© Carey Law Firm, LLC (2013)

CAREY LAW FIRM, LLC BANKRUPTCY WORKSHEET

CASE INFORMATION

Name: _____
First Middle Last

SSN: _____ Date of Birth: _____

Spouse's Name: _____
First Middle Last

SSN: _____ Date of Birth: _____

If we may contact you by email, please provide an address that you check regularly:

_____

List all other names used in the last 8 years (aka, dba, married, maiden, etc.) for you and your spouse:

1: _____

2: _____

3: _____

4: _____

5: _____

Street Address: _____

City, State, & Zip: _____

County: _____

Mailing Address(if same, please state): _____

City, State, & Zip: _____

If you are living apart from your spouse, please provide spouse's address:

Street Address: _____

City, State, & Zip: _____

County: _____

Mailing Address(if same, please state): _____

City, State, & Zip: _____

FEES: Filing Fee: $306.00 (Chapter 7) $281.00 (Chapter 13)

Attorney Fee: _____

TOTAL DUE BEFORE FILING: _____

Amount Prepaid: _____

Please state where the money will come from to pay these fees (i.e. earnings, loan, gift, etc.) If your fees are paid by another person, whether a gift or loan, you must provide their name and address:_____

_____

BANKRUPTCIES DURING LAST 8 YEARS:

Where filed: _____

Case Number: _____ Date filed: _____

Who filed(Circle One): Debtor Spouse Both

CURRENTLY PENDING RELATED BANKRUPTCY CASES:

Debtor Name: _____

Case Number: _____ Date filed: _____

Debtor's Relationship to you: _____

District: _____ Judge: _____

Do you rent your home? Yes No

If you rent, does your landlord have a judgment against you?

Yes No

If you rent, what is the name and address of your landlord?

Name:_____

Address:_____

City, State, Zip:_____

What is the term of your lease? (provide dates)

_____

Do you intend to continue renting this residence? Yes No

BUDGET

	INDIVIDUAL DEBTOR	SPOUSE
Employer:		
Employer's Address:		
City/State/Zip:		
Occupation/Job Title:		
Length of Employment:		

DEPENDENTS:	Relationship to you:	Age	Lives with you?
			Y N
			Y N
			Y N
			Y N
			Y N

		DEBTOR	**SPOUSE**
Pay Period . . . . . (Circle One)		Weekly	Weekly
		Bi-Weekly	Bi-Weekly
		2x/Month	2x/Month
		Monthly	Monthly
1. Current gross wages, salary, and commissions per pay period	$		
2. Estimated Overtime per pay period	$		
ESTIMATED PAYROLL DEDUCTIONS PER PAY PERIOD			
a. Total Payroll Taxes and Social Security . .	$		
b. Total Insurance (health, dental, life, disability, etc.)	$		
c. Union Dues.	$		
d. Other Deductions(Specify):			
_____	$		

_____ . . . . . $ _____ _____

PLEASE PROVIDE MONTHLY AMOUNTS FOR THE FOLLOWING:

3. Regular Income from Business, Profession or Farm $ _____ _____

4. Income from Real Property (i.e. rental units) . . $ _____ _____

5. Interest and Dividends. . . . . $ _____ _____

6. Maintenance or Child Support you receive. . . . . $ _____ _____

7. Social Security, Unemployment, or Government Assistance (Specify):

_____ . . . . . $ _____ _____

_____ . . . . . $ _____ _____

8. Pension or Retirement Income . . . . . $ _____ _____

9. Any Other Monthly Income (Specify):

_____ . . . . . $ _____ _____

_____ . . . . . $ _____ _____

Describe any increase or decrease in income expected in the next 12 months:

_____

_____

_____

_____

EXPENSES (MONTHLY AMOUNTS):

	DEBTOR	SPOUSE
1. Rent or home mortgage payment (include lot rent for mobile home) . . . . . $	_____	_____
Are real estate taxes included? Yes No		
Is property insurance included? Yes No		
2. Electricity and heating fuel/gas . . . . . $	_____	_____
3. Water and sewer . . . . . $	_____	_____
4. Telephone . . . . . $	_____	_____

Other Utilities (specify):

