

BANKRUPTCY QUESTIONNAIRE



MICHIGAN BANKRUPTCY HEADQUARTERS

Liberating People from Financial Distress

A division of the
LAW OFFICE OF JOSEPH P. SAULSKI, PLLC

Offices:

Troy Base
4086 Rochester Road, Suite 101
Troy, Michigan 48085

Waterford Base
6515 Highland Road, Suite 100
Waterford, Michigan 48327

Telephone

Phone: 248-666-6004

Fax: 248-212-0304

BANKRUPTCY QUESTIONNAIRE

You will need to bring the following items for us to review when you bring back this completed questionnaire:

1. A copy of your tax return for the last 2 years. (If you have not filed your return for the past year, bring the last one you filed.)
2. A copy of any foreclosure or collection letters.
3. A copy of any lawsuits or garnishments.
4. Pay stubs for the past **SIX (6)** months, including the most recent pay stubs for each job you have. (including spouse, even if spouse is not filing.)
5. Bank statements for the past four months.

IMPORTANT

Prior to filing Chapter 7 or Chapter 13:

1. **DO NOT Pay any relatives any money.**
2. **DO NOT Take any cash advances from your charge cards.**
3. **DO NOT Transfer or sell any assets to anyone without first discussing it with the attorney.**

We are a Debt Relief Agency and we file Bankruptcy petitions under the United States Bankruptcy Code.

WARNING:

Our job is to help you get the fantastic protection and relief you deserve under the Federal Bankruptcy laws.

Your job is to provide us with information that is both complete and truthful.

We will use the information you provide to prepare the Official Court forms necessary to get your case filed.

Failure to provide information which is as complete and accurate as possible will delay the filing of your case and any false or intentional untruthful information may constitute a Federal crime.

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

1. If you do not understand a question, make a list of all your questions and bring the list when you return to the office. **PLEASE** finish answering **ALL** of the questions you understand. When filling out the forms **PLEASE** read each question carefully and then answer to the best of your knowledge.
2. Please write neatly, so we can read your answers.
3. Please answer each and every question and **fill in each blank**. Some questions may not apply to you, so simply answer it "N/A" or "None". **YOU MUST ANSWER EACH QUESTION.**
4. If you do not know exact dates or exact amounts, put in the best answer you can.
5. **ALL of your creditors MUST be listed with a complete mailing address in this questionnaire. Failure to list someone may allow that creditor to pursue you regardless of the bankruptcy. To list someone after filing WILL result in ADDITIONAL FEES!**
6. Please read the directions at the top of each section throughout the questionnaire for guidance in completing the questionnaire.
7. **CHAPTER 7 and 13 DEBTORS:** Please read, sign and date pages __ through __ of this questionnaire; **Final Checklist-Chapter 7 & 13 and the Have You Told Us About All of Your Property & Debts. It is a federal crime to not list property you own or to intentionally leave off debts that you owe, including family members and friends.**
8. **CHAPTER 7 DEBTORS:** Please read, sign and date the last 4 pages of this questionnaire; **Final Checklist-Chapter 7 & 13, the Have You Told Us About All of Your Property & Debts, and Chapter 7 Cases. It is a federal crime to not list property you own or to intentionally leave off debts that you owe, including family members and friends.**

****NOTE****

You will only need to return the Bankruptcy Questionnaire and the Requested Documentation listed on the front page. Keep any loose bankruptcy information and/or instructions that we have provided with your bankruptcy folder for future reference. Please remember to make sure you list all creditors in this questionnaire.

Chapter: _____ 7 (Liquidation) or _____ 13 (Consolidation)
Filing Status: _____ Individual* or _____ Joint (with spouse)

*If married and filing individually, you will also need to fill out your Spouse's information on this page.

MARITAL STATUS _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

DEBTOR (Husband if joint filing)

SPOUSE (Wife if joint filing)

FULL NAME: _____
First, Middle, Last

ADDRESS: _____ City _____ State _____ Zip _____

Alternate ADDRESS: _____ City _____ State _____ Zip _____

HOME PHONE: _ (____) _____ _ (____) _____

WORK PHONE: _ (____) _____ _ (____) _____

CELL: _ (____) _____ _ (____) _____

OTHER PHONE # _ (____) _____ _ (____) _____

(where we can contact you in an emergency)

DATE OF BIRTH: _____/_____/_____ _____/_____/_____

SOCIAL SECURITY # _____

E-MAIL ADDRESS: _____

(if we can use it to correspond with you regarding your case)

Have you used any other names in the last 8 years? (Maiden name, former married name, nickname, business name, etc.) YES NO

If yes, name(s) used: _____

Have you operated a business or been self-employed in the last 8 years? YES NO

If yes, provide the Name of the Business, and dates of operation,

Have you ever filed for Bankruptcy protection under Chapter 7 Straight Bankruptcy, or Chapter 13 Debt

Consolidation (i.e., debtor's court)? YES NO

If yes, list case number, date, and location where filed:

Case No.: _____ Date: _____/_____/_____ Location: _____

Has your spouse or business partner ever filed for Bankruptcy protection under Chapter 7 Straight

Bankruptcy, or Chapter 13 Debt Consolidation? YES NO

If yes, list case number, date, and location where filed:

Case No.: _____ Date: _____/_____/_____ Location: _____

MORTGAGE LOANS / HOUSES & MOBILE HOMES

First Mortgage:

Creditor Name: _____

Address: _____ City _____ State _____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date of Loan: _____ Monthly Payment: \$ _____ Owe (payoff) : \$ _____

Is this a House Mobile Home Rental Property?

