



ADD, CHANGE OR DELETE THE
FOLLOWING INFORMATION

CHECK HERE IF YOUR ADDRESS OR TELEPHONE NUMBERS HAVE CHANGED

NAME OF DEBTOR 1			SOCIAL SECURITY NUMBER
NAME OF DEBTOR 2			SOCIAL SECURITY NUMBER
STREET			APARTMENT NO.
CITY	STATE	ZIP CODE	COUNTY
HOME PHONE NUMBER	WORK PHONE NUMBER		WORK PHONE NUMBER
FAX NUMBER	CELLULAR PHONE NUMBER	PAGER NUMBER	
E-MAIL ADDRESS _____ @ _____			

- CHECK HERE IF YOU HAVE MADE CHANGES TO YOUR REAL PROPERTY
- CHECK HERE IF YOU HAVE MADE CHANGES TO YOUR PERSONAL PROPERTY
- CHECK HERE IF YOU HAVE MADE CHANGES TO YOUR INCOME AND EXPENSES
- CHECK HERE IF YOU HAVE MADE CHANGES TO YOUR CREDITOR LIST

FILING FEE PAID ON:

COMPLETE AND RETURN TO:

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The information contained in this Bankruptcy Questionnaire and the responses given by the client or prospective client are for the purpose of exchanging information between Patrick D. West Law Firm, P.C. and a client or prospective client. As such, the information contained in this Bankruptcy Questionnaire and the responses given by the client or prospective client constitute confidential communications between Patrick D. West Law Firm, P.C. and the client or prospective client protected by the attorney-client privilege.

CHANGES TO INFORMATION REGARDING REAL ESTATE

(SECURED DEBT LISTED ON SCHEDULE D)

PROPERTY INFORMATION

DESCRIPTION	DESCRIPTION OF THE PROPERTY		
	LOCATION OF HOME (STREET ADDRESS)		
	CITY	STATE	ZIP CODE
	DESCRIPTION OF ANY ADJACENT LOT		
	STREET ADDRESS OR LOT AND BLOCK NUMBER		
	CITY	STATE	ZIP CODE
	<input type="checkbox"/> RETAIN OR <input type="checkbox"/> SURRENDER		

HOW MANY ACRES DO YOU HAVE?	IN WHAT COUNTY?
WHAT IS THE HOME WORTH?	
\$	
WHERE DID YOU GET THIS VALUE?	
HOW MANY ACRES DO YOU HAVE?	IN WHAT COUNTY?
WHAT IS THE HOME WORTH?	
\$	
WHERE DID YOU GET THIS VALUE?	

OIL & GAS	HAVE YOU RECEIVED OR HAVE YOU BEEN OFFERED A SIGNING BONUS OR ROYALTIES TO LEASE THE MINERAL RIGHTS (OIL AND GAS) TO THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, HOW MUCH DID YOU RECEIVE OR HAVE YOU BEEN OFFERED?	AMOUNT \$
	IF YES, WHEN DID YOU RECEIVE IT OR WHEN DO YOU EXPECT TO RECEIVE IT?	DATE

MORTGAGE INFORMATION

FIRST LIEN	NAME OF YOUR PRIMARY MORTGAGE COMPANY		
	ADDRESS OF THE MORTGAGE COMPANY		
	CITY	STATE	ZIP CODE
	ACCOUNT NUMBER		

WHAT IS THE LOAN BALANCE (PAYOFF)?	
\$	
WHEN DID YOU GET THIS LOAN?	
WHAT IS YOUR MONTHLY PAYMENT	INTEREST RATE?
\$	%
TOTAL AMOUNT YOU ARE BEHIND	
\$	

SECOND LIEN	NAME OF YOUR SECONDARY MORTGAGE COMPANY (INCLUDE TAX LOAN)		
	ADDRESS OF THE MORTGAGE COMPANY		
	CITY	STATE	ZIP CODE
	ACCOUNT NUMBER		

WHAT IS THE LOAN BALANCE (PAYOFF)?	
\$	
WHEN DID YOU GET THIS LOAN?	
WHAT IS YOUR MONTHLY PAYMENT	INTEREST RATE?
\$	%
TOTAL AMOUNT YOU ARE BEHIND	
\$	

THIRD LIEN <small>(e.g., VA, HUD, an HOA)</small>	NAME OF ANY GUARANTOR (INCLUDING FHA, VA AND HUD)		
	ADDRESS OF THE GUARANTOR		
	CITY	STATE	ZIP CODE
	ACCOUNT NUMBER		

