



DOCUMENT CHECKLIST

- ___ **Copies of pay stubs** or other equivalent documents showing employment income for the last 6 months. We must submit these with the petition. *If you are missing pay stubs, please request a print out from your HR Dept. Print out must show all payroll deductions.*
- ___ Copies of documentation of income from all other sources other than employment for the last 6 months
- ___ **Copy of credit counseling certificate** with attached copy of repayment plan, if applicable.
COUNSELING MUST BE COMPLETED BEFORE YOU CAN FILE YOUR PETITION
- ___ Copy of recent credit report. Free reports can be requested from each bureau from www.annualcreditreport.com . Please run Trans Union and Experian.
- ___ **Copy of tax returns including W2s & schedules for last 2 years (4 years for Chapter 13).**
- ___ **Copy of social security card**
- ___ Statements for any Education IRA, if applicable for the last 6 months
- ___ Mortgage statement (most recent you have available)
- ___ Property tax statements, if applicable (most recent statement available)
- ___ Copy of auto sales/lease contracts with purchase dates and a recent monthly statement
- ___ Statements for all bank accounts and investment accounts, including 401Ks and IRAs for the last 6 months
- ___ Copies of pending lawsuits
- ___ Copies of any court ordered domestic support order
- ___ Business income and expense worksheet for self-employed or business owners
- ___ Inventory list for business owners

CHAPTER 13 ADDITIONAL DOCUMENTS

- Declaration pages for homeowners insurance.
- Declaration pages for automobile insurance for all vehicles.
- Business report for self-employed or business owners



Confidential Questionnaire

Please answer all questions to the best of your knowledge and as thoroughly as possible. If a question or section does NOT apply to you, please mark N/A (not applicable). Please type or print.

Personal Information

Name: First _____ Middle (spell out) _____ Last _____

Other names used within the last 8 years. Example: maiden name, name from previous marriage, legal name change, DBA, etc.) If multiple, separate with commas. **Check if not applicable N/A**

Name(s) Used _____

Social Security Number _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

County of Residence _____ Length of Time at This Address _____

Home Phone _____ Cell Phone _____ Other Phone _____

Email address _____

Prior Residences within the past three years: **Check if not applicable [] N/A**

Date that you moved to your current address (month/year): _____

Prior Address _____ From/To: _____

Name of person (s) who lived at this address _____

Prior Address _____ From/To: _____

Name of person (s) who lived at this address _____

MAILING ADDRESS (if different) **Check if not applicable N/A**

Marital Status: **Married** **Single** **Separated** **Divorced** **Widowed**
If married, how are you filing? **Jointly** **Separately**

Have you filed a bankruptcy case or has a bankruptcy case been filed against you? Yes No *If "yes" provide date/s and county.*

Date: _____ County: _____

Have you met the Debt Counseling requirement for your state? Please check one of the choices below:

- Counseling not completed Received counseling within the past 180 days

INFORMATION ABOUT YOUR SPOUSE (If filing jointly)

Name: First _____ Middle (spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Address (if living separately) _____

City, State, Zip _____

Other names used within the last 8 years. Example: maiden name, name from previous marriage, legal name change, DBA, etc.) If multiple, separate with commas. **Check if not applicable N/A**

Name(s) Used _____ Date _____

Name of Spouse or Former Spouses: **Check if not applicable [] N/A**

List all spouses and dates (to/from) you were married.

List all spouses and dates (to/from) you were married.

Environmental Information **Check if not applicable [] N/A**

If you have received notice from a government agency concerning an environmental issue or release of hazardous material, please complete the following:

Site name and address _____

Date of notice _____ Environmental law _____

Governmental unit and address _____

If you have received notice of environmental proceedings, please complete the following:

Government unit and address _____

Docket number _____ Disposition _____

MEANS TEST INFORMATION

Means Test does NOT apply. Debtor(s) is a disabled veteran with debts incurred primarily during active duty or homeland defense.

DEPENDENTS			
First and Last Name of Dependent	Age	Relationship to You	Is this person/child Living with you?

INCOME FOR SIX (6) MONTHS

Provide the total amount of earned income (from all sources) that you received for the current month and the last five (5) months - totaling six (6) months of income. **DO NOT DEDUCT TAXES.** The income you report below is NOT take home pay but the **TOTAL INCOME** you actually earned *before taxes were deducted* (gross pay).

DEBTOR: Wages, salaries, tips, bonuses, overtime and commissions:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

SPOUSE: Wages, salaries, tips, bonuses, overtime and commissions:

Last month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

DEBTOR: Income from operation of business, profession or farm:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

SPOUSE: Income from operation of business, profession or farm:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

Continued on next page

DEBTOR: Rental income and other property income (rents paid to you):

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

SPOUSE: Rental income and other property income (rents paid to you):

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

DEBTOR: Interest income, dividends and royalties:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

SPOUSE: Interest income, dividends and royalties:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

DEBTOR: Pension and retirement income:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

SPOUSE: Pension and retirement income:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

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

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

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

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

Continued on next page

DEBTOR: Unemployment compensation:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

SPOUSE: Unemployment compensation:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

DEBTOR: Income from other sources not provided for above:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

SPOUSE: Income from other sources not provided for above:

Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago

OTHER INFORMATION

Do you expect any significant changes to your income in the next six (6) months? If so, please provide details below.

