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DATE: \_\_\_\_\_

**INITIAL INTERVIEW QUESTIONNAIRE (BANKRUPTCY)**

Please print all of your answers completely and legibly.

Please answer each question fully. If it does not apply to you or the answer is none, please write N/A in the space provided.

**HOW DID YOU HEAR ABOUT US?** (Please circle one):

Television – Radio – Web Site – AT&T Directory – Verizon (idearc) Directory – Yellow Book Directory – Mailer –

Referred by: \_\_\_\_\_

Other: \_\_\_\_\_

Briefly explain your financial circumstances? \_\_\_\_\_

**MARITAL STATUS:** \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed

If you are married, you must complete information for both you and your spouse, even if only one is seeking our services.

**DEBTOR 1 INFORMATION:**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

SS #: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

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**DEBTOR 2 (SPOUSE) INFORMATION:**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

SS #: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

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DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other Names Used in Last 6 Years

Other Names Used in Last 6 Years

\_\_\_\_\_

\_\_\_\_\_

**Please provide Names & Phone Numbers of two (2) friends and/or family members that can be contacted in case of an EMERGENCY.**

NAME: \_\_\_\_\_ PHONE #: ( \_\_\_\_\_ )  
NAME: \_\_\_\_\_ PHONE #: ( \_\_\_\_\_ )

**HAVE EITHER OF YOU FILED BANKRUPTCY BEFORE?** YES / NO

**IF YES, state who, when and where:** \_\_\_\_\_

Are you behind on mortgage payments? YES / NO If so, how much? \$\_\_\_\_\_

Do either of you have any interest in any real property besides your residence? YES / NO

Are any of your mortgages Adjustable Rate Mortgage? YES / NO

Are any of your properties facing foreclosure? YES / NO If so, when? \_\_\_\_\_

Are you behind on vehicle payments? YES / NO If so, how much? \$\_\_\_\_\_

Do either of you have any title loans on any of your vehicles? YES / NO

Are you behind on property taxes? YES / NO If so, how much? \$\_\_\_\_\_

Are either of you required to pay child/spousal support? YES / NO  
If yes, are you behind? YES / NO If so, how much? \$\_\_\_\_\_

Any bad checks still circulating for either of you? YES / NO If so, how much? \$\_\_\_\_\_

Are either of your wages being garnished? YES / NO  
If yes, who? \_\_\_\_\_ How much? \$\_\_\_\_\_

Has anyone co-signed on a debt for either of you? YES / NO

Have either of you co-signed on a debt for anyone? YES / NO

Do either of you have any Judgments against you? YES / NO

Are either of you presently named and/or involved in any type of lawsuit? YES / NO

Are all years of IRS and State taxes filed for both of you? YES / NO  
If no, which years are not filed and for whom (IRS / State)? \_\_\_\_\_

Do either of you owe any IRS or State taxes? YES / NO  
If yes, who? \_\_\_\_\_ How much? \$\_\_\_\_\_

Do either of you have over \$500.00 in a savings account or CD? YES / NO  
If yes, who? \_\_\_\_\_ How much? \$\_\_\_\_\_

Have either of you received any cash advances, payday loans, credit for luxury items or signature loans of \$550.00 or more within the past ninety (90) days? YES / NO

Do either of you have a 401K loan? YES / NO If so, when will it be paid off? \_\_\_\_\_

Do either of you regularly contribute to any charitable organizations? YES / NO

**If yes, please provide documentation showing your contributions.**

Do either of you expect to receive an inheritance or windfall within six (6) months of the filing date of your case? YES / NO

If yes, please

explain: \_\_\_\_\_  
\_\_\_\_\_

Besides a Drivers' License, please state any and all other types of Licenses either of you

possess: \_\_\_\_\_

**ARE EITHER OF YOU SELF EMPLOYED?**

YES / NO

If yes, state the name, address and type of business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO KEEP THE PROPERTY. IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE LIST OF CREDITORS, THAT PROPERTY MAY NOT BE PROTECTED IN YOUR BANKRUPTCY.**

PROPERTY QUESTIONS

Please complete this section with "market values" on all property that you own or are owed. Please base your answers on the quick sale value, not the retail value of EACH ITEM. We can obtain the value of your real estate. If you owe debts on any of the property, please ensure the market value you list here matches the market value listed in the Creditors' Section.

