (out of pocket):	$
Eye Exams (out of pocket)	$	Med Equip/Glasses/Hearing Aids	$
Other – Specify:	$	**TOTAL MEDICAL & DENTAL**	**$**
8. TRANSPORTATION			
Fuel:	$	Vehicle Maintenance – Service:	$
Vehicle Maintenance – Tires:	$	Cab Fare/Bus Pass/Tolls:	$
Other – Specify:	$	**TOTAL TRANSPORTATION**	**$**
9. RECREATION, CLUBS, AND ENTERTAINMENT			
Membership Dues:	$	Movies/Movie Rentals:	$
Concerts:	$	Newspapers/Magazines:	$
Special Occasion Gifts:	$	Other – Specify:	$
Other – Specify:	$	**TOTAL RECREATION, ETC**	**$**
10. CHARITABLE CONTRIBUTIONS			
Religious Organizations:	$	Non-Profit Agencies:	$
Other – Specify:	$	**TOTAL CONTRIBUTIONS**	**$**
11. INSURANCE			
Homeowner's or Renter's:	$	Life Insurance:	$
Health Insurance:	$	Automobile Insurance:	$
Business Insurance:	$	Other – Specify:	$
Other – Specify:	$	**TOTAL INSURANCE**	**$**
12. TAXES			
Real Property Taxes:	$	Personal Property Taxes:	$
Vehicle Tags:	$	Vehicle Inspections:	$
Road Use Taxes:	$	Other – Specify:	$
Other – Specify:	$	**TOTAL TAXES:**	**$**
13. INSTALLMENT PAYMENTS			
Vehicle:	$	Student Loan:	$

401(k) or Retirement Loan:	$	Other – Specify:	$
Other – Specify:	$	**TOTAL INSTALLMENT PMTS**	**$**

14. ALIMONY, MAINTENANCE & SUPPORT			
Alimony Payments:	$	Maintenance Payments:	$
Support Payments:	$	Other – Specify:	$
Other – Specify:	$	**TOTAL ALIMONY, ETC.**	**$**

15. DEPENDENTS NOT LIVING AT HOME			
Payments for Support:	$	Other – Specify:	$
Other – Specify:	$	**TOTAL DEPENDENT PAYMENTS:**	**$**

16. BUSINESS EXPENSES		
Attach detailed statement of regular expenses from operation of business, profession or farm.	**TOTAL BUSINESS EXPENSES:**	**$**

17. OTHER EXPENSES			
Cosmetics/Personal Hygiene:	$	Haircuts/Hairstyling:	$
Tobacco/Alcohol:	$	Household Help:	$
Daycare/Summer Camp:	$	School Lunches/School Activities:	$
Children's Allowances:	$	Pet Expenses:	$
Home Office Supplies:	$	Accounting & Legal:	$
Bank Fees:	$	IRA Contributions:	$
Tuition/Instruction/Books:	$	Other – Specify:	$
Other – Specify:	$	**TOTAL OTHER EXPENSES:**	**$**

TOTAL EXPENSES:	$
A. TOTAL PROJECTED MONTHLY INCOME:	**$**
B. TOTAL PROJECTED MONTLY EXPENDITURES	**$**
C. EXCESS INOME (A minus B)	**$**

STATEMENT OF FINANCIAL AFFAIRS

INSTRUCTIONS

This Statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under Chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the

spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this Statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. **If the answer to an applicable question is "None," check [✓] the box provided and then move to the next section.** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the number of the question.