WHICH, IF ANY, OF THE ABOVE LIENS IS GUARANTEED?
AMOUNT GUARANTEED OR CLAIMED BY LIENHOLDER
\$

CHANGES TO INFORMATION REGARDING REAL ESTATE

(CONTINUED)

ARE YOUR PROPERTY TAXES AND INSURANCE INCLUDED IN YOUR MORTGAGE PAYMENT? (Check the boxes that apply)

<input type="checkbox"/> YES, PROPERTY TAXES are included in my mortgage payment	<input type="checkbox"/> NO, I pay PROPERTY TAXES myself
<input type="checkbox"/> YES, PROPERTY INSURANCE is included in my mortgage payment	<input type="checkbox"/> NO, I pay PROPERTY INSURANCE myself

PROPERTY TAXES, WHICH ARE NOT INCLUDED IN AN ESCROW

IF YOU ARE RESPONSIBLE FOR PAYING YOUR OWN PROPERTY TAXES, COMPLETE THE FOLLOWING FOR ANY PROPERTY TAXES WHICH YOU HAVE NOT PAID.
IF YOUR MORTGAGE COMPANY PAYS YOUR PROPERTY TAXES THROUGH AN ESCROW, YOU DO NOT NEED TO COMPLETE THIS SECTION.

CITY	NAME OF TAXING AUTHORITY		
	ADDRESS OF THE TAXING AUTHORITY		
	CITY	STATE	ZIP CODE
	ACCOUNT NUMBER		

YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$

SCHOOL DISTRICT	NAME OF TAXING AUTHORITY		
	ADDRESS OF THE TAXING AUTHORITY		
	CITY	STATE	ZIP CODE
	ACCOUNT NUMBER		

YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$

COUNTY	NAME OF TAXING AUTHORITY		
	ADDRESS OF THE TAXING AUTHORITY		
	CITY	STATE	ZIP CODE
	ACCOUNT NUMBER		

YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$

HOSPITAL DISTRICT	NAME OF TAXING AUTHORITY		
	ADDRESS OF THE TAXING AUTHORITY		
	CITY	STATE	ZIP CODE
	ACCOUNT NUMBER		

YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$

WATER DISTRICT	NAME OF TAXING AUTHORITY		
	ADDRESS OF THE TAXING AUTHORITY		
	CITY	STATE	ZIP CODE
	ACCOUNT NUMBER		

YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$
YEAR	AMOUNT DUE
	\$

CHANGES REGARDING PERSONAL PROPERTY

1 CASH

How much cash do you expect to have on the day your bankruptcy case is filed?

NONE

OWNER	AMOUNT
	\$

2 FINANCIAL ACCOUNTS (BANK ACCOUNTS)

List ALL checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan and homestead associations or credit unions, brokerage houses or cooperatives and the balance you expect to have in each account on the day your bankruptcy case is filed.

NONE

NOTE

IF YOU HAVE A LOAN OR A CREDIT CARD ACCOUNT WITH ANY BANK IN WHICH YOU HAVE CHECKING, SAVINGS OR OTHER DEPOSITORY ACCOUNTS, THAT BANK MAY BE ENTITLED TO SETOFF YOUR DEBT BY SEIZING YOUR DEPOSITS. THEREFORE, YOU SHOULD IMMEDIATELY CLOSE ALL BANK ACCOUNTS IN BANKING INSTITUTIONS WHICH HAVE EXTENDED YOU CREDIT.

BANK NAME AND ADDRESS	ACCOUNT TYPE	ACCOUNT NUMBER	OWNER	ACCOUNT BALANCE
				\$
				\$
				\$
				\$
				\$

3 SECURITY DEPOSITS

List ALL security deposits with public utilities, telephone companies, landlords or cooperatives and the amount of the deposit they are holding.

