

Debtor #1 is an individual filing single or if married the Husband is Debtor #1.
 Debtor #2 is the Wife if married filing jointly .

Your Marital Status: Single [] Married [] Divorced []

| | | | |
|---|--|--|-----------|
| Debtor #1 Name, First | | Middle (spell out) | Last |
| Social Security Number: | | Date of Birth: | |
| Street Address: | | | |
| City: | | State: | Zip Code: |
| County of Residence: | | Length of Time at This Address: | |
| Have you resided in this state for at least 180 days (6 months)? Yes [] No [] | | If you have not resided in New Jersey for at least 180 days, where have you resided? | |
| Home Phone: | | Other Phone-where you prefer to be contacted: | |
| Work Phone: | | Email address: | |
| Can we contact you at work? Yes [] No [] | | | |
| Mailing Address: If you would like any correspondence by the bankruptcy court or this office to be sent to a different mailing address than the physical address you provided above (i.e., P.O. Box, etc.) please provide that address: | | | |
| | | | |
| List all other names you have gone by in the past eight years (include married, maiden, business and trade names): | | | |
| | | | |
| Have you been in business or self employed within the last two years? Yes [] No [] <i>If Yes, you will be required to fill out an additional form regarding your business. If you do not have this form, please ask for it.</i> | | | |
| Location of principal business assets of Business debtor (if different from addresses shown above): | | | |
| Tax Identification Number: _____ | | Business Name (if any)_____ | |
| Briefly describe the nature of your business: | | | |
| Have you ever filed bankruptcy? Yes [] No [] | | | |
| If YES, provide all information requested on page 4. | | | |

INFORMATION ABOUT YOUR SPOUSE

If you are married, are you filing this bankruptcy with your spouse? Yes [] No []

Please check one: [] Living together
 [] Separated, not living together

Date of marriage: _____

| | | | |
|--|--------|---|----------------|
| Spouse Name, First | | Middle (spell out) | Last |
| Social Security Number: | | | Date of Birth: |
| Street Address (if living separately): | | | |
| City: | State: | | Zip Code: |
| Home Phone (if living separately): | | Other Phone-where you prefer to be contacted: | |
| Work Phone: | | Email address: | |
| Can we contact you at work? Yes [] No [] | | | |
| Mailing Address (if living separately): If you would like any correspondence by the bankruptcy court or this office to be sent to a different mailing address than the physical address you provided above (i.e., P.O. Box, etc.) please provide that address: | | | |
| List all other names you have gone by in the past eight years (include married, maiden, business and trade names): | | | |
| Have you been in business or self employed within the last two years? Yes [] No [] <i>If Yes, you will be required to fill out an additional form regarding your business. If you do not have this form, please ask for it.</i> | | | |
| Location of principal business assets of Business debtor (if different from addresses shown above): | | | |
| Tax Identification Number: _____ Business Name (if any): _____ | | | |
| Briefly describe the nature of your business: | | | |
| Have you ever filed bankruptcy? Yes [] No [] | | | |
| If YES, provide all information requested on page 4. | | | |

PREVIOUS BANKRUPTCY FILINGS:

If you answered YES on pages 2 or 3: List all previous bankruptcy filings:

| <u>Type</u> | <u>State</u> | <u>Date of Petition</u> | <u>Date terminated</u> | <u>Reason for termination (Discharge, Failure to cooperate or appear, Voluntary dismissal, etc.)</u> |
|-------------|--------------|-------------------------|------------------------|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(There is a 180 day waiting period if the case was dismissed for failure to cooperate or appear or you got a dismissal voluntarily following a motion for lift of stay.)

You can file a Bankruptcy whenever you want. The question really is, "Can I be discharged?" Here are some guidelines (Sec. 362 c and d):

| <u>Original case</u> | <u>Present Case</u> | <u>Limit</u> | <u>Measure</u> |
|----------------------|---------------------|--------------|-------------------------------|
| Chapter 7 | Chapter 7 | 8 years | Petition to Petition |
| Chapter 7 | Chapter 13 | 4 years | Discharge to order for relief |
| Chapter 13 | Chapter 7 | 6 years | Discharge to order for relief |
| Chapter 13 | Chapter 13 | 2 years | Discharge to order for relief |

If you file a bankruptcy within one year of the dismissal of an earlier case (other than a Chapter 13 dismissal due to abuse of the system) the automatic stay terminates in this case 30 days after the petition is filed. We can file a motion to leave the automatic stay in place IF YOU ASK US TO. There will be extra fees for this service. If this is the third filing within a year, there is no automatic stay and you don't really get relief from garnishments, etc., until discharge.

Have you filed all of your tax returns that are due at this time? Yes [] No []

If you answered No, please explain: _____

Are you in receipt of all tax refunds that are due you? Yes [] No []

If you answered No, please explain: _____

Are your tax refunds being attached for past due child support, student loan payments, past due income tax or for any other reason? Yes [] No []

If you answered Yes, please describe: _____

Within the last 180 days, have you gone to credit counseling and received a Certificate of Credit Counseling? Yes [] No [] If Yes, state date(s) attended: _____

If you answered No, you will be required to go to a credit counseling agency and provide us with proof that you attended and provide a copy of your budget analysis that the credit counseling agency prepares for you.

You will also be required by the Bankruptcy Court (after your bankruptcy is filed) to attend post petition classes with a credit counseling agency at your expense. **If you fail to attend the post petition class with a credit counseling agency and provide this office with a copy of your Certificate of Completion your Bankruptcy will not be discharged. In order for your Bankruptcy to be discharged your attorney will be required to file additional pleadings and attend additional court hearings which you will be charged for at the hourly rate plus court costs. This is an unnecessary expense for you and we strongly suggest that you schedule and attend the post petition classes within 60 days of the filing of your Bankruptcy.**

Have you lived in New Jersey for 2 years? Yes [] No []
If you moved to New Jersey about 2 years ago, what date did you arrive in the state? _____

If you haven't lived in New Jersey for 2 years, we need to know what other states you lived in from 2 ½ years ago until 2 years ago. We may need proof of these dates.