<div align="center">**DEFINITIONS**</div>

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporation of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from Employment or Operation of Business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of business including part-time activities either as any employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains or has maintained financial records on the basis of a fiscal rather than a calendar year you may report fiscal year income. Identify the beginning and ending dates of the fiscal year.) If joint petition is filed, state income for each spouse separately. (Married debtors filing under Chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

☐	Check [✓] if you have and have had during the preceding two years NO income from Employment or Operation of Business, then proceed to next section.	
DEBTOR	Year-to-Date Gross Income form Employment or Business:	$
	Last Year's Gross Income form Employment or Business:	$
	Year Before's Gross Income form Employment or Business:	$
SPOUSE	Year-to-Date Gross Income form Employment or Business:	$
	Last Year's Gross Income form Employment or Business:	$
	Year Before's Income form Employment or Business:	$

2. Income Other than from Employment or Operation of Business

State the amount of income received other than from employment, trade, or profession, or from operation of business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. Give particulars. If joint petition is filed, state income for each spouse separately. (Married debtors filing under Chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Examples of such income include but are not limited to Retirement Benefits, Social Security Benefits, Disability Benefits, Unemployment Benefits, Alimony, Support, and Maintenance.

☐	Check [✓] if you have and have had during the preceding two years NO income other than from Employment or Operation of Business, then proceed to next section	
DEBTOR	Year-to-Date Income – Source:	$
	Year to Date Income – Source:	$
	Last Year's Income – Source:	$
	Last Year's Income – Source:	$
	Year Before's Income – Source:	$
	Year Before's Income – Source:	$
SPOUSE	Year-to-Date Income – Source:	$
	Year-to-Date Income – Source:	$
	Last Year's Income – Source:	$
	Last Year's Income – Source:	$
	Year Before's Income – Source:	$
	Year Before's Income – Source:	$

3a. Payments to Creditors

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than $600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under Chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

☐	Check [✓] if you have made NO payments aggregating more than $600 to any creditor within the 90 days immediately preceding the commencement of this case, then proceed to next section.			
	Name & Address of Creditor	**Dates of Payments**	**Amount Paid**	**Amount Still Owing**
1		/ /	$	$
		/ /	$	$
	,	/ /	$	$
2		/ /	$	$
		/ /	$	$
	,	/ /	$	$
3		/ /	$	$
		/ /	$	$
	,	/ /	$	$

Comments:	

3b. Payments to Creditors

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

	Check [✓] if you have made NO payments aggregating more than $5,000 to any creditor within the 90 days immediately preceding the commencement of this case, then proceed to next section.			
☐	**Name & Address of Creditor**	**Dates of Payments**	**Amount Paid**	**Amount Still Owing**
1		/ /	$	$
		/ /	$	$
	,	/ /	$	$
2		/ /	$	$
		/ /	$	$
	,	/ /	$	$
3		/ /	$	$
		/ /	$	$
	,	/ /	$	$
4		/ /	$	$
		/ /	$	$
	,	/ /	$	$

Comments:	

3c. Payments to Insiders

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under Chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	Check [✓] if you have made NO payments within one year immediately preceding the commencement of this case for the benefit of creditors who are or were insiders, then proceed to next section.			
☐	**Name & Address of Insider**	**Dates of Payments**	**Amount Paid**	**Amount Still Owing**
1		/ /	$	$
		/ /	$	$
	,	/ /	$	$
2		/ /	$	$
		/ /	$	$
	,	/ /	$	$
3		/ /	$	$
		/ /	$	$
	,	/ /	$	$
4		/ /	$	$
		/ /	$	$

	,	/ /	$	$
Comments:				

4a. Lawsuits and Administrative Proceedings

List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under Chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	Check [✓] if you are or have been a party to NO lawsuits and administrative proceedings within one year immediately preceding the commencement of this case, then proceed to next section.

1	Nature:			
	Location:			
	Caption:		Case No:	
	Disposition:			
2	Nature:			
	Location:			
	Caption:		Case No:	
	Disposition:			
3	Nature:			
	Location:			
	Caption:		Case No:	
	Disposition:			

Comments:	

4b. Executions, Garnishments and Attachments

Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under Chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	Check [✓] if you have had NO attachments, garnishments and seizures within one year immediately preceding the commencement of this case, then proceed to next section.

