

LAW OFFICES OF
JAMES H. MAGEE
WASHINGTON BANKRUPTCY ATTORNEY

James H. MaGee

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Name (print clearly): _____

Appointment Date: _____

Appointment Time: _____

Revision date: 02/12/14

Please complete the attached questionnaire with documents and any questions you have developed since your initial appointment and bring this packet to our office with a retainer so that we can open a file and start the process of filing your bankruptcy.

List everything you own. List everybody you owe.

Property values: Some portions of the questionnaire require you to value your assets. Please provide Kelley Blue Book or NADA values for vehicles you want to keep. We will need a current market appraisal (CMA) for real property that you want to keep.

Furniture, clothing and other items are to be valued at the replacement value for the item. The current value for clothing, furnishing and household goods is what you would expect to pay at a store like Goodwill that sells used items.

Please provide copies of the documents listed on the next page. You are responsible to keep originals or copies for your files. If we need to make copies of documents there may be additional fees depending on the number and condition of the documents to be copied. Do not bring us your documents or bills in envelopes; we cannot process your mail.

It is important for you to fill out the questionnaire completely and that you provide all the necessary documents so that we can prepare your bankruptcy petition. You may incur additional fees for the extra time required if we don't receive a complete questionnaire and copies of all necessary documents.

We are a Debt Relief Agency. We help people file for Bankruptcy Relief under the Bankruptcy Code.

DOCUMENT LIST FOR BANKRUPTCY FILING

DO NOT BRING US ORIGINAL DOCUMENTS OR BILLS IN ENVELOPES

We need copies of the following documents to prepare your bankruptcy filing:

- Certificate of Credit Counseling
- Driver's license(s) and Social Security card(s)
- Tax returns or transcripts for the last 4 years. 2years if filing chapter 7
- Paystubs or other verification of all income for 6 months prior to date of filing
- County tax assessed value of property.
- Vehicle Valuation (Kelly Blue Book, NADA) for all financed vehicles, boats, recreation vehicles
- Copy of purchase agreement, especially for vehicle purchases, during the past 910 days (2.5 years)
- Six months of current statements for all financial accounts: bank accounts, CD's, IRS accounts 401K accounts or any bank account with your name on it.
- Record of any state tuition programs, medical savings plans, or education individual retirement accounts
- A list of all creditors with name, address, account number and amount owed
- Any pending lawsuits where you are either the Plaintiff or Defendant
- Divorce decrees filed within the last 2 years and order creating domestic support obligations
- Copies of records for property transfers for the past 2 years
- Name and complete mailing address of any court where fins are owed, including case number under which the fine is issued.
- Name and address of any collection agency that is collecting upon a court fine, and the name and mailing address of the court issuing the fine, including the case number under which the fine is issued.
- Retainer Agreement for any attorney handling a personal injury claim on your behalf

If you have a checking or savings account or a time deposit upon which your name appears at a bank or credit union where you also have credit, (For example, you have a Bank of America checking account and also have a credit card or line of credit issued by Bank of America) the bank will grab all of the money out of the checking and savings account and apply it to the debt you owe to that bank when you file for bankruptcy, and the bank will not give it back. Thus, you should no longer deposit funds or have funds deposited into that account. Also, you should open another account at a bank where you have no credit and begin to use that account for your needs so that you are not inconvenienced.

If you are paying your filing fee in installments to the Court in a Chapter 7 case, you must take personal responsibility to pay it on time. If you are late, your case will be dismissed. Neither the Court nor this office will send you a bill or a reminder. It is your responsibility to go down to the Court with cash or money order to pay the filing fee before the deadline. It is your responsibility to find out the deadline and comply with it. You should call the Court yourself at 253-882-3900 to find out the deadline, and do not dare be late. The Court can be very unforgiving, and can dismiss your case.

You must do two seminars online or by telephone. The first is called Credit Counseling, and the second is Debtor Education. You must do Credit Counseling before I can file your case and you must do Debtor Education after your case is filed with the Court or else you will have your case dismissed.

I cannot file any case in any chapter of bankruptcy for you until you have obtained your Credit Counseling certificate. You should not wait until the last minute to do this because there can be delays in the issuance of the certificate.

Do not forget to take your Debtor Education certificate to Court with you when you attend your 341 meeting. You must turn it into the clerk's office. Failure to turn it in will result in case dismissal.