Address of Property: _____

City _____ State _____ ZIP _____

Are payments current? Yes No How many months are you behind? _____

Value of property (what could you sell it for)? \$ _____

If this is a Mobile Home, do you: Own the Land Pay Lot Rent Land belongs to someone else

Do you live on this property? Yes No

Do you have homeowners insurance? Yes No

Name of Insurance Co. / Agent: _____

Do you want to keep the Property and continue paying the loan or surrender the property?

Retain Surrender

Second Mortgage:

Creditor Name: _____

Address: _____ City _____ State _____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date of Loan: _____ Monthly Payment: \$ _____ Owe (payoff) : \$ _____

Is this a House Mobile Home Rental Property?

Address of Property: _____

City _____ State _____ ZIP _____

Are payments current? Yes No How many months are you behind? _____

If you are buying or paying on any other real property or land (not your home), and have a lien or loan against it, list it here.

HOUSE and/or LAND you are buying or paying on (other than your home) that has a mortgage payment:

Creditors Name: _____

Address: _____ City _____ State _____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date of Loan: _____ Monthly Payment \$ _____ Owed:\$ _____

Is this a House Mobile Home Rental Property?

If this is a Mobile Home, do you: Own the Land Pay Lot Rent Land belongs to someone else

Are payments current? Yes No How many months are you behind? _____

Value of property (what could you sell it for)? \$ _____

Address of House / Land: _____

Any Co-Owners? No Yes

Name: _____

Address: _____

City _____, State _____, Zip _____

Relationship: _____

Does this land produce income? (i.e.: do you rent it, farm the land, etc.) Yes No

How much income do you receive? \$ _____ per month.

How long is the lease if the income is rental income? _____ (Bring a copy of lease)

If you own, have inherited, or have your name on any land (**free of liens**), you will need to give the acreage of the land and the location of the land along with the Market Value.

HOUSE or LAND owned by you that have no loans against them:

Is this a House Mobile Home Rental Property?

Address of Property: _____

Value (what could you sell it for)? \$ _____

Any Co-Owners? No Yes

Name: _____

Address: _____

City _____, State _____, Zip _____

Relationship: _____

PERSONAL PROPERTY

1. Cash on hand (i.e., in your pocket, purse, at home, safe box, etc.) today \$ _____

2. All Checking, Savings, or other financial accounts, certificates of deposit, or shares in banks, savings and loan or credit unions. (If accounts are open but no money in the account, you will need to list it.)

Checking Accounts at: _____ Amount \$ _____

Checking Accounts at: _____ Amount \$ _____

Savings Account at: _____ Amount \$ _____

Any Joint Accounts* with anyone else: _____ Amount \$ _____

***(Joint accounts include minor children and anyone your name is also on their account)**

3. All Security Deposits with public utilities, telephone companies, landlords, and others that will **not** be applied to the last bill.

Deposit with: _____ Amount \$ _____

Deposit with: _____ Amount \$ _____

4. All household goods & furnishings, including audio, video, and computer equipment and give the **Fair Market Value**. (Please use **yard sale, flea market, newspaper advertisement** values of what you could sell the property for as a guide in determining the value of your property).

Living Room Furniture \$ _____

TV (how many _____) \$ _____

VCR (how many _____) \$ _____

DVD/Blueray Players (how many _____) \$ _____

Stereo (how many _____) \$ _____

Bedroom Furniture \$ _____

Dining Room Furniture \$ _____

Kitchen Table \$ _____

Washer / Dryer \$ _____

Range/Stove \$ _____

Microwave \$ _____

Kitchen Utensils \$ _____

Refrigerator \$ _____

Dishwasher \$ _____

Vacuum Cleaner \$ _____

Computer \$ _____

Other: _____

5. All books, pictures, art objects, antiques, stamp, coin, record, tape, compact disc, & other collections or collectibles. (List each item or collection and the value of each)

Value \$ _____

6. Value of Wearing Apparel. Clothing \$ _____

7. Furs and Jewelry: (*Note to office staff—exempt under wearing apparel*)

Watch (how many _____) \$ _____

Rings (how many _____) \$ _____

Necklaces (how many _____) \$ _____

Bracelets (how many _____) \$ _____

Costume Jewelry \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

8. All firearms and sports, photographic & other hobby equipment: (List each item)

Value \$ _____

9. Any interest in insurance policies (even if there is no cash value):

Value \$ _____

10. Any annuities (where someone is paying you periodic payments such as personal injury, trust fund, etc)

Value \$ _____

11. Any interest in an Education IRA or under a qualified State tuition plan:

Value \$ _____

12. Any interest in IRA, ERISA, Keogh, 401-K Plans, or other pension, retirement, or profit sharing plans:

Name of Company: _____

Type of plan (ie: IRA, 401-K, 403-B, Pension, etc.) _____

Value \$ _____

13. Any stock and interest in incorporated and unincorporated businesses (even if the business has closed):

Value \$ _____

14. Any interest in partnerships or joint ventures:

Value \$ _____

15. Gov't and corporate bonds and other negotiable or non-negotiable instruments:

Value \$ _____

16. Does anyone owe you money that you believe will pay you? (Accounts Receivable):

Value \$ _____

17. Any alimony, child support and/or property settlements owed to you:

Value \$ _____

18. Any other liquidated debts owing debtor **including tax refunds from the IRS:**

Value \$ _____

19. Any future interest in land such as a life estate, the right to live on land, etc.?

Value \$ _____

20. Has anyone died and you might inherit property, money, life insurance money or trust money?

Value \$ _____

21. Are you currently suing someone, or do you have the right to do so?

Yes No

(lawsuits such as workers compensation, personal injury, class action lawsuits, and any others)

Person or business you are suing or have claim against?

Why are you suing them or have the right to sue them?