State: _____ Dates: _____

State: _____ Dates: _____

Have you sold any real estate in the last 2 years? Yes [] No []
If Yes, provide a copy of the closing statement .

Was any of your debt incurred to pay taxes? Yes [] No []
If Yes, what kind of taxes? _____

Any felony convictions in the last 5 years? Yes [] No []
If YES, briefly describe the conviction: _____

Are there any pending bankruptcies filed by any spouse, partner or affiliate? Yes [] No []
If YES, describe:

Name of Debtor: _____
Case Number: _____ Date Filed: _____
Relationship: _____ State Where Filed: _____

Have you ever been divorced or entered into a Separation Agreement? Yes [] No []
If YES:

Are you including in your debts any creditors that both you and your former spouse owed jointly? Yes [] No []

Is there any property or money still to be divided or do you have any interest in any of your former spouse's property? Yes [] No [] If Yes give details: _____

Is any of your property in the hands of a repairman, storage company or pawnbroker? Yes [] No []
If Yes, provide the following:

Name of place holding your property: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Description of items and yard sale value:

1. _____ Yard sale value: _____

2. _____ Yard sale value: _____

What is the total amount you need to pay in order to get these items released? \$ _____

Do you live with a roommate/relative that pays part of your expenses or do you pay part of theirs?
Yes [] No [] If Yes provide the following information:

Name of roommate or relative: _____

Relationship: _____

What expenses do they pay? _____

What expenses do you pay? _____

What is the total amount they contribute on a monthly basis to your living expenses? _____

How long have they been paying this amount? From _____ To _____

Would any personal (not business) bank accounts that you have used within the past year show any deposits other than your own payroll, or your spouse's payroll? Yes [] No []

Would any personal (not business) bank accounts that you have used within the past year show any cancelled checks or debits for anything other than payment of normal, reasonable bills and living expenses and/or small ATM withdrawals? Yes [] No []

If the answer to either of the previous two questions is "Yes", please briefly explain any unusual deposits and/or withdrawals: _____

YOUR REAL ESTATE

**Notice: If you own a mobile home,
PLEASE FILL OUT NEXT PAGE**

None if this does not apply to you. PRINT OUT ADDITIONAL PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN:
You must provide a copy of the real estate deed or mortgage or title insurance papers showing the complete legal description of the property.
Check the type of real estate you own: House Condominium Vacant Lot Other: Describe _____

Name(s) on Deed or Title: _____

Address/Location of Property: _____

Do you reside at this address? Yes No If "No", explain: _____

Date purchased (List the exact date acquired if less than 4 years ago): _____

Name of Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Date obtained this mortgage: _____

Amount of Monthly Payments: \$ _____ What is the pay-off on this mortgage?
\$ _____

Are you behind in payments? Yes No If yes, what months?

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

What year was your real estate last appraised? _____ What was the appraised value? \$ _____
Please provide a copy of most recent appraisal if within the last year. If you do not have one you need to get one.

Do you have a second mortgage on the real estate? Yes No **Your Intention: KEEP SURRENDER**

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Date obtained this mortgage: _____

Amount of Monthly Payments: \$ _____ What is the pay-off on this mortgage?
\$ _____

Are you behind in payments? Yes [] No [] If yes, what months?

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

| |
|--|
| COLLECTION INFORMATION (IF APPLICABLE) |
|--|

Name of Collector or
Attorney: _____

Address: _____

City: _____ State _____ Zip Code: _____

Is this real estate in the process of foreclosure? [] Yes [] No

If in collection, provide a copy of the court documents you were served and correspondence you received.

YOUR MOBILE HOME OR MANUFACTURED HOME

None if this does not apply to you.

PRINT OUT ADDITIONAL PAGES FOR EVERY MOBILE HOME THAT YOU OWN:

Name(s) on title:

Address of mobile home:

Do you reside in this mobile home? Yes No

Are the wheels completely removed from your mobile home and is it attached to the ground? Yes No

Does your mobile home sit in a mobile home park? Yes No If yes, what is the monthly lot rent? \$ _____

Are you behind on your lot rent? Yes No If yes, what months are you behind?

Amount to catch up back lot rent: \$ _____

Does your mobile home sit on a piece of ground you own or are buying? Yes No If Yes, do you make separate payments for the ground your mobile home sits on? Yes No If yes to either question, be sure you fill out the previous Real Estate page.

Name of Mortgage Company:

Address:

City: _____ State: _____ Zip Code: _____

Account Number: _____ Date obtained this mortgage: _____

Amount of Monthly Payments: \$ _____ What is the pay-off on this mortgage?
\$ _____

Are you behind in payments? Yes No If yes, what months?

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

What year was your mobile home last appraised? _____ What was the appraised value? \$ _____
Please provide a copy of most recent appraisal if within the last 1 year. If you do not have a recent appraisal you need to get one.

Do you have a second mortgage on this mobile home? Yes No

Your Intention: KEEP SURRENDER

| |
|--|
| SECOND MORTGAGE INFORMATION (IF APPLICABLE) |
|--|

Name of Mortgage Company:

Address:

City: _____ State: _____ Zip Code: _____

Account Number: _____ Date obtained this mortgage: _____

Amount of Monthly Payments: \$ _____ What is the pay-off on this mortgage?
\$ _____

Are you behind in payments? Yes [] No [] If yes, what months?

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

COLLECTION INFORMATION (IF APPLICABLE)

Name of Collector or Attorney: _____

Address: _____

City: _____ State _____ Zip Code: _____

Is this mobile home in the process of foreclosure? [] Yes [] No

If in collection, provide a copy of the court documents you were served and correspondence you received.

YOUR PROPERTY – ASSETS

Everything you have in your possession, from the coffee pot to the house you live in (and everything in between) is an asset. Even if you still owe money to a creditor, the asset you are paying for is still in your possession and its value must be disclosed when you are filing bankruptcy. Your attorney may be able to help you estimate the value of some property, but in most cases, values can be obtained by you from current mortgage statements, receipts and even bank records.

