

CLIENT INFORMATION

(Please print or type the requested information)

Primary Debtor Male Female

SR JR _____
Last Name First MI
Home Address
Mailing Address (if Different)
City/ State/ Zip Code
County of Residence
Social Security/Tax ID Number

Spouse/ Joint Debtor Male Female

SR JR _____
Last Name First MI
Home Address
Mailing Address (if Different)
City/ State/ Zip Code
County of Residence
Social Security/ Tax ID Number

Aliases/other names used in last eight (8) years and dates used (this includes business name, if applicable):

Primary Debtor

- 1.
 aka fka dba
- 2. aka fka dba
- 3. aka fka dba

Joint Debtor/Spouse

- 1. aka fka dba
- 2. aka fka dba
- 3. aka fka dba

Means of Contact:

- Home telephone:
- Debtor work:
- Spouse work:
- Debtor Cell Phone () -
- Spouse Cell Phone: -

- Other Phone:
- Ext:
- Ext:
- Email:
- Email:

Emergency contact information: Only to be used in cases when we are unable to reach you at any of the above contacts. Discretion will be used.

Name:
Relationship:
Address:
Telephone number: ()

FILING INFORMATION

Please Check: Individual Joint (Husband & Wife)

My debts are: Non-Business (Consumer)

Partnership Business Other _____

Marital Status: Single Married Divorced Widowed

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

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

Have you lived at your current address for at least the past 180 days: Yes No

Have you lived at your current address for at least the past 730 days (2 years): Yes No

If "No," to either questions, please list previous address(es) and dates (use additional pages if necessary):

Do you have a business partner or partnership that is currently filing bankruptcy? Yes No

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

Have you taken cash advances on any credit cards in the last 90 days? Yes No

Creditor Name:	Date taken:	Amount: \$
Creditor Name:	Date taken:	Amount: \$
Creditor Name:	Date taken:	Amount: \$
Creditor Name:	Date taken:	Amount: \$
Creditor Name:	Date taken:	Amount: \$
Creditor Name:	Date taken:	Amount: \$
Creditor Name:	Date taken:	Amount: \$

Creditors to be notified by phone:

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

Creditor	Phone Number	Reason
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PRIOR AND/OR RELATED BANKRUPTCIES

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

Chapter Filed	Location (City, State)	Date Filed	Case Number	Debtor Name	Discharged/Dismissed/Pending?
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Dependents

If married and filing individually, please include your spouse as a dependent (use additional sheets if necessary.)

Name	Age	Relationship
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Occupation

Primary Debtor	Job #1	Job #2
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Occupation

Employer

How Long?

Address

City/State/Zip

Telephone #

Spouse/Joint Debtor

Spouse/Joint Debtor	Job #1	Job #2
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Occupation

Employer

How Long?

Address

City/State/Zip

Telephone #

CURRENT MONTHLY INCOME

Primary Debtor

- MONTHLY You get paid once each month12 checks/ year
- SEMI-MONTHLY You get paid twice each month, e.g. 1st & 15th24 checks/ year
- BI-WEEKLY You get paid every other week, e.g. every other Friday..... 26 checks/ year
- WEEKLY You get paid once each week52 checks/ year

INCOME FROM YOUR PAYSTUB

Gross Income
Estimated Overtime

OTHER MONTHLY INCOME

From your business
From real property

PAYROLL DEDUCTIONS

Federal Income Tax
FICA/Medicare
Insurance

Interest & Dividends
Alimony, Child Support
Social Security
Government Assistant

Union Dues

Other
Specify

Pension or Retirement

Other
Specify

Joint/Spouse Debtor

- MONTHLY You get paid once each month12 checks/ year
- SEMI-MONTHLY You get paid twice each month, e.g. 1st & 15th24 checks/ year
- BI-WEEKLY You get paid every other week, e.g. every other Friday.....26 checks/ year
- WEEKLY You get paid once each week52 checks/ year

INCOME FROM YOUR LAST PAY STUB

Gross Income
Estimated Overtime

OTHER MONTHLY INCOME

From your business
From real property

PAYROLL DEDUCTIONS

Federal Income Tax
FICA/Medicare
Insurance

Interest & Dividends
Alimony, Child Support
Social Security
Government Assistant
Pension or Retirement

Union Dues

Other
Specify

Other
Specify

CURRENT MONTHLY EXPENSES

For variable expenses, figure how much you typically spend in a year and divide by twelve. Medical expenses should not include insurance premiums. Do not include any expenses that are deducted from your pay. If home insurance and property taxes are included in your mortgage payment, do not list them separately.