Your attorney: _____ Amount suing for: \$ _____

22. List any patents, copyrights, and other intellectual property:

Value \$ _____

23. List any licenses, franchises, and other general intangibles:

Value \$ _____

24. Any customer lists or other compilations containing personally identifiable information provided to you by individuals in connection with obtaining a product or service from you primarily for personal, family, or household purposes:

Value \$ _____

25. List any aircraft and accessories:

Value \$ _____ (Note to office staff #27 in petition)

26. List all office equipment, furnishings, & supplies:

Value \$ _____ (Note to office staff #28 in petition)

27. List all machinery, fixtures, equipment, tools, & supplies **used in business.**

(Note to office staff #29 in petition & exempt under Tools of Trade)

Value \$ _____

28. List any Inventory:

Value \$ _____ (Note to office staff #30 in petition)

29. List any animals: (including pets)

Value \$ _____ (Note to office staff #31 in petition)

30. List any Crops - growing or harvested:

Value \$ _____ (Note to office staff #32 in petition)

31. List all Farming Equipment:

Value \$ _____ (Note to office staff #33 in petition)

32. List all farm supplies, chemicals, & feed:

Value \$ _____ (Note to office staff #34 in petition)

33. Other personal property of any kind not already listed:

Lawn Mower \$ _____

Tools \$ _____

Weed Eater \$ _____

Garden Tools \$ _____

Exercise Equipment \$ _____

Video Games \$ _____

Video Systems \$ _____ (Note to office staff #35 in petition)

34. Any other assets or property:

(Note to office staff #35 in petition)

_____	Value \$ _____
_____	Value \$ _____
_____	Value \$ _____

CARS, TRUCKS, BOATS and TRAILERS YOU OWN

Give the following information about each **PAID FOR** vehicle that you own, even if it does not run or is wrecked. This includes boats, ATV's, 4-Wheelers, Motorcycles, Cars, Ski-Jets, etc.

1. Year: _____ Make: _____ Model: _____
VIN Identification Number: _____ Mileage: _____
Value (what could you sell it for)? \$ _____ Condition of Vehicle: _____

2. Year: _____ Make: _____ Model: _____
VIN Identification Number: _____ Mileage: _____
Value (what could you sell it for)? \$ _____ Condition of Vehicle: _____

3. Year: _____ Make: _____ Model: _____
VIN Identification Number: _____ Mileage: _____
Value (what could you sell it for)? \$ _____ Condition of Vehicle: _____

VEHICLE LOANS & LEASES (CARS, TRUCKS, BOATS, MOTORCYCLES, ATV'S, SKI-JETS, ETC.)

1. Year: _____ Make: _____ Model: _____
VIN Identification Number: _____ Mileage: _____
Value (what could you sell it for)? \$ _____ Condition of Vehicle: _____

Creditor Name: _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)
Date of Loan: ___/___/___ Owe (payoff): \$ _____ Payment: _____/mo. Interest Rate: _____

Is this a LEASE? Yes No
Are payments current? Yes No How many months are you behind? _____
Do you have insurance on vehicle? Yes No Agent/Insurance Co. _____
Type of coverage: Liability Liability & Collision

Do you want to keep the Vehicle and continue paying the loan or surrender the Vehicle?
 Keep Surrender

2. Year: _____ Make: _____ Model: _____
VIN Identification Number: _____ Mileage: _____
Value (what could you sell it for)? \$ _____ Condition of Vehicle: _____

Creditor Name: _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)
Date of Loan: ___/___/___ Owe (payoff): \$ _____ Payment: _____/mo. Interest Rate: _____

Is this a LEASE? Yes No
Are payments current? Yes No How many months are you behind? _____
Do you have insurance on vehicle? Yes No Agent/Insurance Co. _____
Type of coverage: Liability Liability & Collision

Do you want to keep the Vehicle and continue paying the loan or surrender the Vehicle?
 Keep Surrender

401-K or RETIREMENT LOANS

Fill out the following information **completely** for any 401-K or Retirement Loans that you owe money to, even if the loan is payroll deducted:

1. Creditor Name: _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)
Date of Loan: ___/___/___ Owe (payoff): \$_____ Payment: _____/mo. Interest Rate: _____

What kind of retirement is this? (i.e., 401(k), 403(b), Pension, IRA, Roth IRA) _____

Are payments current? Yes No. How many months are you behind? _____

How many months left on the loan? _____ months

How much is in your retirement account? \$ _____

Is the loan payroll deducted? Yes No

Do you want to keep the retirement loan (if possible) and continue to pay it?

Keep **Surrender**

2. Creditor Name: _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)
Date of Loan: ___/___/___ Owe (payoff): \$_____ Payment: _____/mo. Interest Rate: _____

What kind of retirement is this? (i.e., 401(k), 403(b), Pension, IRA, Roth IRA) _____

Are payments current? Yes No. How many months are you behind? _____

How many months left on the loan? _____ months

How much is in your retirement account? \$ _____

Is the loan payroll deducted? Yes No

Do you want to keep the retirement loan (if possible) and continue to pay it?

Keep **Surrender**

FURNITURE LOANS

Fill out the following information **completely** for all furniture loans that you owe.

1. Creditor Name: _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)
Date of Loan: ___/___/___ Owe (payoff): \$_____ Payment: _____/mo. Interest Rate: _____

List all furniture that is collateral: **(Be Specific)** _____

Did you already own the furniture and just listed it as collateral for this loan? Yes No

Was this loan to purchase the furniture? Yes No

Are payments current? Yes No. How many months are you behind? _____

Value (What could you sell the furniture for at a yard sale)? \$ _____

Do you want to keep the furniture? Yes No

2. Creditor Name: _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)
Date of Loan: ___/___/___ Owe (payoff): \$ _____ Payment: _____/mo. Interest Rate: _____

List all furniture that is collateral: **(Be Specific)** _____

Did you already own the furniture and just listed it as collateral for this loan? Yes No

Was this loan to purchase the furniture? Yes No

Are payments current? Yes No. How many months are you behind? _____

Value (What could you sell the furniture for at a yard sale)? \$ _____

Do you want to keep the furniture? Yes No

ALL OTHER SECURED LOANS

Fill out the following information **completely** for any other **SECURED** creditor, business or individual that you owe money to.