NONE

HOLDER'S NAME AND ADDRESS	ACCOUNT TYPE	ACCOUNT NUMBER	OWNER	AMOUNT OF DEPOSIT
				\$
				\$
				\$

CHANGES REGARDING PERSONAL PROPERTY

(CONTINUED)

	4 HOUSEHOLD GOODS AND FURNISHINGS		FAIR MARKET VALUE
NONE <input type="checkbox"/>	LIVING ROOM	OWNER	FAIR MARKET VALUE
			\$
	DEN OR STUDY	OWNER	FAIR MARKET VALUE
			\$
	GAME ROOM OR MEDIA ROOM	OWNER	FAIR MARKET VALUE
			\$
	KITCHEN (INCLUDING COOKWARE, DISHES AND APPLIANCES)	OWNER	FAIR MARKET VALUE
			\$
	DINING ROOM	OWNER	FAIR MARKET VALUE
			\$
	MASTER BEDROOM	OWNER	FAIR MARKET VALUE
			\$
	BEDROOM 2	OWNER	FAIR MARKET VALUE
		\$	
BEDROOM 3	OWNER	FAIR MARKET VALUE	
		\$	
BEDROOM 4	OWNER	FAIR MARKET VALUE	
		\$	
GARAGE OR TOOL SHED	OWNER	FAIR MARKET VALUE	
		\$	
OFF-SITE STORAGE	OWNER	FAIR MARKET VALUE	
		\$	
OTHER HOUSEHOLD GOODS AND SPORTING EQUIPMENT (SPECIFY)	OWNER	FAIR MARKET VALUE	
		\$	
TOTAL			FAIR MARKET VALUE
			\$

	5 VALUABLE COLLECTIONS		FAIR MARKET VALUE
Identify valuable collections of books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc and other collections or collectibles.			
NONE <input type="checkbox"/>	DESCRIPTION OF VALUABLE COLLECTION	OWNER	FAIR MARKET VALUE
			\$
	DESCRIPTION OF VALUABLE COLLECTION	OWNER	FAIR MARKET VALUE
			\$

6 WEARING APPAREL (CLOTHING)	OWNER	FAIR MARKET VALUE
Give the value of all the clothing for each member of your household.		
		\$

	7 JEWELRY AND FURS		AMOUNT
Include costume or utilitarian jewelry such as watches, necklaces, bracelets and earrings.			
NONE <input type="checkbox"/>	DESCRIPTION OF JEWELRY OR FURS	OWNER	AMOUNT
			\$

	8 FIREARMS, SPORTS, PHOTOGRAPHIC AND OTHER HOBBY EQUIPMENT.		FAIR MARKET VALUE
Include handguns, rifles, bicycles, weight-lifting equipment, video cameras, digital cameras, film cameras and hobby equipment.			
NONE <input type="checkbox"/>	IDENTIFY EACH FIREARM, OTHERWISE AN INVENTORY IS NOT NECESSARY	OWNER	FAIR MARKET VALUE
			\$
			\$

CHANGES REGARDING PERSONAL PROPERTY

(CONTINUED)

9 INTERESTS IN INSURANCE POLICIES

Name insurance company of each policy and itemize surrender or refund value of each

NONE

INSURANCE COMPANY NAME AND ADDRESS	POLICY NUMBER	POLICY TYPE (WHOLE OR TERM)	OWNER	SURRENDER VALUE
				\$
				\$
				\$

10 ANNUITIES

Itemize and name each issuer

NONE

ANNUITY ISSUER NAME AND ADDRESS	ANNUITY NUMBER	OWNER	PRESENT VALUE
			\$

11 EDUCATION IRA OR STATE TUITION PLAN

Interests in an education IRA as defined in 28 U.S.C. §530(b)(1) or under a qualified state tuition plan as defined in 26 U.S.C. §529(b)(1). Give particulars. (File separately the records of any such interest(s). 11 U.S.C. §521(c); Rule 1007(b)).

NONE

PLAN NAME AND ADDRESS	DESCRIPTION	OWNER	PRESENT VALUE
			\$

12 IRA, ERISA, KEOGH, 401K, OTHER PENSION PLAN OR PROFIT SHARING PLAN

List ALL interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.

NONE

PLAN NAME AND ADDRESS	TYPE OF PLAN	PLAN NUMBER	OWNER	PRESENT VALUE
				\$
				\$
				\$

CHANGES REGARDING PERSONAL PROPERTY

(CONTINUED)

13 STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES

Itemize. If you own more than 5% interest in an incorporated or unincorporated business, you must complete a separate questionnaire for debtors engaged in business.

