

**Client Questionnaire**  
**Section 1 - Basic Information**

**Part A. Name and Address**

Name: **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

Have you used any other names in the past eight years?  No  Yes

***If yes, please list other names used:***

Have you used any business names or Employer Identification Numbers (EIN) in the last 8 years?

***If yes, please list business names and/or EINs used:***

Telephone Numbers\Email address:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If you have a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Have you lived at this address for at least 180 days?  No  Yes

Have you lived at this address for at least 3 years?  No  Yes

**If you answered no** to either of the questions above, please list your previous address:

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Marital Status:  Never Married

Married and living together

Widowed

Married and living apart

Divorced

## Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

Has your spouse used any other names in the past 8 years?  No  Yes

**If yes, please list other names used:**

Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?

**If yes, please list business names and/or EINs used:**

Telephone Numbers\Email address:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If your spouse lives at a different address, please list:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Has your spouse lived at this address for at least 180 days?  No  Yes

Has your spouse lived at this address for at least 3 years?  No  Yes

**If you answered no** to either of the questions above, please list your previous address:

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

## Part C. Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case in the last 8 years?  No  Yes

**If yes**, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

Was the case dismissed (you did not complete the bankruptcy)?  No  Yes

If so, what date was it dismissed? \_\_\_\_\_

Are any bankruptcy cases pending or being filed by your spouse, a business partner, or an affiliate?  No  Yes

**If yes**, name of debtor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

District (If known): \_\_\_\_\_

### **Part D. Debtors who reside as Tenants of Residential Property**

Do you have an eviction pending against you?  No  Yes

**If yes**, please provide your landlord's name and address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Part E. Business Owned as a Sole Proprietor**

Are you the sole proprietor of a full- or part-time business?

**If yes**, please provide the name and location of the business:

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of business:

### **Part F. Hazardous Property or Property That Needs Immediate Attention**

Do you own or have any property that needs immediate attention or that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  No  Yes

**If yes**, please describe the hazard:

If immediate attention is needed, why is it needed?

Where is the property?

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2 - Property (Schedule A/B)

Separately list and describe assets in each category below. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. If more space is needed, attach a separate page to this questionnaire.

### Part A. Residence, Building, Land, Other Real Estate

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	Estimated Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	If you are not the only owner: Please enter the % of the property you own.	Office Use Only Exemptions?
<p>Address:</p>  <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p>	<p>1. Who is the lender? (<i>Name and Address</i>)</p>  <p>2. What is the amount of the mortgage, lien or loan?</p>  <p>3. What is your current interest rate on the loan?</p>  <p>4. What is your monthly payment?</p>  <p>5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>6. How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		
<p>Address:</p>  <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other</p>	<p>1. Who is the lender? (<i>Name and Address</i>)</p>  <p>2. What is the amount of the mortgage, lien or loan?</p>  <p>3. What is your current interest rate on the loan?</p>  <p>4. What is your monthly payment?</p>  <p>5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>6. How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		

**Part B. Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Other Vehicles**

**Specify "Used value". What you would pay to buy it used, not new, considering the age and condition.**

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only <i>Exemptions?</i>
Vehicle #1	<input type="checkbox"/> No  <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Names on Title: _____ Other Information: _____		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #2	<input type="checkbox"/> No  <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Names on Title: _____ Other Information: _____		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #3	<input type="checkbox"/> No  <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Names on Title: _____ Other Information: _____		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Watercraft/Aircraft/Motor Homes/ATVs/Other ( <i>list year, make, and model</i> )	<input type="checkbox"/> No  <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

## Part C. Personal and Household Items

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Household Goods and Furnishings ( <i>Major appliances, furniture, linens, china, kitchenware, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Electronics ( <i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Collectibles of value ( <i>art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Sports, photo, exercise, and other hobby equipment; musical instruments	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Firearms, ammunition, and related equipment ( <b>Identify each individual firearm</b> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only <i>Exemptions?</i>
Jewelry ( <b>Divide jewelry by owner</b> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Pets/non-farm animals	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Health aids and all other household items not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

## Part D. Financial Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Cash ( <i>spare change/money in your purse or wallet, cash not in accounts</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #1 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #2 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Savings account #1 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Savings account #2 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Certificate of deposit ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #1 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #2 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	



Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Other financial account #3 <i>(list name(s) on account, bank name, and account number)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #4 <i>(list name(s) on account, bank name, and account number)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Bonds, mutual funds, and publicly traded stocks	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Non-publicly traded stocks and interests in businesses, corporations, LLCs, partnerships, and joint ventures <i>(list % of ownership)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Government and corporate bonds and instruments <i>(including U.S. Savings Bonds)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #1 <i>(IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #2 <i>(IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #3 <i>(IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Security deposits ( <i>typically with landlord or utility</i> ) ( <i>list holder</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Prepayments ( <i>prepaid rent, layaway, gift cards, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Annuities ( <i>list company</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Education IRA, Sec. 529 or Sec. 530 account, state tuition plan	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Trusts, life estates, future, and equitable interests in property or assets	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Patents, copyrights, trademarks, trade secrets, and other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Licenses, franchises, and other general intangibles	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Tax refunds owed to you ( <i>list years due</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Alimony and child support	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other amounts someone owes you ( <i>unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Cash value of insurance policies ( <i>whole or universal life, health, disability, HSA, etc.</i> ) ( <i>list insurance company and beneficiary</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Inheritances, estate distributions, and death benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Personal injury claims or awards	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Lawsuits or claims against anyone for anything	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
All other claims or rights to sue someone	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Any other financial asset not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

## Part E. Business-Related Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Accounts receivable or commissions earned ( <i>list</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Office equipment, furnishings, and supplies ( <i>list</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Machinery, fixtures, equipment, business supplies, and tools of your trade ( <i>list</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Business inventory ( <i>list</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Interests in partnerships or joint ventures ( <i>name and type of business, % interest</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Customer and mailing lists	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other business-related property not already listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

## Part F. Farm and Commercial Fishing-Related Property

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Farm animals ( <i>livestock, poultry, farm-raised fish, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Crops ( <i>growing or harvested</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Farm and commercial fishing equipment, implements, machinery, fixtures, and tools of trade ( <i>list</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Farm and commercial fishing supplies, chemicals, and feed ( <i>list</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

## Part G. Miscellaneous

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
All other property of any kind not previously listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

### Section 3 - Debts (Schedule D/E/F)

#### Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or mortgage	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Home loan and/or mortgage	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or mortgage	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Car loans	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Car loans	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Car loans	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other property loan	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other property loans	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	



## Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:    3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:    3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:    3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:    3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed ( <i>amount of claim</i> ): 2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed ( <i>amount of claim</i> ): 2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Department store credit card debts	1. Amount Owed ( <i>amount of claim</i> ): 2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Department store credit card debts	1. Amount Owed ( <i>amount of claim</i> ): 2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed ( <i>amount of claim</i> ): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed ( <i>amount of claim</i> ): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed ( <i>amount of claim</i> ): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Debt	1. Amount Owed ( <i>amount of claim</i> ): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: <b>Codebtor's name and address:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

## Part C. Medical Debts

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Unpaid medical bills	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Any additional information about the debt:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Unpaid medical bills	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Any additional information about the debt:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Unpaid medical bills	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Any additional information about the debt:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Unpaid medical bills	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Any additional information about the debt:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

## Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/ Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:    3. Account Number, if any:  4. Tax Year  5. Type of tax	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Unpaid taxes	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:    3. Account Number, if any:  4. Tax Year  5. Type of tax	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Unpaid taxes	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:    3. Account Number, if any:  4. Tax Year  5. Type of tax	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

## Part E. Student Loan Debts

Please list below all Student Loan debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Student loan	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Any additional information about the debt:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Student loan	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Any additional information about the debt:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Student loan	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Any additional information about the debt:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:  Codebtor name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

## Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Please Describe the Type of Debt <i>(i.e. unpaid rent, alimony or child support, service fees, other bank loans, personal loans, or enter a description of your own.)</i>	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Codebtor's name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Describe:	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Codebtor's name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Describe:	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:   3. Account Number, if any:  4. Date/range of dates when debt was incurred:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Codebtor's name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

### Section 4 - Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current and to which you are a party. Include residential, car and business leases, and service or business contracts.

