

**ALEXANDER B. WATHEN**  
**ATTORNEY AT LAW**

10333 NORTHWEST FREEWAY, SUITE 503  
HOUSTON, TEXAS 77092  
PHONE (281) 999-9025  
FAX (713) 758-0330  
[www.bankruptcy4houston.com](http://www.bankruptcy4houston.com)

**PROSPECTIVE CLIENT INTAKE FORM**

Please fill out this form and bring it with you when to your scheduled appointment. We also recommend that you bring recent credit reports from the national credit bureaus Equifax/CSC, Experian, and Trans Union.

Additionally, if please bring your driver's licenses or identification cards and social security cards so that we can pull additional credit, asset, and liability reports to help us assess your needs.

**Don't be intimidated if you do not understand a question or by the length of this questionnaire. If you have a question call us at (281) 999-9025 or email me at [wathenecf@juno.com](mailto:wathenecf@juno.com) and I will be happy to answer questions.**

**Please check if applicable:**

- I received a foreclosure notice/repossession notice or I might soon.
- I am behind on my house payments.
- I am behind on my car payments.
- I am behind on my child support, spousal, or other support payments.

**If you checked any of these boxes call us immediately! We must file bankruptcy before a foreclosure sale to save your house. It is also best to file before repossession of your car or other non-real estate property, but it is often possible to get the car back even after repossession.**

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone(s): Eve/Wknd: \_\_\_\_\_ Day: \_\_\_\_\_ Cell: \_\_\_\_\_

Y I have filed bankruptcy before. Year: \_\_\_\_\_ Chapter (7/11/12/13): \_\_\_\_\_ Where? \_\_\_\_\_

Disposition (Discharged/Dismissed/Still Pending): \_\_\_\_\_ Attorney: \_\_\_\_\_

**MEANS TESTING SECTION – DETERMINES THE CHAPTER(S)  
FOR WHICH YOU WILL QUALIFY.**

## A. GENERALLY.

Please check if:

\_\_\_\_\_ I am a disabled veteran.

List members of your household:

Name:                                      Age:                                      Relationship:

Type of Debt you have – list rough estimates of total amounts. The purpose is to help us determine whether your debts are consumer debts (primarily for personal, family, or household use), business debts, or other types of debt:

Approximate \$ Total:

Consumer Debts:

Credit cards, home mortgage (except rental property), car loans (personal use primarily), installment loans, on furniture, appliances, or other household or family use.

\$ \_\_\_\_\_

Student Loans:

\$ \_\_\_\_\_

Medical Bills/Debt:

\$ \_\_\_\_\_

Business Debt:

Include car & computer loans if used primarily for business, and even credit cards if most of the items charged were used primarily for business purposes.

\$ \_\_\_\_\_

Other Debt (Specify):

\$ \_\_\_\_\_

Other Information:

I have lived in the area since \_\_\_\_\_ (mo/year).

I have lived in the Texas since \_\_\_\_\_ (mo/year).

I have owned my house since \_\_\_\_\_ (mo/year).

## B. ACTUAL INCOME DURING THE LAST SIX MONTHS BEFORE THE CURRENT MONTH

We need the actual amounts of your income from all sources for these months. For example if it is November 1<sup>st</sup> we will need your income from October, September, August, July, June, and May.

Please check if:

\_\_\_ My income will go down during the next six months.

### NOTE:

Fill in the name of the months on the blank lines on top.

Fill in the income in the month you received not i.e. the date of your paycheck.

List each paycheck separately.

List all income from all sources for both you and your spouse. If your spouse does not file bankruptcy with you, her or his income might not be considered except to the extent they contribute to your expenses.

List as income money paid by a household member toward your expenses. If it was not done on a regular basis so indicate. It will probably not count against you if it was a one time payment.

Be sure to specify in detail the source of all income as benefits under the Social Security Act, perhaps even unemployment do not count against you but they still have to be listed.