NONE

NAME AND ADDRESS OF COMPANY	INCORPORATED?	DESCRIPTION OF BUSINESS	OWNER	EQUITY
	<input type="checkbox"/> CORP			\$
		SHARES HELD OR PERCENTAGE OF COMPANY OWNED		
	<input type="checkbox"/> LLC			
		SHARES HELD OR PERCENTAGE OF COMPANY OWNED		
NAME AND ADDRESS OF COMPANY	INCORPORATED?	DESCRIPTION OF BUSINESS	OWNER	EQUITY
	<input type="checkbox"/> CORP			\$
		SHARES HELD OR PERCENTAGE OF COMPANY OWNED		
	<input type="checkbox"/> LLC			
		SHARES HELD OR PERCENTAGE OF COMPANY OWNED		

14 INTERESTS IN PARTNERSHIPS OR JOINT VENTURES

Itemize. If you are the general partner in a limited partnership, you must complete a separate questionnaire for debtors engaged in business.

NONE

NAME AND ADDRESS OF COMPANY	TYPE OF COMPANY	DESCRIPTION OF BUSINESS	OWNER	EQUITY
				\$
		PERCENTAGE OF COMPANY OWNED		
		PERCENTAGE OF COMPANY OWNED		
NAME AND ADDRESS OF COMPANY	TYPE OF COMPANY	DESCRIPTION OF BUSINESS	OWNER	EQUITY
				\$
		PERCENTAGE OF COMPANY OWNED		
		PERCENTAGE OF COMPANY OWNED		

15 BONDS

List ALL government and corporate bonds and other negotiable and non-negotiable instruments.

NONE

NAME AND ADDRESS OF BOND ISSUER	TYPE OF BOND	NUMBER OF BONDS HELD	OWNER	VALUE
				\$

16 ACCOUNTS RECEIVABLE

List ALL accounts receivable owed to you or to your company

NONE

NAME AND ADDRESS OF ACCOUNT DEBTOR	AGE OF ACCOUNT	WHO OWNS THE ACCOUNT?	OWNER	AMOUNT DUE
	<input type="checkbox"/> < 30 DAYS			\$
	<input type="checkbox"/> 30 TO 90 DAYS			
	<input type="checkbox"/> > 90 DAYS			
	<input type="checkbox"/> < 30 DAYS			\$
	<input type="checkbox"/> 30 TO 90 DAYS			
	<input type="checkbox"/> > 90 DAYS			

CHANGES REGARDING PERSONAL PROPERTY

(CONTINUED)

17 DOMESTIC SUPPORT

Alimony, maintenance, support and property settlements to which the Debtor is or may be entitled. Give particulars.

NONE

NAME AND ADDRESS OF OBLIGOR	TYPE OF SUPPORT	OWNER	SUPPORT AMOUNT
			\$
NAME AND ADDRESS OF OBLIGOR	TYPE OF SUPPORT	OWNER	SUPPORT AMOUNT
			\$

18 a. OTHER LIQUIDATED DEBTS

List ALL liquidated debts, such as money judgments against third parties, which are owed to you. Give particulars.

NONE

NAME AND ADDRESS OF OBLIGOR	DESCRIBE THE SOURCE OF THE LIQUIDATED DEBT AND ATTACH A COPY OF ANY APPLICABLE JUDGMENT	OWNER	AMOUNT
			\$
NAME AND ADDRESS OF OBLIGOR	DESCRIBE THE SOURCE OF THE LIQUIDATED DEBT AND ATTACH A COPY OF ANY APPLICABLE JUDGMENT	OWNER	AMOUNT
			\$

NONE

b. INCOME TAX REFUNDS

List ALL income tax refunds which are still owed to you.

NOTE

ANY INCOME TAX REFUND YOU ARE EXPECTING MAY BE SUBJECT TO SETOFF IF YOU OWE THE IRS NON-DISCHARGEABLE BACK TAXES. YOU SHOULD ALSO AVOID USING THE IRS AS A SAVINGS ACCOUNT BECAUSE ANY REFUND YOU RECEIVE IN EXCESS OF \$2,000.00 MAY BE RETAINED BY THE TRUSTEE FOR DISTRIBUTION TO YOUR UNSECURED CREDITORS.

	OWNER	AMOUNT
2008 INCOME TAX REFUND		\$
ESTIMATED		
2009 INCOME TAX REFUND		\$

19 EQUITABLE OR FUTURE INTERESTS, LIFE ESTATES AND OTHER RIGHTS OR POWERS

List ALL equitable and future interests, life estates and other rights or powers exercisable for the benefit of the Debtor other than those listed in Schedule of Real Property.

NONE

NAME AND ADDRESS OF TRUSTEE	DESCRIBE THE INTEREST OWNED OR EXPECTED	OWNER	VALUE
			\$

20 INTERESTS IN AN ESTATE

Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. Give particulars.