Description of Lease or Contract	Name and Address of Other Party or Parties	Date Contract Expires	Office Use Only



## Section 5 - Current Income (Schedule I)

### Part A. Debtor's Employer Information

Name and Address of your employer:

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How long have you been employed at this job: \_\_\_\_\_

Occupation (please state job title or provide brief description): \_\_\_\_\_

**Second** employer (if applicable):

Name and Address of your **Second** employer:

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How long have you been employed at this second job: \_\_\_\_\_

Occupation (please state job title or provide brief description): \_\_\_\_\_

Notes: \_\_\_\_\_

### Part B. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

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How long has spouse been employed at this job: \_\_\_\_\_

Occupation (please state job title or provide brief description): \_\_\_\_\_

**Second** employer (if applicable):

Name and Address of your spouse's **Second** employer:

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How long has spouse been employed at this second job: \_\_\_\_\_

Occupation (please state job title or provide brief description): \_\_\_\_\_

Do you receive income from business operations outside of your regular paycheck listed above?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive income from Unemployment?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive income from Social Security?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive monetary government assistance?

No  Yes

If **yes**, please describe: \_\_\_\_\_

How much do you receive per month? \_\_\_\_\_

Do you receive retirement or pension money?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you have any other source of income not listed?

No  Yes

If **yes**, please describe \_\_\_\_\_

How much do you receive per month? \_\_\_\_\_

Are you expecting any increase or decrease in salary next year?

No  Yes

If **yes**, please describe \_\_\_\_\_

#### Part D. Joint Debtor's (Spouse's) Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out? \_\_\_\_\_

How often do you get paid?  once a week  every two weeks

twice a month  once a month  other \_\_\_\_\_

What is your estimated overtime pay per month? \_\_\_\_\_

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total)

How much is taken out of each paycheck for Mandatory Contributions to Retirement? \_\_\_\_\_

How much is taken out of each paycheck for Voluntary Contributions to Retirement? \_\_\_\_\_

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? \_\_\_\_\_

How much is automatically deducted for insurance? \_\_\_\_\_

How much is taken out for alimony or family support for the care of your dependents? \_\_\_\_\_

How much is deducted for union dues? \_\_\_\_\_

Other Deduction (*describe*): \_\_\_\_\_

Other Deduction (*describe*): \_\_\_\_\_

Other Deduction (*describe*): \_\_\_\_\_

Do you receive income from business operations outside of your regular paycheck listed above?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive income from Unemployment?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive income from Social Security?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you receive monetary government assistance?

No  Yes

If **yes**, please describe: \_\_\_\_\_

How much do you receive per month? \_\_\_\_\_

Do you receive retirement or pension money?

No  Yes

If **yes**, how much do you receive per month? \_\_\_\_\_

Do you have any other source of income not listed?

No  Yes

If **yes**, please describe \_\_\_\_\_

How much do you receive per month? \_\_\_\_\_

Are you expecting any increase or decrease in salary next year?

No  Yes

If **yes**, please describe \_\_\_\_\_

### Part E. Debtor's Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month)	Month 2 (2 months ago)	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	For Office Use Only
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security							

income.							
Other sources not already mentioned. Describe:							

**Part F. Joint Debtor's (Spouse's) Current Monthly Income Calculation**

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	For Office Use Only
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income:: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

## Section 6 - Current Expenses (Schedule J)

1. Is this a Joint Filing with your Spouse?

No  Yes

2. Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

Relationship	Age	Who does the dependent live with?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you and your spouse live separately and maintain separate households?  No  Yes. If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