1. Creditor Name: _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)
Date of Loan: ___/___/___ Owe (payoff): \$ _____ Payment: _____/mo. Interest Rate: _____

List all items that are collateral on this loan: **(Be Specific)** _____

Was the collateral already owned and pledged as security for this loan? Yes No

Was the money borrowed from this creditor to purchase the items? Yes No

Are payments current? Yes No. How many months are you behind? _____

Value (What could you sell the collateral for at a yard sale)? \$ _____

Do you want to keep the collateral? Yes No

2. Creditor Name: _____
Address: _____ City _____ State _____ Zip _____
Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)
Date of Loan: ___/___/___ Owe (payoff): \$ _____ Payment: _____/mo. Interest Rate: _____

List all items that are collateral on this loan: **(Be Specific)** _____

Was the collateral already owned and pledged as security for this loan? Yes No

Was the money borrowed from this creditor to purchase the items? Yes No

Are payments current? Yes No. How many months are you behind? _____

Value (What could you sell the collateral for at a yard sale)? \$ _____

Do you want to keep the collateral? Yes No

UNSECURED PRIORITY LOANS AND TAXES

PROPERTY TAXES OWED

1. Do you owe any *Property* Taxes? **Yes** **No**

2. If so, who do you owe? Federal, State or County: ---- _____

Gov't Address: _____ City _____ State ____ Zip _____

For Property located at:

Address: _____ City _____ State ____ Zip _____

Amount Owed: \$ _____ Year: _____

Amount Owed: \$ _____ Year: _____

Amount Owed: \$ _____ Year: _____

CHILD SUPPORT OWED

Do you owe any back child support? **Yes** **No**

Owed to (Parent): _____

Address: _____ City _____ State _____ Zip _____

Total Amount Owed: \$ _____ Case or Account No.: _____

Collecting Agency: (usually a State Agency) : _____

Address: _____ City _____ State _____ Zip _____

Is/are the child(ren) still a minor(s)? **Yes** **No**

STUDENT LOANS

1. Do you owe student loans? **Yes** **No**

2. If yes, please fill out the following:

Creditor: _____

Address: _____ City _____ State _____ Zip _____

Account No.: _____

Monthly payment \$ _____ /mo. Interest Rate _____ Balance Due \$ _____

3. Are the student loans currently deferred? **Yes** **No**

4. Are payments current or in default? **Current** **Default**

4. Student: Debtor Spouse Other _____

5. Will the student need future student loans? **Yes** **No**

UNSECURED CREDITORS

Fill out the following information completely for each **UNSECURED** creditor, business or individual that you owe money to: (**ie: charge cards, medical bills, personal loans, family members, student loans, etc.**)

** If any of these loans have been turned over for collection,
you will need to list the **original creditor and the Collection Agency** beside the original creditor. Please
provide addresses for both the original creditor and the collection agency.**

1. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

2. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

3. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

4. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

5. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle
 Student Loan Membership Club Utilities Rent Explain _____

6. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle
 Student Loan Membership Club Utilities Rent Explain _____

7. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle
 Student Loan Membership Club Utilities Rent Explain _____

8. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle
 Student Loan Membership Club Utilities Rent Explain _____

9. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

- Credit Card Medical Personal Loan NSF Check Repossessed Vehicle
 Student Loan Membership Club Utilities Rent Explain _____

10. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

- Credit Card Medical Personal Loan NSF Check Repossessed Vehicle
 Student Loan Membership Club Utilities Rent Explain _____

11. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

- Credit Card Medical Personal Loan NSF Check Repossessed Vehicle
 Student Loan Membership Club Utilities Rent Explain _____

12. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

- Credit Card Medical Personal Loan NSF Check Repossessed Vehicle
 Student Loan Membership Club Utilities Rent Explain _____

13. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

- Credit Card Medical Personal Loan NSF Check Repossessed Vehicle
 Student Loan Membership Club Utilities Rent Explain _____

14. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ___ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

15. Creditor Name: _____

Address: _____ City _____ State ___ Zip _____

Collection Agency: _____

Address: _____ City _____ State ___ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

16. Creditor Name: _____

Address: _____ City _____ State ___ Zip _____

Collection Agency: _____

Address: _____ City _____ State ___ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

17. Creditor Name: _____

Address: _____ City _____ State ___ Zip _____

Collection Agency: _____

Address: _____ City _____ State ___ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

18. Creditor Name: _____

Address: _____ City _____ State ___ Zip _____

Collection Agency: _____

Address: _____ City _____ State ___ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

19. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

20. Creditor Name: _____

Address: _____ City _____ State ____ Zip _____

Collection Agency: _____

Address: _____ City _____ State ____ Zip _____

Account Number: _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Date or year of debt: _____ Amount Owe: \$ _____

Credit Card Medical Personal Loan NSF Check Repossessed Vehicle

Student Loan Membership Club Utilities Rent Explain _____

***If you need more space, please continue with all the above requested information on a separate sheet of paper including all of the above information for each creditor.**

**LEASES, CELL PHONES, RENT TO OWNS,
TIMESHARES, AND LAND CONTRACTS**

List any leases, cell phones, rent to owns, and land contracts below, including name, address, city, state and zip of creditor, and description of lease.