1	Name of Creditor:			
	Address of Creditor:			
	City, State, Zip:		,	
	Date of Execution, Attachment, Garnishment or Seizure:		/ /	
	Description of Property:		Value: $	
2	Name of Creditor:			
	Address of Creditor:			
	City, State, Zip:		,	
	Date of Execution, Attachment, Garnishment or Seizure:		/ /	
	Description of Property:		Value: $	
3	Name of Creditor:			
	Address of Creditor:			
	City, State, Zip:		,	
	Date of Execution, Attachment, Garnishment or Seizure:		/ /	
	Description of Property:		Value: $	

Comments:	

5. Repossessions, Foreclosures and Returns

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

	Check [✓] if you have had NO repossessions, foreclosures and returns within one year immediately preceding the commencement of this case, then proceed to next section.		
1	Name of Creditor:		
	Address of Creditor:		
	City, State, Zip:	,	
	Date of Repossession, Foreclosure or Return:		/ /
	Description of Property:		Value: $
2	Name of Creditor:		
	Address of Creditor:		
	City, State, Zip:	,	
	Date of Repossession, Foreclosure or Return:		/ /
	Description of Property:		Value: $
3	Name of Creditor:		
	Address of Creditor:		
	City, State, Zip:	,	
	Date of Repossession, Foreclosure or Return:		/ /
	Description of Property:		Value: $

Comments:	

6a. Assignments

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

	Check [✓] if you have had NO assignments of property within 120 days immediately preceding the commencement of this case, then proceed to next section.		
1	Name of Creditor:		
	Address of Creditor:		
	City, State, Zip:	,	
	Terms:	Date of Assignment:	/ /
	Assigned Property:	Value:	$
2	Name of Creditor:		
	Address of Creditor:		
	City, State, Zip:	,	
	Terms:	Date of Assignment:	/ /
	Assigned Property:	Value:	$
3	Name of Creditor:		
	Address of Creditor:		
	City, State, Zip:	,	

	Terms:		Date of Assignment:	/ /
	Assigned Property:		Value:	$
Comments:				

6b. Receiverships

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

	Check [✓] if you have had NO receiverships within one year immediately preceding the commencement of this case, then proceed to next section.			
1	Name of Custodian:			
	Address:			
	City, State, Zip:	,		
	Court Information:		Date Ordered:	/ /
	Property Description:		Value:	$
2	Name of Custodian:			
	Address:			
	City, State, Zip:	,		
	Court Information:		Date Ordered:	/ /
	Property Description:		Value:	$
3	Name of Custodian:			
	Address:			
	City, State, Zip:	,		
	Court Information:		Date Ordered:	/ /
	Property Description:		Value:	$
Comments:				

7. Gifts

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

	Check [✓] if there have been NO gifts or charitable contributions within one year immediately preceding the commencement of this case, then proceed to next section.			
1	Name of Person or Organization:			
	Address of Person or Organization:			
	City, State, Zip:	,		
	Relationship to Debtor (if any):		Date of Gift:	/ /
	Description of Gift:		Value of Gift:	$
2	Name of Person or Organization:			
	Address of Person or Organization:			

	City, State, Zip:		,		
	Relationship to Debtor (if any):		Date of Gift:	/ /	
	Description of Gift:		Value of Gift:	$	
3	Name of Person or Organization:				
	Address of Person or Organization:				
	City, State, Zip:		,		
	Relationship to Debtor (if any):		Date of Gift:	/ /	
	Description of Gift:		Value of Gift:	$	
Comments:					

8. Losses

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

	Check [✓] if there have been NO losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case, then proceed to next section.

1	Description of Circumstances:				
	Value of Property:	$	Date of Loss:	/ /	
	Was Loss Covered by Insurance?	☐ Yes ☐ No	Settlement Amount:	$	
	Name of Insurance Co:				
	Address of Insurance Co:				
	City, State, Zip:		,		
2	Description of Circumstances:				
	Value of Property:	$	Date of Loss:	/ /	
	Was Loss Covered by Insurance?	☐ Yes ☐ No	Settlement Amount:	$	
	Name of Insurance Co:				
	Address of Insurance Co:				
	City, State, Zip:		,		
Comments:					