_____ . . . . . $ _____ _____

_____ . . . . . $ _____ _____

_____ . . . . . $ _____ _____

5. Home maintenance (Repairs and upkeep) . . . . . $ _____ _____

6. Food . . . . . $ _____ _____

7. Clothing . . . . . $ _____ _____

8. Laundry and dry cleaning . . . . . $ _____ _____

9. Medical and Dental Expenses (out-of-pocket, not covered by insurance) . . . . . $ _____ _____

10. Transportation, not including car payments (i.e. gas, public transportation, cab fare, etc.) . . . $ _____ _____

11. Recreation, clubs and entertainment, newspapers, magazines, etc. . . . . $ _____ _____

12. Charitable contributions . . . . . $ _____ _____

13. Homeowner's/Renter's Insurance not included in monthly rent or mortgage payment . . . . . $ _____ _____

14. Life Insurance NOT DEDUCTED FROM PAYROLL . . . . $ _____ _____

15. Health Insurance NOT DEDUCTED FROM PAYROLL . . . $ _____ _____

16. Auto Insurance (monthly total for all vehicles) . $ _____ _____

17. Taxes (not deducted from wages or included in home mortgage)

Specify: _____ . . . . . $ _____ _____

Specify: _____ . . . . . $ _____ _____

18. Any other insurance not yet counted (specify):

_____ . . . . . $ _____ _____

_____ . . . . . $ _____ _____

19. Auto Installment payments (including boats, trailers, etc):

Vehicle 1: _____ . . . . $ _____ _____

Vehicle 2: _____ . . . . $ _____ _____

Vehicle 3: _____ . . . . $ _____ _____

Vehicle 4: _____ . . . . $ _____ _____

20. Any other monthly installment payments (i.e. student loans):

_____ . . . . . $ _____ _____

_____ . . . . . $ _____ _____

_____ . . . . . $ _____ _____

21. Maintenance or Child Support you pay . . . . . $ _____ _____

22. Support of additional dependents not living at your home. . . . . $ _____ _____

23. Regular expenses from operation of business, profession, or farm. . . . . $ _____ _____

24. Any other expenses not listed above (specify):

_____ . . . . . $ _____ _____

_____ . . . . . $ _____ _____

_____ . . . . . $ _____ _____

Describe any increase or decrease in expenses expected in the next 12 months:

_____

_____

_____

_____

REAL PROPERTY

RESIDENCE (skip if you rent your home):

Physical Address:_____

City, State, Zip:_____

Estimate of Current Market Value: $_____

Do you wish to keep this property? Yes No

First Mortgage Company:_____

Address Line 1:_____

Address Line 2:_____

City, State, Zip:_____

Date of this debt (please provide at least the year, if you cannot be more specific):_____

Account Number:_____

Amount of debt: $_____

Second Mortgage Company:_____

Address Line 1:_____

Address Line 2:_____

City, State, Zip:_____

Date of this debt (please provide at least the year, if you cannot be more specific):_____

Account Number:_____

Amount of debt: $_____

OTHER REAL ESTATE:

Physical Address:_____

City, State, Zip:_____

Estimate of Current Market Value: $_____

Do you wish to keep this property? Yes No

Name of Lien Holder:_____

Address Line 1:_____

Address Line 2:_____

City, State, Zip:_____

Date of this debt (please provide at least the year, if you cannot be more specific):_____

Account Number:_____

Amount of debt: $_____

OTHER REAL ESTATE:

Physical Address:_____

City, State, Zip:_____

Estimate of Current Market Value: $_____

Do you wish to keep this property? Yes No

Name of Lien Holder:_____

Address Line 1:_____

Address Line 2:_____

City, State, Zip:_____

Date of this debt (please provide at least the year, if you cannot be more specific):_____

Account Number:_____

Amount of debt: $_____

ATTACH ADDITIONAL SHEETS IF NECESSARY

PERSONAL PROPERTY

VEHICLE 1:

Year, Make, Model:_____

VIN:_____

Trim Level (i.e. Sport, Luxury, ES, LX, etc.):_____

Specify engine (i.e. 4-cylinder, V6, etc.):_____

Specify 2-door/4-door, 2WD/4WD:_____

Current Mileage:_____

Describe the features of this vehicle:_____

_____

Describe any damage or defects on this vehicle (be specific and provide professional estimate of repairs, if applicable)_____