1. Rent or Mortgage

14. Insurance (not already deducted from pay stubs)

Insurance is included

Homeowners

Property Taxes are included

Life

Utilities

Health

2. Electricity/Heat

Auto

3. Water & Sewer

Other, Specify

4. Telephone

5. Internet

15. Taxes (not already deducted from pay stubs)

16. Installment payment

6. Cable/Satellite

Auto

6. Home Maintenance

Other, Specify

7. Food

8. Clothing

Other, Specify

9. Laundry/Dry Cleaning

17. Alimony, maintenance, support

10. Medical/Dental Expenses

18. Payments for dependents

(Children not living at home)

11. Transportation

(DO NOT include car payments)

19. Business Expenses

(Attach detailed statement)

12. Recreation

Other expenses

13. Charitable contributions

Other expenses

ADDITIONAL EXPENSES (704(b) Expenses)

20. Mandatory payroll

26. Health savings account

21. Court ordered payments

(not already listed)

27. Care for elderly/disabled/
chronically ill family members

22. Education

28. Protection from family violence

23. Education for physically/
or mentally challenged child

29. Education expense for children
under 18 year of age

24. Childcare

30. Non-mandatory contributions
to retirement accounts

25. Disability insurance

31. Other expenses

Please describe any changes in the above amounts expected to occur in the next year.

Please complete the following worksheet. Your responses will assist us in determining the most beneficial approach to your case. We will ask that you assign a value to your property. Use your last property tax statement for now.

REAL PROPERTY (Schedule A)

YOUR HOME

Address Amount Owed \$
Market Value \$

Lien Holder Name and Address

Who owns it? Husband Wife Joint Community

OTHER REAL PROPERTY (1)

Address Amount Owed \$
Market Value \$

Lien Holder Name and Address

Who owns it? Husband Wife Joint Community

OTHER REAL PROPERTY (2)

Address Amount Owed \$
Market Value \$

Lien Holder Name and Address

Who owns it? Husband Wife Joint Community

OTHER REAL PROPERTY (3)

Address Amount Owed \$
Market Value \$

Lien Holder Name and Address

Who owns it? Husband Wife Joint Community

OTHER REAL PROPERTY (4)

Address	Amount Owed	\$
	Market Value	\$
Lien Holder Name and Address		
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

PERSONAL PROPERTY (Schedule B)

Category	Value	Total Liens
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1. CASH ON HAND (average daily cash)	\$	\$
Who owns it? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		

2. BANK ACCTS. (Checking/Savings accounts, CDs, other bank accounts)	\$	\$
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Description (Institution name and complete address, including account type and number):

Who owns it? Husband Wife Joint Community

(2)	\$	\$
-----	----	----

Description (Institution name and complete address, including account type and number):

Who owns it? Husband Wife Joint Community

(3)	\$	\$
-----	----	----

Description (Institution name and complete address, including account type and number):

Who owns it? Husband Wife Joint Community

(4)	\$	\$
-----	----	----

Description (Institution name and complete address, including account type and number):

Who owns it? Husband Wife Joint Community

3. SECURITY DEPOSITS (Held by utility companies, landlord, etc.)	\$	\$
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Description

Who owns it? Husband Wife Joint Community

Category **Value** **Total Liens**
 (2) \$ \$

Description

Who owns it? Husband Wife Joint Community

(3) \$ \$

Description

Who owns it? Husband Wife Joint Community

4. USUAL HOUSEHOLD GOODS AND FURNISHINGS **\$TOTAL VALUE** **\$**
 (including audio, video and computer equipment)

Description/value of any item(s) worth more than \$500:

Who owns it? Husband Wife Joint Community

Category **Value** **Total Liens**
5. BOOKS, PICTURES, MUSIC, COLLECTIONS, AND OTHER ART OBJECTS **\$TOTAL VALUE** **\$**