1. Name _____ Description of Lease _____

(item)

Address: _____ City _____ State ____ Zip _____

Account No. _____ Monthly Payment: \$ _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Retain Surrender

2. Name _____ Description of Lease _____

(item)

Address: _____ City _____ State ____ Zip _____

Account No. _____ Monthly Payment: \$ _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Retain Surrender

3. Name _____ Description of Lease _____

(item)

Address: _____ City _____ State ____ Zip _____

Account No. _____ Monthly Payment: \$ _____

Whose debt is this? Husband Wife Joint Individual (if not married)

Retain Surrender

4. Name _____ Description of Lease _____ (item)
Address: _____ City _____ State _____ Zip _____
Account No. _____ Monthly Payment: \$ _____
Whose debt is this? Husband Wife Joint Individual (if not married)
Retain Surrender

CO-SIGNED LOANS

Have you co-signed on a loan for a friend or family member? Yes No

Name of person you co-signed for: _____
Address: _____ City _____ State _____ Zip _____
Relationship to you: _____
Creditor Name: _____
(You **MUST** also list the creditor in the creditor information section)
What is this loan for? _____

Has anyone co-signed for you on any of your loans? Yes No

LOAN #1

Name of person who co-signed your loan: _____
Address: _____ City _____ State _____ Zip _____
Relationship to you: _____
Creditor Name: _____
(You **MUST** also list the creditor in the creditor information section)
What is this loan for? _____

LOAN #2

Name of person who co-signed your loan: _____
Address: _____ City _____ State _____ Zip _____
Relationship to you: _____
Creditor Name: _____
(You **MUST** also list the creditor in the creditor information section)
What is this loan for? _____

LOAN #3

Name of person who co-signed your loan: _____
Address: _____ City _____ State _____ Zip _____
Relationship to you: _____
Creditor Name: _____
(You **MUST** also list the creditor in the creditor information section)
What is this loan for? _____

If you need more space, please continue with same information on another sheet of paper.

EMPLOYMENT/HOUSEHOLD INFORMATION

Please provide the following information about each of your employer(s). **If you are married and filing individually, you will still need to fill out Spouse information.** If you have more than one employer, please list additional employers on a separate sheet of paper and attach to this page.

You **MUST** list the **employer's complete address.**

DEBTOR

Employers Name: _____

Address: _____ City _____ State _____ Zip _____

Employer Telephone number: _(____)_____

Occupation Title: _____

How long have you been employed here? _____

How often are you paid? Weekly Every 2 weeks Monthly Twice a Month

Second Job: **Yes** **No**

Employers Name: _____

Address: _____ City _____ State _____ Zip _____

SPOUSE

Employers Name: _____

Address: _____ City _____ State _____ Zip _____

Employer Telephone number: _(____)_____

Occupation Title: _____

How long have you been employed here? _____

How often are you paid? Weekly Every 2 weeks Monthly Twice a Month

Second Job: **Yes** **No**

Employers Name: _____

Address: _____ City _____ State _____ Zip _____

ALL PEOPLE WHO LIVE WITH YOU

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I/We **Receive** **Pay** child support for _____, _____, _____, in the amount of \$_____ per month.

2. I/We **Receive** **Pay** child support for _____, _____, _____, in the amount of \$_____ per month.

*If you receive child support, is it paid regularly? **Yes** **No**

CURRENT INCOME

	<u>Debtor</u>	<u>Spouse</u>
Gross Monthly Wages	\$ _____	\$ _____
Estimated overtime (if any)	\$ _____	\$ _____
PAYROLL DEDUCTIONS		
a. Payroll taxes, FICA, Medicare	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Retirement / 401-K	\$ _____	\$ _____
d. Retirement / 401-K Loans	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Child Support	\$ _____	\$ _____
e. Other (Be Specific _____)	\$ _____	\$ _____
TAKE HOME PAY PER MONTH	\$ _____	\$ _____

ALL OTHER SOURCE OF INCOME & SPECIFY THE AMOUNT AND SOURCE:

Regular income from operation of business or profession or farm	\$ _____	\$ _____
Income from rental property	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Alimony, maintenance, or child support payments payable to you for your use or that of your children (Specify: _____)	\$ _____	\$ _____
Social Security or other government assistance (Specify: _____) (Includes money to you and/or your children)	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
"Food Stamps," AFDC, etc.	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Contribution from others living in your home	\$ _____	\$ _____
Other monthly income: _____	\$ _____	\$ _____
(Please specify what kind of income)		
TOTAL PER MONTH	\$ _____	\$ _____

Any Expected Increase or Decrease in any Income? (please explain)

MONTHLY CURRENT EXPENSES

Complete this schedule by estimating the average monthly expenses for you and your family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show the **monthly** rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. If so, you will need to complete and label a separate schedule of expenditures.