INCOME

YOUR EMPLOYMENT *(If self-employed, use next form)*

Name as listed on paycheck _____ Occupation (spell out): _____

Employer's Name _____

Address _____ City _____ State _____ Zip _____

Length of time with this employer: Years _____ Months _____

How often are you paid? (Circle one)

- Weekly Bi-weekly (sometimes receive 3 paychecks a month)
 Once a month Semi-monthly (on the same days of each month)

YOUR INCOME HISTORY

Please estimate your income using an average of the last 6 months prior to filing.

Current Monthly Income: (Pro rate if not paid monthly)

Estimate your average *monthly* wages (before deductions) \$ _____

Estimated average *monthly* commissions \$ _____

Estimated average *monthly* overtime \$ _____

What is your *year-to-date GROSS* income for the present year (*before deductions*)? \$ _____

Previous income:

Total **GROSS** income, commissions & overtime *for last year (before deductions)* \$ _____

Total **GROSS** income, commissions & overtime *2 years ago (before deductions)* \$ _____

Business Income:

Regular *monthly* income from operating a business or farm (before expenses) \$ _____

Regular gross income from operating a business or farm *for the last year.*

Regular gross income from operating a business or farm *for 2 years ago.* \$ _____

Less Monthly Payroll Deductions:

Payroll Taxes and Social Security \$ _____

Insurance \$ _____

Union Dues \$ _____

Other (Describe): _____ If 401K, how long you have participated: _____ \$ _____

Other Monthly Income *(Estimated average monthly income)*

Income from Real Property (rental property) \$ _____

Interest, dividends and royalties \$ _____

Pension or retirement income \$ _____

Alimony or child support payments received \$ _____

Unemployment \$ _____

Social Security related assistance (Specify): _____ \$ _____

Other Government assistance (Specify): _____ \$ _____

Other Monthly Income-Example: Food Stamps, Flea market sales, (after expenses)

Specify _____ \$ _____

Do you have a 2nd job: Yes No Check if not applicable [] N/A

Name as listed on paycheck: _____ Occupation (spell out): _____

Employer's Name _____

Address _____ City _____ State _____ Zip _____

Length of time with this employer: Years _____ Months _____

How often are you paid? (Circle one)

- Weekly Bi-weekly (sometimes receive 3 paychecks a month)
 Once a month Semi-monthly (on the same days of each month)

Current Monthly Income: (Pro rate if not paid monthly)

Please estimate your income using an average of the last 6 months prior to filing.

Estimated average *monthly* wages (before deductions) \$ _____

Estimated average *monthly* commissions (before deductions) \$ _____

What is your GROSS *year-to-date* income for the present year (before deductions)? \$ _____

Less Monthly Payroll Deductions:

Payroll Taxes and Social Security \$ _____

Insurance \$ _____

Union Dues \$ _____

Other (Describe): _____ If 401K, how long you have participated: _____ \$ _____

Previous income:

Gross income, commissions and overtime *for last year (before deductions)* \$ _____

Gross income, commissions and overtime *2 years ago (before deductions)* \$ _____

Home Based Business

Do you receive any income from a home-based business? YES NO

Describe the nature of your home-based business:

What year was it established? _____

Do you carry any inventory for your home based business? _____

If yes, describe type of inventory _____

What is the estimated resale value of inventory? _____

Do you have a 2nd job: Yes No

Check if not applicable N/A

Name as listed on paycheck: _____ Occupation (spell out): _____

Employer's Name _____

Address _____ City _____ State _____ Zip _____

Length of time with this employer: Years _____ Months _____

How often are you paid? (Circle one)

- Weekly Bi-weekly (sometimes receive 3 paychecks a month)
 Once a month Semi-monthly (on the same days of each month)

Current Monthly Income: (Pro rate if not paid monthly)

Please estimate your income using an average of the last 6 months prior to filing.

Estimated average *monthly* wages (before deductions) \$ _____

Estimated average *monthly* commissions (before deductions) \$ _____

What is your total *year-to-date* income for the present year (before deductions)? \$ _____

Previous income:

Gross income, commissions and overtime *for last year* (before deductions) \$ _____

Gross income, commissions and overtime *2 years ago* (before deductions) \$ _____

Home Based Businesses

Do you receive any income from a home-based business? YES NO

If yes, describe the nature of your home-based business:

What year was it established? _____

Do you carry any inventory for your home based business? _____

If yes, describe type of inventory _____

What is the estimated resale value of inventory? _____

BUSINESS OWNERS/SELF-EMPLOYED/INDEPENDENT CONTRACTORS

Check if not applicable N/A

Please complete this form if you or your spouse have been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business) within the past eight (8) years.

Who is/was self-employed? You Spouse Both EIN(Tax ID) _____

Name and address of business _____

Date started _____ Date ended _____ Still active Single Asset Real Estate YES NO

Sole Proprietor Partnership Limited Liability Corporation

Nature of business _____

Net profits for this year _____ Last year _____ 2 Yrs Ago _____

How much income tax do you pay from the income you make with your business? _____

Books, records and financial statements

List all bookkeepers and accountants who within the past two (2) years kept or supervised the keeping of books of account and records of the debtor.

Name and title _____ Date started _____ Date ended _____

Address _____

List all firms or individuals who within the past two (2) years have audited the books of account and records, or prepared a financial statement of the debtor.

Name and title _____ Date started _____ Date ended _____

Address _____

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 books of account and records are not available, explain.

List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the past two (2) years.