Except as directed below, list the value of all of your personal property. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None". If additional space is needed in any category, attach a separate sheet. If the debtor is married, state whether husband, wife or both own the property by placing an "H", "W", or "J" in the column labeled "Husband, Wife, or Joint". **(Current market value is the garage sale value.)**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property".

| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE OR JOINT | APPROXIMATE VALUE |
|---|------|--|------------------------|-------------------|
| 1. Cash on Hand | | In debtor's possession. | | |
| 2. Checking, savings or other financial deposits, certificates of deposit, or shares in banks, savings and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Name and address of Bank or Financial Institution, type of account, and account number. WARNING: This money is not exempt and the Trustee is entitled to make you turn over any sums that are in these accounts on the day your bankruptcy is filed. | | |
| 3. Security deposits with public utilities, telephone companies, landlords and | | | | |

| | | | | |
|---|-------------|--|-------------------------------|--------------------------|
| others. | | | | |
| 4. Household goods and furnishings, including audio, video and computer equipment. <i>Do Not Itemize.</i> | | At debtor's residence. Household goods, furniture, appliances, kitchen items, linens, decorative items, electronics, etc. | | |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, & other collections/collectibles. <i>Only list those having considerable value or are investments.</i> | | | | |
| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE OR JOINT | APPROXIMATE VALUE |
| 6. Wearing apparel. <i>(All of your clothing, shoes, coats, hats, etc. – garage sale value)</i> | | In debtor's possession. | | |
| 7. Furs and jewelry & watches. <i>Exemption is limited to \$1,000 per debtor.</i> | | In debtor's possession. | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | | WARNING: Not Exempt | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. PROVIDE DOCUMENTATION FROM INSURANCE COMPANY SHOWING CASH SURRENDER OR REFUND VALUE OF EACH. | | | | |
| 10. Annuities. Itemize and name each issuer | | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)). | | | | |
| 12. Interests in IRA, 401(k), ERISA, Keogh, or other PENSION or PROFIT SHARING plans. Itemize each. | | You must provide documentation showing the current value of your retirement account. | | |

| | | | | |
|--|-------------|---|-------------------------------|--------------------------|
| 13. Stock and interests in incorporated and unincorporated businesses. Include Mutual Funds, Stock Options, etc. Itemize. | | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | | | | |
| 15. Government and corporate BONDS and other negotiable And non-negotiable instruments. Itemize. | | | | |
| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE OR JOINT | APPROXIMATE VALUE |
| 16. Accounts receivable <i>Does anyone owe you any money?</i> | | | | |
| 17. Alimony, maintenance and support, and property settlements you are or may be entitled to. <i>Give particulars.</i> | | | | |
| 18. Other liquidated debts owing debtor including tax refunds and insurance claims. Give particulars. | | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. | | | | |
| 20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, insurance claims, counter-claims of the debtor, and rights to setoff claims. Include lawsuits or claims against others. Give estimated value of each. | | | | |

| | | | | |
|--|--|--|--|--|
| 22. Patents, copyrights, and other intellectual property. Give particulars. | | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | | | | |

| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE OR JOINT | APPROXIMATE VALUE |
|---|------|---|------------------------|-------------------|
| <p>24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.</p> | | | | |
| <p>25. Automobiles, trucks, trailers, motorcycles, motor homes, RV's, and other vehicles and accessories. Give year, make, model and identification number.</p> <p>Each debtor filing bankruptcy is entitled to one vehicle exemption as the debtor's means of transportation. If you have more than one vehicle per debtor, be sure you mark which vehicle(s) you wish to exempt.</p> <p>Provide an internet printout from Kelly Blue Book showing the "Private Party Value" of each vehicle.</p> <p>http://www.kbb.com</p> <p>If you do not have internet access please advise us and we will get this information for you with your assistance at our office.</p> | | <p>Vehicle 1: Year _____ Make: _____ Model: _____ Mileage: _____ VIN#: _____ Condition (circle one): Excellent Good Poor Exempt (circle one): Yes No Names on title: _____ _____</p> <p>Vehicle 2: Year _____ Make: _____ Model: _____ Mileage: _____ VIN#: _____ Condition (circle one): Excellent Good Poor Exempt (circle one): Yes No Names on title: _____ _____</p> <p>Vehicle 3: Year _____ Make: _____ Model: _____ Mileage: _____ VIN#: _____ Condition (circle one): Excellent Good Poor Exempt (circle one): Yes No Names on title: _____ _____</p> <p>Attach additional page if you have more than 3 vehicles. Be sure you attach additional page and provide all of the above information.</p> | | |
| <p>26. Boats, motors and accessories.</p> | | | | |
| <p>27. Aircraft and accessories.</p> | | | | |

| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE OR JOINT | APPROXIMATE VALUE |
|--|------|---|------------------------|-------------------|
| 28. Office equipment, furnishings and supplies. | | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. <i>Tools of Trade.</i> | | Provide complete itemized list with values. | | |
| 30. Inventory | | | | |
| 31. Animals, livestock or pets that you could sell for \$200 or more. | | | | |
| 32. Crops-growing or harvested. Give particulars. | | | | |
| 33. Farming equipment and implements. | | | | |
| 34. Farm supplies, chemicals, and feed. | | | | |
| 35. Other personal property of any kind not already listed. Itemize. | | | | |
| TOTAL: | | | | \$ |

NOTE: If you inherit or become entitled to life insurance proceeds within 6 months of filing, this must be turned over to the Trustee. If this is a possibility, discuss it with us.

In the near future, do you expect to settle, win or begin a case for personal injury? Yes [] No [] If YES, provide the following:
How much do you expect to receive? _____ Date you expect to receive this money? _____
Provide details about this personal injury claim: _____
Name of attorney or law firm handling this claim: _____

In the near future,
do you expect to enter into any property settlement with a former spouse? Yes [] No [] If YES, provide the following:
List all items you expect to receive or turn over in the property settlement (including cash): _____

What is the total market value (yard sale value) of these items? _____
When do you expect to receive this money or property? Or _____
When do you expect to turn over this cash or property? _____

PRIORITY UNSECURED CREDITORS

A. Do you owe any Federal or State taxes? (Taxes older than 3 years may be dischargeable.)

Yes []

No []

If Yes, describe as follows and list on unsecured creditor(s) pages at the back of this questionnaire.

| Tax amount owed: | For What Year: | Type of tax: Federal, State, County and Description (income tax, sales tax, real estate tax, etc.) |
|------------------|----------------|--|
| \$ | | |
| \$ | | |
| \$ | | |

B. Are you court ordered to pay child support, alimony or support?

No []

Yes [] If Yes, describe:

| Name & Address of former spouse: | Court case number: | County of case: | Amount of Arrearage, if any: |
|----------------------------------|--------------------|-----------------|------------------------------|
| | | | \$ |

WARNING: Exempt property becomes liable and you will be waiving exemption laws. You should discuss this with the attorney if you have an arrearage.