3. Do your expenses include another person's expenses other than yourself and your dependents?

No  Yes

**Indicate how much you pay for each item each month:**

4. Primary Rent or Home Mortgage: \$ \_\_\_\_\_  
 Does that amount include real estate taxes?  
 No  Yes  
 If **yes**, how much do you pay? \$ \_\_\_\_\_  
 Does that amount include property, homeowner's, or renter's insurance?  
 No  Yes  
 If **yes**, how much do you pay? \$ \_\_\_\_\_  
 Does that amount include any Home maintenance, repair, or upkeep expenses?  
 No  Yes  
 If **yes**, how much do you pay? \$ \_\_\_\_\_  
 Does that amount include any Homeowner's association or condominium dues?  
 No  Yes  
 If **yes**, how much do you pay? \$ \_\_\_\_\_
5. Are there Additional Mortgage payments? \$ \_\_\_\_\_  
 No  Yes  
 If **yes**, how much do you pay? \_\_\_\_\_
6. Utilities: \_\_\_\_\_
- a. Electricity and heating fuel: \_\_\_\_\_ \$ \_\_\_\_\_
- b. Water and sewer: \_\_\_\_\_ \$ \_\_\_\_\_
- c. Telephone service/long distance: \_\_\_\_\_ \$ \_\_\_\_\_
- d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

	_____	\$	_____
7.	Food and housekeeping supplies .....	\$	_____
8.	Childcare and Children Education Costs not deducted from paychecks .....	\$	_____
9.	Clothing, laundry, and dry cleaning: .....	\$	_____
10.	Personal care products and services, haircuts, nails, etc: .....	\$	_____
11.	Medical and dental expenses not deducted from paychecks: .....	\$	_____
12.	Transportation (gas, oil, maintenance, tires, batteries, tabs, parking, etc. Not loan payments) .....	\$	_____
13.	Recreation,entertainment, newspapers, magazines, and books: .....	\$	_____
14.	Charitable contributions and religious donations: .....	\$	_____
15.	Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: <b>(Do not include amounts entered in Line 4 or Line 20)</b>		
	a. Life insurance: .....	\$	_____
	b. Health insurance not deducted from paychecks: .....	\$	_____
	c. Auto insurance: .....	\$	_____
	d. Other insurance ( <i>describe and list monthly amount</i> ):		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
16.	Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
17.	Installment payments for car, furniture, etc. ( <i>Describe</i> ):		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
18.	Alimony, maintenance and support paid to others: .....	\$	_____
19.	Payments for support of additional dependents not living at your home: .....	\$	_____
20.	Other Real Estate Property expenses <b>NOT</b> included with Rent or Home Mortgage Property <b>(Do not include amounts entered in Line 4 or Line 5)</b>		
	a. Mortgage payment on other Real Estate Property	\$	_____
	b. Taxes on other Real Estate Property	\$	_____
	c. Other Real Property, Homeowner's, or Renter's Insurance payments	\$	_____
	d. Home maintenance (including repairs and upkeep)	\$	_____
	e. Homeowner's association or condominium dues	\$	_____
21.	Other expenses ( <i>Describe</i> ): <b>(please see "Additional Expenses" below before putting anything here)</b>		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

Describe any increase or decrease in expenses you expect to occur within the next year?

**Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:**

**Additional Expenses (707(b) Expenses for Form 122)**

- 17. Mandatory payroll deductions not already listed:  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
- 19. Court ordered payments not already listed:  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
- 20. Education for employment or for a physically or mentally challenged child: \_\_\_\_\_ \$ \_\_\_\_\_
- 21. Child care expense not deducted from paychecks (*baby sitting, day care, nursery & preschool, etc.*): \_\_\_\_\_ \$ \_\_\_\_\_
- 25. Disability Insurance not deducted from paychecks (*if not listed above*): \_\_\_\_\_ \$ \_\_\_\_\_
- Health Savings Account not deducted from paychecks: \_\_\_\_\_ \$ \_\_\_\_\_
- 26. Care for elderly, chronically ill or disabled family members: \_\_\_\_\_ \$ \_\_\_\_\_
- 27. Protection from family violence: \_\_\_\_\_ \$ \_\_\_\_\_
- 29. Education expense for your children under 18: \_\_\_\_\_ \$ \_\_\_\_\_
- 41. (c13s) Non-mandatory contributions to retirement accounts not deducted from paychecks (*including loan repayments*):  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## Section 7 - Statement of Financial Affairs (Form 107)

If you are filing jointly with your spouse, include information about both you and your spouse.