**REAL PROPERTY:**

MARKET VALUE:

Address # 1: \_\_\_\_\_ \$ \_\_\_\_\_  
Residence – Rental Property – Business Property – Land

Address # 2: \_\_\_\_\_ \$ \_\_\_\_\_  
Residence – Rental Property – Business Property -- Land

*(If more space is needed due to additional properties, please write on back)*

**PERSONAL PROPERTY:**

MARKET VALUE:

1. Cash/Checks on hand: \_\_\_\_\_ \$ \_\_\_\_\_

2. Bank Name, Type (Checking/Savings/CD) & Acct # \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

Bank Name, Type (Checking/Savings/CD) & Acct # \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

Bank Name, Type (Checking/Savings/CD) & Acct # \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

Bank Name, Type (Checking/Savings/CD) & Acct # \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

3. Security Deposits: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

4. Household goods & furnishings: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

5. Books, pictures, antiques, collections: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

6. Wearing apparel (clothes, shoes, accessories, etc.): \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

7. Furs and Jewelry: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

8. Firearms, sports and hobby equipment: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

9. Interests in insurance policies: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
10. Annuities: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
11. Education IRAs: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
12. IRA's, other pension plans: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
13. Stock interests in businesses: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
14. Interests in partnerships, joint ventures: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
15. Government and corporate bonds: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
16. Accounts receivable - are you owed money (tax refunds, etc.): \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
17. Alimony, support, etc.: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
18. Other debts owed debtor: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
19. Equitable or future interests: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
20. Interest in decedent's estate, death benefit plans: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
21. Other contingent and unliquidated claims: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
22. Patents, copyrights, etc.: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
23. Licenses, franchises, etc. : \_\_\_\_\_ \$  
Describe: \_\_\_\_\_
24. Customer Lists: \_\_\_\_\_ \$  
Describe: \_\_\_\_\_

**25. Motor vehicles and accessories**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Miles</b>
<b>Did you purchase this vehicle over 2 1/2 years ago?</b>		<b>YES / NO</b>	<b>\$</b> _____
<b>Is this vehicle used for business purposes?</b>		<b>YES / NO</b>	

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Miles</b>
<b>Did you purchase this vehicle over 2 1/2 years ago?</b>		<b>YES / NO</b>	<b>\$</b> _____
<b>Is this vehicle used for business purposes?</b>		<b>YES / NO</b>	

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Miles</b>
<b>Did you purchase this vehicle over 2 1/2 years ago?</b>		<b>YES / NO</b>	<b>\$</b> _____
<b>Is this vehicle used for business purposes?</b>		<b>YES / NO</b>	

26. Boats, motors, and accessories: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

27. Aircraft and accessories: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

28. Office equipment, furnishings and supplies: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

29. Machinery, equipment, supplies used in business: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

30. Inventory: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

31. Animals: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

32. Crops: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

33. Farming equipment and implements: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

34. Farm supplies, chemicals, and feed: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

35. Other personal property of any type: \_\_\_\_\_ \$ \_\_\_\_\_  
Describe: \_\_\_\_\_

**EMPLOYER INFORMATION:**

**DEBTOR 1:**

OCCUPATION: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_

**DEBTOR 2 (SPOUSE):**

OCCUPATION: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_

If more than one present employer, please provide the same information about other employers as above for each Debtor:

**BUDGET QUESTIONS**

Gross wages **PER PAY CHECK** (please select only one pay period per Debtor)

**DEBTOR 1:**

- \_\_\_\_\_ Weekly
- \_\_\_\_\_ Every Two Weeks
- \_\_\_\_\_ Twice Monthly
- \_\_\_\_\_ Monthly
- \_\_\_\_\_ Other (Explain)

**DEBTOR 2 (SPOUSE):**

- \_\_\_\_\_ Weekly
- \_\_\_\_\_ Every Two Weeks
- \_\_\_\_\_ Twice Monthly
- \_\_\_\_\_ Monthly
- \_\_\_\_\_ Other (Explain)

PAY CHECK INCOME:

**DEBTOR 1:**

**DEBTOR 2 (SPOUSE):**

How much are you paid per  
Pay check? (BEFORE TAXES)

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

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

Amount of overtime per  
Pay period, if any?