Rent or home mortgage payments: \$ _____

Lot Rent: \$ _____

Does your mortgage company pay your property tax? Yes No

Does your mortgage company pay your homeowners insurance? Yes No

Utilities:

Electricity and heating fuel \$ _____
Water and sewer \$ _____
Home Phone \$ _____
Cell Phone \$ _____
Cable \$ _____
Internet \$ _____
Security \$ _____
Garbage \$ _____
Home Maintenance \$ _____

Transportation:

Gasoline \$ _____
Maintenance (oil, tune ups) \$ _____
Tires (monthly average) \$ _____
Repairs (monthly average) \$ _____
Vehicle /Licenses Tags \$ _____

Recreation / Entertainment:

Health Clubs \$ _____
Newspapers, Magazines, etc. \$ _____
Movies / Video Rentals \$ _____

Groceries \$ _____
Laundry and Dry Cleaning \$ _____
Clothing (shoes, coats) \$ _____

Other:

Day Care \$ _____
School Lunch \$ _____
School Fees (Activities/Sports) \$ _____
Pet Care \$ _____
Household Cleaners \$ _____
Work Lunches \$ _____
Charitable Contributions \$ _____

Medicals:

Prescriptions \$ _____
Doctor Visits \$ _____
Eye Care \$ _____
Dental Care \$ _____

Insurance: (not deducted from wages or included in home mortgage payments) (yearly divided by 12 months)

Homeowner's or renter's insurance you pay \$ _____
Life Insurance (not deducted from wages). \$ _____
Health Insurance (not deducted from wages). \$ _____
Auto Insurance \$ _____

Taxes: (yearly divided by 12 months)

Real Estate /Property Taxes (that you pay) \$ _____
Self Employment Taxes \$ _____
(not deducted from wages)

Installment payments: (In chapter 13 cases, do not list payments)

- 1) Auto with _____ \$ _____
- 2) Auto with _____ \$ _____
- 3) Other: _____ \$ _____

(Includes student loans, furniture, computers and other secured loans you are keeping)

Debts of a non-filing spouse:

1) _____ \$ _____ 3) _____ \$ _____
2) _____ \$ _____ 4) _____ \$ _____

Alimony and Child Support paid to others \$ _____

I pay \$ _____ per _____ Week _____ Every 2 weeks _____ Semi-Monthly _____ Monthly

TOTAL EXPENSES \$ _____

Regular expenses from operation of business (If Applicable) *You will need to attach a detailed list of the expenses you incur monthly for your business.*

STATEMENT OF FINANCIAL AFFAIRS

NOTE: READ EACH QUESTION and GIVE COMPLETE ANSWERS. If any of the questions do not apply to you or your spouse, place a \surd in the under the word NONE in the left hand column.

1. Gross amount of Income from Employment or Operation of Business.

NONE

State the gross amount of income you have received from your employment, profession, or from operation of your business. State also the gross amounts received during the two years immediately preceding this calendar year. If filing jointly, list your gross income separately. **(NOTE FOR CHAPTER 13 DEBTORS: Married Debtors filing under Chapter 13 MUST STATE INCOME FOR BOTH SPOUSES WHETHER OR NOT A JOINT PETITION IS FILED, UNLESS THE SPOUSES ARE SEPARATED AND ONLY ONE SPOUSE IS FILING)**

IF YOU HAVE BEEN EMPLOYED ANYTIME IN THE PAST 3 YEARS YOU MUST LIST THIS!

		<u>DEBTOR</u>		<u>JOINT DEBTOR</u>
This year:	2013	\$ _____		\$ _____
Earnings to Date (This can be taken from your last paycheck stub)				
Last year:	2012	\$ _____		\$ _____
Earnings (This can be taken from your year end W-2 Form)				
Previous year:	2011	\$ _____		\$ _____
Earnings (This can be taken from your year end W-2 Form)				

2. Income other than from employment or operation of business.

NONE

State the amount of income you have received other than from employment or operation of your business for this year and for the two years immediately preceding the filing of this case. (EXAMPLES: CHILD SUPPORT, UNEMPLOYMENT, SOCIAL SECURITY, DISABILITY, RETIREMENT FUNDS, SALE OF PROPERTY, FOOD STAMPS, GOVERNMENT ASSISTANCE, LOTTERY WINNINGS, etc.)

		<u>DEBTOR</u>		<u>JOINT DEBTOR</u>
This year:	2013	\$ _____		\$ _____
(Source of Income was from: _____)				
Last year:	2012	\$ _____		\$ _____
(Source of Income was from: _____)				
Previous year:	2011	\$ _____		\$ _____
(Source of Income was from: _____)				

3. Payment to creditors:

a. NONE

In the past 90 days prior to today, have you paid any one creditor more than \$600.00 total? List the Creditor and amount paid in past 90 days. (This includes house payments, car payments, furniture loans, etc.)

CREDITOR	AMOUNTS	DATES
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Do you owe any family member any money? YES NO

If so, please give the following information:

NAME & COMPLETE ADDRESS	RELATIONSHIP	AMOUNT OWED
_____	_____	\$ _____
_____	_____	\$ _____

b. NONE

List all payments made in the last 12 months to family members or loans only in a family members name. Include name & address of family member and the date and what the money was paid for:

Name of Family Member: _____ Relationship: _____
Address: _____ City _____ State _____ Zip _____
When money was paid: _____ Amount paid: \$ _____
What were the payments for? _____

4. LAWSUITS

a. NONE

List all lawsuits, civil warrants and administrative proceedings to which you were a party within one year immediately preceding the filing of this bankruptcy case (divorce proceedings, personal injury, workers compensation, probate, debt collection, etc.) and include the Court and the Docket Number.

Other Person in Lawsuit: _____ COURT: _____
Case#: _____ Type of Lawsuit: _____

Other Person in Lawsuit: _____ COURT: _____
Case#: _____ Type of Lawsuit: _____

b. NONE

Describe all property that has been attached, garnished, or seized under any legal or equitable process in the last 12 months.

5. Repossessions, foreclosures, and returns.

NONE

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, in the last 12 months. Also give the date and the creditor name and address.

Creditor name: _____ Date it happened: _____
Creditor address: _____ Property: _____

Creditor name: _____ Date it happened: _____
Creditor address: _____ Property: _____

6. Assignments and receiverships.

a. NONE

Have you given any property to someone in the last 6 months to satisfy or benefit a creditor? **Yes** **No**
Detail: _____

b. NONE

List all property which has been in the hands of a custodian, receiver or court-appointed official in the last 12 months. _____

7. Gifts By You to Churches, Charities, or Anyone Else

NONE

List all gifts or charitable contributions made in the last 12 months, except ordinary and usual gifts to family members that are \$200 in value per individual family member, and all church and charitable contributions.