9. Payments Related to Debt Counseling or Bankruptcy

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

1	Name of Person or Organization:				
	Address of Person or Organization:				
	City, State, Zip:				
	Payor (if other than debtor):		Date Paid:	/ /	
	Description:		Amount/Value:	**$**	
2	Name of Person or Organization:				
	Address of Person or Organization:				

	City, State, Zip:			,					
	Payor (if other than debtor):				Date Paid:		/	/	
	Description of Property:			Amount/Value:		$			
3	Name of Person or Organization:								
	Address of Person or Organization:								
	City, State, Zip:			,					
	Payor (if other than debtor):				Date Paid:		/	/	
	Description of Property:			Amount/Value:		$			
Comments:									

10. Other Transfers

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

	Check [✓] if there have been NO other transfers of property within two years immediately preceding the commencement of this case, then proceed to next section.						
1	Name of Transferee:						
	Address of Transferee:						
	City, State, Zip:			,			
	Property Transferred:			Date of Transfer:		/	/
	Terms of Transaction:			Property Value:		$	
2	Name of Transferee:						
	Address of Transferee:						
	City, State, Zip:			,			
	Property Transferred:			Date of Transfer:		/	/
	Terms of Transaction:			Property Value:		$	
3	Name of Transferee:						
	Address of Transferee:						
	City, State, Zip:			,			
	Property Transferred:			Date of Transfer:		/	/
	Terms of Transaction:			Property Value:		$	
Comments:							

10. Other Transfers

b. List all other proper transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

	Check [✓] if there have been NO other transfers of property within ten years immediately preceding the commencement of this case, then proceed to next section.						
1	Name of Transferee:						
	Address of Transferee:						
	City, State, Zip:			,			
	Property Transferred:			Date of Transfer:		/	/

	Terms of Transaction:		Property Value:		$
2	Name of Transferee:				
	Address of Transferee:				
	City, State, Zip:		,		
	Property Transferred:		Date of Transfer:		/ /
	Terms of Transaction:		Property Value:		$
3	Name of Transferee:				
	Address of Transferee:				
	City, State, Zip:		,		
	Property Transferred:		Date of Transfer:		/ /
	Terms of Transaction:		Property Value:		$

Comments:

11. Closed Financial Accounts

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

☐	Check [✓] if there have been NO closed financial accounts within one year immediately preceding the commencement of this case, then proceed to next section.				
1	Name of Financial Institution:				
	Address of Financial Institution:				
	City, State, Zip:		,		
	Type of Account:		Date Closed:		/ /
	Account Number:		Final Balance:		$
2	Name of Financial Institution:				
	Address of Financial Institution:				
	City, State, Zip:		,		
	Type of Account:		Date Closed:		/ /
	Account Number:		Final Balance:		$
3	Name of Financial Institution:				
	Address of Financial Institution:				
	City, State, Zip:		,		
	Type of Account:		Date Closed:		/ /
	Account Number:		Final Balance:		$

Comments:

12. Safe Deposit Boxes

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

	Check [✓] if there have been NO safe deposit boxes within one year immediately preceding the commencement of this case, then proceed to next section.			
1	Name of Financial Institution:			
	Address of Financial Institution:			
	City, State, Zip:	,		
	Contents:		Value of Contents:	$
	Name of Accessor:			
	Address of Accessor:			
	City, State, Zip:	,		
2	Name of Financial Institution:			
	Address of Financial Institution:			
	City, State, Zip:	,		
	Contents:		Value of Contents:	$
	Name of Accessor:			
	Address of Accessor:			
	City, State, Zip:	,		

Comments:

13. Setoffs

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

	Check [✓] if there have been NO other transfers of property within one year immediately preceding the commencement of this case, then proceed to next section.			
1	Name of Creditor:			
	Address of Creditor:			
	City, State, Zip:	,		
	Account Type:		Date of Setoff:	/ /
	Account Number:		Amount of Setoff:	$
2	Name of Creditor:			
	Address of Creditor:			
	City, State, Zip:	,		
	Account Type:		Date of Setoff:	/ /
	Account Number:		Amount of Setoff:	$
3	Name of Creditor:			
	Address of Creditor:			
	City, State, Zip:	,		
	Account Type:		Date of Setoff:	/ /
	Account Number:		Amount of Setoff:	$

Comments:	

14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.