1. List every address where you have lived other than where you live now during the last **3 years**.

NONE

Previous Address(es)	From	To
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2. If you lived with a spouse or domestic partner in a community property state or territory (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin) within the last **8 years**, list the state or territory where you lived and the name and current address of your spouse or domestic partner.

NONE

Community Property State or Territory	Name and Address of Spouse or Domestic Partner
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3. List the total amount of income that you received from all jobs and all businesses, including part-time activities, during this year and the two previous calendar years.

NONE

**Debtor**

Period	Source of income	Gross income (before deductions and exclusions)
January 1 of this year through date of commencement of case	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
Last year (January 1 - December 31)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
The year before last (January 1 - December 31)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**Spouse (if applicable)**

Period	Source of income	Gross income (before deductions and exclusions)
January 1 of this year through date of commencement of case	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
Last year (January 1 - December 31)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
The year before last (January 1 - December 31)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

4. List any other income that you received during this year and the two previous calendar years.

NONE

**Debtor**



Period	Source of income (describe)	Gross income (before deductions and exclusions)
January 1 of this year through date of commencement of case		
Last year (January 1 - December 31)		
The year before last (January 1 - December 31)		

**Spouse (if applicable)**

Period	Source of income	Gross income (before deductions and exclusions)
January 1 of this year through date of commencement of case		
Last year (January 1 - December 31)		
The year before last (January 1 - December 31)		

5. If your debts are primarily consumer debts (i.e. non-business), list each creditor to whom you paid a total of \$600 or more within the last 90 days. Do not include payments for domestic support obligations, such as child support and alimony.

NONE

Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other:

Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other:

Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
				<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other:

6. If your debts are primarily non-consumer debts (i.e. business), list each creditor to whom you paid a total of \$6,225 or more in one or more payments within the last 90 days. Do not include payments for domestic support obligations, such as child support and alimony.

NONE

Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
<hr/>	<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other:

Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
<hr/>	<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other:

Name and Address of Creditor	Dates of Payment	Total Amount Paid	Amount Still Owed	Was this payment for ...
<hr/>	<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other:

7. List all payments that you made within the past **1 year** to any "insider." (*"Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.*)

NONE

Name and Address of Insider	Dates of Payment	Total Amount Paid	Amount Still Owed	Reason for payment
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

8. List all payments or transfers of property that you made within the past **1 year** that benefitted an "insider."

NONE

Name and Address of Insider	Dates of Payment	Total Amount Paid	Amount Still Owed	Reason for payment (include the creditor's name)
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9. List any lawsuits, court actions, or administrative proceedings to which you are or were a party within the past **1 year**.

NONE

Case Title and Case Number	Nature of the Case	Court or Agency and Location	Status or Disposition
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10. Describe all property that has been repossessed, foreclosed, garnished, attached, seized, or levied within the past **1 year**.

NONE

Creditor's Name and Address	Description and Value of Property	Date	Explain what happened
			<input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input type="checkbox"/> Property was attached, seized, or levied

Creditor's Name and Address	Description and Value of Property	Date	Explain what happened
			<input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input type="checkbox"/> Property was attached, seized, or levied

11. List all setoffs made by any creditor, including a bank or financial institution, against a debt or deposit within **90 days** before the filing of this case. Include any refusals by a creditor to make a payment because you owed a debt.

NONE

Creditor's Name and Address	Description of action taken by creditor	Date Action Taken	Setoff Amount and Last 4 Digits of Account Number
_____	_____	_____	_____

12. Within the past **1 year**, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

13. List any gifts that you made within the past **2 years** that have a total value of more than \$600 per person.

NONE

Name and Address of Recipient	Relationship to You	Description of Gifts	Dates Gifts Given	Value
_____	_____	_____	_____	_____

14. List any gifts or contributions that you made to a charity within the past **2 years** that have a total value of more than \$600.

NONE

Name and Address of Charity	Description of Contribution	Contribution Date	Value
_____	_____	_____	_____

15. List all losses from fire, theft, or other disaster, or gambling within the past **1 year or since the filing of this case**.

NONE

Description of Property and How Loss Occurred	Description of any Insurance Coverage (include the amount that insurance has paid)	Date of Loss	Value of Property Lost
_____	_____	_____	_____

16. List all payments made or property transferred by you or by someone acting on your behalf to anyone you consulted about filing for bankruptcy or preparing a bankruptcy petition within the past **1 year**. Include any attorneys, bankruptcy petition preparers, or credit counseling agencies.