NONE

NAME AND ADDRESS OF EXECUTOR	DESCRIBE THE INTEREST OWNED OR EXPECTED	OWNER	VALUE
			\$

CHANGES REGARDING PERSONAL PROPERTY

(CONTINUED)

19 EQUITABLE OR FUTURE INTERESTS, LIFE ESTATES AND OTHER RIGHTS OR POWERS

List ALL equitable and future interests, life estates and other rights or powers exercisable for the benefit of the Debtor other than those listed in Schedule of Real Property.

NONE

NAME AND ADDRESS OF TRUSTEE

DESCRIBE THE INTEREST OWNED OR EXPECTED

OWNER

VALUE

\$

20 INTERESTS IN AN ESTATE

Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. Give particulars.

NONE

NAME AND ADDRESS OF EXECUTOR

DESCRIBE THE INTEREST OWNED OR EXPECTED

OWNER

VALUE

\$

21 CLAIMS

Other contingent and unliquidated claims of every nature, including tax refunds (other than income tax refunds listed above), counterclaims of the Debtor and rights to setoff claims. Give estimated value of each.

NONE

NAME AND ADDRESS OF PERSON INDEBTED TO YOU

DESCRIBE THE CLAIM

OWNER

VALUE

\$

21 DAMAGE CLAIMS

(CONT)

List all damage claims which the Debtor has against any third party. Such claims should include injury claims against an employer, injury claims arising from a vehicle accident, injury claims suffered at the hands of a third party, damage claims for breach of contract or any other damages suffered by the Debtor at the hands of a third party.

NONE

NAME AND ADDRESS OF PERSON INDEBTED TO YOU

DESCRIBE THE CLAIM

OWNER

VALUE

\$

21 CLAIMS AGAINST INDIVIDUALS OR COMPANIES OFFERING MORTGAGE ASSISTANCE

(CONT)

List all claims which the Debtor has against any third party to whom they have paid money to assist them in saving their home from foreclosure and who the Debtor suspects has not provided the services as promised.

NONE

NAME AND ADDRESS OF PERSON INDEBTED TO YOU

DESCRIBE THE CLAIM

OWNER

VALUE

\$

CHANGES REGARDING PERSONAL PROPERTY

(CONTINUED)

22 PATENTS, TRADEMARKS, COPYRIGHTS AND OTHER INTELLECTUAL PROPERTY

Give particulars.

NONE

DESCRIBE PATENT, COPYRIGHT OR TRADEMARK OWNED BY YOU	OWNER	VALUE
		\$

23 LICENSES, FRANCHISES AND OTHER GENERAL INTANGIBLES

Give particulars.

NONE

NAME AND ADDRESS OF LICENSOR OR FRANCHISOR	DESCRIBE LICENSE OR FRANCHISE HELD BY YOU	OWNER	VALUE
			\$

24 CUSTOMER LISTS OR OTHER COMPILATIONS

Provide ALL customer lists or other compilations which contain personally identifiable information (as defined 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.

NONE

IDENTIFY CUSTOMER LIST OR COMPILATION	OWNER	VALUE
		\$

25 AUTOMOBILES, TRUCKS, TRAILERS AND OTHER VEHICLES

List All vehicles owned by you or a member of your household or titled in your name.

NONE

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	MILEAGE	OWNER	VALUE
						\$

THE VEHICLE LISTED ABOVE IS FINANCED, SO IT IS ALSO LISTED ON THE PAGE ENTITLED "VEHICLE 1"

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	MILEAGE	OWNER	VALUE
						\$

THE VEHICLE LISTED ABOVE IS FINANCED, SO IT IS ALSO LISTED ON THE PAGE ENTITLED "VEHICLE 2"

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	MILEAGE	OWNER	VALUE
						\$

THE VEHICLE LISTED ABOVE IS FINANCED, SO IT IS ALSO LISTED ON THE PAGE ENTITLED "VEHICLE 3"

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	MILEAGE	OWNER	VALUE
						\$

THE VEHICLE LISTED ABOVE IS FINANCED, SO IT IS ALSO LISTED ON THE PAGE ENTITLED "VEHICLE 4"

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	MILEAGE	OWNER	VALUE
						\$

26 BOATS, MOTORS AND ACCESSORIES

NONE

YEAR	MAKE	MODEL	LOCATION	OWNER	VALUE
					\$
					\$

CHANGES REGARDING PERSONAL PROPERTY

(CONTINUED)

27 AIRCRAFT AND ACCESSORIES

NONE <input type="checkbox"/>	YEAR	MAKE	MODEL	LOCATION	OWNER	VALUE
						\$
	YEAR	MAKE	MODEL	LOCATION	OWNER	VALUE
						\$

28 OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES

NONE <input type="checkbox"/>	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$

29 MACHINERY, FIXTURES, EQUIPMENT AND SUPPLIES

NONE <input type="checkbox"/>	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$

30 INVENTORY

NONE <input type="checkbox"/>	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$

CHANGES REGARDING A VEHICLE

(SECURED DEBT LISTED ON SCHEDULE D)

WHICH VEHICLE?