Include name & address of recipient & date(s).

Name: _____ Name: _____
Address: _____ Address: _____

Amount: _____ Amount: _____
Dates: _____ Dates: _____

8. Losses.

NONE

List all losses of property or records from fire, theft, flooding, or other casualty or gambling in the last 12 months. Also give the date of the loss & if any insurance proceeds were received.

9. Payments related to debt counseling or bankruptcy.

NONE

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy in the last 12 months.

Name: _____
Address: _____
Amount: _____
Dates: _____

Name: _____
Address: _____
Amount: _____
Dates: _____

10. Transfers.

NONE

Have you transferred, sold, given away, trashed, or swapped any property to someone in the past two years? (Furniture, Auto, Homes, Land, etc) If yes, explain below.

DESCRIBE PROPERTY _____

NAME & ADDRESS OF PERSON

PROPERTY WAS TRANSFERRED

DATE

VALUE RECEIVED

_____	_____	\$ _____
_____	_____	\$ _____

Have you inherited any property in the past 6 years?

NONE If so:

Describe Property: _____ Value: \$ _____

11. Closed financial accounts.

NONE

List all checking or savings accounts, certificates of deposit, other financial accounts, shares and share accounts held in banks, credit unions, pension funds, etc. held in the name of the debtor or for the benefit of the debtor which were closed, within one year prior to filing this case.

NAME & ADDRESS OF BANK

ACCOUNT TYPE
& BALANCE AT CLOSING

DATE OF SALE
OR CLOSING

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

12. Safe deposit boxes.

NONE

Have you had a safe deposit box in the last 2 years? If yes, please give the name of the institution and the contents of the box. (ie: documents, jewelry, cash, etc.) or other valuables within one year immediately preceding the commencement of this case.

Contents:

13. Setoffs.

NONE

Has any bank or credit union frozen or taken money from your checking or savings account in the last 90 days? If yes, list the institution, amount taken, and the date.

Bank: _____ \$ _____ Date: ____/____/____

14. Property held for another person.

NONE

List all property owned by another person that you, the debtor, holds or controls. **Include household goods, furniture & vehicles you are using that belongs to someone else.** Also give the person to whom the property belongs to and their name, address and relationship. Give the value of the property.

NAME: _____ ADDRESS: _____

RELATIONSHIP: _____ ITEMS & VALUE: _____

15. Prior address of Debtor(s) for the past 3 years.

NONE

NAME USED	ADDRESS	DATES OF OCCUPANCY
_____	_____	____/____/____ to ____/____/____
_____	_____	____/____/____ to ____/____/____
_____	_____	____/____/____ to ____/____/____

16. Spouses and Former Spouses.

NONE

If you reside 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 past six years, 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: _____ ADDRESS: _____

Have you ever been divorced and are you entitled to receive a portion of your Ex-spouse's RETIREMENT, but it has not been transferred yet? Yes No

Have you been involved in a divorce within the past 2 years? Yes No

If so, you will need to bring a copy of the Property Settlement Agreement to us with this questionnaire.

17. Environmental Information.

a) NONE

List the name & address of every site for which the Debtor(s) 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 the Environmental Law.

b) NONE

List the name & address of every site for which the Debtor(s) provided notice to a governmental unit of a release of Hazardous Materials. Indicate the governmental unit to which the notice was sent and the date of the notice.

c) NONE

List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the Debtor(s) 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.

***** If you have had a business in your name in the past two years, or are currently in a business, you will need to fill out questions 18-25.**

If you ARE NOT in business or have not been in business, YOU DO NOT ANSWER ***

QUESTIONS 18-25.

18. Nature, location and name of business.

a. NONE

For individuals, list the **names, addresses, Taxpayer identification numbers, nature of the business and beginning and ending dates of all businesses** in which the Debtor(s) 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 commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

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

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

NAME	TAXPAYER ID#	ADDRESS OF BUSINESS	NATURE OF BUSINESS	BEGINNING & ENDING DATES
_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	___/___/___ to ___/___/___

b. NONE

Identify any business listed in response to the above that is a **single asset real estate as defined in 11 U.S.C. Section 101.**

NAME: _____ ADDRESS: _____

19. Books, records, and financial statements.

a. NONE

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

NAME & ADDRESS	DATES SERVICES RENDERED
_____	___/___/___ to ___/___/___

b. NONE

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

NAME & ADDRESS	DATES SERVICES RENDERED
_____	___/___/___ to ___/___/___

c. NONE

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

NAME: _____ ADDRESS: _____

d. NONE

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

NAME & ADDRESS	DATE ISSUED
_____	___/___/___

20. Inventories.

a. NONE

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

_____ \$ _____

b. NONE

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

21. Current Partners, Officers, Directors, and Shareholders.

a. NONE

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

NAME & ADDRESS	NATURE OF INTEREST	%
_____	_____	_____%

b. NONE

If the debtor is a corporation, list all officers and directors of the corporation and each stockholder who directly or indirectly owns, controls or hold 5 percent or more of the voting securities of the corporation partnership interest of each member of the partnership.