	Month:	Month:	Month:	Month:	Month:	Month:
	_____	_____	_____	_____	_____	_____
Source:						
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**C. EXPENSES**

List your current monthly expenses

Monthly Payment Vehicle No. 1 \$ \_\_\_\_\_

Insurance Payment Vehicle No. 1 \$ \_\_\_\_\_

Monthly Payment Vehicle No. 2 \$ \_\_\_\_\_

Insurance Payment Vehicle No. 2 \$ \_\_\_\_\_

Buss Pass \$ \_\_\_\_\_

Housing \_\_\_ Rent \_\_\_ Mortgage \$ \_\_\_\_\_

Homeowner's insurance (if not included in mortgage) \$ \_\_\_\_\_

Property tax payments on home (if not included in mortgage) \$ \_\_\_\_\_

Home owners association dues (if not included in mortgage) \$ \_\_\_\_\_

Health insurance \$ \_\_\_\_\_

Health savings account expenses \$ \_\_\_\_\_

Disability insurance \$ \_\_\_\_\_

Expenses incurred for protection from domestic violence \$ \_\_\_\_\_

Care and support for disabled, elderly, or chronically ill,  
household or family members. \$ \_\_\_\_\_

School expenses for children, be specific: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Other Secured Creditor Monthly Payments:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Monthly domestic support (child & spousal) payments \$ \_\_\_\_\_

Monthly income tax payments (if quarterly list monthly) \$ \_\_\_\_\_

Do you have unusually high food and/or clothing expenses? If so, please specify why in detail:

Charitable and religious contributions including tithing. (They're protected up to 15% of your income and they help you pass the means test).

Receiving Entities:      Date: Amount:    Date: Amount:    Date: Amount:

_____	__/__/	\$ _____	__/__/	\$ _____	__/__/	\$ _____
	__/__/	\$ _____	__/__/	\$ _____	__/__/	\$ _____
	__/__/	\$ _____	__/__/	\$ _____	__/__/	\$ _____
	__/__/	\$ _____	__/__/	\$ _____	__/__/	\$ _____
	__/__/	\$ _____	__/__/	\$ _____	__/__/	\$ _____
	__/__/	\$ _____	__/__/	\$ _____	__/__/	\$ _____
	__/__/	\$ _____	__/__/	\$ _____	__/__/	\$ _____
	__/__/	\$ _____	__/__/	\$ _____	__/__/	\$ _____
	__/__/	\$ _____	__/__/	\$ _____	__/__/	\$ _____

**LAND, BUILDINGS, HOUSES, CONDOS,  
TIMESHARES AND OTHER REAL PROPERTY (If  
you have a deed then it's real property).**

Description (land/home): \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes Y No Y Are there liens on it? Yes Y No Y

Description (land/home): \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes Y No Y Are there liens on it? Yes Y No Y

Description (land/home): \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes Y No Y Are there liens on it? Yes Y No Y

Description (land/home): \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes Y No Y Are there liens on it? Yes Y No Y

Description (land/home): \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes Y No Y Are there liens on it? Yes Y No Y

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Description (land/home): \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes Y No Y Are there liens on it? Yes Y No Y

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Description (land/home): \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

First Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Second Mortgage Holder: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Is this property your residence/homestead? Yes Y No Y Are there liens on it? Yes Y No Y

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

## PERSONAL PROPERTY AND OTHER ASSETS

List all your non-real estate property including not only tangible things, but also intangible stuff such as financial assets and if you are a songwriter you might own copyrights or if you have a business you may have a registered trademark. Web domain names are also assets, even if they are not worth much.

If you think someone owes you money or someone has injured you, you have a claim, or a lawsuit you have filed then those are also assets. List anyone you think that you could sue if you wanted to, even if you decided not to sue. **If you fail to list a claim or lawsuit in your bankruptcy, you may lose the right to sue under the judicial estoppel doctrine.**

List all your assets even if you do not think they are important. We can almost always figure out a way for you to keep most assets as long as you list them. **If you fail to list any asset you will probably lose it as unlisted cannot be exempted in a bankruptcy proceeding.**

NOTE: If any of your possessions embarrass you then “miscellaneous” is a good word.