	Check [✓] if there is NO hold or control on property owned by another person, then proceed to next section.

1	Name of Property Owner:			
	Address of Owner:			
	City, State, Zip:	,		
	Property Description:			
	Location of Property:		Value of Property:	$
2	Name of Property Owner:			
	Address of Owner:			
	City, State, Zip:	,		
	Property Description:			
	Location of Property:		Value of Property:	$
3	Name of Property Owner:			
	Address of Owner:			
	City, State, Zip:	,		
	Property Description:			
	Location of Property:		Value of Property:	$

Comments:	

15. Prior Address of Debtor

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

	Check [✓] if there is NO prior address within the three years immediately preceding the commencement of this case, then proceed to next section.

1	Prior Address:					
	City, State, Zip:	,				
	Dates of Occupancy:	From:	/ /	To:	/ /
	Names Used:					
2	Prior Address:					
	City, State, Zip:	,				
	Dates of Occupancy:	From:	/ /	To:	/ /
	Names Used:					
3	Prior Address:					
	City, State, Zip:	,				
	Dates of Occupancy:	From:	/ /	To:	/ /

	Names Used:				
Comments:					

16. Spouses and Former Spouses

If the debtor resided in a community property state, commonwealth or territory within the **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state. These states, commonwealths and territories include:

ALASKA, ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, PUERTO RICO, TEXAS, WASHINGTON, and WISCONSIN.

☐	Check [✓] if you did NOT reside in a community property state, commonwealth or territory within eight years immediately preceding the commencement of this case, then proceed to next section.				
1	Prior Address:				
	City, State, Zip:	,			
	Dates of Residency:	From:	/ /	To:	/ /
	Spouse / Former Spouse:				
2	Prior Address:				
	City, State, Zip:	,			
	Dates of Residency:	From:	/ /	To:	/ /
	Spouse / Former Spouse:				
Comments:					

17. Environmental Information

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

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

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

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

☐	Check [✓] if you are or have been a party to NO environmental hazard liabilities, release of hazardous material or judicial proceeding regarding Environmental Law within one year immediately preceding the commencement of this case, then proceed to next section.

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

1	Name of Site:			
	Address of Site:			
	City, State, Zip:	,		
	Governmental Unit:		Date of Notice:	/ /
	Applicable Law:			
2	Name of Site:			

	Address of Site:				
	City, State, Zip:	,			
	Governmental Unit:		Date of Notice:	/	/
	Applicable Law:				

Comments:	

1	Name of Site:				
	Address of Site:				
	City, State, Zip:	,			
	Governmental Unit:		Date of Notice:	/	/
2	Name of Site:				
	Address of Site:				
	City, State, Zip:	,			
	Governmental Unit:		Date of Notice:	/	/

Comments:	

1	Governmental Unit:			
	Address:			
	City, State, Zip:	,		
	Proceeding:		Docket No:	
	Disposition:			
2	Governmental Unit:			
	Address:			
	City, State, Zip:	,		
	Proceeding:		Docket No:	
	Disposition:			

Comments:	

18. Nature, Location and Name of Business

a. *If the debtor is an individual*: List the names, addresses, taxpayer identification numbers, nature of businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed in a trade, profession or other activity either full-time or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership: List the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation: List the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a above that is "single asset real estate" as defined by 11 U.S.C. § 101.

☐	Check [✓] if you are a party to NO business ventures within the six years immediately preceding the commencement of this case. **Congratulations! You have completed the Initial Intake Form.**				
1	Name Business:				
	Business Address:				
	City, State, Zip:		,		
	Taxpayer ID No:		Nature of Business:		
	Dates of Business:	From:	/ /	To:	/ /
	Single Asset Real Estate as defined by 11 U.S.C. § 101?			☐ Yes ☐ No	
2	Name Business:				
	Business Address:				
	City, State, Zip:		,		
	Taxpayer ID No:		Nature of Business:		
	Dates of Business:	From:	/ /	To:	/ /
	Single Asset Real Estate as defined by 11 U.S.C. § 101?			☐ Yes ☐ No	
3	Name Business:				
	Business Address:				
	City, State, Zip:		,		
	Taxpayer ID No:		Nature of Business:		
	Dates of Business:	From:	/ /	To:	/ /
	Single Asset Real Estate as defined by 11 U.S.C. § 101?			☐ Yes ☐ No	
Comments:					

If you completed Section 18: #1, 2 and/or 3, proceed to the next Section.