NAME & ADDRESS	TITLE	NATURE & % OF OWNERSHIP
_____	_____	_____ %

22. Former partners, officers, directors, and shareholders.

a. NONE

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

NAME	ADDRESS	DATE OF WITHDRAWAL
_____	_____	___/___/___

b. NONE

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

NAME	TITLE	DATE OF TERMINATION
_____	_____	___/___/___

23. Withdrawals from a partnership or distributions by a corporation.

NONE

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

24. Tax consolidation Group.

NONE

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

NAME OF PARENT CORPORATION	TAXPAYER ID
_____	_____

25. Pension Funds.

NONE

If the debtor is not an individual, list the name & federal taxpayer identification number of any pension fund to which the Debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER ID
_____	_____

FINAL CHECKLIST - Chapter 7 & 13

I/We have prepared this draft of my/our Bankruptcy Schedules and Statement of Financial Affairs and they contain all of my property, both real and personal, and an accurate listing of **all** debts, **even debts I/We intend to continue paying.**

I/We understand the penalty for making a false statement or concealing property is a fine of up to \$500,000.00 or imprisonment for up to 5 years or both. (18 U.S.C. Sections 152 and 3571).

I/We understand that if I/We are in a Chapter 7 Bankruptcy and must add any creditors, a **\$30.00 filing fee plus a \$75.00 attorney fee must be paid in advance to the Law Office of Joseph P. Saulski, PLLC.** I/We agree to pay any such additional filing fee and attorney fee and I/we understand this is not part of the standard cost and actual attorney fees for handling this case. Further, any additional legal work required by the Attorney, whether Chapter 7 or Chapter 13, is not included in the flat fee quoted and will be charged at \$150.00 per hour. This may include the following:

1. Any Adversary cases including discharge or dischargeability.
2. Any unusual Objections resulting in a "trial" of any such issue.
3. Excessive telephone calls from Debtor or Creditors.

* See Fee Agreement/Contract for more information.

I/We understand that all of my/our property must be retained until the Law Office of Joseph P. Saulski or the Trustee has given me/us permission to sell or return any items.

In a Chapter 7, any property received through inheritance within 180 days following our bankruptcy filing must be turned over to the Trustee in my/our case.

In a Chapter 13, any property which I/We obtain during the bankruptcy, is property of my/our bankruptcy estate, and must be turned over to the Bankruptcy Trustee.

I/We understand that until an Engagement Letter & Fee Agreement is signed, the Law Office of Joseph P. Saulski does not represent me/us.

I/We understand that the Law Office of Joseph P. Saulski is not representing me/us in any other legal matters.

Date: _____
Debtor

Date: _____
Debtor

HAVE YOU TOLD US ABOUT ALL OF YOUR PROPERTY?

These are some of the assets that are most commonly overlooked and you need to make sure that they are listed in the questionnaire you just completed.

1. People who owe you money. (ie: Loans, Debtors, or Accounts Receivable)
2. Business Inventory (Sole Proprietor)
3. Business Equipment (Sole Proprietor)
4. Retirement Accounts / 401-K Plans
5. Cash surrender value of life insurance policies
6. Your Jewelry
7. Fancy Antiques
8. Any Timeshares
9. Personal Injury or Workers Compensation Claims. (Settled or pending - even if you haven't hired an attorney to represent you in the claim or even if the lawsuit has not yet been filed)
10. Items owned by you and being used by a child or in possession of another person.
11. Inheritance you have been told about but not yet received.
12. Annuities and Trust funds.

HAVE YOU TOLD US ABOUT ALL OF YOUR DEBTS?

These are the bills that are most commonly overlooked and you need to make sure that they are listed in the questionnaire you just completed.

1. Debts owed to a family member or friend.
2. Heat Pump Loans
3. Retirement & Pension Loans
4. Debts against a 401-K
5. Broken Apartment Leases
6. Repossessions of vehicles in past 10 years
7. Debts owed to Ex-Spouses, Debts arising from a divorce, & Medical Bills of an Ex-Spouse or Children
8. Bad Checks
9. Debts where you owe your former bank money for overdrafts, etc.
10. Advances on your paycheck
11. Check / Cash Advance businesses that you owe
12. Loans from a credit union
13. Former mortgage company on a house that you let go back. Including the Veteran's Administration, HUB or FHA mortgages.
14. Automobile accidents making sure you list both the accident victim and the insurance company who is collecting the debt.
15. Any Pawn Shops that you owe or any items that you have pawned.

Please sign that you have read this and that you **have not omitted any Property or Creditors.**

Date: _____ x _____
Debtor

Date: _____ x _____
Co-Debtor

Chapter 7 Cases

I/We understand the following information:

1. In a Chapter 7 Case, I/we understand that the following are **NOT** discharged or dischargeable:
 - a) Recent Taxes (normally less than 3 years after filing the return)
 - b) Alimony (any form)
 - c) Child Support (any form)
 - d) Student Loans
 - e) DUI Accident Claims
 - f) Intentional Injuries
 - g) Fraud and Fraud in Fiduciary Capacities
 - h) Returned Checks (NSF Checks)
 - i) Restitution and Criminal Fines
2. I/We are aware that a Chapter 13 Bankruptcy is available to me/us and I/we have chosen not to file a Chapter 13.
3. I/We have signed a contract or will sign a contract which includes a full disclosure of fees. Any Legal Fees for a "Contested Matter" such as an Objection to Exemptions, Amendments to correct information and Complaints to Objection to Discharge or Dischargeability of a debt are not included in my flat attorney fee as stated in my/our Engagement Letter & Fee Agreement. (See contract)
4. I/We have listed **EVERY DEBT WE OWE** regardless of my/our intentions of paying the debt(s).
5. I/We understand that if we forget to list a creditor or creditors that an Amendment may be filed in my/our case, and if so, I/we will owe a fee of **\$105.00 for each Amendment** (which includes the \$30.00 Court Filing Fee) and is due when I/We sign the Amendment.

I/We have read and understand the above.

Date: _____ x _____
Debtor

Date: _____ x _____
Co-Debtor