**Please list the garage sale value of the goods, not what you may have paid for them back when you bought them. Think of what you could sell them for if you had to sell them today rather than what you might get if you had a few months.**

YOUR  TYPE OF PROPERTY	DESCRIPTION AND LOCATION	CURRENT MARKET VALUE	
		HOW IS IT OWNED? HUSBAND, WIFE, JOINT, OR COMMUNITY	OF INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANYTHING.
1. Cash on hand	Wallet	Husband	\$ _____
	Purse	Wife	\$ _____
	Cookie jar (kitchen – house)	Joint	\$ _____
	Center console in SUV	Joint	\$ _____
	Stash under your mattress	_____	\$ _____
2. Checking, savings, or other financial accounts, certificates of deposit, or shares in banks, savings and loans, thrifts, building and loan, homestead associations, or credit unions, brokerage houses, or cooperatives.	Checking: _____ Bank	_____	\$ _____
	Savings: _____ Bank	_____	\$ _____
	Forgotten Bank Account _____ Bank, _____ (You thought it was closed!)	_____	\$5.00? _____
	Swiss Bank Account _____	Husband	\$2,000,000?
3. Security deposits with Public utilities, telephone companies or landlords, and	Electric (Reliant Energy is usually \$150)		\$ _____
	Water (City of Houston is usually \$75)		\$ _____

NOTE: The way those banks charge you fees you probably will not have much money left in any account!

others.

Gas (Centerpoint is often \$35)	\$ _____
Slumlord _____	\$ _____
Real estate tycoon _____	\$ _____
Equipment/car you are renting _____	\$ _____
Beach house deposit for Memorial Day _____	\$ _____
Cayman Islands cruise deposit _____	\$ _____
_____	\$ _____

4. Household goods and furnishings, including audio,

VCR	\$ _____
Bedroom furniture	\$ _____
Lamps & Accessories	\$ _____
Cell phones	\$ _____
Sheets and towels	\$ _____
Cleaning supplies	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

C'mon, you've got a bunch of old pieces of furniture that aren't worth a whole lot.

Please attach additional sheets if necessary.

A good way to do this is to take one room at a time.

5. Books; pictures, and other art objects, antiques, stamp, coin, record, tape, compact discs, and collections, or collectibles.

Paintings, pictures & framed art	\$ _____	Collection - _____	\$ _____
Other Art	\$ _____	Collection - _____	\$ _____
Books & Magazines	\$ _____	Collection - _____	\$ _____
Tapes, CD's, DVD's et cetera	\$ _____	Barbie Doll Collection	\$ _____

6. Clothes - General	Miscellaneous	\$ _____
Clothes used for work primarily	_____	\$ _____
7. Furs and Jewelry	_____	\$ _____

	College ring	\$ _____
	Wedding ring	\$ _____
	Watches	\$ _____
8. Firearms and sports, photo-Graphic, and other hobby Equipment.	Shotguns	\$ _____
	Bunjee jumping equipment	\$ _____
	_____	\$ _____
	_____	\$ _____
List here if used for work	_____	\$ _____
	_____	\$ _____
9. Interests in any insurance Policies. Name insurance company Of each policy and itemize surrender Or refund value of each.	Life Insurance (with cash value e.g. whole/universal)	\$ _____
10. Annuities. Itemize and name each issuer.	_____	\$ _____
	_____	\$ _____
11. Interests in IRA, ERISA, Keogh, Or other pension or profit sharing Plans. Itemize.	_____	\$ _____
	_____	\$ _____
	CIA/KGB Retirement Plan _____	\$2,000,000.00
	Enron Retirement Plan _____	\$0
12. Stock and interests in incorporated or unincorporated businesses. Itemize.	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
13. Interests in partnerships & joint Ventures. Itemize.	_____	\$ _____
14. Government or corporate bonds and other negotiable and non-negotiable instruments.	_____	\$ _____
	_____	\$ _____
15. Accounts receivable	_____	\$ _____
16. Alimony, maintenance, support, And property settlements to which the debtor is or may be entitled.	Mr./Ms. Deadbeat _____	\$ _____
	Waiting for divorce \$\$\$ from _____	\$ _____
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	IRS tax refund (cross your fingers!)Year _____	\$ _____
	Other tax refund your waiting for _____	\$ _____
Date of debt _____	_____	\$ _____
Date of debt _____	\$\$\$ your so-called friend owes who never will pay you	\$ _____
18. Equitable or future interests, life estates, and rights or powers exercisable for your benefit.	_____	\$ _____
NOTE: Any special rights to use, purchase, or receive mostly real estate in the future. Few people have these. You would probably know if you did.		
19. Contingent or non-contingent	_____	\$ _____

interests in estate of a decedent, death benefit plan, life insurance policy, or trust.

NOTE: If someone died and left you something in their will or they died without a will and you think there is a chance you could inherit it then list it here.