If you have a superior court judgment against you and you own real estate, you may need a lien avoidance. A lien avoidance is currently about \$600 and it is your responsibility to come in and pay the \$600 for the lien avoidance at the time of your 341 hearing so that we have enough time to get it done. You should bring in verification of the judgment, such as an abstract of judgment that you obtain at superior court (verified copy of proof of superior court judgment) showing that the judgment has been recorded in the county where you own real property. We do not remind you about lien avoidances, and we do not research to find out if you have judgment liens owing against you. It is your responsibility to pay the funds in advance for the service well in advance of the discharge of your case, and we strongly suggest that you do so at the time of the 341 meeting. You should always check if there are superior court judgments against you recorded in the county where you own real property. Another thing to watch out for is whether a district court judgment has been transcribed into and registered with superior court. Unfortunately, the only sure fire way to find out if you have superior court judgments against you is to order a title report from a title insurance company, but as you may be aware, this can be expensive. You may also check your credit report and you could also try to research it at the superior court itself. We do not do this research for you. It is your responsibility to inform us and pay the \$600 lien avoidance if you have any superior court judgments recorded against you and your real property.

You must produce your social security card at the 341 meeting, along with government issued photo identification. The name that you give us must match your social security card exactly.

This page for office use only, please

OFFICE USE ONLY

Location _____
Chapter filing _____
Fees: To start paperwork _____
Due at signing _____
Total fees _____
Amount paid at appt _____
Attended _____
Acuity 1 2 3 4 5

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?

No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes (If yes, please attach a list and description of the property.)

Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part D. Vehicle Purchases

Have you purchased a vehicle in the last 6 months? Yes ____ No ____

If yes, which vehicle(s) and when _____

Have you purchased a vehicle in the last 2 ½ years Yes ____ No ____

If yes, which vehicle(s) and when _____

Part E. Credit Card Purchases

Have you made any credit card purchase totaling more than \$550.00 on one credit card in the last 90 days?

Yes ____ No ____ If so, when _____

Part F. Cash Advances

Have you received any cash advances totaling \$825.00 or more from one creditor in the last 70 days?

Yes ____ No ____

If yes, which creditor _____ and when _____

What was the total amount? _____

Section 2 - Property

Part A. Real Estate (Schedule A)

List **ALL** real estate which you individually or jointly own. This could include your primary residence (house, condo or apartment (if owned)), additional residence (house, condo or apartment (if owned)), rental property, burial plot, undeveloped land and farm land:

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	If filing Jointly: Owned by Husband, Wife, Joint or Community?	If you are not the only owner: Please enter the % of the property you own?	Office Use Only <i>Exemptions?</i>
Address: Description:	1. Who issued the mortgage, lien or loan? (<i>Name and Address</i>) 2. What is the amount of the mortgage, lien or loan? 3. What is your current interest rate on the loan? 4. What is your monthly payment? 5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes 6. How many payments are left?				
Address: Description:	1. Who issued the mortgage, lien or loan? (<i>Name and Address</i>) 2. What is the amount of the mortgage, lien or loan? 3. What is your current interest rate on the loan? 4. What is your monthly payment? 5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes 6. How many payments are left?				

- **If you have additional property, please list the necessary information on a separate page and attach to this questionnaire.** It is the debtor(s) responsibility to determine if any liens are attached to real property. All liens, including judgment liens, must be listed above.
- Are you behind on any mortgage payments? Yes _____ No _____
If yes, how much: First mortgage _____
Second Mortgage _____
Third Mortgage _____
- Did you purchase, refinance or modify a loan on your home in the past three years? Yes _____ No _____
- Do you plan on retaining your home? Yes _____ No _____
- Is your house currently in foreclosure? Yes _____ No _____ Is there a sale date set? Yes _____ No _____ if so what is the sale date? _____

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
1. Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes				
2. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes				
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> No <input type="checkbox"/> Yes				
4. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes				
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes				
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes				
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes				
9. Interest in insurance policies- specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes				
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes				
12. Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes				
13. Stock and interests in incorporated/ unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes				
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
16. Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes				
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes				
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
20. Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes				
21. Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes				
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes				
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes				
24. Customer List or other compilation	<input type="checkbox"/> No <input type="checkbox"/> Yes				
25. Automobiles, trucks, trailers, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
26. Boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes				
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes				
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes				
32. Crops: growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes				
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes				
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only <i>Exemptions?</i>
35. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes				

36. Is your drivers' license suspended Y N

37. List all years for which you have failed to file a federal income tax return: _____

38. Have you or your spouse committed any embezzlement in the past 10 years. Y N

39. Have you injured anyone in an accident in which you were drinking? Y N

40. Have you assaulted anyone in the past 10 years? Y N

41. Are you on probation? Y N

Within the past 90 days have you or your spouse used any credit cards or received cash advances? Y N

Write down the total amount that you and/or your spouse, if married, have voluntarily charged on each credit card (such as a Visa or MasterCard) or store card (such as Sears) for purchases and cash advances in the prior 60 days from today. This includes any "checks" written by you sent to you by the credit card company. (Do not include involuntary charges added on by the credit card company such as interest, over limit fees and late fees.) If you have not used the cards at all within the past 60 days write "none" in the space provided.

