



DOUGLASS, WEST & ASSOCIATES

ATTORNEYS AT LAW

830 Lansdowne Avenue

Drexel Hill, Pennsylvania 19026

Tel: (610) 446-9000, Fax: (610) 449-5380

www.DWALAW.com

Lawyers@DWALAW.com

HEATHER K. DOUGLASS
KENNETH E. WEST

ADAM J. SCHLAGMAN
Of Counsel

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: _____

DEBTOR 2 (SPOUSE) INFORMATION:

LAST NAME: _____
FIRST NAME: _____
MIDDLE: _____
SS #: _____
PHYSICAL ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____
COUNTY: _____

If you have a present mailing address that is different from your present physical address please write it below:

DEBTOR 1

MAILING ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____
EMAIL: _____
(H) PHONE: _____
WORK: _____
CELL: _____
EMAIL: _____
DL #: _____ State _____

DEBTOR 2 (SPOUSE):

MAILING ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____
EMAIL: _____
(H) PHONE: _____
WORK: _____
CELL: _____
EMAIL: _____
DL #: _____ State _____

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

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

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

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

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 *.....	\$ _____
Insurance (Not deducted from pay):	
Life Insurance *.....	\$ _____
Health Insurance *.....	\$ _____
Auto Insurance	\$ _____
Other Insurance (Explain)_____	\$ _____
Installment Payments:	
Automobile *.....	\$ _____
Automobile *.....	\$ _____
Other (Explain).....	\$ _____
Other (Explain).....	\$ _____
Alimony/Support Payments (Not deducted from pay) *.....	\$ _____
Support of Dependents 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: _
Are you facing FORECLOSURE? YES / NO If YES, what is the sale date? _____	
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____-_____	
CO-SIGNER:	COLLECTION AGENT:
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: _
Are you facing FORECLOSURE? YES / NO If YES, what is the sale date? _____	
Intention: KEEP / SURRENDER Creditor Phone #: (____) _____-_____	
CO-SIGNER:	COLLECTION AGENT:
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 #: (____) _____-_____	
CO-SIGNER:	COLLECTION AGENT:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

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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: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Type of Debt: _____
STATE: _____ ZIP: _____

ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

CO-SIGNER:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Type of Debt: _____
STATE: _____ ZIP: _____

ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

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
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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
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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
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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
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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 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	Date account was closed, sold, or moved, or transferred	Last balance before closing or transfer
--	---------------------------------	---	---	---

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

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
---	--	-----------------------	--

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
--	---	-----------------------	--

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:

“LAST QUESTION”

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

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: _____