YEAR	MAKE	MODEL

ARE YOU PURCHASING OR LEASING THIS VEHICLE?

PURCHASING
 LEASING

DO YOU WANT TO KEEP OR SURRENDER THIS VEHICLE?

KEEP
 SURRENDER

IS THIS VEHICLE USED IN YOUR BUSINESS?

YES, THIS VEHICLE IS USED IN MY BUSINESS

NAME OF YOUR BUSINESS

HOW IS THIS VEHICLE USED IN YOUR BUSINESS?

FINANCE CO.

NAME OF YOUR FINANCE COMPANY		
ADDRESS OF THE FINANCE COMPANY		
CITY	STATE	ZIP CODE
ACCOUNT NUMBER		

WHAT IS THE LOAN BALANCE (PAYOFF)?	
\$	
WHEN DID YOU GET THIS LOAN?	
WHAT IS YOUR MONTHLY PAYMENT?	INTEREST RATE?
\$	%
TOTAL AMOUNT YOU ARE BEHIND?	
\$	

INSURANCE

THE LAW REQUIRES YOU TO MAINTAIN FULL INSURANCE COVERAGE AT ALL TIMES ON ALL PROPERTY PUT UP AS COLLATERAL FOR A SECURED LOAN. PLEASE PROVIDE THE NAME OF YOUR AUTOMOTIVE INSURANCE COMPANY, THE POLICY NUMBER AND EXPIRATION DATE.

NAME OF INSURANCE COMPANY	POLICY NUMBER	EXPIRATION AND RENEWAL DATE

CHECK ONE

<input type="checkbox"/> 2-DOOR	<input type="checkbox"/> SEDAN	<input type="checkbox"/> PICK-UP	<input type="checkbox"/> SUV	<input type="checkbox"/> VAN	<input type="checkbox"/> WAGON
<input type="checkbox"/> SPORTS CAR	<input type="checkbox"/> HYBRID	<input type="checkbox"/> LUXURY	<input type="checkbox"/> CROSSOVER	<input type="checkbox"/> RECREATIONAL VEHICLE	<input type="checkbox"/> BOAT

YEAR	MAKE (Ford, Toyota, etc.)	MODEL	TRIM (XLT, SE, etc.)	EDITION (King Ranch, Eddie Bauer, etc.)	MILEAGE
VEHICLE IDENTIFICATION NUMBER			TRADE-IN N.A.D.A.	RETAIL N.A.D.A.	CALCULATED AVERAGE N.A.D.A.
			\$	\$	\$

DID YOU FINANCE ANY "NEGATIVE EQUITY" FROM A TRADE-IN INTO THIS NOTE? IN OTHER WORDS, DID THIS FINANCE COMPANY PAY OFF THE BALANCE ON YOUR PREVIOUS VEHICLE?

YES
 NO
 IF "YES," HOW MUCH NEGATIVE EQUITY DID YOU FINANCE? \$

ATTORNEY NOTES

PAY DIRECT
 OR
 INCLUDE IN PLAN

CHANGES REGARDING OTHER DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE D, E OR F)

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	1	<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
THIS SHADED AREA FOR USE BY ATTORNEY ONLY				
<input type="checkbox"/> CONTINGENT				
<input type="checkbox"/> UNLIQUIDATED				
<input type="checkbox"/> DISPUTED				

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	2	<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
THIS SHADED AREA FOR USE BY ATTORNEY ONLY				
<input type="checkbox"/> CONTINGENT				
<input type="checkbox"/> UNLIQUIDATED				
<input type="checkbox"/> DISPUTED				

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	3	<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
THIS SHADED AREA FOR USE BY ATTORNEY ONLY				
<input type="checkbox"/> CONTINGENT				
<input type="checkbox"/> UNLIQUIDATED				
<input type="checkbox"/> DISPUTED				