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

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

Deductions per pay period

Federal & State Taxes \*

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

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

Social Security \*

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

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

Medicare \*

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

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

Insurance (Health, Life & AD&D) \*

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

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

Union Dues \*

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

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

Retirement (Voluntary / Mandatory) \*

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

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

Other Deductions (Explain)

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

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

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

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

**Total Monthly Income (Office Use Only)** \$ \_\_\_\_\_

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

OTHER INCOME PER MONTH:

If self-employed, regular income after expenses:

(Please provide Profit / Loss Statements)

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

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

Income from real property:

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

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

Interest and dividends:

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

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

Alimony & Child Support:

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

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

Social Security / Disability:

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

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

Pension / Retirement:

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

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

Other income: (Explain)

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

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

**TOTAL MONTHLY NET INCOME:**

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

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

Any anticipated changes in income (NEXT 12 MONTHS)?

YES / NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEPENDENTS and/or CHILDREN INFORMATION:**

NAME	AGE	SCHOOL GRADE	LIVE AT HOME? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State all other members of your household:

\_\_\_\_\_

\_\_\_\_\_

**MONTHLY EXPENSES:** Please answer these as completely as you can using averages

Rent/Mortgage: *	\$ _____
Are your property taxes included? If not, state amount *	\$ _____
Is property insurance included? If not, state amount *	\$ _____
Real Estate Taxes .....	\$ _____
Homeowner's/Renter's Insurance.....	\$ _____
Home Maintenance .....	\$ _____
Homeowner's Assoc/Condo Fees.....	\$ _____
Additional Mortgage: * .....	\$ _____
Electricity and gas .....	\$ _____
Water and sewer .....	\$ _____
Telephones, Cell Phones, Internet, Cable.....	\$ _____
Other Utilities (Explain)	
_____ .....	\$ _____
Food and Housekeep supplies.....	\$ _____
Childcare and Children's Education Costs.....	\$ _____
Clothing/Laundry/Dry Cleaning .....	\$ _____
Personal Care products and services.....	\$ _____
Medical/Dental *.....	\$ _____
Transportation (Gas, Repairs, etc.).....	\$ _____
Entertainment/Magazines .....	\$ _____
Charitable Contributions *.....	\$ _____
<b>Insurance (Not deducted from pay):</b>	
Life Insurance *.....	\$ _____
Health Insurance *.....	\$ _____
Auto Insurance .....	\$ _____
Other Insurance (Explain)_____	\$ _____
<b>Installment Payments:</b>	
Automobile *.....	\$ _____
Automobile *.....	\$ _____
Other (Explain).....	\$ _____
Other (Explain).....	\$ _____
Alimony/Support Payments (Not deducted from pay) *.....	\$ _____
Support of Dependants not at Home (Elderly or Disabled Family) *	\$ _____
Other Expenses _____.....	\$ _____
Other Expenses _____.....	\$ _____
Other Real Estate Expenses	
Mortgage: *	\$ _____
Are your property taxes included? If not, state amount *	\$ _____
Is property insurance included? If not, state amount *	\$ _____
Real Estate Taxes .....	\$ _____
Homeowner's/Renter's Insurance.....	\$ _____
Home Maintenance .....	\$ _____
Homeowner's Assoc/Condo Fees.....	\$ _____

Any anticipated changes in expenses? YES / NO

If YES, please explain: \_\_\_\_\_

*Any expense marked with an asterisk (\*) may qualify for the Means Test (Office Use Only)*



**BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.**

**IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.**

**SECURED CREDITOR INFORMATION**

Mortgages, Car Lenders, Property Taxes, Furniture, Appliances, Mechanic's Liens or any other lender to whom collateral is pledged as security on the loan.

NAME (Mortgage): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO If Yes, how much: \$ _____	* & # of months behind: _
<b>Are you facing FORECLOSURE? YES / NO</b>	<b>If YES, what is the sale date? _____</b>
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____	
<b>CO-SIGNER:</b>	<b>COLLECTION AGENT:</b>
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

NAME (Mortgage): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO If Yes, how much: \$ _____	* & # of months behind: _
<b>Are you facing FORECLOSURE? YES / NO</b>	<b>If YES, what is the sale date? _____</b>
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____	
<b>CO-SIGNER:</b>	<b>COLLECTION AGENT:</b>
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

NAME (Auto): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO If Yes, how much: \$ _____	& # of months behind: _
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____	
<b>CO-SIGNER:</b>	<b>COLLECTION AGENT:</b>
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

**BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.**

**IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.**

**SECURED CREDITOR INFORMATION**

*Continued:*

NAME (Auto): \_\_\_\_\_ Date Incurred: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ Pay-off: \$ \_\_\_\_\_  
 CITY: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 ACCOUNT #: \_\_\_\_\_  
 Collateral Description: \_\_\_\_\_ Next due date: \_\_\_\_\_  
 Are you behind: YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
 Intention: KEEP / SURRENDER Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**CO-SIGNER:** **COLLECTION AGENT:**  
 NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME (Other): \_\_\_\_\_ Date Incurred: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ Pay-off: \$ \_\_\_\_\_  
 CITY: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 ACCOUNT #: \_\_\_\_\_  
 Collateral Description: \_\_\_\_\_ Next due date: \_\_\_\_\_  
 Are you behind: YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
 Intention: KEEP / SURRENDER Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**CO-SIGNER:** **COLLECTION AGENT:**  
 NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME (Other): \_\_\_\_\_ Date Incurred: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ Pay-off: \$ \_\_\_\_\_  
 CITY: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
 ACCOUNT #: \_\_\_\_\_  
 Collateral Description: \_\_\_\_\_ Next due date: \_\_\_\_\_  
 Are you behind: YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
 Intention: KEEP / SURRENDER Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**CO-SIGNER:** **COLLECTION AGENT:**  
 NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.**

**IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.**

**If more space is needed due to additional SECURED CREDITORS, please write on back.**

**PRIORITY CREDITOR INFORMATION**

IRS Taxes, State Taxes, Business Taxes; Child Support or Spousal Support (Domestic Support Obligations - DSO)\*. You must list DSO even if you are current on all payments.

NAME: \_\_\_\_\_ Date Incurred: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
CITY: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Next due date: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Are you behind: YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CO-DEBTOR:** *If DSO\*, list who is entitled to the support:*  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ Date Incurred: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
CITY: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Next due date: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Are you behind: YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CO-DEBTOR:** *If DSO\*, list who is entitled to the support:* NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ Date Incurred: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
CITY: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Next due date: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Are you behind: YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CO-DEBTOR:** *If DSO\*, list who is entitled to the support:*  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.**

**IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.**

**If more space is needed due to additional PRIORITY CREDITORS, please write on back.**

**UNSECURED CREDITOR INFORMATION**

Credit Cards, Payday Loans, Medical Bills, Signature Loans, Mail Orders, Student Loans, Services Provided, Bad Checks, Gas Cards or any other debt that you owe that is not already listed above (even if you believe the debt has been charged off).

NAME: \_\_\_\_\_ Date Incurred: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
CITY: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CO-SIGNER:** **COLLECTION AGENT:**  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ Date Incurred: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
CITY: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CO-SIGNER:** **COLLECTION AGENT:**  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ Date Incurred: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
CITY: \_\_\_\_\_ Type of Debt: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CO-SIGNER:** **COLLECTION AGENT:**  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.**

**IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY**

**UNSECURED CREDITOR INFORMATION**

*Continued:*

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Incurred: \_\_\_\_\_  
Balance: \$ \_\_\_\_\_  
Type of Debt: \_\_\_\_\_

**CO-SIGNER:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COLLECTION AGENT:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Incurred: \_\_\_\_\_  
Balance: \$ \_\_\_\_\_  
Type of Debt: \_\_\_\_\_

**CO-SIGNER:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COLLECTION AGENT:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Incurred: \_\_\_\_\_  
Balance: \$ \_\_\_\_\_  
Type of Debt: \_\_\_\_\_

**CO-SIGNER:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COLLECTION AGENT:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Incurred: \_\_\_\_\_  
Balance: \$ \_\_\_\_\_  
Type of Debt: \_\_\_\_\_

**CO-SIGNER:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COLLECTION AGENT:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**UNSECURED CREDITOR INFORMATION**

*Continued:*

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Incurred: \_\_\_\_\_  
Balance: \$ \_\_\_\_\_  
Type of Debt: \_\_\_\_\_  
\_\_\_\_\_

**CO-SIGNER:**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COLLECTION AGENT:**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Incurred: \_\_\_\_\_  
Balance: \$ \_\_\_\_\_  
Type of Debt: \_\_\_\_\_  
\_\_\_\_\_

**CO-SIGNER:**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**COLLECTION AGENT:**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

***If more space is needed due to additional UNSECURED CREDITORS,  
please write on back.***

DO YOU HAVE ANY OTHER DEBTS NOT LISTED ABOVE?