_____

Do you wish to keep this vehicle? Yes No

Name of Lien Holder:_____

Address Line 1:_____

Address Line 2:_____

City, State, Zip:_____

Date you purchased this vehicle (please provide at least the year, if you cannot be more specific):_____

Account Number:_____

Balance of Loan: $_____

VEHICLE 2:

Year, Make, Model:_____

VIN:_____

Trim Level (i.e. Sport, Luxury, ES, LX, etc.):_____

Specify engine (i.e. 4-cylinder, V6, etc.):_____

Specify 2-door/4-door, 2WD/4WD:_____

Current Mileage:_____

Describe the features of this vehicle:_____

_____

Describe any damage or defects on this vehicle (be specific and provide professional estimate of repairs, if applicable)_____

_____

Do you wish to keep this vehicle? Yes No

Name of Lien Holder:_____

Address Line 1:_____

Address Line 2:_____

City, State, Zip:_____

Date you purchased this vehicle (please provide at least the year, if you cannot be more specific):_____

Account Number:_____

Balance of Loan: $_____

VEHICLE 3:

Year, Make, Model:_____

VIN:_____

Trim Level (i.e. Sport, Luxury, ES, LX, etc.):_____

Specify engine (i.e. 4-cylinder, V6, etc.):_____

Specify 2-door/4-door, 2WD/4WD:_____

Current Mileage:_____

Describe the features of this vehicle:_____

_____

Describe any damage or defects on this vehicle (be specific and provide professional estimate of repairs, if applicable)_____

_____

Do you wish to keep this vehicle? Yes No

Name of Lien Holder:_____

Address Line 1:_____

Address Line 2:_____

City, State, Zip:_____

Date you purchased this vehicle (please provide at least the year, if you cannot be more specific):_____

Account Number:_____

Balance of Loan: $_____

ATTACH ADDITIONAL SHEETS IF NECESSARY

BANK ACCOUNTS

Account: Checking Savings Money Market CD

Names on Account:_____

Name of Bank:_____

Account Number:_____

Account: Checking Savings Money Market CD

Names on Account:_____

Name of Bank:_____

Account Number:_____

Account: Checking Savings Money Market CD

Names on Account:_____

Name of Bank:_____

Account Number:_____

Account: Checking Savings Money Market CD

Names on Account: _____

Name of Bank: _____

Account Number: _____

Account: Checking Savings Money Market CD

Names on Account: _____

Name of Bank: _____

Account Number: _____

Account: Checking Savings Money Market CD

Names on Account: _____

Name of Bank: _____

Account Number: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

ALL OTHER PERSONAL PROPERTY:

YOU MUST LIST EVERYTHING YOU OWN. INVENTORY ROOM-BY-ROOM IF YOU NEED TO, BUT DO NOT LEAVE ANYTHING OUT. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY. IF WE BELIEVE YOU HAVE NOT DISCLOSED ALL PROPERTY, THESE PAGES WILL BE RETURNED TO YOU FOR FURTHER COMPLETION, DELAYING THE PROCESSING OF YOUR FILE.

YOU ARE ENTITLED TO CLAIM EXEMPTIONS TO PROTECT MOST, IF NOT ALL, OF YOUR PERSONAL PROPERTY. IT IS VERY IMPORTANT, HOWEVER, THAT YOU LIST ALL OF YOUR PROPERTY HERE. IF IT IS NOT LISTED YOU MAY LOSE YOUR RIGHT TO CLAIM A VALID EXEMPTION.

NOTE ON VALUE: YOU SHOULD NOT LIST THE PURCHASE PRICE OF THE PROPERTY UNLESS IT HAS BEEN ACQUIRED VERY RECENTLY. LIST THE PRICE THAT A WILLING BUYER AND A WILLING SELLER WOULD AGREE TO. THE VALUE YOU WOULD EXPECT TO RECEIVE AT A GARAGE SALE IS A GOOD INDICATOR.