20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims, of the debtor, and rights to setoff claims. Give estimated value of each. Your slip and fall claim \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

21. Patents, copyrights, and other Intellectual property, including domain names. \_\_\_\_\_ \$ \_\_\_\_\_  
 www.getrichquick.com \_\_\_\_\_ \$ \_\_\_\_\_

22. Licenses, franchises, and other general intangibles. Give particulars. \_\_\_\_\_ \$ \_\_\_\_\_

24. Automobiles, trucks, Trailers, and other vehicles and accessories.

Year:    Make & Model:    Date Acquired:    VIN Number:                      Milage:                      Value:

Don't forget to list:  
 Your car in someone else's name  
 Your car on cinder blocks  
 Your car that you sold but the title was never transferred. Let us know if this is the case.

25. Boats, motors, and accessories. \_\_\_\_\_ \$ \_\_\_\_\_

26. Aircraft and accessories. \_\_\_\_\_ \$ \_\_\_\_\_

Boeing 747-400ER \_\_\_\_\_ \$194,000,000.00

27. Office equipment, furnishings, and supplies. \_\_\_\_\_ \$ \_\_\_\_\_

(Computer if used for work) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

28. Machinery, fixtures, equipment, and supplies used in business. \_\_\_\_\_ \$ \_\_\_\_\_

29. Inventory \_\_\_\_\_ \$ \_\_\_\_\_

30. Animals Dog/Cat \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Snake \_\_\_\_\_ \$ \_\_\_\_\_

NOTE: Rats and roaches do not count. You do not legally own them even if they live in your house. Don't even think about listing your kids here. There is a different section for human dependents who behave like animals!

31. Crops – growing or harvested. \_\_\_\_\_ \$ \_\_\_\_\_  
 Give particulars.

NOTE: If you are growing something illegal you should probably not be filing for bankruptcy, rather you will need

criminal defense services.

32. Farming equipment and \_\_\_\_\_ \$ \_\_\_\_\_  
implements.

33. Farm supplies, chemicals, and \_\_\_\_\_ \$ \_\_\_\_\_  
feed.

34. Other personal property of any \_\_\_\_\_ \$ \_\_\_\_\_  
kind not already listed. Itemize.

NOTE: Everybody has at least \$100.

**TOTAL ►** \$ \_\_\_\_\_

## DEBTS, LIABILITIES, AND CLAIMS AGAINST YOU

**List all your debts even if you think they are too old to collect. If you forget to put a debt in your bankruptcy papers that debt will not be discharged and you are stuck paying it. If you intentionally do not list a debt in your bankruptcy papers you are committing a federal crime.**

List everybody you owe money to including family, friends, and drinking/gambling buddies. Remember to list every doctor you have seen and every hospital you have visited as a potential debt. You'll be surprised how many of these providers claim that you owe money they haven't billed you for yet.

Another thing people forget is those who have a claim against you. Anybody who thinks you owe them money or want to sue you or could sue you, you just do not know it yet. It's time to get these peoples' potential claims discharged. Mark these "CLAIM", "DISPUTED CLAIM," OR "POTENTIAL CLAIM" and briefly describe the incident giving rise to it. Include everybody you have been in a car accident with including passengers involved in all vehicles. Get a copy of the accident report. These are all potential claimants. If you have ever had any employees that you have terminated or you think might claim harassment include them too.

Secured Debts: These are debts such as home mortgages, car loans, furniture loans et cetera where the creditor has a lien or security interest on the property you are financing with this debt.

Unsecured Debts: These debts the creditor has no lien or security interest in any property. These include most credit cards or personal loans although these can sometimes be secured.

Debts you Cosigned: Make sure to lists these as well, including if you signed someone else's papers to get into a hospital. Mark these "CO-SIGNER."

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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Account Number: \_\_\_\_\_

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Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

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Number & Street / P.O. Box: \_\_\_\_\_

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Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

**Total \$ \_\_\_\_\_**

## **SPECIAL DEBTS/CLAIMS**

Check these boxes if you owe or anyone else might claim that you owe any of these types of debts and identify the name of the creditor from the Debt Section.

**Extensions of credit in an involuntary case (Involuntary bankruptcies only!)\***

"Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief." --YOU'LL KNOW IT IF IT APPLIES TO YOU.

\*If someone has filed an involuntary bankruptcy against you and you are filling out this form because you want me to defend you against the proceeding.