Description:

	Quantity	Value		Quantity	Value
<input type="checkbox"/> Books			<input type="checkbox"/> Art		
<input type="checkbox"/> Pictures			<input type="checkbox"/> Antiques		
<input type="checkbox"/> Stamps			<input type="checkbox"/> Statues		
<input type="checkbox"/> Sports Cards			<input type="checkbox"/> Other		
<input type="checkbox"/> Sports Memorabilia			<input type="checkbox"/> Other		
<input type="checkbox"/> Movies			<input type="checkbox"/> Music		

Who owns it? Husband Wife Joint Community

6. USUAL CLOTHING **\$** **\$**
 (including accessories and shoes)

Description of any increased value items:

Who owns it? Husband Wife Joint Community

7. FURS AND JEWELRY

\$TOTAL VALUE

\$

Description:

Value

Description:

Value

Description:

Value

Who owns it? Husband Wife Joint Community

8. FIREARMS, SPORTS, PHOTOGRAPHIC, AND/OR HOBBY EQUIPMENT

\$

\$

Description:

Value

Description:

Value

Description:

Value

Who owns it? Husband Wife Joint Community

9. CASH VALUE OF INSURANCE POLICIES (Do not include "term" policies.) \$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

(2)

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

(3)

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

(4)

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

(5)

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

**10. ANNUITIES, RETIREMENT, IRAS, 401(K) PLANS, AND OTHER
PENSIONS (Provide copies)**

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

(2)

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

(3)

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

(4)

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

11. EDUCATION IRAs or STATE TUTION PLANS (Provide copies)

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

(2)

\$

\$

Description (Institution name and complete address, including policy type and number):

Who owns it? Husband Wife Joint Community

**12. STOCK AND INTEREST IN INCORPORATED/UNINCORPORATED
BUSINESS**

\$

\$

Description

Who owns it? Husband Wife Joint Community

13. INTERESTS IN PARTNERSHIPS/JOINT VENTURES

\$

\$

Description:

Who owns it? Husband Wife Joint Community

15. GOVERNMENT/CORPORATE BONDS – NEGOTIABLE INSTRUMENTS \$ \$

Description:

Who owns it? Husband Wife Joint Community

16. ACCOUNTS RECEIVABLE (money owed to you) \$ \$

Description:

Who owns it? Husband Wife Joint Community

17. ALIMONY, MAINTENANCE, SUPPORT, PROPERTY SETTLEMENTS (money owed to you.) Please provide copies. \$ \$

Description (Complete name of obligor):

Who owns it? Husband Wife Joint Community

18. TAX REFUNDS \$ \$

Description:

Who owns it? Husband Wife Joint Community

19. EQUITABLE OR FUTURE INTERESTS, LIFE ESTATES, OR RIGHTS OR POWERS \$ \$

Description:

Who owns it? Husband Wife Joint Community

20. CONTINGENT, NON-CONTINGENT AND/OR UNLIQUIDATED INTERESTS IN ESTATES, DEATH BENEFIT PLANS, LIFE INSURANCE, OR TRUSTS (inheritances) \$ \$

Description:

Who owns it? Husband Wife Joint Community

21. CONTINGENT AND/OR UNLIQUIDATED CLAIMS (personal injury claims, wrongful discharge claims, etc.) \$ \$

Description:

Who owns it? Husband Wife Joint Community

22. PATENTS, COPYRIGHTS, OR OTHER INTELLECTUAL PROPERTY \$ \$

Description:

Who owns it? Husband Wife Joint Community

23. LICENSES, FRANCHISES, OR OTHER INTANGIBLES

\$

\$

Description:

Who owns it? Husband Wife Joint Community

24. CUSTOMER LIST OR OTHER LISTS CONTAINING PERSONAL INFORMATION OF OTHERS (list must be attached)

\$

\$

Description:

Who owns it? Husband Wife Joint Community

25. AUTOMOBILES, MOTORCYCLES, TRAILERS, MOBILE HOMES, OTHER VEHICLES

1. (Vehicle make, model and year)

\$

\$

Who owns it? Husband Wife Joint Community

2. (Vehicle make, model and year)