SCHEDULE G – EXECUTORY CONTRACTS & UNEXPIRED LEASES

Describe all contracts of any nature, including rent-to-own contracts, and all unexpired leases of real or personal property. Include any timeshare interest. Examples of contracts you may have might include cell phones, mobile home lot, apartment or house lease, a lease for an automobile or even a contract you entered into with another party to pay back a debt. State the nature of your interest in the contract, i.e., “Purchaser”, “Renter” etc. State whether you are the lessor or lessee of a lease. Provide the names and mailing addresses of all other parties to each lease or contract described.

If no contracts or leases – mark None [].

| Name & Address (include all other parties to lease or contract) | Description of contract or lease & nature of your interest. |
|--|---|
| Name: _____ Address: _____ City, State, Zip: _____ | Description of contract or lease: _____ _____ Date or year contract began: _____ How many months the contract is for: _____ How much you pay per month (installment payment): \$ _____ Do you want to continue paying the contract or lease? _____ Any details you about this contract or lease: _____ _____ |
| Name: _____ Address: _____ City, State, Zip: _____ | Description of contract or lease: _____ _____ Date or year contract began: _____ How many months the contract is for: _____ How much you pay per month (installment payment): \$ _____ Do you want to continue paying the contract or lease? _____ Any details you about this contract or lease: _____ _____ |

Attach additional pages as needed.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by you in the schedules of creditors. Include all guarantors and co-signers and, if you are married and not filing a joint case, you should report the name and address of your spouse or ex-spouse on this schedule. Include all names used by your spouse or ex-spouse during the six years immediately preceding the commencement of this case. None [] or provide the following information.

| Name & Address of Co-Signor: | Name & Address of Creditor: |
|------------------------------|-----------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

**Be sure you have listed all creditors on the creditor pages.
You may also want to list the co-signor on the creditor pages.**

SCHEDULE I - INCOME

Debtor's Marital Status: _____

List your Occupation and Employer:

| |
|--------------------|
| Debtor #1 |
| Occupation: |
| Employer: |
| Employer Address: |
| How long employed? |

| |
|--------------------|
| Debtor #2 |
| Occupation: |
| Employer: |
| Employer Address: |
| How long employed? |

List all dependents you are currently supporting:

| Name: | Age: | Relationship to You: | Reside at your residence? |
|-------|------|----------------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

How many people reside in your household? _____

Current Income – Give MONTHLY average of your income. Provide a calculation of how you determined monthly net income.

| | <u>Debtor #1</u> | <u>Debtor #2</u> |
|--|------------------|------------------|
| 1. Current monthly gross wages, salary & commissions: | \$ | \$ |
| 2. Estimated monthly overtime: | \$ | \$ |
| 3. <u>SUBTOTAL:</u> | \$ | \$ |
| 4. Less Payroll Deductions: | | |
| a. Payroll taxes and social security: | \$ | \$ |
| b. Insurance: | | |
| Health: | \$ | \$ |
| Life: | \$ | \$ |
| Disability: | \$ | \$ |
| Health Savings: | \$ | \$ |
| Other (Specify): _____ | \$ | \$ |
| c. Union Dues: | \$ | \$ |
| d. Retirement: | | |
| (Specify): _____ | \$ | \$ |
| (Specify): _____ | \$ | \$ |
| e. Mandatory deductions: | | |
| (Specify): _____ | \$ | \$ |
| (Specify): _____ | \$ | \$ |
| f. Court ordered deductions: | \$ | \$ |
| (Specify): _____ | | |
| g. Other (Specify): _____ | \$ | \$ |
| Other (Specify): _____ | \$ | \$ |
| 5. <u>SUBTOTAL OF PAYROLL DEDUCTIONS:</u> | \$ | \$ |
| 6. <u>TOTAL NET MONTHLY TAKE HOME PAY:</u> | \$ | \$ |
| 7. Regular income from operation of Business or Profession or Farm (attach detailed statement): | \$ | \$ |
| 8. Income from real property: | \$ | \$ |
| 9. Interest and dividends | \$ | \$ |
| 10. Alimony, maintenance or support payment payable to the debtor for the debtor's use or that of dependents listed above. Specify: _____ | \$ | \$ |
| 11. Social Security or other government assistance: (Specify) _____ | \$ | \$ |

| | | |
|---|----|----|
| (Specify)_____ | \$ | \$ |
| 12. Pension or Retirement income: (Specify)_____ | \$ | \$ |
| (Specify)_____ | \$ | \$ |
| 13. Other monthly income: (Specify)_____ | \$ | \$ |
| 14. <u>SUBTOTAL OF LINES 7 THROUGH 13:</u> | | |
| <u>15. TOTAL MONTHLY INCOME</u> (Add amounts shown on lines 6 and 14) | \$ | \$ |

16. TOTAL COMBINED MONTHLY INCOME (IF JOINT FILING): \$ _____

**Please be sure to include any and all wage deductions, including loan payments, savings deposits, retirement plans, insurance, income withholding for child support or alimony, etc.

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document: **Provide a written statement disclosing any reasonably anticipated increase in income or expenses over the 12 month period following the filing of your Bankruptcy petition date.**

If this is a joint bankruptcy, do you and your spouse currently live in and maintain separate households?
 Yes [] No []

If Yes, please make another copy of this expense sheet and attach a copy of the current expenses for the debtor and a copy of the current expense for the debtor's spouse.