---

**Wages, salaries, and commissions (If you owe any employee any of these)**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives.

---

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of your bankruptcy, or the cessation of business, whichever occurred first.

---

**Claims against you by farmers and fishermen**

---

**Deposits by individuals**

Claims of individuals up to for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided.

---

**Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support.

---

**Taxes and Certain Other Debts Owed to Governmental Units**

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

---

**Commitments to Maintain the Capital of an Insured Depository Institution**

"Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution."

---YOU'LL KNOW IT IF IT APPLIES TO YOU.

# CONTRACTS, RENTAL AGREEMENTS AND LEASES

Any leases or rental agreements you have of any kind that are still going on, including timeshares. Include everything from cell phone contracts, rent-to-own contracts, apartment or house leases, equipment rentals, car/truck leases et cetera.

Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Description: \_\_\_\_\_

In Default: Yes Y No Y Real Property: Yes Y No Y Residential: Yes Y No Y

Disputed: Yes Y No Y Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Description: \_\_\_\_\_

In Default: Yes Y No Y Real Property: Yes Y No Y Residential: Yes Y No Y

Disputed: Yes Y No Y Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Description: \_\_\_\_\_

In Default: Yes Y No Y Real Property: Yes Y No Y Residential: Yes Y No Y

Disputed: Yes Y No Y Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Description: \_\_\_\_\_

In Default: Yes Y No Y Real Property: Yes Y No Y Residential: Yes Y No Y

Disputed: Yes Y No Y Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Description: \_\_\_\_\_

In Default: Yes Y No Y Real Property: Yes Y No Y Residential: Yes Y No Y

Disputed: Yes Y No Y Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

Account Number: \_\_\_\_\_

Lessor/Lessee: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Description: \_\_\_\_\_

In Default: Yes Y No Y Real Property: Yes Y No Y Residential: Yes Y No Y

Disputed: Yes Y No Y Date of lease: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

---

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

# CODEBTORS

List any person, corporation, or entity that has co-signed for you on a loan.

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Name of Co-Signer: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Name of Co-Signer: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Name of Co-Signer: \_\_\_\_\_

Number & Street / P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Disputed: Yes Y No Y Date of loan/debt: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

## YOUR CURRENT INCOME

Please bring current pay stubs and tax returns with you when you come in.

**Marital Status:** \_\_\_\_\_. **Dependents (names and ages):** \_\_\_\_\_.

**Employer & Address:** \_\_\_\_\_

\_\_\_\_\_ **How Long:** \_\_\_\_ years.

**2<sup>nd</sup> Employer & Address:**

\_\_\_\_\_

\_\_\_\_\_ **How Long:** \_\_\_\_ years.

## INCOME

I get paid: Weekly  Every two weeks  Twice a month  Monthly   
 I am off/on vacation \_\_\_\_ weeks per year paid, and \_\_\_\_ weeks per year unpaid.

	<b>YOU</b>	<b>SPOUSE</b>
Gross wages/salary/commissions	\$	\$
Estimated overtime	\$	\$
<b>SUBTOTAL</b>	<b>\$</b>	<b>\$</b>
<b>MINUS PAYROLL DEDUCTIONS</b>		
a. payroll taxes	\$	\$
b. insurance	\$	\$
c. union dues	\$	\$
d. other _____	\$	\$
<b>SUBTOTAL DEDUCTIONS</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL NET TAKE HOME</b>	<b>\$</b>	<b>\$</b>
Regular income – business/farm	\$	\$
Income received from real estate	\$	\$
Interest and dividends	\$	\$
Alimony, maintenance, or support	\$	\$
Social security	\$	\$
Pension or retirement income	\$	\$
Other income (specify)	\$	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>

Describe any increase or decrease of more than 10% in any of these categories anticipated to occur within a year: **Yes** \_\_\_ **No** \_\_\_

## CURRENT EXPENSE BUDGET

Estimate the average monthly expenses for you and your family. Pro rate bi-weekly, quarterly, semi-annual, or annual payments to show monthly rate.