\$

\$

Who owns it? Husband Wife Joint Community

3. (Vehicle make, model and year)

\$

\$

Who owns it? Husband Wife Joint Community

26. BOATS, MOTORS, AND ACCESSORIES

1. (Make, model and year)

\$

\$

Who owns it? Husband Wife Joint Community

2. (Make, model and year)

\$

\$

Who owns it? Husband Wife Joint Community

3. (Make, model and year)

\$

\$

Who owns it? Husband Wife Joint Community

27. AIRPLANES AND ACCESSORIES

\$

\$

Description:

Who owns it? Husband Wife Joint Community

28. OFFICE EQUIPMENT, FURNITURE, AND SUPPLIES

\$

\$

Description:

Who owns it? Husband Wife Joint Community

29. TOOLS OF TRADE, MACHINERY, FIXTURES, AND EQUIPMENT/SUPPLIES USED IN BUSINESS

Description:

Who owns it? Husband Wife Joint Community

30. BUSINESS INVENTORY

\$

\$

Description:

Who owns it? Husband Wife Joint Community

31. ANIMALS (farm animals, etc.)

\$

\$

Description:

Who owns it? Husband Wife Joint Community

32. CROPS

\$

\$

Description:

Who owns it? Husband Wife Joint Community

33. FARMING EQUIPMENT OR IMPLEMENTS

\$

\$

Description:

Who owns it? Husband Wife Joint Community

34. FARMING SUPPLIES AND EQUIPMENT

\$

\$

Description:

Who owns it? Husband Wife Joint Community

35. OTHER PERSONAL PROPERTY (not already listed)

\$

\$

Description:

Who owns it? Husband Wife Joint Community

(2)

\$

\$

Description:

Who owns it? Husband Wife Joint Community

(3)

\$

\$

SECURED CREDITORS (Schedule D)

A secured debt is a debt which has collateral or security in the form of property. Secured debts are car loans, home loans, home equity loan, second mortgages, or any other loans where property is pledged as security.

(1) Creditor Name and Address

Whose Debt?	Date Incurred		
<input type="checkbox"/> Husband	Amount Owed		\$
<input type="checkbox"/> Wife	Value of Collateral		\$

Account/Loan No.:

Arrearage Amt \$

Description of Collateral

Co-debtor?'s Name and Address

Notes/Comments

(2) Creditor Name and Address

Whose Debt?	Date Incurred		
<input type="checkbox"/> Husband	Amount Owed		\$
<input type="checkbox"/> Wife	Value of Collateral		\$

Arrearage Amt. \$

Description of Collateral

Co-debtor?'s Name and Address

Notes/Comments

(3) Creditor Name and Address

Whose Debt?	Date Incurred		
<input type="checkbox"/> Husband	Amount Owed		\$
<input type="checkbox"/> Wife	Value of Collateral		\$

Arrearage Amt. \$

Description of Collateral

Co-debtor?'s Name and Address

Notes/Comments

(4) Creditor Name and Address	Whose Debt? Date Incurred		
	<input type="checkbox"/> Husband	Amount Owed	\$
	<input type="checkbox"/> Wife	Value of Collateral	\$
	Arrearage Amt.		\$

Description of Collateral

Co-debtor?'s Name and Address

Notes/Comments

(5) Creditor Name and Address	Whose Debt? Date Incurred		
	<input type="checkbox"/> Husband	Amount Owed	\$
	<input type="checkbox"/> Wife	Value of Collateral	\$
	Arrearage Amt.		\$

Description of Collateral

Co-debtor?'s Name and Address

Notes/Comments

(6) Creditor Name and Address	Whose Debt? Date Incurred		
	<input type="checkbox"/> Husband	Amount Owed	\$
	<input type="checkbox"/> Wife	Value of Collateral	\$
	Arrearage Amt.		\$

Description of Collateral

Co-debtor?'s Name and Address

Notes/Comments

UNSECURED PRIORITY CREDITORS (Schedule E)

An unsecured priority debt is a tax or administrative debt. Monies owed to the IRS, child support arrearages, and other taxing authorities are the best examples of priority debt. If past due child support is owed, you must provide the name and address of the agency and the recipient.