SCHEDULE J - REGULAR MONTHLY EXPENSES

Future Budget (Give estimated monthly household average): This is an estimate of what you will be paying when the bankruptcy is filed.

| | |
|---|----------------------|
| 1. Rent or home mortgage payment (include lot rent for mobile home) Is property insurance included? Yes [] No [] Are real estate taxes included? Yes [] No [] | \$ |
| 2. Utilities: a. Electricity & Heating fuel | \$ |
| b. Water & Sewer | \$ |
| <i>(You must itemize phone, cable and internet, even if bundled on one monthly billing - you need to list each as separate charges.)</i> | |
| c. Telephone - Regular phones/land line service: Cell Phones: | \$ _____ \$ _____ |
| d. Cable | \$ |
| e. Internet | \$ |
| f. Trash | \$ |
| g. Other (Specify): _____ | \$ |
| 3. Home maintenance (repairs and upkeep) | \$ |
| 4. Food | \$ |
| 5. Clothing | \$ |
| 6. Laundry & Dry Cleaning (Laundry detergent, laundry mat costs, etc.) | \$ |
| 7. a. Medical and Dental expenses not paid for by insurance. (do not include insurance premium payments here) | \$ |
| b. Prescriptions not paid for by insurance. | \$ |
| 8. Transportation: gas, oil, oil changes, general maintenance, etc. (do not include car payments or vehicle insurance here) | \$ |
| 9. Recreation (Clubs, entertainment, newspapers, magazines, etc.) | \$ |
| 10. Charitable Contributions (if claimed on tax returns) | \$ |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | |
| a. Homeowner's or Renter's insurance | \$ |
| b. Life - all whole life premiums (insurance with cash surrender value) | \$ |
| Life - all term life premiums (insurance with No cash surrender value) | \$ |
| c. Health | \$ |
| d. Auto | \$ |
| e. Other (Specify): _____ | \$ |
| _____ | \$ |

| | |
|--|----|
| 12. Taxes (not deducted from wages or included in home mortgage payments): (Specify): _____ | \$ |
| a. Vehicle taxes/registration/tags (divide last years total as shown on your vehicle registration(s) by 12 to get monthly average) | \$ |
| 13. Installment payments: | |
| a. Auto: Paid to _____ | \$ |
| b. Other: Paid to _____ | \$ |
| c. Other: Paid to _____ | \$ |
| 14. Alimony, maintenance and support paid to others | \$ |
| 15. Payments for support of additional dependents not living at your home | \$ |
| 16. Regular expenses from operation of business, profession, or farm (Attach Detailed Statement) | \$ |
| 17. Other: | |
| a. Child care expenses | |
| b. Children's school expenses (uniforms, enrollment fees, tuition, supplies, lunches, etc) & any other educational expenses | \$ |
| c. Personal care products and hair care | \$ |
| d. School Loans | \$ |
| e. Specify: | \$ |
| f. Specify: | \$ |
| g. Specify: | \$ |
| | \$ |
| | \$ |
| | \$ |
| 18. TOTAL MONTHLY EXPENSES: | \$ |

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME:

- a. Total monthly income from Line 16 of Schedule I \$ _____
- b. Total monthly expenses from line 18 above. \$ _____
- c. Monthly net income (a. minus b.) \$ _____

Notes: _____

STATEMENT OF FINANCIAL AFFAIRS

1. State the gross amount of income (amount paid before taxes and other withholdings) you have received from wages (employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business) from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under Chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

1a. 2012: Debtor #1 \$ _____ Debtor #2 \$ _____

For the past two years gross income, you should be able to take these figures from your last two years income tax returns, W-2 or 1099 forms.

2a. 2011: Debtor #1 \$ _____ Debtor #2 \$ _____

3a. 2010: Debtor #1 \$ _____ Debtor #2 \$ _____

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

This would include but not be limited to income tax refunds, interest on financial accounts, child support, SRS, food stamps, retirement benefits, social security, IRA or pension/retirement disbursements, and the like. **For the previous two years on the next page, you should refer to your income tax returns.**

None [] or provide the following information:

| 2012 | Amount Received | Source of funds |
|------|-----------------|-------------------------|
| | \$ | 2011 Income tax refunds |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

2a. None [] or provide the following information:

| 2011 | Amount Received | Source of funds |
|------|-----------------|-------------------------|
| | \$ | 2010 Income tax refunds |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

| 2010 | Amount Received | Source of funds |
|------|-----------------|-------------------------|
| | \$ | 2009 Income tax refunds |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

3. Payments to Creditors

Complete a. or b., as appropriate, and c.

3a. List all information regarding any creditor you have paid \$600.00 or more to in the last 90 days (3 months). An example would be a mortgage payment of \$200.00 or more per month paid each month for the last 3 months, car payments, installment loan payments, and all other creditors that you have paid \$600.00 or more to during the last 90 days. (Married debtors filing under chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None []

| Name & Address of Creditor | Dates of Payment(s) | Amount(s) Paid | Amount still owing |
|----------------------------|---------------------|----------------|--------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

3b. List all information regarding any business creditor you have paid \$5,000.00 or more to in the last 90 days (3 months). (Married debtors filing under chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None []

| Name & Address of Creditor | Dates of Payments/ Transfers | Amount Paid or Value of Transfers | Amount still owing |
|----------------------------|---------------------------------|---|--------------------|
| | | \$ | |
| | | \$ | |

3c. All debtors: Have you transferred any money or property to family members, friends or business partners or paid them any money on debts you might owe them within the last one year? (Married debtors filing under Chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None []

| Name & Address of creditor; relationship to you; and reason for payment: | Date(s) of payment. | Amount(s) Paid | Amount still owing |
|--|---------------------|----------------|--------------------|
| Relationship: _____ Reason for payment: _____ _____ | | | |

4. Suits and administrative proceedings, executions, garnishments and attachments

4a. Are there any lawsuits filed against you? (Married debtors filing under Chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

If you are not sure or do not have a complete list of the lawsuits, please indicate if you would like for us to do a record search or if you will do it yourself.

Your office to do a record search []

Client will do the record search []

Not applicable (no lawsuits) []

| Case Caption and Case Number | Nature of Proceeding | Court and Location | Status / Outcome of the case |
|-------------------------------------|-----------------------------|---------------------------|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional page if needed.