Inventories

Complete the following information for the last two (2) inventories taken of your property.

Date _____ Name of inventory supervisor _____

Value of inventory \$ _____ Basis of inventory Cost Market Other _____

Name and address of person in possession of inventory records _____

Date _____ Name of inventory supervisor _____

Value of inventory \$ _____ Basis of inventory Cost Market Other _____

Name and address of person in possession of inventory records _____

BUSINESS OWNERS/SELF-EMPLOYED/INDEPENDENT CONTRACTORS

Check if not applicable N/A

Current Partners, Officers, Directors and Shareholders

If your business is a *partnership*, complete the following information for each individual member of the partnership: **Name, Address, and Nature of Interest and Percentage of Interest.**

If your business is a *corporation*, complete the following information for all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or holds 5% or more of the voting or equity securities of the corporation: **Name, Address, Title, Nature and Percentage of Stock Ownership.**

Former partners, officers, directors and shareholders

If your business is a *partnership*, complete the following information for each member who withdrew from the partnership within the past one (1) year period: **Name, Address, and Date of Withdrawal.**

If your business is a *corporation*, complete the following information for all officers, or directors whose relationship with the corporation terminated within the past one (1) year period: **Name, Address, Title, Date of Termination.**

Withdrawals from a partnership or distributions by a corporation.

If your business is a *partnership or corporation*, complete the following information for all withdrawals or distributions credited or given to an insider within the past one (1) year period: **Name, Address of Recipient, Relationship to debtor, Date and Purpose of Withdrawal, Description and Value of Property.**

Tax Consolidation Group

If your business is a *corporation*, list the name and federal tax ID for the parent corporation of which the debtor has been a member at any time within the past six (6) years.

Name _____ EIN (Tax ID) _____

Pension Funds

If you are an employer, who has been responsible for contributing at any time within the past six (6) years to any pension fund.

Name of Pension Fund _____ EIN (Tax ID) _____

BUSINESS OWNERS/SELF EMPLOYED/INDEPENDENT CONTRACTORS

Check if not applicable N/A

If you have operated a business inside or outside of your home during the past 12 months, please list below the **normal** income and expenses your business generated for an **average** month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter those figures into the spaces below:

Average monthly business income (before expenses) _____

List your average monthly business expenses. *Please enter zero (0), if an item doesn't apply*

Monthly amount, if any, withheld from your earnings for tax purposes _____

Rent and utilities _____

Office Supplies _____

Product Supplies _____

Wages _____

Equipment Leases _____

Other Business Leases _____

Other (Specify) _____

Other (Specify) _____

Other (Specify) _____

Other (Specify) _____

Total average monthly business expenses _____

Average monthly business profit (Total income minus total expenses) _____

Did you file income taxes for the years you operated your business? **Yes** **No**

If not, list the years you *did not* file taxes _____

What was your total GROSS income (before expenses) for the last 12 months prior to filing bankruptcy? _____

YOUR REAL ESTATE

Check if not applicable N/A

Please make additional copies of this form, if needed and list each piece of property separately.

Notice: If your property is a mobile home, please answer the additional questions at the bottom of next page

Type of property you own: House Condominium Vacant Lot Mobile Home Other

Name/s on Deed or Title _____

Address of Real Estate _____

Description of Real Estate: (example: 1,300 sq. ft home with 2 bedrooms, 2 baths, attached 2-car garage situated on 2 acres) _____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage? _____

Amount of monthly payment _____ What is the pay-off amount on this mortgage? _____

Are you behind in payments? YES NO If so, which months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? _____

Date of last appraisal _____ What was the appraised value? _____

Do you want to KEEP or SURRENDER the property?

COLLECTION INFORMATION

Check if not applicable N/A

Name of Collector _____

Address _____

City _____ State _____ Zip _____

Is this real estate in the process of foreclosure? YES NO

CO-DEBTOR FOR THIS DEBT

Check if not applicable N/A

Name of co-debtor _____

Address _____ Email _____

City _____ State _____ Zip _____

Relation: co-debtor co-signer company partner part owner

YOUR REAL ESTATE, CON'T

SECOND MORTGAGE INFORMATION

Check if not applicable N/A

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date this mortgage was obtained _____

Amount of monthly payment _____ Pay-off amount on this mortgage _____

Are you behind in payments? **YES** **NO** If so, which months? _____

What interest rate do you pay? _____ % Amount to catch up back payments _____

Intention: **KEEP** **SURRENDER**

COLLECTION INFORMATION

Check if not applicable N/A

Name of Collector or Attorney _____

Address _____

City _____ State _____ Zip _____

Is this real estate in the process of foreclosure? **YES** **NO**

Additional information for Mobile Homes

Are the wheels completely removed from your mobile home and it is attached to the ground? **YES** **NO**

Is your mobile home in a mobile home park? **YES** **NO** What is the monthly space rent? _____

Is your mobile home located on a piece of land you own? **YES** **NO** Size of land _____

Do you make separate payments for the land your mobile home sits on? **YES** **NO**

If so, explain: _____

If you own the land free and clear, what is the resell value for this piece of land? _____

Description of Mobile Home: (example: 28x40 doublewide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park.) _____

PERSONAL PROPERTY

VEHICLES

Check if not applicable N/A

Please list all cars, trucks, SUV's, motorcycles, mobile homes, boats, trailers, campers, etc, *that are titled to you(or your spouse)*. Please make additional copies of this form, if needed and list each vehicle separately.