ITEM NAME/DESCRIPTION	VALUE
Cash on hand	
Security deposits with public utilities, telephone companies, landlords, and others.	Enter values below
Household goods and furnishings, including furniture, appliances, electronics, ETC.	Enter values below

Books, pictures and other art objects, antiques, stamp, coin, record, CD, DVD, and other collections or collectibles.	Enter values below
Clothing.	
Furs and jewelry (SPECIFY).	
Firearms and sports equipment, and other hobby equipment.	Enter values below
Interests in insurance policies. Name insurance company, policy number, policy holder, and itemize the cash value of each.	Enter values below
Annuities, itemize and name each issuer.	Enter values below
Interest in an education IRA.	
Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans (provide name of plan, type of account and account number).	Enter values below

Stock and interests in incorporated and unincorporated businesses.	Enter values below
Interests in partnerships or joint ventures. Provide details below:	
Government and corporate bonds and other negotiable and non-negotiable instruments. Provide details below:	
Accounts Receivable. Provide details below:	
Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Provide details below:	
Other liquidated debts owing debtor including tax refunds. Provide details below:	
Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed under of Real Estate section.	
Contingent and non-contingent interests in estate of a decedent, death. Benefit plan, life insurance policy, or trust.	
Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Provide details below:	
Patents, copyrights, and other intellectual property. Provide details below:	
Licenses, franchises, and other general intangibles. Provide details below:	
Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining	

a product or service from the debtor primarily for personal, family, or household purposes. Provide details below:	
Automobiles, trucks, trailers and other vehicles not listed above.	
Boats, motors, and accessories.	Enter values below
Aircraft and accessories.	
Business office equipment, furnishings, and supplies.	
Machinery, fixtures, equipment and supplies used in business.	
Inventory.	
Animals.	
Crops - growing or harvested.	
Farming equipment and implements.	
Farm supplies, chemicals, and feed.	
Other personal property of any kind not already listed.	Enter values below

ATTACH ADDITIONAL SHEETS IF NECESSARY

UNSECURED CREDITOR INFORMATION

A CREDITOR IS UNSECURED IF YOU HAVE NOT PLEDGED PROPERTY TO SECURE THE LOAN.

IMPORTANT: YOU MUST LIST EVERY CREDITOR EVEN IF THEY ARE RELATIVES OR YOU INTEND TO PAY THEM BACK

Provide full addresses, including zip codes for each creditor. NOT the address where you send your payments.

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Date you incurred this debt:_____ Account No.:_____

Reason debt was incurred:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

ATTACH ADDITIONAL SHEETS IF NECESSARY

Have you used any credit cards for purchases or cash advances of $550.00 or more within the last 90 days? If so, provide the following:

Creditor Name:_____

Account Number:_____

Amount:_____

Date of Purchase or Advance:_____

Items purchased, or reason for advance:_____

_____

Creditor Name:_____

Account Number:_____

Amount:_____

Date of Purchase or Advance:_____

Items purchased, or reason for advance:_____

_____

SECURED CREDITOR INFORMATION (IN ADDITION TO ANY MORTAGE OR AUTO LOANS PREVIOUSLY LISTED)

PLEASE NOTE: IF YOU HAVE A NEBRASKA FURNITURE MART ACCOUNT, IT IS A SECURED ACCOUNT AND SHOULD BE LISTED IN THIS SECTION.

Creditor Name:_____

Address:_____

City, State, Zip:_____

Property pledged as collateral, or financed on a secured credit account(be specific and provide current market values of all property pledged or purchased):

_____

_____

Do you intend to keep this property? Yes No

Date you incurred this debt:_____ Account No.:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Property pledged as collateral, or financed on a secured credit account(be specific and provide current market values of all property pledged or purchased):

_____

_____

Do you intend to keep this property? Yes No

Date you incurred this debt:_____ Account No.:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Property pledged as collateral, or financed on a secured credit account (be specific and provide current market values of all property pledged or purchased):

_____

_____

Do you intend to keep this property? Yes No

Date you incurred this debt:_____ Account No.:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Property pledged as collateral, or financed on a secured credit account (be specific and provide current market values of all property pledged or purchased):

_____

_____

Do you intend to keep this property? Yes No

Date you incurred this debt:_____ Account No.:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

Creditor Name:_____

Address:_____

City, State, Zip:_____

Property pledged as collateral, or financed on a secured credit account(be specific and provide current market values of all property pledged or purchased):