- 4b.** Have your wages, bank account(s), tax returns or property been garnished or attached within the last one year? (Married debtors filing under Chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None []

| Name & Address of Person for whose benefit property was seized: | Date of seizure or Dates of seizure: | Description and value of property: |
|---|--------------------------------------|------------------------------------|
| | | |
| | | |

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

None []

| Name & Address of Creditor or Seller: | Date of repossession, foreclosure sale, transfer or return. | Description and value of property: |
|---------------------------------------|---|------------------------------------|
| | | |
| | | |

6. Assignments and receiverships

6a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under Chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None []

| Name & Address of Creditor | Date of assignment | Terms of Assignment or Settlement |
|----------------------------|--------------------|-----------------------------------|
| | | |

6b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under Chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None []

| Name & Address of Custodian: | Name & Location of Court case, Title & Case Number | Date of Order | Description & Value of Property |
|------------------------------|--|---------------|---------------------------------|
| | | | |

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

None []

| Name & Address of person or organization | Relationship to You, if any | Date(s) of Gift | Description & Value of Gift |
|--|-----------------------------|-----------------|-----------------------------|
| | | | |
| | | | |

- 7a. **Gifts** List all gifts made within **two years (24 months)** to relatives or family members of over \$2,500.00.

None []

| Name & Address of family member or relative | Relationship to You | Date(s) of Gift | Description & Value of Gift |
|---|---------------------|-----------------|-----------------------------|
| | | | |
| | | | |

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

None []

| Description & Value of Property | Description of circumstances & if loss was covered in whole or in part by insurance, give particulars. | Date of Loss |
|---|--|--------------|
| | | |
| Description & Value of Property - Continued | Description of circumstances & if loss was covered in whole or in part by insurance, give particulars. | Date of Loss |
| | | |

9. **Payments related to debt counseling or bankruptcy** Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service? Yes [] No []

| Name & Address of Payee | Date of payment/ <u>Name of payer if other than you</u> | Amount of money or description & value or property |
|--|---|---|
| The Tomes Law Firm | | \$_____ attorney fees and \$_____ filing fee |
| Credit Counseling Agency: Name: _____ _____ Address: _____ _____ _____ | Date(s) paid: _____ _____ _____ Name of payer if other than you: _____ _____ _____ | Amount of money paid: \$ _____ |
| Name: _____ _____ Address: _____ _____ _____ | Date(s) paid: _____ _____ _____ Name of payer if other than you: _____ _____ _____ | Amount of money paid: \$ _____ Or Description & value of property: _____ _____ |

10. Other transfers

10a. List all property transferred either absolutely or as security, within the last **two years**. This would include but not be limited to vehicles and real estate you sold or pledged as collateral; furniture or household items you sold or pledged as collateral; certificate of deposit pledged as collateral; and the like. (Married debtors filing under Chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None []

| Name and Address of Transferee, and relationship to debtor. | Date | Describe property transferred and value received. |
|---|------|---|
| | | |
| | | |
| | | |

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

None []

| Name of Trust or other device | Date(s) of Transfer(s) | Amount of money or description and value of property or debtor's interest in property |
|-------------------------------|------------------------|---|
| | | |
| | | |

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

None []

| Name & Address of Institution: | Type of account, last four digits of account number, and Amount of Final Balance | Amount and Date of Sale or Closing |
|--------------------------------|--|------------------------------------|
| | | |
| | | |
| | | |
| | | |

- 12. Safe deposit boxes** List each safe deposit or other box or depository that you have or had securities, cash, or other valuables within **one year**. (Married debtors filing under Chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None []

| Name & Address of bank or other depository: | Names & Addresses of those with access to box or depository | Description of contents | Date of transfer or surrender, if any. |
|---|---|-------------------------|--|
| | | | |
| | | | |

- 13. Setoffs** List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within the last **90 days**. (Married debtors filing under Chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) An example would be that your bank removed money from your checking account and applied it against a past due loan owed to your bank.

None []

| Name & Address of Creditor | Date of setoff | Amount of setoff |
|----------------------------|----------------|------------------|
| | | |
| | | |

- 14. Property held for another person or items you have borrowed:** List all property owned by another person that you have in your possession or control.

None []

| Name & Address of Owner | Description & Value of Property | Location of Property |
|-------------------------|---------------------------------|----------------------|
| | | |

15. **Prior addresses:** If you have moved within the last **three years**, list all premises that you occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

None []

| Address(es) | Name(s) used | Dates of Occupancy |
|-------------|--------------|--------------------|
| | | |
| | | |
| | | |
| | | |

16. **Spouses and Former Spouses** If you 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 last **eight years**, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

None /__/

Name: _____

17. **Environmental Information**

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

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

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

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

17a. List the name and address of every site that you have received notice in writing by a governmental unit that you may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None []

| Site Name and Address | Name and address of governmental unit | Date of Notice | Environmental Law |
|-----------------------|---------------------------------------|----------------|-------------------|
| | | | |

17b. List the name and address of every site that you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None []

| Site Name and Address | Name and address of governmental unit | Date of Notice | Environmental Law |
|-----------------------|---------------------------------------|----------------|-------------------|
| | | | |

17c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None []

| Name and Address of Governmental Unit | Docket Number | Status or Disposition |
|---------------------------------------|---------------|-----------------------|
| | | |

18. Nature, location and name of business

None /__/

a. *If you are an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which you were an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietorship, or was a self-employed in a trade, profession or other activity either full- or part-time within the last **six years**, or in which you owned 5 percent or more of the voting or equity securities within the last **six years**.

If you are a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which you were a partner or owned 5 percent or more of the voting or equity securities within the last **six years**.

If you are a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which you were a partner or owned 5 percent or more of the voting or equity securities within the **six years**.

| Name | Last Four Digits Of Soc. Sec No/ Complete EIN or Other Taxpayer ID No. | Address | Nature of Business | Beginning and Ending Dates |
|------|--|---------|--------------------|-------------------------------|
|------|--|---------|--------------------|-------------------------------|

—

—

—

18b Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. § 101.