YES / NO

If so, state name, amount owed and past due amount: \_\_\_\_\_  
\_\_\_\_\_

If so, why are they not listed above: \_\_\_\_\_  
\_\_\_\_\_

**BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.**

**IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.**

**EXECUTORY CONTRACTS & LEASES**

Residential Leases, Vehicle Leases, Cell Phone Contracts, Gym Memberships, Country Club Memberships, Service Contracts, Contracts for Deed, Rent to Own or any other contract that if broken you will be charged penalties.

NAME: \_\_\_\_\_ Date Began: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Date Ending: \_\_\_\_\_  
CITY: \_\_\_\_\_ Type of Contract: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Are you in default? YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

NAME: \_\_\_\_\_ Date Began: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Date Ending: \_\_\_\_\_  
CITY: \_\_\_\_\_ Type of Contract: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Are you in default? YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

NAME: \_\_\_\_\_ Date Began: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Date Ending: \_\_\_\_\_  
CITY: \_\_\_\_\_ Type of Contract: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Are you in default? YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

NAME: \_\_\_\_\_ Date Began: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Date Ending: \_\_\_\_\_  
CITY: \_\_\_\_\_ Type of Contract: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
Creditor Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Are you in default? YES / NO If Yes, how much: \$ \_\_\_\_\_ & # of months behind: \_\_  
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

***If more space is needed due to additional EXECUTORY CONTRACTS & LEASES,  
please write on back.***

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- Married
- Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- No
- Yes

List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there
_____	From: _____ To: _____
_____	From: _____ To: _____
_____	From: _____ To: _____

Debtor 2 Prior Address:	Dates Debtor 2 lived there
_____	From: _____ To: _____
_____	From: _____ To: _____
_____	From: _____ To: _____

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
- Yes, Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?** Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
- Yes, Fill in the details.

<i>Debtor 1</i>	Sources of income	Gross income
From January 1 of current year until the date you filed for bankruptcy	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For the calendar year before that:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____



<i>Debtor 2</i>	Sources of income	Gross income
From January 1 of current year until the date you filed for bankruptcy	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For the calendar year before that:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony: child support: Social Security. unemployment. and other public benefit payments: pensions: rental income: interest; dividends: money collected from lawsuits: royalties: and gambling and lottery winnings. If you are filing a joint case and you have income that you received together. list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes, Fill in Details

<i>Debtor 1</i>	Sources of income	Gross income
From January 1 of current year until the date you filed for bankruptcy	_____ _____ _____	\$ _____ \$ _____ \$ _____
For last calendar year:	_____ _____ _____	\$ _____ \$ _____ \$ _____
For the calendar year before that:	_____ _____ _____	\$ _____ \$ _____ \$ _____

<i>Debtor 2</i>	Sources of income	Gross income
From January 1 of current year until the date you filed for bankruptcy	_____ _____ _____	\$ _____ \$ _____ \$ _____
For last calendar year:	_____ _____ _____	\$ _____ \$ _____ \$ _____
For the calendar year before that:	_____ _____ _____	\$ _____ \$ _____ \$ _____

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of **\$6,225\*** or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Was this payment for
_____	_____	_____	_____	<input type="checkbox"/> Mortgage
_____	_____	_____	_____	<input type="checkbox"/> Car
_____	_____	_____	_____	<input type="checkbox"/> Credit Card
_____	_____	_____	_____	<input type="checkbox"/> Loan Repayment
_____	_____	_____	_____	<input type="checkbox"/> Suppliers or vendors
_____	_____	_____	_____	<input type="checkbox"/> Other

Creditor's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Was this payment for
_____	_____	_____	_____	<input type="checkbox"/> Mortgage
_____	_____	_____	_____	<input type="checkbox"/> Car
_____	_____	_____	_____	<input type="checkbox"/> Credit Card
_____	_____	_____	_____	<input type="checkbox"/> Loan Repayment
_____	_____	_____	_____	<input type="checkbox"/> Suppliers or vendors
_____	_____	_____	_____	<input type="checkbox"/> Other

Creditor's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Was this payment for
_____	_____	_____	_____	<input type="checkbox"/> Mortgage
_____	_____	_____	_____	<input type="checkbox"/> Car
_____	_____	_____	_____	<input type="checkbox"/> Credit Card
_____	_____	_____	_____	<input type="checkbox"/> Loan Repayment
_____	_____	_____	_____	<input type="checkbox"/> Suppliers or vendors
_____	_____	_____	_____	<input type="checkbox"/> Other