Card Name _____ Charges last 90 days\$ _____
 Card Name _____ Charges last 90 days\$ _____
 Card Name _____ Charges last 90 days\$ _____

Do you have a line of credit or overdraft protection that you have used within the past 90 days? Y N

Write down the total amount you and/or your spouse, if married, have taken off of each credit line or overdraft protection lines within the past 60 days. If you have not taken any credit line advances, write "none" in the space provided.

Credit Line #1 _____ Charges last 60 days\$ _____
 Credit Line #2 _____ Charges last 60 days\$ _____

Have you had any credit card balance transfers done in the past 12 months? Y N

Card transferred from _____ Card transferred to _____ Amount transferred _____ Date of transfer _____

Have any people recently died from whom you or your spouse expect to receive an inheritance? Y N

Do you have any relatives or friends who you or your spouse reasonably believe may pass away within the next 180 days and leave you an inheritance? Y N

Did you make payments on any loans owing to friends, family, parents, other relatives or business partners in the past year? Y N

If yes, how much did you repay in the past year?

Did you forgive any debts exceeding \$600.00 owed to you by a friend, relative, customer or business partner within the past one year from today? Y N

Did you or your spouse transfer any money or property to friends, parents, relatives or business partners in the past one year from today? Y N

If yes, what did you transfer or how much did you pay or gift in the past year?

Do you or your spouse have an open Labor and Industries claim under which you are receiving time loss and or treatment? Y N

Y N

Do you or your spouse have an open claim for back unpaid L&I? Y N

If yes, for how much? _____

Do you or your spouse expect to receive a permanent partial disability award from any Labor and Industries claim or workplace injury claim because of an open and pending injury claim? Y N

How much do you or your spouse expect to receive for permanent partial disability? _____

Is any portion of this expected as an award for lost wages? Y N

If yes, how much? _____

Name and address of attorney assisting in L&I case: _____

Do you or your spouse expect to receive money from a non-workplace accident because of injuries to you or your spouse? Y N

Y N

If yes how much do you or your spouse expect to receive? _____
Is any portion of this an expected award fir lost wages? Y N

If yes? How much? _____

Name and address in attorney representing you in the above case: _____

Has anyone in your family recently suffered any disability, accident /injury or death in such a way that you expect to receive money in the future? (For example, when a child is injured or disabled and the parents may recover legal damages or government assistance) Y N

Do you or your spouse have any relatives, friends, or business associates that presently are, or at any time in the past year, have been co-signers on loans with or for you? Y N

If yes, list the following:

Name and address of relative/friend/business associate: _____

Lender name and mailing address: _____

Amount of Loan: _____

Date loan was co-signed: _____

Have you or your relative/friend /business associate who is co-signed on the loan in the past year made any payments on the loan larger than just the regular monthly or periodic payment? Y N

Are you or your spouse co-signed on any debt with anyone else? Y N

Within the past 12 months, have you or your spouse paid off any debt on which someone else was a co-signer or jointly obligated along with you? Y N

Within the past 12 months, has someone paid off a debt in which you or your spouse were cosigned or jointly obligated? Y N

Have you or your spouse paid off completely or paid down by more than \$1,500.00 in the past year any loan owing to a relative, business partner or friend? Y N

Have you or your spouse lost more that \$1,000.00 gambling in the past year? Y N

Have you had any casualty losses in the past 12 months where you suffered more than \$1,000.00 in losses? The term "casualty losses" includes items stolen, lost, or damaged in an accident, fire or flood. If yes, describe the following:

Description of item damaged/lost/stolen _____

Value of item _____

Date of loss/damage/theft _____

Is there insurance coverage? Y N

In the past 12 months, have you had any funds garnished from your bank account or paycheck for something other than child support obligations? Y N

If yes, describe:

Name of Creditor garnishing _____

Amount taken in past 365 days _____

Dates funds taken _____

How many unpaid NSF/bad checks do you have outstanding right now? _____

For each check, describe the following:

Check written to: _____

Date check written: _____

Amount of check: _____

Was the check written as a post-dated check at the time you wrote the check? Y N

How many "PAYDAY LOANS" do you and or your spouse have outstanding right now?