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	4	<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
THIS SHADED AREA FOR USE BY ATTORNEY ONLY				
<input type="checkbox"/> CONTINGENT				
<input type="checkbox"/> UNLIQUIDATED				
<input type="checkbox"/> DISPUTED				

CHANGES REGARDING OTHER DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE D, E OR F)

5		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
				THIS SHADED AREA FOR USE BY ATTORNEY ONLY
				<input type="checkbox"/> CONTINGENT
				<input type="checkbox"/> UNLIQUIDATED
				<input type="checkbox"/> DISPUTED

6		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
				THIS SHADED AREA FOR USE BY ATTORNEY ONLY
				<input type="checkbox"/> CONTINGENT
				<input type="checkbox"/> UNLIQUIDATED
				<input type="checkbox"/> DISPUTED

7		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
				THIS SHADED AREA FOR USE BY ATTORNEY ONLY
				<input type="checkbox"/> CONTINGENT
				<input type="checkbox"/> UNLIQUIDATED
				<input type="checkbox"/> DISPUTED

8		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
				THIS SHADED AREA FOR USE BY ATTORNEY ONLY
				<input type="checkbox"/> CONTINGENT
				<input type="checkbox"/> UNLIQUIDATED
				<input type="checkbox"/> DISPUTED

CHANGES REGARDING OTHER DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE D, E OR F)

9		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
			\$	

THIS SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT
 UNLIQUIDATED
 DISPUTED

10		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
			\$	

THIS SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT
 UNLIQUIDATED
 DISPUTED

11		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
			\$	

THIS SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT
 UNLIQUIDATED
 DISPUTED

12		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
			\$	

THIS SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT
 UNLIQUIDATED
 DISPUTED

CHANGES REGARDING OTHER DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE D, E OR F)

13	<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
	<input type="checkbox"/> ADD	CREDITOR	AMOUNT CLAIMED
	<input type="checkbox"/> DELETE	STREET	\$
	<input type="checkbox"/> MODIFY	CITY STATE ZIP CODE	COLLECTION AGENT FOR
		DESCRIPTION OF COLLATERAL	FAIR MARKET VALUE OF COLLATERAL

THIS SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT
 UNLIQUIDATED
 DISPUTED

14	<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
	<input type="checkbox"/> ADD	CREDITOR	AMOUNT CLAIMED
	<input type="checkbox"/> DELETE	STREET	\$
	<input type="checkbox"/> MODIFY	CITY STATE ZIP CODE	COLLECTION AGENT FOR
		DESCRIPTION OF COLLATERAL	FAIR MARKET VALUE OF COLLATERAL

THIS SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT
 UNLIQUIDATED
 DISPUTED

15	<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
	<input type="checkbox"/> ADD	CREDITOR	AMOUNT CLAIMED
	<input type="checkbox"/> DELETE	STREET	\$
	<input type="checkbox"/> MODIFY	CITY STATE ZIP CODE	COLLECTION AGENT FOR
		DESCRIPTION OF COLLATERAL	FAIR MARKET VALUE OF COLLATERAL

THIS SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT
 UNLIQUIDATED
 DISPUTED

16	<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
	<input type="checkbox"/> ADD	CREDITOR	AMOUNT CLAIMED
	<input type="checkbox"/> DELETE	STREET	\$
	<input type="checkbox"/> MODIFY	CITY STATE ZIP CODE	COLLECTION AGENT FOR
		DESCRIPTION OF COLLATERAL	FAIR MARKET VALUE OF COLLATERAL

THIS SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT
 UNLIQUIDATED
 DISPUTED

CHANGES REGARDING OTHER DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE D, E OR F)

17		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
				THIS SHADED AREA FOR USE BY ATTORNEY ONLY
				<input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED

18		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
				THIS SHADED AREA FOR USE BY ATTORNEY ONLY
				<input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED

19		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
				THIS SHADED AREA FOR USE BY ATTORNEY ONLY
				<input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED

20		<input type="checkbox"/> SECURED	<input type="checkbox"/> PRIORITY	<input type="checkbox"/> GENERAL UNSECURED
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY	CREDITOR			AMOUNT CLAIMED
	STREET			\$
	CITY	STATE	ZIP CODE	COLLECTION AGENT FOR
	DESCRIPTION OF COLLATERAL			FAIR MARKET VALUE OF COLLATERAL
				\$
				THIS SHADED AREA FOR USE BY ATTORNEY ONLY
				<input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED

CHANGES TO AVERAGE MONTHLY HOUSEHOLD INCOME

COMPLETE THIS SCHEDULE BY STATING INCOME FOR THE DEBTOR AND THE DEBTOR'S FAMILY. THE COLUMN LABELED "SPOUSE" MUST BE COMPLETED IN ALL CASES FILED BY JOINT DEBTORS AND BY A MARRIED DEBTOR IN A CHAPTER 12 OR 13 CASE WHETHER OR NOT A JOINT PETITION IS FILED, UNLESS THE SPOUSES ARE SEPARATED AND A JOINT PETITION IS NOT FILED.