None /__/

| Name | Address |
|------|---------|
|------|---------|

—

If you provided information in question 18 or 18b you must fill out a complete Business Schedule. Please obtain this from our office.

In the Creditor pages that follow you are to list **EACH and EVERY person or company that you owe money to.**

THE FOLLOWING INFORMATION IS VERY IMPORTANT!

1. **Account number**
2. **Creditor's Name** (Make sure are company names are spelled out. Do not abbreviate)
3. **Complete mailing address** (Make sure the street address is readable and any abbreviations are spelled out. Make sure the city, state and zip code are included for all addresses.)
4. **The year of the debt**
5. **What the debt is for**
6. **The amount of the debt**
7. **Whether you want to repay the debt or not (only if it is secured by collateral).**

YOU MUST LIST ABSOLUTELY EVERY CREDITOR THAT YOU OWE MONEY TO!

FAILURE TO LIST A CREDITOR COULD RESULT IN THEM NOT BEING DISCHARGED IN YOUR BANKRUPTCY!

This office ***does not*** check this questionnaire to see that you have listed all of your creditors from the invoices and documents you provide to us. Documents are requested for the sole purpose of reference in the event we are unable to clearly read your handwriting. ***IT IS YOUR RESPONSIBILITY TO LIST EACH AND EVERY CREDITOR THAT YOU OWE ON THE FOLLOWING PAGES.*** We strongly suggest that you carefully review your credit report and list all creditors showing a balance due.

YOU MUST REAFFIRM, SURRENDER, OR REDEEM PROPERTY SECURING A DEBT WITHIN 30 DAYS AFTER YOUR HEARING OR THE CREDITOR CAN REPOSSESS WITHOUT NOTICE TO YOU.

IMPORTANT NOTICE: YOU SHOULD NOT BE USING YOUR CREDIT CARDS OR INCURRING DEBT WITH THE INTENTION OF FILING BANKRUPTCY AGAINST THE DEBT – THIS IS CONSIDERED TO BE FRAUDULENT BEHAVIOR AND THE DEBT MAY NOT BE DISCHARGEABLE.

YOU MUST PROVIDE ALL REQUESTED DOCUMENTS AS SHOWN ON THE DOCUMENTS REQUIRED LIST AND PAY ALL ATTORNEY FEES AND FILING FEE BEFORE WE WILL BEGIN PREPARATION OF YOUR BANKRUPTCY.

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

Date: _____

Date: _____

Debtor #1 signature

Debtor #2 signature

SECURED CREDITORS

List every secured creditor you have, all collateral or security on each debt, and indicate if you wish to reaffirm (pay) this debt. Please indicate if this debt is just a possibility or the amount cannot be estimated accurately or is disputed or contested in the comment section. Please indicate whether Husband (H), Wife (W), Both or Joint (J), may be liable on each debt.

SECURED CREDITORS ARE CREDITORS THAT HAVE A SECURITY INTEREST IN THE PROPERTY PURCHASED. EXAMPLE: YOUR CAR PAYMENT OR YOUR HOUSE PAYMENT. ALSO SOME MAJOR DEPARTMENT STORES SUCH AS BEST BUY, SEARS, CIRCUIT CITY, ETC. MAY HAVE A SECURITY INTEREST IN PROPERTY SUCH AS TV'S, WASHER, LAWNMOWER, CAMERA, AND THE LIKE.

YOU MUST REAFFIRM, SURRENDER, OR REDEEM PROPERTY SECURING A DEBT WITHIN 30 DAYS AFTER YOUR HEARING OR THE CREDITOR CAN REPOSSESS WITHOUT NOTICE TO YOU.

Please provide COMPLETE names and addresses. Providing the complete names and addresses for every debt you owe (as well as the company collecting for this debt [if applicable]) is *extremely important*. Without this crucial information, the company you owe money to may not be properly notified by the court and the debt may not be eligible for discharge. Additionally, in some instances, it can even be considered "fraud" not to provide complete mailing addresses for all creditors because it denies a creditor a right to file a Proof of Claim or Motion for Relief from Stay in a timely manner and could even delay the discharge of your bankruptcy case.

YOU MUST COMPLETE ALL INFORMATION FOR EACH CREDITOR

| | |
|--|---|
| Creditor Name & complete Mailing Address: | Year debt was made: _____ |
| | Or Unknown date [] Or Various dates [] |
| Collateral on the debt: | Balance due: \$ |
| Account number: | Monthly payment: \$ |
| Are you still in possession of the collateral? Yes [] No [] If No, where is it located? | Collateral value: \$ |
| Reaffirm / Repay? Yes [] No [] | Are you current on your monthly payment? Yes [] No [] |
| Surrender property: Yes [] No [] | Arrearage, if any: \$ _____ |
| Has this debt been placed with a Collection Agency or Attorney? Yes [] No [] If Yes, complete the following: | Husband [] Wife [] Joint [] |
| Name and Address of Collection Agency or Attorney | State the number of payments remaining on this debt. _____ payments remaining as of _____ (date). |

SECURED CREDITORS - Continued

| | |
|--|---|
| Creditor Name & complete Mailing Address: | Year debt was made: _____ Or Unknown date [] Or Various dates [] |
| Collateral on the debt: | Balance due: \$ |
| Account number: | Monthly payment: \$ |
| Are you still in possession of the collateral? Yes [] No [] If No, where is it located? | Collateral value: \$ |
| Reaffirm / Repay? Yes [] No [] Surrender property: Yes [] No [] | Are you current on your monthly payment? Yes [] No [] Arrearage, if any: \$ _____ |
| Has this debt been placed with a Collection Agency or Attorney? Yes [] No [] If Yes, complete the following: | Husband [] Wife [] Joint [] |
| Name and Address of Collection Agency or Attorney | State the number of payments remaining on this debt. _____ payments remaining as of _____ (date). |

| | |
|--|---|
| Creditor Name & complete Mailing Address: | Year debt was made: _____ Or Unknown date [] Or Various dates [] |
| Collateral on the debt: | Balance due: \$ |
| Account number: | Monthly payment: \$ |
| Are you still in possession of the collateral? Yes [] No [] If No, where is it located? | Collateral value: \$ |
| Reaffirm / Repay? Yes [] No [] Surrender property: Yes [] No [] | Are you current on your monthly payment? Yes [] No [] Arrearage, if any: \$ _____ |
| Has this debt been placed with a Collection Agency or Attorney? Yes [] No [] If Yes, complete the following: | Husband [] Wife [] Joint [] |
| Name and Address of Collection Agency or Attorney | State the number of payments remaining on this debt. _____ payments remaining as of _____ (date). |