NONE

Name and Address of Person Paid	Name of Person Who Made the Payment, if Not You	Description and Value of Any Property Transferred	Date of Payment or Transfer	Amount of Payment
_____	_____	_____	_____	_____

17. List all payments made or property transferred by you or by someone acting on your behalf within the past **1 year** to anyone who promised to help you deal with your creditors or to make payments to your creditors.

NONE

Name and Address of Person Paid	Name of Person Who Made the Payment, if Not You	Description and Value of Any Property Transferred	Date of Payment or Transfer	Amount of Payment
_____	_____	_____	_____	_____

18. List all property, other than property transferred in the ordinary course of your business or financial affairs, that you sold, traded, or transferred either absolutely or as a security within the past **2 years**.

NONE

Name and Address of Person Who Received the Transfer/ Relationship to You	Description and Value of Property Trferred	Describe Any Property or Payments Received or Debts Paid in Exchange	Date of Transfer
_____	_____	_____	_____

19. List all property you transferred within the past **10 years** to a self-settled trust or a similar device of which you are a beneficiary.

NONE

Name of Trust	Description and Value of Property Transferred	Date of Transfer
_____	_____	_____

20. List all financial accounts and instruments held in your name or for your benefit that were closed, sold, moved, or transferred within the past **1 year**.

NONE

Name and Address of Institution	Last 4 Digits of Account Number	Type of Account or Instrument	Date Account Was Closed, Sold, Moved, or Transferred	Last Balance Before Closing or Transfer
<hr/>	<hr/>	<input type="checkbox"/> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other:	<hr/>	<hr/>

Name and Address of Institution	Last 4 Digits of Account Number	Type of Account or Instrument	Date Account Was Closed, Sold, Moved, or Transferred	Last Balance Before Closing or Transfer
<hr/>	<hr/>	<input type="checkbox"/> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other:	<hr/>	<hr/>

21. List each safe deposit box or other depository for securities, cash, or other valuables that you have had within the past **1 year**.

NONE

Name and Address of Financial Institution	Name and Address of Anyone With Access to Box or Depository	Description of Contents	Do You Still Have It?
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

22. List any storage unit or place other than your home in which you have stored property within the past **1 year**.

NONE

Name and Address of Storage Facility	Name and Address of Anyone With Access to Box or Depository	Description of Contents	Do You Still Have It?
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

23. List all property that you hold or control that is owned by someone else.

NONE

Name and Address of Owner	Location of Property	Description of Property	Value
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24. List every site for which you received notice by a governmental unit that you may be liable under or in violation of an environmental law. Include the name and address of the governmental unit, the date of the notice, and, if known, the environmental law.

*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, ground water, or other medium, including, statutes or regulations controlling the cleanup of these substances, wastes, or material.

*Site* means any location, facility, or property as defined under any environmental law, whether you own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

*Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term.

NONE

Site Name and Address	Name and Address of Governmental Unit	Environmental Law, If You Know It	Date of Notice
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25. List the name and address of every site for which you have notified a governmental unit of a hazardous material release. Include the name and address of the governmental unit to which the notice was sent, the date of the notice, and, if know, the environment law.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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26. List all judicial or administrative proceedings, including settlements and orders, under any environmental law to which you have been a party. Include the case title and the case number, the court or agency, the nature of the case, and the status.

NONE

Case Title and Case Number	Name and Address of Court or Agency	Nature of the Case	Status of the Case
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- Pending
- On Appeal
- Concluded

27. List the name and address, nature of business, name of accountant or bookkeeper, Employer Identification Number (EIN), and dates of operation of every business you owned or with which you had any of the following connections within the past **4 years**.

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

NONE

Business Name and Address	Nature of Business	Name of Accountant or Bookkeeper	Employer Identification Number (EIN)	Beginning and End Dates of Operation
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28. List all financial institutions, creditors, or other parties to which you gave a financial statement about your business within the past **2 years**.

NONE

Name and Address	Date Issued
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