STATEMENT OF BUSINESS FINANCIAL AFFAIRS

INSTRUCTIONS

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

19. Books, Records and Financial Statements

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

1	Name of Bookkeeper/Accountant:	
	Firm:	
	Address:	
	City, State, Zip:	,
2	Name of Bookkeeper/Accountant:	
	Firm:	
	Address:	
	City, State, Zip:	,
3	Name of Bookkeeper/Accountant:	
	Firm:	
	Address:	
	City, State, Zip:	,
4	Name of Bookkeeper/Accountant:	
	Firm:	
	Address:	
	City, State, Zip:	,

Comments:

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records or prepared a financial statement of the debtor.

1	Name of Firm or Individual:	
	Address:	
	City, State, Zip:	,
2	Name of Firm or Individual:	

	Address:		
	City, State, Zip:	,	
3	Name of Firm or Individual:		
	Address:		
	City, State, Zip:	,	
4	Name of Firm or Individual:		
	Address:		
	City, State, Zip:	,	
Comments:			

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

1	Firm or Individual:		
	Address:		
	City, State, Zip:	,	
	Are Books of Account and Record Available?	☐ Yes ☐ No If not, explain below.	
	Explanation:		
2	Firm or Individual:		
	Address:		
	City, State, Zip:	,	
	Are Books of Account and Record Available?	☐ Yes ☐ No If not, explain below.	
	Explanation:		
3	Firm or Individual:		
	Address:		
	City, State, Zip:	,	
	Are Books of Account and Record Available?	☐ Yes ☐ No If not, explain below.	
	Explanation:		
4	Firm or Individual:		
	Address:		
	City, State, Zip:	,	
	Are Books of Account and Record Available?	☐ Yes ☐ No If not, explain below.	
	Explanation:		
Comments:			

d. List all financial institutions, creditors and other parties including mercantile and trade agencies to which a financial statement was issued within the **two years** immediately preceding the commencement of the case by the debtor.

1	Name:	
	Address:	
	City, State, Zip:	,
2	Name:	

	Address:	
	City, State, Zip:	,
3	Name:	
	Address:	
	City, State, Zip:	,
4	Name:	
	Address:	
	City, State, Zip:	,
Comments:		

20. Inventories

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

1	Date of Inventory:	/ /		
	Supervisor of Inventory:			
	Dollar Amount of Inventory:	$	Basis of Inventory:	
2	Date of Inventory:	/ /		
	Supervisor of Inventory:			
	Dollar Amount of Inventory:	$	Basis of Inventory:	
3	Date of Inventory:	/ /		
	Supervisor of Inventory:			
	Dollar Amount of Inventory:	$	Basis of Inventory:	
Comments:				

b. List the name and address of the person having possession of the records of the two inventories reported in 20a above.

1	Name:	
	Address:	
	City, State, Zip:	,
2	Name:	
	Address:	
	City, State, Zip:	,
3	Name:	
	Address:	
	City, State, Zip:	,
Comments:		

21. Current Partners, Officers, Directors and Shareholders

a. If the debtor is a partnership list the nature and percentage of partnership interest of each member of the partnership.