1). Type of vehicle: Automobile Truck Motorcycle Mobile Home Other: _____

Year _____ Make _____ Extras _____

Model (Be specific- Example: CRV, LX, 4 door) _____

Condition: Excellent Good Fair Poor Not Running **MILEAGE** _____

Name (s) on title _____

Is vehicle leased? YES NO If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date loan was established _____ Ending date _____

Monthly Payment _____ If payments are behind list which months _____

What is the "pay off" amount on this vehicle? _____ Check one: Keep Surrender

Is this vehicle necessary for support? YES NO Interest rate: _____

2). Type of vehicle: Automobile Truck Motorcycle Mobile Home Other: _____

Year _____ Make _____ Model _____ Extras _____

Condition: Excellent Good Fair Poor Not Running **MILEAGE** _____

Name (s) on vehicle title? _____

Is vehicle leased? YES NO If yes, what is the "buy out" on the lease? _____

Name of company you make payments to for this vehicle: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date loan was established _____ Ending date _____

Monthly Payment _____ If payments are behind, list which months _____

What is the "pay off" amount on this vehicle? _____ Check one: Keep Surrender

YOUR ASSETS

Please list the *yard sale value* for each item you own. Please write in zero (0) if item doesn't apply.

<u>Item</u>	<u>Estimated Value</u>	
Small appliances	\$ _____	
Dining Room Furniture	\$ _____	
Stove/Cooking Unit	\$ _____	
Refrigerator	\$ _____	
Washer/Dryer	\$ _____	
Microwave	\$ _____	
Cooking Utensils	\$ _____	
Dishes/Eating Utensils	\$ _____	
Pots/Pans	\$ _____	
Living Room Furniture	\$ _____	
Tables and Chairs	\$ _____	
Televisions (s)	\$ _____	
VCR (s)	\$ _____	
Compact Disks, Records, Books	\$ _____	
DVD Player(s)	\$ _____	
All Other Stereo Equipment	\$ _____	Describe item (s): _____
Bedroom Furniture	\$ _____	
Dressers/Nightstands	\$ _____	
Lamps and Accessories	\$ _____	
Wedding Rings	\$ _____	
Other Jewelry/Watches	\$ _____	Describe item (s): _____
Furs	\$ _____	
Computer(s)/Printers	\$ _____	Personal use or for business? _____
Desks/Office Furniture	\$ _____	
Other Computer Equipment	\$ _____	Describe item (s): _____
Photography Equipment	\$ _____	
Satellite Disks	\$ _____	
All Clothing/Accessories	\$ _____	
Collectibles	\$ _____	Describe item(s): _____
Paintings/Art	\$ _____	Describe item (s): _____
Carpenters Tools	\$ _____	Describe item (s): _____
Mechanics Tools	\$ _____	Describe item (s): _____
Guns and Firearms	\$ _____	Describe item (s): _____
Lawnmower	\$ _____	
Boats, motors, accessories	\$ _____	
Trailers	\$ _____	
Campers	\$ _____	
Yard Tools/Equipment	\$ _____	
Swimming Pool	\$ _____	
Cell Phones	\$ _____	
Camera Equipment	\$ _____	

OTHER ASSETS

Season Tickets	\$ _____
Certificate of Deposits	\$ _____
Customer lists	\$ _____
Inventory	\$ _____
Copyrights/Patents	\$ _____
Aircraft	\$ _____
Interests in education IRA	\$ _____
Other (describe)	\$ _____
Other (describe)	\$ _____

Cash on hand

Amount in pocket, after paying attorneys fees \$_____

Checking or savings account(s)

Check if not applicable [] N/A

1). Name of Bank/Financial Institution _____
Address _____ City _____ State _____ Zip _____

Type of account: (Checking, Savings ,etc) _____ Account Number _____

Names on the Account _____ Present Balance _____

2). Name of Bank/Financial Institution _____
Address _____ City _____ State _____ Zip _____

Type of account: (Checking, Savings, etc) _____ Account Number _____

Names on the Account _____ Present Balance _____

Christmas club or other special purpose Account

Check if not applicable [] N/A

Name of Bank/Financial Institution _____
Address _____ City _____ State _____ Zip _____

Type of account: (Checking, Savings ,etc) _____ Account Number _____

Names on the Account _____ Present Balance _____

Security deposits being held

Check if not applicable [] N/A

Name of utility company, landlord, etc. who is holding your deposit _____

Address _____ City _____ State _____ Zip _____

Account Number _____ Balance _____ Type of deposit _____

Life insurance

Check if not applicable [] N/A

1). Name of the Insurance Company _____
Address _____ City _____ State _____ Zip _____

Type of policy (whole life, term, etc.) _____ Cash value, if any _____

Face value _____ Beneficiary's age _____ Relationship to you _____

Retirement, or pension plan through employer

Check if not applicable [] N/A

Type of pension plan (401-K, PERS, etc.) _____

Whose plan is this? Yours Spouse Date enrolled _____ Current cash value _____

Other retirement plans (not through employer)

Check if not applicable [] N/A

List the name of the Financial institution holding a retirement account, annuity account, etc. that you have set up yourself _____

Account balance _____ Name of beneficiary _____

If you have borrowed against the account, amount of loan _____ Date of loan _____

Future retirement benefits from a previous employer

Check if not applicable [] N/A

List the amount and date you expect to start receiving benefits, *if it is within the next 6 months*