Rent or home mortgage payment (lot rented for mobile home)	\$
Are real estate taxes included? Yes Y No Y	
Is property insurance included? Yes Y No Y	
Utilities Electricity and heating fuel	\$
Water and sewer	\$
Telephone	\$
Trash	\$
Cell Phone	\$
Other _____	\$
Home maintenance (repairs and upkeep)	\$
Food	\$
Clothing	\$
Laundry and dry cleaning	\$
Medical and dental expenses	\$
Transportation (not including car payments)	\$
Recreation, clubs and entertainment, movies	\$
Newspapers, Books, Magazines	\$
Personal Care Items	\$
Insurance -not deducted from wages or included in mortgage	\$
Homeowner's or renter's	\$
Life	\$
Health	\$
Auto	\$
Other __Personal Care Items_____	\$
Other __Child Care Expenses_____	\$
Taxes -not deducted from wages or included in home mortgage. (Specify)_____	\$
Installment payments: Auto	\$
Other _____	\$
Other _____	\$
Alimony, maintenance, and support paid to others	\$
Payments for support of dependents not living with you	\$
Regular expenses from operation of business or farm	\$
Other _____	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

## FINANCIAL AFFAIRS QUESTIONS

If you are married please answer these questions for your spouse too and list "SPOUSE" next to any information that pertains to your spouse even if they do not file. If you are both completing this form please designate each entry with "H" for husband and "W" for wife.

### 1. Income from employment or operation of business (EVERYBODY MISSES THIS QUESTION)

Y None

List the gross amount of income the you have received from employment, trade, or profession, or from operation of the your business from the beginning of this calendar year to the date you will file for bankruptcy. List also the gross amounts received during the **two years** immediately preceding this calendar year. If you have a business that uses fiscal years, use them instead. Include your spouses income too.

GROSS

AMOUNT SOURCE (if more than one)

\$ (This year, year to date) \_\_\_\_\_

\$ (Last year total) \_\_\_\_\_

\$ (Year before last year total) \_\_\_\_\_

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

Y None

Same as the last question except it deals with other non-employment and non-business income such as alimony, child support, student aid, public assistance, pensions, social security et cetera.

GROSS

AMOUNT SOURCE (if more than one)

\$ (This year, year to date) \_\_\_\_\_

\$ (Last year total) \_\_\_\_\_

\$ (Year before last year total) \_\_\_\_\_

### 3. Payments to creditors

Y None

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately before the date you will file bankruptcy. **NOTE: Add up all payments to each creditor for this 90 day period and if the total is more than \$600 you have to list each payment by date and amount.**

CREDITOR	AMOUNT(S) & DATE(S)	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Y None

b. Same question except now it is **one year** and the payments have to be **“to or for the benefit of creditors who are or were insiders”** which usually means to or on behalf of people who are or were your family members or business partners or associates. Ask us if you think this might apply.

CREDITOR	AMOUNT(S) & DATE(S)	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Y None

a. List all suits and administrative proceedings you are or were a party within **one year** before you will file bankruptcy. **NOTE:** include tickets, license suspension hearings, property tax protest hearings, handgun license denial hearings et cetera.

TITLE OF SUIT AND CASE NUMBER	TYPE OF CASE	COURT OR AGENCY AND LOCATION	STATUS/ DISPOSED?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** before when you will file bankruptcy.

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE PROPERTY
_____	_____	_____

**5. Repossessions, foreclosures and returns**

Y None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** before when you will file bankruptcy.

NAME AND ADDRESS OF CREDITOR OR SELLER OF CREDITOR OR SELLER	DATE OF REPOSSESSION, DESCRIPTION FORECLOSURE SALE, AND VALUE OF TRANSFER OR RETURN OF PROPERTY
_____	_____
_____	_____
_____	_____

**6. Assignments and receiverships**

YNone

a. Describe any assignment of property for the benefit of creditors made within **120 days** before when you will file bankruptcy.

---

Y None

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.

---

## 7. Gifts

Y None

List all gifts or charitable contributions made within **one year** before when you will file for bankruptcy, except ordinary and usual gifts to family members totalling less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. **You have the right to tithe to your house of worship and most gifts to religious organizations are not a problem as long as the size is reasonable, but you must disclose that here.**

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT OF GIFT	DESCRIPTION AND VALUE
--	--------------------------------------	-------------------------	--------------------------

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## 8. Losses

Y None

List all losses from fire, theft, other casualty or gambling within **one year** before you want to file bankruptcy. **If you suffer any new ones after you file for bankruptcy let us know. Include car accidents.**

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

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## 9. Payments related to debt counseling or bankruptcy

Y None

List all payments made or property transferred by you or on your behalf of to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** before you will file for bankruptcy.