Creditor's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Was this payment for
_____	_____	_____	_____	<input type="checkbox"/> Mortgage
_____	_____	_____	_____	<input type="checkbox"/> Car
_____	_____	_____	_____	<input type="checkbox"/> Credit Card
_____	_____	_____	_____	<input type="checkbox"/> Loan Repayment
_____	_____	_____	_____	<input type="checkbox"/> Suppliers or vendors
_____	_____	_____	_____	<input type="checkbox"/> Other

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?** Insiders include your relatives: any general partners, relatives of any general partners, partnerships of which you are a general partner, corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Reason for this payment
_____	_____	_____	_____	_____
Insider's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Reason for this payment
_____	_____	_____	_____	_____
Insider's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Reason for this payment
_____	_____	_____	_____	_____

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Reason for this payment
_____	_____	_____	_____	_____
Insider's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Reason for this payment
_____	_____	_____	_____	_____
Insider's Name and Address	Dates of payment paid	Total amount still owe	Amount you	Reason for this payment
_____	_____	_____	_____	_____

**Part 4. Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?** List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
			<input type="checkbox"/> Pending
			<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
Case number			

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?** List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
			<input type="checkbox"/> Pending
Case number			<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded

Case title	Nature of the case	Court or agency	Status of the case
			<input type="checkbox"/> Pending
Case number			<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?** Check all that apply and fill in the details below.

No  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property happened	Explain what
_____	_____	_____	_____	<input type="checkbox"/> Repo
				<input type="checkbox"/> Foreclosed
				<input type="checkbox"/> Garnished
				<input type="checkbox"/> Attached
				seized or levied

Creditor Name and Address	Describe the Property	Date	Value of the property happened	Explain what
_____	_____	_____	_____	<input type="checkbox"/> Repo
				<input type="checkbox"/> Foreclosed
				<input type="checkbox"/> Garnished
				<input type="checkbox"/> Attached
				seized or levied

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the action the creditor took	Date action was	Amount taken
_____	_____	_____	_____
_____	_____		
_____	_____		
	Last 4 digits of account number:		

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

No  
 Yes. Fill in the details.

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
_____	_____	_____	_____
Person to Whom You Gave the Gift and Address: _____			
Person's relationship to you: _____			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
_____	_____	_____	_____
Person to Whom You Gave the Gift and Address: _____			
Person's relationship to you: _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each contribution.

Gifts or contributions to charities that total value of more than \$600	Describe the gifts Contributions	Dates you gave Contributed	Value
_____	_____	_____	_____
Charity Name and Address: _____			

Gifts or contributions to charities that total value of more than \$600	Describe the gifts Contributions	Dates you gave Contributed	Value
_____	_____	_____	_____
Charity Name and Address: _____			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <i>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</i>	Date of your loss	Value of property lost
_____	_____	_____	_____

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was	Amount of payment
--------------------------------	--	---------------------------------	----------------------

*Douglass, West & Assoc*

Email or website address made

\_\_\_\_\_  
Person Who Made the Payment, if Not You

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details for each contribution.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	--	---	----------------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Rec'd Transfer Address	Description and value of any property transferred	Describe any property or payment rec'd or debts paid in exchange	Date transfer
--------------------------------------	--	--	---------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, or moved, or transferred	Last balance before closing or transfer
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, or moved, or transferred	Last balance before closing or transfer
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it? <input type="checkbox"/> No <input type="checkbox"/> Yes
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**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it? <input type="checkbox"/> No <input type="checkbox"/> Yes
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**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

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

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

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- No
- Yes. Fill in the details.

Name of site	Governmental unit	Environmental law, if you	Date of notice
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	know it	

**25. Have you notified any governmental unit of any release of hazardous material?**

- No
- Yes. Fill in the details.

Name of site	Governmental unit	Environmental law, if you	Date of notice
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	know it	

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No
- Yes. Fill in the details.

Case Title	Court or agency	Nature of the case	Status of the case
	Court Name		<input type="checkbox"/> Pending
	Address (Number, Street, City, State and ZIP Code)		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	Name of accountant or bookkeeper	Dates business existed EIN: From _____ To _____



28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details.

Name Address  
(Number, Street, City, State and ZIP Code)

Date Issued:

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**“LAST QUESTION”**

**When you visit our office what do you wish to achieve for yourself and family?**

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I certify that the information given above in this questionnaire is true and correct and my listing of assets, debts as follows , income & expenses is complete to the best of my knowledge.

DATE:\_\_\_\_\_

Signature:\_\_\_\_\_

Signature:\_\_\_\_\_