For each "PAYDAY LOAN" describe the following:
 Name of payday loan supplier: _____
 Mailing address of lender: _____
 Are they holding a check? Y N
 What is the balance owing on the loan? \$ _____

Are either you or your spouse or a dependent of you or your spouse, using a vehicle or other item right now that belongs to someone else?

Y N
 If yes, describe the following:
 Describe the vehicle or other property: _____
 Owner's name: _____
 Relationship to owner: _____
 Describe any arrangements made to pay for the above item: _____

Are you holding any cash or property for someone in your name or in your possession? (For example, holding furniture for a friend who is overseas)

Describe property _____
 Name of owner _____
 Your relationship to owner _____

Does your name appear as an owner on any property that you do not use? (For example, you and your brother hold the title to your parents' home to avoid probate, or your name appears on certificates of deposit managed by your parents or a vehicle is titled in your name but used by a relative.)

Y N

Do you have a safe deposit box? Y N

What are the contents and the value of the contents? _____

Do you expect that your monthly income will increase more than 25% within the next 2 months? Y N

Do you expect to receive any bonuses or other items of temporarily increased income in the next 180 days that will cause you income to exceed that which you are reporting in this questionnaire? Y N

Has any bank or creditor taken funds out of your checking account without your prior consent and knowledge? Y N

Do you or your spouse owe any money to any ex-spouses for something other than child support, such as alimony, spousal maintenance or a property division or settlement?

Y N

Under a divorce decree do you or your spouse have an obligation to repay any debts that you know have not been paid off including but not limited to credit cards, medical/dental bills of children or a car loan? Y N

If yes, describe in detail the bills and debts you were ordered to pay under the decree of dissolution but which remain unpaid: _____

Did you or your spouse sign a "hold harmless" as part of a decree of dissolution wherein you agreed that you would reimburse and/or indemnify your ex-spouse if your ex spouse was forced to pay a debt your divorce decree says you were supposed to pay? Y N

Has either your ex-spouse or your spouse's ex-spouse filed a bankruptcy since entry of the divorce decree?

Y N

Note: You should bring in a copy of your divorce decree with you to the signing appointment so that the attorney can review it.

Section 3 - Debts

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:	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:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	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:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	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:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	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: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
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: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
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: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office Use Only
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: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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:	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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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: 5. Contact person's name and address if different:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Cash Advances	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:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Cash Advances	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:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<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:	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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide 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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide 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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide 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:	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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide 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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide 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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide 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:	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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide 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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information:	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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes If yes, please provide 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. Date/range of dates when debt was incurred: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes If yes, please provide 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:	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: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes If yes, please provide 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: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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:	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: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes If yes, please provide 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: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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:	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: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes If yes, please provide 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: 5. Contact person's name and address if different: 6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes If yes, please provide 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 that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and address of Other Party or Parties	Date that Contract Expires	Office Use Only

Section 5 - Current Income

Part A. Marital Status and Dependents

Please select your current Marital Status:

- Single
- Married
- Divorced
- Separated
- Widowed
- Common Law
- Unknown

Part B. Debtor's Employer Information

Name and Address of your employer:

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:

How long have you been employed at this second job: _____

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

Notes: _____

Part C. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

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:

How long has spouse been employed at this second job: _____

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

Notes: _____

Part D. Debtor'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 Domestic Support Obligations? _____

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. 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 F. 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
Gross wages, salary, tips, bonuses, overtime, commissions.							
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 (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

Part G. 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
Gross wages, salary, tips, bonuses, overtime, commissions.							
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 (NOT Social Security).							
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

1. Is this a Joint Filing with your Spouse?

No Yes

If **Yes**, does the Joint Debtor live in a separate household?

No Yes

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

Name/ age/ relationship	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\$ _____
- 9. Clothing, laundry, and dry cleaning:\$ _____
- 10. Personal care products and services:\$ _____
- 11. Medical and dental expenses:\$ _____
- 12. Transportation (do NOT include car 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: **(Do not include amounts entered in Line 4 or Line 20)**
 - a. Life insurance:\$ _____
 - b. Health insurance:\$ _____
 - c. Auto insurance:\$ _____
 - d. Other insurance (*describe and list monthly amount*):
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
- 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. (*Describe*):
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
- 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 **NOT** included with Rent or Home Mortgage Property **(Do not include amounts entered in Line 4 or Line 5)**
 - 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 (Describe): (please see "Additional Expenses" below before putting anything here)