_____

_____

Do you intend to keep this property? Yes No

Date you incurred this debt:_____ Account No.:_____

Amount of Debt:_____

Collection Agency:_____

Address:_____

City, State, Zip:_____

Collection Agency Account Number/Ref. Number, if any:_____

ATTACH ADDITIONAL SHEETS IF NECESSARY

STATEMENT OF FINANCIAL AFFAIRS

IMPORTANT: READ THE FOLLOWING QUESTIONS CAREFULLY. FAILURE TO GIVE HONEST ANSWERS MAY CONSTITUTE A CRIME AND MAY RESULT IN THE DENIAL OF YOUR DISCHARGE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

1. Income from Employment or Operation of Business.

List your gross income from employment, trade, profession, or your business. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	DEBTOR'S GROSS INCOME	SOURCE
Year to date:	_____	_____
Last year:	_____	_____
2 Years ago:	_____	_____
	SPOUSE'S GROSS INCOME	SOURCE
Year to date:	_____	_____
Last year:	_____	_____
2 Years Ago:	_____	_____

2. Income other than from Employment or Operation of Business.

List all income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars.

If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) .

	DEBTOR'S INCOME	SOURCE
Year to date:	_____	_____
Last year:	_____	_____
2 Years ago:	_____	_____
	SPOUSE'S INCOME	SOURCE
Year to date:	_____	_____
Last year:	_____	_____
2 Years Ago:	_____	_____

3. Payments to Creditors.

a. If your debts are primarily non-business related, list all payments made during the last 90 days that add up to more than $600 total for any one creditor. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Creditor: _____

Address: _____

Line 2: _____

Amount paid: _____

Payment dates: _____

Amount still owing: _____

b. If your debts are primarily business related, list all payments made during the last 90 days that add up to more than $5000 for any one creditor. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Creditor: _____

Address: _____

Line 2: _____

Amount paid: _____

Payment dates: _____

Amount still owing: _____

c. List all payments during the last 12 months to or for the benefit of creditors who are or were insiders (i.e. family members). (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Creditor: _____

Address: _____

Line 2: _____

Amount paid: _____

Payment dates: _____

Amount still owing: _____

4. Lawsuits and Administrative Proceedings, Executions, Garnishments and Attachments.

a. List all lawsuits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Case title: _____

Case number: _____

Court and location: _____

Nature of proceeding: _____

Status or disposition of case: _____

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Who seized this property?: _____

Address: _____

City/State/Zip: _____

Seizure date: _____

Property description: _____

Value: _____

5. Repossessions, Foreclosures and Returns.

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, during the last 12 months. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Creditor/seller: _____

Address: _____

City/State/Zip: _____

Property description: _____

Value: _____

6. Assignments and Receiverships.

a. Describe any assignment of property for the benefit of creditors during the last 120 days. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Assignee: _____

Address: _____

City/State/Zip: _____

Date: _____

Terms: _____

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official during the last 12 months. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Custodian: _____

Address: _____

City/State/Zip: _____

Court: _____

Case title: _____

Case #: _____

Date of order: _____

Property description: _____

Value: _____

7. Gifts.

List all gifts or charitable contributions made by you during the last 12 months, except gifts to family members worth under $200 per individual, and except charitable contributions worth under $100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Recipient: _____

Address: _____

City/State/Zip: _____

Relationship to debtor: _____

Date of gift: _____

Description: _____

Value: _____

8. Losses.

List all losses from fire, theft, other casualty or gambling during the last 12 months. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Property: _____

Value: _____

Circumstances: _____

Insurance coverage: _____

Date of loss: _____

9. Payments Related to Debt Counseling or Bankruptcy.

List all payments made or property transferred by or for you during the last 12 months to anyone including lawyers, for help with debt consolidation, or with bankruptcy filing, including just typing the forms.

Payee: _____

Address: _____

City/State/Zip: _____

Date of payment: _____

Payor: _____

Payment/Value: _____

10. Other Transfers.

a. List all other property transferred, either absolutely or as a security, during the last 24 months, except as usual in your business or in your financial affairs. This includes any property you have sold to another person or entity, including vehicles, whether traded-in or sold outright. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Transferee/Purchaser: _____

Relationship to debtor: _____

Date of transfer: _____

Property: _____

Value: _____

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor was a beneficiary.