TAXES:

Taxes, custom duties and penalties owing to federal, state and local governmental units.

(1) Creditor Name and Address

Whose Debt? Date Incurred

Husband **Amount Owed**

Wife **Tax Quarter/Year**

Joint **Amount disputed**

Community **Co-debtor??**

Account No.:

Nature of debt

Notes/Comments

(2) Creditor Name and Address

Whose Debt? Date Incurred

Husband **Amount Owed**

Wife **Tax Quarter/Year**

Joint **Amount disputed**

Community **Co-debtor??**

Account No.:

Nature of debt

Notes/Comments

(3) Creditor Name and Address

Whose Debt? Date Incurred

Husband **Amount Owed**

Wife **Tax Quarter/Year**

Joint **Amount disputed**

Community **Co-debtor??**

Account No.:

Nature of debt

Notes/Comments

(4) Creditor Name and Address

Whose Debt? Date Incurred

Husband **Amount Owed**

Wife **Tax Quarter/Year**

Joint **Amount disputed**

Community **Co-debtor??**

Account No.:

Nature of debt

Notes/Comments

(5) Creditor Name and Address

Whose Debt? Date Incurred

Husband **Amount Owed**

Wife **Tax Quarter/Year**

Joint **Amount disputed**

Community **Co-debtor??**

Account No.:

Nature of debt

Notes/Comments

(6) Creditor Name and Address

Whose Debt? Date Incurred

Husband **Amount Owed**

Wife **Tax Quarter/Year**

Joint **Amount disputed**

Community **Co-debtor??**

Account No.:

Nature of debt

Notes/Comments

WAGES:

Wages, salaries and commissions, including vacations, severance and sick leave pay owing to employees and commissions owing to qualifying independent sales representative up to \$10,000 per person **earned within 180 days** immediately preceding the commencement of this case or the cessation of business, whichever occurs first. Any remaining balance owed for wages beyond the 180 days, is considered as unsecured non-priority and must be included in the "Unsecured Creditor" section.

(1) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Tax Quarter/Year**
- Joint **Amount disputed**
- Community **Co-debtor??**

Nature of debt

Notes/Comments

(2) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Tax Quarter/Year**
- Joint **Amount disputed**
- Community **Co-debtor??**

Nature of debt

Notes/Comments

(3) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Tax Quarter/Year**
- Joint **Amount disputed**
- Community **Co-debtor??**

Nature of debt

Notes/Comments

DOMESTIC SUPPORT OBLIGATIONS:

Claims for domestic support that are owed to or recoverable by a spouse, a former spouse, or child of the debtor, or the parent, legal guardian or responsible relative of such a child, or a government unit to whom such domestic support claim has been assigned.

(1) Creditor (Recipient) Name and Address

Collecting Agent Name and Address

Whose Debt?

- Husband
- Wife
- Joint
- Community

Nature of debt

Notes/Comments

(2) Creditor (Recipient) Name and Address

Collecting Agent Name and Address

Whose Debt?

- Husband
- Wife
- Joint
- Community

Nature of debt

Notes/Comments

(3) Creditor (Recipient) Name and Address

Collecting Agent Name and Address

Whose Debt?

- Husband
- Wife
- Joint
- Community

Nature of debt

Notes/Comments

DEPOSITS FROM INDIVIDUALS:

Deposits owed, up to \$2,225 per individual, for the purchase, lease or rental of property or services for personal, family or household use.

(1) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor??**
- Community

Account No.:

Nature of debt

Notes/Comments

(2) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor??**
- Community

Account No.:

Nature of debt

Notes/Comments

(3) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor??**
- Community

Account No.:

Nature of debt

Notes/Comments

CLAIMS FOR DEATH OR PERSONAL INJURY WHILE DEBTOR WAS INTOXICATED:

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, drugs, or another substance.

(1) Creditor (Recipient) Name and Address

Collecting Agent Name and Address

Whose Debt?

Husband

Wife

Joint

Community

Nature of debt

Notes/Comments

UNSECURED CREDITORS (Schedule F)

Unsecured creditors do not have any collateral to secure payment of your debt. Examples include most credit cards, medical bills, signature loans, etc.