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

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 22)

26. or 31.	Mandatory payroll deductions not already listed:	_____	\$	_____
		_____	\$	_____
		_____	\$	_____
28. or 33.	Court ordered payments not already listed:	_____	\$	_____
		_____	\$	_____
		_____	\$	_____
29. or 34.	Education for employment or for a physically or mentally challenged child:.....	_____	\$	_____
30. or 35.	Child care (babysitting, day care, nursery & preschool, etc.):	_____	\$	_____
34b. or 39b.	Disability Insurance (if not listed above):	_____	\$	_____
34c. or 39c.	Health Savings Account:	_____	\$	_____
35. or 40.	Care for elderly, chronically ill or disabled family members:.....	_____	\$	_____
36. or 41.	Protection from family violence:.....	_____	\$	_____
38. or 43.	Education expense for your children under 18:.....	_____	\$	_____
55. (c13's)	Non-mandatory contributions to retirement accounts (including loan repayments):	_____	\$	_____
		_____	\$	_____
		_____	\$	_____

Section 7 - Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you know that you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Debtor

Period	Dollar Amount you were paid	Source (i.e. employer name or business name)
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)	_____	_____

Joint Debtor or Spouse (if applicable)

Period	Dollar Amount you were paid	Source (i.e. employer name or business name)
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)	_____	_____

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the two years immediately preceding the commencement of this case:

NONE

Debtor

Period	Dollar Amount you were paid	Source
During the last year	_____	_____
Year before last	_____	_____

Joint Debtor or Spouse (if applicable)

Period	Dollar Amount you were paid	Source
During the last year	_____	_____
Year before last	_____	_____

3. Payments to creditors

- a. **If your debts are primarily consumer debts (i.e. non-business)**, list all payments totaling over **\$600** made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation (i.e. alimony, child support, etc.) or that were made as part of an alternative repayment plan.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed
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- b. **If your debts are primarily non-consumer debts (i.e. business)**, list all payments totaling over **\$5,850** made within the last 90 days to any creditor.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed
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- c. **All debtors**, list all payments made within **one year** to any "insider" or for the benefit of any "insider". (*"Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.*)

NONE

Name and Address of Creditor / Relationship to Debtor	Dates of Payments	Amount Paid	Amount Still Owed
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4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
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b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company for Whom the Property was Seized (Creditor)	Date of Seizure	Description and Value of Property
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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.

NONE

Name and Address of Creditor	Date of Repossession Foreclosure, Transfer or Return	Description and Value of Property
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6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement
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- b. 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.

NONE

Name and Address of Custodian	Name and location of Court, Case Title and Number	Date of Order	Description and Value of Property
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7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift
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8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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9. Payments related to debt counseling or bankruptcy

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

NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/Description and Value of Property
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10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case

NONE

Name and Address of Transferee / Relationship to Debtor	Date of Transfer	Description of Property and Value Received
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b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
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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** immediately preceding the commencement of this case.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name and Address of those with Access to Box or Depository	Description of Contents	Date of Transfer, if any
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13.. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
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14. Property held for another person

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

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
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15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
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16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, 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, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

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

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

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

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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b. List the name and address of every site for which 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
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c. 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
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18. Nature, location and name of business

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

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

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as define in 11 U.S.C. § 101.

NONE

Name	Address
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The following questions, #19-25, are only to be answered if you are a corporation or partnership of if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. Books, records, and financial statements

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

NONE

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

NONE

Name	Address	Dates Services Rendered
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c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

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

NONE

Name and Address	Dates Issued
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20. Inventories

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

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
_____	_____	_____

B. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory	Name and Address of Custodian of Inventory Records
_____	_____

21. Current partners, officers, directors, and shareholders

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

NONE

Name and Address	Nature of Interest	Percentage of Interest
_____	_____	_____

b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or holds 5% or more of the voting securities of the corporation.

NONE

Name and Address	Title	Nature and Percentage of Stock Ownership
_____	_____	_____

22. Former partners, officers, directors and shareholders

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

NONE

Name and Address	Date of Withdrawal
_____	_____

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

NONE

Name and Address	Title	Date of Termination
_____	_____	_____

23. Withdrawals from a partnership or distributions by a corporation

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

NONE

Name and Address of Recipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property
_____	_____	_____

24. Tax Consolidation Group.

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

NONE

Name of Parent Corporation	Taxpayer Identification Number
_____	_____

25. Pension Funds

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

NONE

Name of Pension Fund

Taxpayer Identification Number