Transferee: _____

Relationship to debtor: _____

Date of transfer: _____

Property: _____

Value: _____

11. Closed Financial Accounts.

List all financial accounts in your name or held for your benefit, which were closed, sold, or otherwise transferred during the last 12 months.

Include checking, savings, and other accounts, certificates of deposit and other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Institution: _____

Address: _____

City/State/Zip: _____

Type of account: _____

Account #: _____

Balance before closing: _____ Closing Date: _____

12. Safe Deposit Boxes.

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables during the last 12 months. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Institution: _____

Address: _____

City/State/Zip: _____

Persons with access: _____

Address: _____

City/State/Zip: _____

Contents and value: _____

Surrender/close date: _____

13. Setoffs.

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor, during the last 90 days. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Creditor: _____

Address: _____

City/State/Zip: _____

Setoff date: _____

Amount: _____

14. Property Held for Another Person.

List all property owned by another person that the debtor holds or Controls (i.e. items in your home that belong to someone else).

Owner: _____

Address: _____

City/State/Zip: _____

Property/Description: _____

_____

Value of property: _____

Location: _____

15. Prior Address of Debtor.

If you have moved during the last 36 months, list all previous addresses.

Address: _____

City/State/Zip: _____

Name(s) used: _____

Dates occupied: _____

Address: _____

City/State/Zip: _____

Name(s) used: _____

Dates occupied: _____

16. Spouses and Former Spouses.

If you currently reside or if during the last eight years you have resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin), list the name of your spouse or any former spouse who resides or resided with you in the community property state.

Name of Spouse: _____

Dates of residence with spouse in community property state or territory and name thereof: _____

Name of Former Spouse: _____

Dates of residence with former spouse in community property state or territory and name thereof: _____

17. Environmental Information.

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

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRON-MENTAL LAW
_____	_____	_____	_____
_____	_____	_____	_____

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

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRON-MENTAL LAW

_____	_____	_____	_____
_____	_____	_____	_____

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

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
_____	_____	_____

18. Nature, Location and Name of Business.

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

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

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

Business Name: _____

Taxpayer I.D. Number: _____

Address: _____

Line 2: _____

Nature of business: _____

Beginning and Ending Dates:

Start Date: _____ End Date: _____

b. Identify any business listed above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

Business Name: _____

Address: _____

Line 2: _____

Note: Questions 19 to 25 can be left blank by persons who have not been in business (or an insider in a business) during the last 6 years.

19. Books, records and financial statements.

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

Name: _____

Address: _____

Line 2: _____

Dates Services Rendered: _____

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

Name: _____

Address: _____

Line 2: _____

Dates Services Rendered: _____

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

Name: _____

Address: _____

Line 2: _____

Unavailable records: _____

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

Name: _____

Address: _____

Line 2: _____

Date issued: _____

20. Inventories.

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

Last inventory date: _____

Inventory supervisor: _____

Dollar Amount of Inventory: _____

Valuation basis: Cost / Market / Other _____

Prior inventory date: _____

Inventory supervisor: _____

Dollar Amount of Inventory: _____

Valuation basis: Cost / Market / Other _____

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

Last inventory date: _____

Custodian of records: _____

Address: _____

Line 2: _____

Prior inventory date: _____

Custodian of records: _____

Address: _____

Line 2: _____

21. Current Partners, Officers, Directors and Shareholders.

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

Name of Partner: _____

Address: _____

Line 2: _____

Nature of interest: _____

Percentage ownership: _____

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

Name: _____

Address: _____

Line 2: _____

Title: _____

Nature and percentage of stock ownership: _____

22. Former Partners, Officers, Directors and Shareholders.

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

Name: _____

Address: _____

Line 2: _____

Title: _____

Date of withdrawal: _____

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

Name: _____

Address: _____

Line 2: _____

Title: _____

Date of termination: _____

23. Withdrawals from a Partnership or Distributions by a Corporation.

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

Recipient's name: _____

Address: _____

Line 2: _____

Relationship to debtor: _____

Date of withdrawal: _____

Purpose of withdrawal: _____

Amount of money or value of property: _____

24. Tax Consolidation Group.

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

Name of Parent Corporation: _____

Taxpayer I.D. Number: _____

25. Pension Funds.

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

Name of Pension Fund: _____

Taxpayer I.D. Number: _____