NAME AND ADDRESS VALUE OF PAYEE	DATE OF PAYMENT NAME OF PAYOR IF OTHER THAN YOU	AMOUNT OF MONEY OR DESCRIPTION AND OF PROPERTY
------------------------------------	---	--

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**10. Other transfers**

Y None

List all other property, other than property transferred in the ordinary course of the business or financial affairs, transferred either absolutely or as security within **one year** before you will file bankruptcy.

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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**11. Closed bank accounts and other financial accounts**

Y None

List all accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** before you will file bankruptcy. 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.

NAME AND ADDRESS OF INSTITUTION	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

**12. Safe deposit boxes**

Y None

List each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within **one year** before you will file

bankruptcy.

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------	---------------------------------------

\_\_\_\_\_

### 13. Setoffs

Y None

List all setoffs made by any creditor, including a bank, against a debt or deposit within **90 days** before you will file bankruptcy.

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

\_\_\_\_\_

### 14. Property held for another person

Y None

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

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

### 15. Prior addresses

Y None

If you have moved within the **two years** before you will file bankruptcy, list all places at which you have lived during that period and vacated prior to the commencement of this case.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 16. Spouses and Former Spouses

Y None

If you reside or resided in a community property state, commonwealth, or

territory, including **Texas**, as well as **Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Washington, or Wisconsin**, within the **six year period** before you will file bankruptcy, list the name of the your spouse and of any former spouse who resides or resided with you in these states or territories.

NAME(S)

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**17. Environmental Information.**

Y None

a. Have you received any notices by the government that you are liable for an environmental site?

Y None

b. Or received notice of a release of hazardous materials by a government agency?

Y None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law.

**18 . Nature, location and name of business**

Y None

a. **Individuals** 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, partnership, sole proprietorship, or were a self-employed professional within the **six years** before you will file for bankruptcy, or in which the you owned 5 percent or more of the voting or equity securities within the **six years** before you will file for bankruptcy.

**If you are filing for your partnership or corporation call us.**

NAME	TAXPAYER I.D. NUMBER	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
_____	_____	_____	_____	_____


Y None

b. Are any of these businesses an apartment building?

**IF YOU ANSWERED NO OR LEFT THE LAST QUESTION BLANK THEN SKIP THE REST OF THE QUESTIONS.**

**19. Books, records and financial statements – BUSINESSES ONLY.**

Y None

a. List all bookkeepers and accountants who within the **two years** before when you will file bankruptcy

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

Y None

b. List all firms or individuals who within the **two years** before when you will file bankruptcy have audited the books of account and records, or prepared a financial statement.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

Y None

c. List all firms or individuals who at the time when you will file bankruptcy will have books of account and records. If any of the books of account and records are not available, explain.

NAME	ADDRESS
------	---------

Y None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** before when you will file bankruptcy.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

**20. Inventories – BUSINESSES ONLY.**

Y None

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

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
-------------------	----------------------	---

Y None

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

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	---

**21 . Current Partners, Officers, Directors and Shareholders – BUSINESSES ONLY.**

YNone

a. If you are a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

Y None

b. If you are a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	---

**22 . Former partners, officers, directors and shareholders – BUSINESSES ONLY.**

Y None

a. If you are a partnership, list each member who withdrew from the partnership within **one year** before when you will file bankruptcy.

NAME

ADDRESS

DATE OF WITHDRAWAL

Y None

b. If you are a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** before when you will file bankruptcy.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

**23 . Withdrawals from a partnership or distributions by a corporation – BUSINESSES ONLY.**

Y None

If you are 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** before when you will file bankruptcy

NAME & ADDRESS  
OF RECIPIENT,  
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE  
OF WITHDRAWAL

AMOUNT OF MONEY  
OR DESCRIPTION  
AND VALUE OF PROPERTY

**24. Tax Consolidation Group. – BUSINESSES ONLY.**

Y None

If you are a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which you have been a member at any time within the **six-year period** before when you will file bankruptcy

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER

**25. Pension Funds. – BUSINESSES ONLY.**

Y None

If the you are not an individual i.e. corporation, partnership or other organization, list the name and federal taxpayer identification number of any pension fund to which you, as an employer, have been responsible for contributing at any time within the **six-year period** before when you will file bankruptcy

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER

**THE END**