1	Member:			
	Address:			
	City, State, Zip:	,		
	Nature:		Percentage:	%
2	Member:			

	Address:			
	City, State, Zip:	,		
	Nature:		Percentage:	%
3	Member:			
	Address:			
	City, State, Zip:	,		
	Nature:		Percentage:	%
Comments:				

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

1	Officer:			
	Address:			
	City, State, Zip:	,		
	Office Held:		Percentage:	%
2	Officer:			
	Address:			
	City, State, Zip:	,		
	Office Held:		Percentage:	%
3	Officer:			
	Address:			
	City, State, Zip:	,		
	Office Held:		Percentage:	%
4	Officer:			
	Address:			
	City, State, Zip:	,		
	Office Held:		Percentage:	%
1	Stockholder:			
	Address:			
	City, State, Zip:	,		
	Comment:		Percentage:	%
2	Stockholder:			
	Address:			
	City, State, Zip:	,		
	Comment:		Percentage:	%
3	Stockholder:			
	Address:			
	City, State, Zip:	,		
	Comment:		Percentage:	%
4	Stockholder:			
	Address:			
	City, State, Zip:	,		
	Comment:		Percentage:	%

5	Stockholder:			
	Address:			
	City, State, Zip:	,		
	Comment:		Percentage:	%
6	Stockholder:			
	Address:			
	City, State, Zip:	,		
	Comment:		Percentage:	%

22. Former Partners, Officers, Directors and Shareholders

a. If the debtor is a partnership list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

1	Member:	
	Address:	
	City, State, Zip:	,
Comments:		
2	Member:	
	Address:	
	City, State, Zip:	,
Comments:		
3	Member:	
	Address:	
	City, State, Zip:	,
Comments:		
4	Member:	
	Address:	
	City, State, Zip:	,
Comments:		
5	Member:	
	Address:	
	City, State, Zip:	,

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

1	Member:	
	Address:	
	City, State, Zip:	,
Comments:		
2	Member:	
	Address:	
	City, State, Zip:	,
Comments:		
3	Member:	
	Address:	
	City, State, Zip:	,

Comments:					

	4	Member:	
		Address:	
		City, State, Zip:	,

Comments:	

	5	Member:	
		Address:	
		City, State, Zip:	,

Comments:	

23. Withdrawals from a Partnership or Distributions by a Corporation

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 **one year** immediately preceding the commencement of this case.

	1	Insider:				
		Address:				
		City, State, Zip:	,			
		Compensation:				
		Value:	$		Date:	/ /

Comments:	

	2	Insider:				
		Address:				
		City, State, Zip:	,			
		Compensation:				
		Value:	$		Date:	/ /

Comments:	

	3	Insider:				
		Address:				
		City, State, Zip:	,			
		Compensation:				
		Value:	$		Date:	/ /

Comments:	

	4	Insider:				
		Address:				
		City, State, Zip:	,			
		Compensation:				
		Value:	$		Date:	/ /

Comments:	

	5	Insider:	
		Address:	
		City, State, Zip:	,
		Compensation:	

	Value:	$		Date:	/ /
Comments:					

6	Insider:	
	Address:	
	City, State, Zip:	,
	Compensation:	
	Value:	$ Date: / /
Comments:		

24. Tax Consolidation Group

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

1	Parent Company:	
	Address:	
	City, State, Zip:	,
	Federal Taxpayer Identification Number:	
Comments:		
2	Parent Company:	
	Address:	
	City, State, Zip:	,
	Federal Taxpayer Identification Number:	
Comments:		
3	Parent Company:	
	Address:	
	City, State, Zip:	,
	Federal Taxpayer Identification Number:	
Comments:		
4	Parent Company:	
	Address:	
	City, State, Zip:	,
	Federal Taxpayer Identification Number:	
Comments:		

25. Pension Funds

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 within the **six-year period** immediately preceding the commencement of this case.

1	Parent Company:	
	Address:	
	City, State, Zip:	,
	Federal Taxpayer Identification Number:	
Comments:		
2	Parent Company:	
	Address:	
	City, State, Zip:	,
	Federal Taxpayer Identification Number:	
Comments:		

3	Parent Company:	
	Address:	
	City, State, Zip:	,
	Federal Taxpayer Identification Number:	
Comments:		
4	Parent Company:	
	Address:	
	City, State, Zip:	,
	Federal Taxpayer Identification Number:	
Comments:		