Amount per month _____ Starting date _____

Stocks, bonds (including savings bonds) or mutual funds

Check if not applicable [] N/A

List the type of bonds, stocks or mutual funds _____

Cash value, if any _____ Account balance _____ Name of beneficiary _____

Regular monthly contributions from others

Check if not applicable [] N/A

List the name, age, and relationship of any person who regularly contributes to your living expenses

Amount contributed _____ Purpose _____ Dates (started/stopped) _____

Future settlement awards for personal injury

Check if not applicable [] N/A

List the amount and date you expect to receive the funds _____

Please list the details of the claim _____

List the name of attorney or law firm handling this claim _____

Future property settlement with a former spouse

Check if not applicable [] N/A

List all items you expect to receive _____

List the total market value (yard sale value) of these items _____

When do you expect to receive this money or property? _____

Funds owed to you.

Check if not applicable [] N/A

List the name and address of anyone who owes you money, whether or not you expect to collect

What is the amount owed? _____ What date was the debt was established? _____

Explain the reason they owe you money _____

Inheritance or insurance proceeds within the next 6 months **Check if not applicable** [] N/A

List the amount, reason and date you expect to receive funds _____

Trust fund beneficiary **Check if not applicable** [] N/A

List the name and relationship of the trust fund owner of which you are the beneficiary _____

Amount of trust fund _____ Date will you have access to the fund _____

Back wages, commissions, or vacation pay owed to you **Check if not applicable** [] N/A

List the name of the employer who owes you wages, etc. _____

Amount expected _____ Expected date _____

Animals, livestock or pets valued over \$200 **Check if not applicable** [] N/A

Describe any animals, livestock or pets you own that are worth over \$200 and their value, if sold

YOUR MONTHLY EXPENSES

Rent/mortgage payment (include 1st mtg, 2nd mtg, space rent, assoc. dues, etc.) \$ _____
Are Real Estate Taxes included? [] **Yes** [] **No** Is Property Ins. included? [] **Yes** [] **No**

Utilities:

Electricity/gas \$ _____

Water/sewer \$ _____

Telephone (basic service) \$ _____

Other (Specify): _____ \$ _____

Home Maintenance/Repairs (non-mortgage expenses) \$ _____

Food \$ _____

Clothing \$ _____

Laundry and dry cleaning \$ _____

Medical and dental expenses (not paid by insurance) \$ _____

Transportation (gas & maintenance) \$ _____

Education expenses for dependent children under the age of 18 years \$ _____

Recreation/entertainment (include newspapers, magazines, etc.) \$ _____

Charitable contributions \$ _____

Personal care items \$ _____

Insurance (not deducted from wages or included in home mortgage payments above)

 Homeowner's or Renters Insurance \$ _____

 Life Insurance \$ _____

 Health Insurance \$ _____

 Auto Insurance \$ _____

 Other Insurance: _____ \$ _____

Taxes (not deducted from wages or included in home mortgage payments above)

 Specify type of Taxes: _____ \$ _____

Installment Payments:

 Monthly car payments: \$ _____

Other: _____ \$ _____

 Other: _____ \$ _____

Alimony, Maintenance and support paid to others \$ _____

 If so, is this court ordered? **Yes** [] **No** []

Child care \$ _____

Regular expenses from operation of a business, profession, or farm \$ _____

Monthly expenses not included above: Describe: _____ \$ _____

_____ \$ _____

SPOUSE'S MONTHLY EXPENSES (if not listed above)

Rent/mortgage payment (include 1st mtg, 2nd mtg, space rent, assoc.dues, etc.) \$ _____
Are Real Estate Taxes included? [] Yes [] No Is Property Ins. included? [] Yes [] No

Utilities:

Electricity/gas \$ _____

Water/sewer \$ _____

Telephone (basic service) \$ _____

Other (Specify): _____ \$ _____

Home Maintenance/Repairs (non-mortgage expenses) \$ _____

Food \$ _____

Clothing \$ _____

Laundry and dry cleaning \$ _____

Medical and dental expenses (not paid by insurance) \$ _____

Transportation (gas & maintenance) \$ _____

Education expenses for dependent children under the age of 18 years \$ _____

Recreation/entertainment (newspapers, magazines, etc.) \$ _____

Charitable contributions \$ _____

Personal care items \$ _____

Insurance (not deducted from wages or included in home mortgage payments above)

Homeowner's or Renters Insurance \$ _____

Life Insurance \$ _____

Health Insurance \$ _____

Auto Insurance \$ _____

Other Insurance: _____ \$ _____

Taxes (not deducted from wages or included in home mortgage payments above)

Specify type of Taxes: _____ \$ _____

Installment Payments:

Monthly car payments: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Alimony, Maintenance and support paid to others \$ _____

If so, is this court ordered? [] Yes [] No

Child care \$ _____

Regular expenses from operation of a business, profession, or farm \$ _____

Monthly expenses not included above: _____ \$ _____

DEBTS

Taxes:

Check if not applicable [] N/A

Federal Income Taxes:

Were your income taxes filed on a timely basis? [] Yes [] No

Last date filed _____ Are you expecting to receive a refund? [] Yes [] No

If so, list the approximate amount to be received _____

Internal Revenue Service:

Check if not applicable [] N/A

Tax type (i.e. income taxes, payroll taxes, etc.): _____

Tax period or year and the amount due: _____

The date the tax return was filed: _____ [] Unknown

Date of Assessment: _____ [] Unknown

Tax Lien recordation date: _____ [] Unknown

State Taxes: [] California or [] Other

Check if not applicable [] N/A

Tax type (i.e. income taxes, payroll taxes, etc.): _____

Tax period or year and the amount due: _____

Date the tax return was filed: _____ [] Unknown

Date of Assessment: _____ [] Unknown

Tax Lien recordation date: _____ [] Unknown

Real Property Taxes:

Check if not applicable [] N/A

Are any taxes past due? [] Yes [] No

If yes, list which Years & Amounts due: _____

Priority Debts

Student Loans

Check if not applicable [] N/A

Amount owed _____ Monthly payment _____ Interest rate _____ Amount past due, if any _____

Name of institution _____

Address _____ City _____ State _____ Zip _____

Child Support

Check if not applicable [] N/A

Current monthly obligation _____ Amount in arrears, if any _____

Domestic Support Obligations

Check if not applicable [] N/A

Current monthly obligation _____ Amount in arrears, if any _____

Other assets secured by loans with a remaining balance (Ex: couch, computer, etc. purchased on credit).

Name of creditor: _____

Address: _____

Account Number: _____ Total amount owed: _____ Interest rate: _____

Type of purchase (furniture, appliances, jewelry, etc.): _____

Date you originally obtained this debt: _____ Do you want to retain these items? Yes No

Who is financially responsible for this debt Husband Wife Both Other _____

Has this account been turned over to a collection agency? Yes No

Name of Collection Agency: _____

Address of Collection Agency: _____

Other Information (if there is a co-signer on this account, list name & relationship):

Name of creditor: _____

Address: _____

Account Number: _____ Total amount owed: _____ Interest rate: _____

Type of purchase (furniture, appliances, jewelry, etc.): _____

Date you originally obtained this debt: _____ Do you want to retain these items? Yes No

Who is financially responsible for this debt Husband Wife Both Other _____

Has this account been turned over to a collection agency? Yes No

Name of Collection Agency: _____

Address of Collection Agency: _____

Other Information (if there is a co-signer on this account, list name & relationship):

Name of creditor: _____

Address: _____

Account Number: _____ Total amount owed: _____ Interest rate: _____

Type of purchase (furniture, appliances, jewelry, etc.): _____

Date you originally obtained this debt: _____ Do you want to retain these items? Yes No

Who is financially responsible for this debt Husband Wife Both Other _____

Has this account been turned over to a collection agency? Yes No

Name of Collection Agency: _____

Address of Collection Agency: _____

Other Information (if there is a co-signer on this account, list name & relationship):

UNSECURED DEBTS

List debts that are not secured by collateral (Example: credit cards, medical bills, etc.).

1. Name of creditor _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____ Total amount owed _____ Interest rate _____
Type of Debt (credit card, etc.): _____ Original date you obtained this debt: _____
If this is a credit card: Date of last purchase: _____ Amount of purchase: _____
List items purchased: _____
Has this account been turned over to a collection agency? [] Yes [] No
Name of Collection Agency or Attorney _____
Address _____ City _____ State _____ Zip _____
Other Information (if there is a co-signer on this account, list name & relationship):

2. Name of creditor _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____ Total amount owed _____ Interest rate _____
Type of Debt (credit card, etc.): _____ Original date you obtained this debt: _____
If this is a credit card: Date of last purchase: _____ Amount of purchase: _____
List items purchased: _____
Has this account been turned over to a collection agency? [] Yes [] No
Name of Collection Agency or Attorney _____
Address _____ City _____ State _____ Zip _____
Other Information (if there is a co-signer on this account, list name & relationship):

3. Name of creditor _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____ Total amount owed _____ Interest rate _____
Type of Debt (credit card, etc.): _____ Original date you obtained this debt: _____
If this is a credit card: Date of last purchase: _____ Amount of purchase: _____
List items purchased: _____
Has this account been turned over to a collection agency? [] Yes [] No
Name of Collection Agency or Attorney _____
Address _____ City _____ State _____ Zip _____
Other Information (if there is a co-signer on this account, list name & relationship):

UNSECURED DEBTS, CON'T.

4. Name of creditor _____
Address: _____ City _____ State _____ Zip _____
Account Number _____ Total amount owed _____ Interest rate _____
Type of Debt (credit card, etc.) _____ Original date you obtained this debt: _____
If this is a credit card: Date of last purchase: _____ Amount of purchase: _____
List items purchased: _____
Has this account been turned over to a collection agency? [] Yes [] No
Name of Collection Agency or Attorney _____
Address _____ City _____ State _____ Zip _____
Other Information (if there is a co-signer on this account, list name & relationship):

5. Name of creditor _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____ Total amount owed _____ Interest rate _____
Type of Debt (credit card, etc.) _____ Original date you obtained this debt: _____
If this is a credit card: Date of last purchase: _____ Amount of purchase: _____
List items purchased: _____
Has this account been turned over to a collection agency? [] Yes [] No
Name of Collection Agency or Attorney _____
Address _____ City _____ State _____ Zip _____
Other Information (if there is a co-signer on this account, list name & relationship):

6. Name of creditor _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____ Total amount owed _____ Interest rate _____
Type of Debt (credit card, etc.): _____ Original date you obtained this debt: _____
If this is a credit card: Date of last purchase: _____ Amount of purchase: _____
List items purchased: _____
Has this account been turned over to a collection agency? [] Yes [] No
Name of Collection Agency or Attorney _____
Address _____ City _____ State _____ Zip _____
Other Information (if there is a co-signer on this account, list name & relationship):

UNSECURED DEBTS, CON'T.