SECURED CREDITORS - Continued

| | |
|--|---|
| Creditor Name & complete Mailing Address: | Year debt was made: _____ Or Unknown date [] Or Various dates [] |
| Collateral on the debt: | Balance due: \$ |
| Account number: | Monthly payment: \$ |
| Are you still in possession of the collateral? Yes [] No [] If No, where is it located? | Collateral value: \$ |
| Reaffirm / Repay? Yes [] No [] Surrender property: Yes [] No [] | Are you current on your monthly payment? Yes [] No [] Arrearage, if any: \$ _____ |
| Has this debt been placed with a Collection Agency or Attorney? Yes [] No [] If Yes, complete the following: | Husband [] Wife [] Joint [] |
| Name and Address of Collection Agency or Attorney | State the number of payments remaining on this debt. _____ payments remaining as of _____ (date). |

| | |
|--|---|
| Creditor Name & complete Mailing Address: | Year debt was made: _____ Or Unknown date [] Or Various dates [] |
| Collateral on the debt: | Balance due: \$ |
| Account number: | Monthly payment: \$ |
| Are you still in possession of the collateral? Yes [] No [] If No, where is it located? | Collateral value: \$ |
| Reaffirm / Repay? Yes [] No [] Surrender property: Yes [] No [] | Are you current on your monthly payment? Yes [] No [] Arrearage, if any: \$ _____ |
| Has this debt been placed with a Collection Agency or Attorney? Yes [] No [] If Yes, complete the following: | Husband [] Wife [] Joint [] |
| Name and Address of Collection Agency or Attorney | State the number of payments remaining on this debt. _____ payments remaining as of _____ (date). |

**UNSECURED CREDITORS
(DEBTS THAT HAVE NO COLLATERAL)**

List every unsecured creditor you have even if you have given the information in another part of this questionnaire. This would include, but not be limited to, debts like medical bills, most credit cards, old utility bills, taxes, debts where you are a co-signer, etc. Please indicate in the comment section if this debt is just a possibility or the amount cannot be established accurately or if the debt is disputed or contested.

Please provide COMPLETE names and addresses. (DO NOT ABBREVIATE) Providing the complete names and addresses for every debt you owe (as well as the company collecting for this debt [if applicable]) is *extremely important*. Without this crucial information, the company you owe money to may not be properly notified by the court and the debt may not be eligible for discharge. Additionally, in some instances, it can even be considered “fraud” not to provide complete mailing addresses for all creditors because it denies a creditor a right to file a Proof of Claim or Motion for Relief from Stay in a timely manner and could even delay the discharge of your bankruptcy case.

What is the debt for? Please state medical, credit card, utility, taxes, bad check, bank charges, etc.

Year Debt Made: State the year the debt was incurred to your best recollection or mark the appropriate box.

YOU MUST COMPLETE ALL INFORMATION FOR EACH CREDITOR

| | |
|---|---|
| Creditor Name & complete Mailing Address: | Balance Due \$ _____ Husband [] Wife [] Joint [] |
| Account Number: | What is the debt for? |
| If this is a credit card, have you taken a cash advance on this card within the last six months? Yes [] No [] If Yes, state date(s) and amount(s) _____ | Year Debt Made _____ Or Unknown date [] Or Various dates [] |
| Has this debt been placed with a Collection Agency or Attorney? Yes [] No [] If Yes, complete the following: | |
| Name and Address of Collection Agency or Attorney: | Comments/Notes: |

**UNSECURED CREDITORS
(DEBTS THAT HAVE NO COLLATERAL)**

| | |
|---|---|
| Creditor Name & complete Mailing Address: | Balance Due \$ _____ Husband [] Wife [] Joint [] |
| Account Number: | What is the debt for? |
| If this is a credit card, have you taken a cash advance on this card within the last six months? Yes [] No [] If Yes, state date(s) and amount(s)_____ | Year Debt Made _____ Or Unknown date [] Or Various dates [] |
| Has this debt been placed with a Collection Agency or Attorney? Yes [] No [] If Yes, complete the following: | |
| Name and Address of Collection Agency or Attorney: | Comments/Notes: |

| | |
|---|---|
| Creditor Name & complete Mailing Address: | Balance Due \$ _____ Husband [] Wife [] Joint [] |
| Account Number: | What is the debt for? |
| If this is a credit card, have you taken a cash advance on this card within the last six months? Yes [] No [] If Yes, state date(s) and amount(s)_____ | Year Debt Made _____ Or Unknown date [] Or Various dates [] |
| Has this debt been placed with a Collection Agency or Attorney? Yes [] No [] If Yes, complete the following: | |
| Name and Address of Collection Agency or Attorney: | Comments/Notes: |

**UNSECURED CREDITORS
(DEBTS THAT HAVE NO COLLATERAL)**

| | |
|---|---|
| Creditor Name & complete Mailing Address: | Balance Due \$ _____ Husband [] Wife [] Joint [] |
| Account Number: | What is the debt for? |
| If this is a credit card, have you taken a cash advance on this card within the last six months? Yes [] No [] If Yes, state date(s) and amount(s)_____ | Year Debt Made _____ Or Unknown date [] Or Various dates [] |
| Has this debt been placed with a Collection Agency or Attorney? Yes [] No [] If Yes, complete the following: | |
| Name and Address of Collection Agency or Attorney: | Comments/Notes: |

| | |
|---|---|
| Creditor Name & complete Mailing Address: | Balance Due \$ _____ Husband [] Wife [] Joint [] |
| Account Number: | What is the debt for? |
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PLEASE ASK FOR ADDITIONAL CREDITOR PAGES IF NEEDED.