(1) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(2) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(3) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(4) Creditor Name and Address

Whose Debt? Date Incurred

- | | |
|------------------------------------|------------------------|
| <input type="checkbox"/> Husband | Amount Owed |
| <input type="checkbox"/> Wife | Amount disputed |
| <input type="checkbox"/> Joint | Co-debtor? |
| <input type="checkbox"/> Community | |

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(5) Creditor Name and Address

Whose Debt? Date Incurred

- | | |
|------------------------------------|------------------------|
| <input type="checkbox"/> Husband | Amount Owed |
| <input type="checkbox"/> Wife | Amount disputed |
| <input type="checkbox"/> Joint | Co-debtor? |
| <input type="checkbox"/> Community | |

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(6) Creditor Name and Address

Whose Debt? Date Incurred

- | | |
|------------------------------------|------------------------|
| <input type="checkbox"/> Husband | Amount Owed |
| <input type="checkbox"/> Wife | Amount disputed |
| <input type="checkbox"/> Joint | Co-debtor? |
| <input type="checkbox"/> Community | |

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(7) Creditor Name and Address

Whose Debt? Date Incurred

- | | |
|------------------------------------|------------------------|
| <input type="checkbox"/> Husband | Amount Owed |
| <input type="checkbox"/> Wife | Amount disputed |
| <input type="checkbox"/> Joint | Co-debtor? |
| <input type="checkbox"/> Community | |

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(8) Creditor Name and Address

Whose Debt? Date Incurred

- | | |
|------------------------------------|------------------------|
| <input type="checkbox"/> Husband | Amount Owed |
| <input type="checkbox"/> Wife | Amount disputed |
| <input type="checkbox"/> Joint | Co-debtor? |
| <input type="checkbox"/> Community | |

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(9) Creditor Name and Address

Whose Debt? Date Incurred

- | | |
|------------------------------------|------------------------|
| <input type="checkbox"/> Husband | Amount Owed |
| <input type="checkbox"/> Wife | Amount disputed |
| <input type="checkbox"/> Joint | Co-debtor? |
| <input type="checkbox"/> Community | |

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(10) Creditor Name and Address

Whose Debt? Date Incurred

Husband **Amount Owed**

Wife **Amount disputed**

Joint **Co-debtor?**

Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(11) Creditor Name and Address

Whose Debt? Date Incurred

Husband **Amount Owed**

Wife **Amount disputed**

Joint **Co-debtor?**

Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(12) Creditor Name and Address

Whose Debt? Date Incurred

Husband **Amount Owed**

Wife **Amount disputed**

Joint **Co-debtor?**

Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(13) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(14) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(15) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(16) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(17) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(18) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community **Account No.:**

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(19) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(20) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

(21) Creditor Name and Address

Whose Debt? Date Incurred

- Husband **Amount Owed**
- Wife **Amount disputed**
- Joint **Co-debtor?**
- Community

Account No.:

Nature of debt (ex: credit card debt, medical/dental expenses, professional services, etc.)

Notes/Comments

LEASES AND CONTRACTS (Schedule G)

(Attach additional sheets if necessary)

QUESTION

You MUST LIST ALL **unexpired** leases or executory contracts of any kind. Leases include apartment leases, house leases, car leases, etc. Executory contracts include contracts for services, contracts for deed, contracts for sale, timeshare, health clubs, cell phone contracts, etc., for which either or both parties to the contract have not yet fully performed their obligation under the contract. Please list **all** parties to the contract or lease, and describe the nature of the interest. Please indicate whether you wish to assume (keep) or reject (end) the contract or lease by circling "Y" or "N" when asked.

<p>(1)</p> <p>DESCRIPTION</p> <p>(Type and term of contract/lease, including expiration date.)</p> <p>NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:</p>	<p style="text-align: center;">ASSUME</p> <p style="text-align: center;">LEASE/CONTRACT?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:</p>
--	---

<p>(2)</p> <p>DESCRIPTION</p> <p>(Type and term of contract/lease, including expiration date.)</p> <p>NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:</p>	<p style="text-align: center;">ASSUME</p> <p style="text-align: center;">LEASE/CONTRACT?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:</p>
--	---