7. Name of creditor _____

Address: _____ City _____ State _____ Zip _____

Account Number _____ Total amount owed _____ Interest rate _____

Type of Debt (credit card, etc.) _____ Original date you obtained this debt: _____

If this is a credit card: Date of last purchase: _____ Amount of purchase: _____

List items purchased: _____

Has this account been turned over to a collection agency? [] Yes [] No

Name of Collection Agency: _____

Address _____ City _____ State _____ Zip _____

Other Information (if there is a co-signer on this account, list name & relationship):

8. Name of creditor _____

Address: _____ City _____ State _____ Zip _____

Account Number _____ Total amount owed _____ Interest rate _____

Type of Debt (credit card, etc.) _____ Original date you obtained this debt: _____

If this is a credit card: Date of last purchase: _____ Amount of purchase: _____

List items purchased: _____

Has this account been turned over to a collection agency? [] Yes [] No

Name of Collection Agency or Attorney _____

Address _____ City _____ State _____ Zip _____

Other Information (if there is a co-signer on this account, list name & relationship):

9. Name of creditor _____

Address: _____ City _____ State _____ Zip _____

Account Number: _____ Total amount owed to creditor: _____

Type of Debt (credit card, etc.): _____ Original date you obtained this debt: _____

If this is a credit card: Date of last purchase: _____ Amount of purchase: _____

List items purchased: _____

Has this account been turned over to a collection agency? [] Yes [] No

Name of Collection Agency or Attorney _____

Address _____ City _____ State _____ Zip _____

Other Information (if there is a co-signer on this account, list name & relationship):

UNSECURED DEBTS, CON'T.

10. Name of creditor _____

Address: _____

Account Number _____ Total amount owed _____ Interest rate _____

Type of Debt (credit card, etc.) _____ Original date you obtained this debt: _____

If this is a credit card: Date of last purchase: _____ Amount of purchase: _____

List items purchased: _____

Has this account been turned over to a collection agency? [] Yes [] No

Name of Collection Agency: _____

Address _____ City _____ State _____ Zip _____

Other Information (if there is a co-signer on this account, list name & relationship):

11. Name of creditor _____

Address: _____ City _____ State _____ Zip _____

Account Number _____ Total amount owed _____ Interest rate _____

Type of Debt (credit card, etc.) _____ Original date you obtained this debt: _____

If this is a credit card: Date of last purchase: _____ Amount of purchase: _____

List items purchased: _____

Has this account been turned over to a collection agency? [] Yes [] No

Name of Collection Agency or Attorney _____

Other Information (if there is a co-signer on this account, list name & relationship):

Address of Collection Agency: _____

12. Name of creditor _____

Address: _____ City _____ State _____ Zip _____

Account Number _____ Total amount owed to creditor: _____ Interest rate _____

Type of Debt (credit card, etc.): _____ Original date you obtained this debt: _____

If this is a credit card: Date of last purchase: _____ Amount of purchase: _____

List items purchased: _____

Has this account been turned over to a collection agency? [] Yes [] No

Name of Collection Agency or Attorney _____

Address of Collection Agency: _____

Other Information (if there is a co-signer on this account, list name & relationship):

Contracts and leases

Check if not applicable [] N/A

Complete the following information for all leases or contracts (cell phones, direct TV, etc).

1). Name of company _____

Complete address _____

Account Number _____ Date contract began _____ Monthly payment _____

Is this a month-to-month contract? **Yes** **No** If not, the length of the contract _____ years

Do you wish to keep the property and continue paying the monthly contract? **Yes** **No**

2). Name of company _____

Complete address _____

Account Number _____ Date contract began _____ Monthly payment _____

Is this a month-to-month contract? **Yes** **No** If not, the length of the contract _____ years

Do you wish to keep the property and continue paying the monthly contract? **Yes** **No**

3). Name of company _____

Complete address _____

Account Number _____ Date contract began _____ Monthly payment _____

Is this a month-to-month contract? **Yes** **No** If not, the length of the contract _____ years

Do you wish to keep the property and continue paying the monthly contract? **Yes** **No**

Closed Accounts with Banks and Institutions:

Check if not applicable [] N/A

Please list all accounts in your name or for your benefit with banks, savings and loans, and credit unions including checking, savings, certificates of deposit, IRA's etc., which were closed, sold or transferred within last 2 years:

Institution name and location:

Type of account: _____ Account number: _____

Did you owe a balance when you closed this account: [] Yes [] No Balance owed: _____

If not, amount you received at closing: _____ Date of closing _____

Safe Deposit Boxes:

Check if not applicable [] N/A

List all safe deposit boxes or other depositories that you have kept or used in the past 2 years (if surrendered or transferred, indicate date and to whom). Institution name and location:

Name and address of persons with access to box: _____

Contents of box:

Date and to whom surrendered or transferred: _____ If still renting, monthly rental fee: _____

Property held by others

List any property and its value held by others (relatives, repairmen, pawn shops, etc). _____

Set-Offs: **Check if not applicable** [] N/A

List any of your debts to any creditor, including any bank, that were set off by that creditor against money owing

by that creditor to you during the past 90 days. Name, address and relationship to creditor:

Date and amount of each set off:

Sales, Transfers and Security Interests: **Check if not applicable** [] N/A

List any property, including money, which you sold, transferred, gave away, put into another person's name, or were given any kind of security interest in any property in the past four (4) years:

Name, address, phone number and relationship, if any, of Transferee:

Description of Property: _____ Value of Property: \$_____

Type of transfer, i.e., sale, mortgage, pledge:

What you received, i.e., purchase price, loan amount:

What were the funds used for: _____

Attachments and Garnishments:

Check if not applicable [] N/A

List any of your property that has been attached, garnished, or seized within the last year:

Name and address of the Creditor on whose behalf the property was seized:

Describe property seized:

Date of property seizure: _____ Value of property: \$ _____

Repossessions, Foreclosures and Returns:

Check if not applicable [] N/A

List any of your property that has been returned , repossessed, or foreclosed upon within the last year:

Name and address of the Creditor:

Describe property:

Date of repossession or return: _____ Value of property: \$ _____

Assignments for the Benefit of Creditors:

Check if not applicable [] N/A

List any assignment of your property made for the benefit of your creditors or any general settlement with your creditors within the last 120 days:

Name and address of Assignee:

Date of Assignment: _____ Terms of Assignment: _____

Receiverships:

Check if not applicable [] N/A

List any of your property being held by a custodian, receiver, trustee, or other court-appointed official:

Name and address of Agent:

Name and location of court:

Case Name and Case Number:

Date of the Order appointing official:

Property description: _____ Value of property: \$ _____

Losses:

Check if not applicable [] N/A

List any losses from fire, theft, or gambling during the past one year period:

Date and type of loss: _____

Description of Loss: _____ Value of Loss: \$ _____

Was Loss covered by insurance? [] Yes [] No If Yes, give particulars: _____

Pending Lawsuits:

Check if not applicable [] N/A

List any pending lawsuits in which you are involved or have been involved during the past two (2) years:

Name of Court/Agency: _____ Case Number: _____

Address: _____ City _____ State _____ Zip _____

Date filed: _____ Current status of case: _____

Name of Plaintiff's attorney: _____

Address _____ City _____ State _____ Zip _____

Terminated Lawsuits:

Check if not applicable [] N/A

List any lawsuits in which you involved that were terminated within the last two (2) years:

Name of Court/Agency: _____ Case Number: _____

Address: _____ City _____ State _____ Zip _____

Nature of Proceeding: _____ Date of Judgment or Dismissal: _____

Title of Case (John Doe V. Jack Jones): _____

Status of case: _____

Fines, tickets, moving violations

List the name of the court to which you owe fines _____

Address _____ City _____ State _____ Zip _____

Date of occurrence _____ Amount owed _____ Case Number _____

Name of person who owes the fine _____ Reason for fine _____

List the name of the court to which you owe fines _____

Address _____ City _____ State _____ Zip _____

Date of occurrence _____ Amount owed _____ Case Number _____

Name of person who owes the fine _____ Reason for fine _____

Property of Another:

Check if not applicable [] N/A

List any property that you are holding, managing or otherwise controlling, including bank accounts for any person, such as accounts held for children or trusts, any account belonging to another person on which your name appears:

Name of owner _____

Address _____ City _____ State _____ Zip _____

Description of property: _____

Location of property: _____ Value of property: \$ _____

RECENT PAYMENTS/GIFTS

Check if not applicable N/A

List any payments made to creditors within the last 90 days that totaled \$600 or more.

1. Name of creditor _____

Address _____ City _____ State _____ Zip _____

Date of payment _____ Amount of payment _____ Current Balance _____

2. Name of creditor _____

Address _____ City _____ State _____ Zip _____

Date of payment _____ Amount of payment _____ Current Balance _____

3. Name of creditor _____

Address _____ City _____ State _____ Zip _____

Date of payment _____ Amount of payment _____ Current Balance _____

List any payments made to friends, relatives or close business associates within the last 90 days that totaled \$600 or more.

Check if not applicable N/A

Name of person or business _____

Address _____ City _____ State _____ Zip _____

Date of payment _____ Amount of payment _____ Relationship _____

Name of person or business _____

Address _____ City _____ State _____ Zip _____

Date of payment _____ Amount of payment _____ Relationship _____

List any payments made for Debt Counseling or Bankruptcy related payments, including attorney fees or debt consolidation, etc. within the past year. Check if not applicable N/A

Name of company _____

Address _____ City _____ State _____ Zip _____

Date of payment _____ Amount of payment _____ Purpose _____

If someone made the payment for you, please list the person's name _____

Address _____ City _____ State _____ Zip _____

Date of payment _____ Amount of payment _____ Purpose _____

List any gifts (except ordinary and usual gifts) to family members over \$200 or charitable contributions valued over \$100 within the past year. Check if not applicable N/A

1. Name of person or charity _____

Address _____ City _____ State _____ Zip _____

Value of gift or transfer _____ Date given _____ Relationship _____

2. Name of person or charity _____

Address _____ City _____ State _____ Zip _____

alue of gift or transfer _____ Date given _____ Relationship _____

Settlement to a former spouse

Check if not applicable N/A

List all items you expect to turn over in the property settlement (including cash) _____

List the total market value (yard sale value) of these items _____

When do you expect to turn over this cash or property? _____

By signing below, I state that all of the information provided in this questionnaire is true, accurate and complete to the best of my knowledge.