<p>3)</p> <p>DESCRIPTION</p> <p>(Type and term of contract/lease, including expiration date.)</p> <p>NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:</p>	<p style="text-align: center;">ASSUME</p> <p style="text-align: center;">LEASE/CONTRACT?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NAME AND ADDRESS OF PARTY ON CONTRACT/LEASE:</p>
---	---

CODEBTORS (Schedule H)

(Attach additional sheets if necessary)

NAME AND ADDRESS OF CODEBTOR:

CREDITOR TO WHOM CODEBTOR MAY BE LIABLE
(Including Name and Address of Creditor):

(1)

NAME AND ADDRESS OF CODEBTOR:

CREDITOR TO WHOM CODEBTOR MAY BE LIABLE
(Including Name and Address of Creditor):

(2)

NAME AND ADDRESS OF CODEBTOR:

CREDITOR TO WHOM CODEBTOR MAY BE LIABLE
(Including Name and Address of Creditor):

(3)

NAME AND ADDRESS OF CODEBTOR:

CREDITOR TO WHOM CODEBTOR MAY BE LIABLE
(Including Name and Address of Creditor):

(4)

NAME AND ADDRESS OF CODEBTOR:

CREDITOR TO WHOM CODEBTOR MAY BE LIABLE
(Including Name and Address of Creditor):

(5)

STATEMENT OF FINANCIAL AFFAIRS

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

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

Information about Spouses.

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

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

Business Clients.

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

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

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

DEFINITIONS

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

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

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

1. Income from employment or operation of business

State the **gross** amount of income received from employment, trade or profession, or from operation of your business from the beginning of this calendar year to the date this case was filed. State also the **gross** amounts receive during the **two years** immediately preceding this calendar year. (A client that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the client's fiscal year.) ***If a joint case is filed, state income for each spouse separately. (Married clients filing under chapter 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.)***

DEBTOR:

YEAR <small>(Current Year)</small>	INCOME AMOUNT	SOURCE (if more than one)
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SPOUSE:

YEAR <small>(Current Year)</small>	INCOME AMOUNT	SOURCE (if more than one)
--	----------------------	----------------------------------

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

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

DEBTOR:

YEAR <small>(Current Year)</small>	INCOME AMOUNT	SOURCE (if more than one)
--	----------------------	----------------------------------

SPOUSE:

YEAR <small>(Current Year)</small>	INCOME AMOUNT	SOURCE (if more than one)
--	----------------------	----------------------------------

3. Payments to creditors

a. More than \$600 (total) within the past 90 days. List all payments to any creditors totalling more than \$600 made within 90 days immediately preceding the filing of this case. (*Married clients 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.*) **Please remember to list any and all mortgage payments, loan payments, vehicle loan payments, etc.**

CREDITOR (Name and Address)	DATES OF PAYMENTS	PAYMENT AMOUNT OR TOTAL OF ALL PAYMENTS	AMOUNT STILL OWING
--------------------------------	----------------------	---	-----------------------

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

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	PMT. AMOUNT OR TOTAL OF ALL PMTS	AMOUNT STILL OWING
---------------------------------	----------------------	-------------------------------------	-----------------------

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

**NAME OF PAYEE AND
RELATIONSHIP TO YOU
DATES OF
PAYMENTS
PAYMENT AMOUNT
OR TOTAL OF
ALL PAYMENTS
AMOUNT STILL
OWING**

4.

Suits and administrative proceedings, executions, garnishments and attachments

a.

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

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

b.

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

**NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED (CREDITOR)
DATE OF SEIZURE
DESCRIPTION AND VALUE OF
PROPERTY**

5. Repossessions, foreclosures and returns in past 12 months

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

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

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

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

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

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE, TITLE & NO.

DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

7. Gifts within past 12 months

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

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO CLIENT, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

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

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

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE.

GIVE PARTICULARS

DATE OF LOSS

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

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

NAME AND ADDRESS OF PAYEE

NAME OF PAYOR IF OTHER THAN CLIENT

DATE OF PAYMENT

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

10. Any and All Other transfers within past 24 months

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

NAME AND ADDRESS OF TRANSFEREE,

RELATIONSHIP TO CLIENT

DATE

DESCRIBE PROPERTY TRANSFERRED AND

VALUE RECEIVED

b. List all other property transferred by the debtor within **10 years** immediately preceding the commencement of this case to a trust or similar device of which the debtor is a beneficiary.

TRUST OR OTHER DEVICE

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

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

12 months.

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

NAME AND ADDRESS OF INSTITUTION

AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

Acct. No.:

Acct. No.:

Acct. No.:

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

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

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY &

DATE OF TRANSFER OR SURRENDER, IF ANY

CONTENTS

(1) Date Transferred/Surrendered:

NAMES AND ADDRESSES OF THOSE WITH ACCESS

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY & DATE OF TRANSFER OR SURRENDER, IF ANY

CONTENTS

(2) Date Transferred/Surrendered:

NAMES AND ADDRESSES OF THOSE WITH ACCESS

13. Setoffs

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

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF SETOFF

14. Property held for another person

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

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

(1) Value:

LOCATION OF PROPERTY:

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

(2) **Value:**

LOCATION OF PROPERTY:

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

(3) **Value:**

LOCATION OF PROPERTY:

15. Prior address within past 36 months.

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

ADDRESS

NAME(S) USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses.

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

NAME AND ADDRESS OF CURRENT/FORMER SPOUSES

17. Environmental Information.

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

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

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

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

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

SITE NAME AND ADDRESS

ENVIRONMENTAL LAW VIOLATION

NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY

DATE OF NOTICE

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

SITE NAME AND ADDRESS

ENVIRONMENTAL LAW VIOLATION

NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY

DATE OF NOTICE

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

NAMES AND ADDRESS OF GOVERNMENTAL AUTHORITY

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

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

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

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

NAME, ADDRESS, AND TAXPAYER I.D.

NATURE OF BUSINESS

BEGINNING AND ENDING

DATES OF OPERATION

Tax I.D. No.:

From:

To:

NAME, ADDRESS, AND TAXPAYER I.D.

NATURE OF BUSINESS

BEGINNING AND ENDING

DATES OF OPERATION

Tax I.D. No.:

From:

To:

Tax I.D. No.:

From:

To:

Tax I.D. No.:

From:

To:

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

NAME AND ADDRESS

BUSINESS SECTION

Complete this section if you have been self-employed, have owned more than 5% of a business or been an officer, director or manager of a business within the past 72 months (6 years).

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

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

19. Books, records and financial statements

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

NAME AND ADDRESS

DATE(S) SERVICES RENDERED

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

NAME AND ADDRESS

DATE(S) SERVICES RENDERED

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

NAME AND ADDRESS

Is this person available? **Yes** **No**
Please explain:

NAME AND ADDRESS

Is this person available? **Yes** **No**
Please explain:

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

NAME AND ADDRESS

DATE ISSUED

20. Inventories

Last two inventories. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and value basis (market or other) of each inventory

DATE OF INVENTORY

SUPERVISOR

DOLLAR AMOUNT

(Specify cost, market or other)

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

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

RECORDS

Date of Inventory:

Date of Inventory:

21. Current Partners, Officers, Directors and Shareholders

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

NAME AND ADDRESS

NATURE OF INTEREST

Percentage Interest: %

Percentage Interest: %

Percentage Interest: %

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

NAME AND ADDRESS OF OFFICER

TITLE OF OFFICER

Percentage Interest: %

Percentage Interest: %

Percentage Interest: %

Percentage Interest: %

Percentage Interest: %

Percentage Interest: %

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

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

NAME AND ADDRESS OF MEMBER

DATE OF WITHDRAWAL

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

NAME AND ADDRESS

Date of termination:

Date of termination:

Date of termination:

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

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

NAME & ADDRESS OF RECIPIENT AND

RELATION TO YOU/YOUR BUSINESS

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

Relation:

Relation:

Relation:

Relation:

Relation:

Relation:

Relation:

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

NAME OF PARENT CORPORATION

Taxpayer I.D. No.:

Taxpayer I.D. No.:

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

NAME OF PENSION FUND

Taxpayer I.D. No.:

Taxpayer I.D. No.:

I/We declare that the information provided is true and correct to the best of my/our knowledge, information and belief.

DATED:

PRINT NAME

DATED:

PRINT NAME