WAGES EARNED BY DEBTOR 1	
AMOUNTS SHOWN ARE FOR WAGES RECEIVED	
<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY OTHER WEEK <input type="checkbox"/> TWICE MONTHLY <input type="checkbox"/> ONCE MONTHLY	
GROSS WAGES PER PAY PERIOD	
Average gross wages, salary and commissions earned during a typical pay period	\$
Estimated average overtime during a typical pay period	\$
LESS PAYROLL DEDUCTIONS PER PAY PERIOD	
a. Federal Withholding	\$
b. Social Security	\$
c. Medicare	\$
d. Insurance	\$
e. Retirement/401K Contribution	\$
f. Profit Sharing	\$
g. Other deductions (Specify) _____	\$
h. Other deductions (Specify) _____	\$
OTHER INCOME	
Monthly Interest and dividends	\$
Monthly alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed on the previous page	\$
Monthly income from real property	\$
Monthly social security or other governmental assistance (Specify)	\$
Monthly pension or retirement income	\$
Other monthly income (Specify)	\$

WAGES EARNED BY DEBTOR 2 OR NON-FILING SPOUSE	
AMOUNTS SHOWN ARE FOR WAGES RECEIVED	
<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY OTHER WEEK <input type="checkbox"/> TWICE MONTHLY <input type="checkbox"/> ONCE MONTHLY	
GROSS WAGES PER PAY PERIOD	
Average gross wages, salary and commissions earned during a typical pay period	\$
Estimated average overtime during a typical pay period	\$
LESS PAYROLL DEDUCTIONS PER PAY PERIOD	
a. Federal Withholding	\$
b. Social Security	\$
c. Medicare	\$
d. Insurance	\$
e. Retirement/401K Contribution	\$
f. Profit Sharing	\$
g. Other deductions (Specify) _____	\$
h. Other deductions (Specify) _____	\$
OTHER INCOME	
Monthly Interest and dividends	\$
Monthly alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed on the previous page	\$
Monthly income from real property	\$
Monthly social security or other governmental assistance (Specify)	\$
Monthly pension or retirement income	\$
Other monthly income (Specify)	\$

CHANGES TO AVERAGE MONTHLY HOUSEHOLD EXPENSES

CHECK THIS BOX AND FILL OUT A SEPARATE SHEET FOR A SECOND HOUSEHOLD

COMPLETE THIS SCHEDULE BY ESTIMATING THE AVERAGE MONTHLY EXPENSES OF THE DEBTOR AND THE DEBTOR'S FAMILY. PRO RATE ANY PAYMENTS MADE BI-WEEKLY, QUARTERLY, SEMI-ANNUALLY OR ANNUALLY TO SHOW MONTHLY RATE.

Home mortgage	\$
Are real estate taxes included? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is property insurance included? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Rent	\$
Utilities	
Electricity and heating fuel	\$
Water and sewer	\$
Telephone	\$
Satellite or Cable TV	\$
Other utilities (Specify) _____	\$
Home maintenance (Repairs and upkeep)	\$
Food	\$
Child Care	\$
Clothing	\$
Laundry and dry cleaning	\$
Medical and dental expenses paid directly by you (not covered by insurance)	\$
Transportation (gasoline, oil changes, upkeep, registration, etc.; <i>do not include car payment</i>)	\$
Recreation, clubs and entertainment, newspapers, magazine, etc.	\$
Charitable contributions	\$
Insurance not deducted from wages or included in home mortgage payments	
Homeowner's insurance <i>not included</i> in home mortgage payment	\$
Renter's insurance	\$
Life insurance not deducted from wages	\$
Health insurance not deducted from wages	\$
Automobile insurance	\$
Other insurance (Specify) \$ _____	\$
Taxes not deducted from wages or included in home mortgage payments	
Income Taxes <i>not deducted</i> from wages	\$
Property Taxes <i>not included</i> in home mortgage payment	\$
Installment payments (In Chapter 12 and 13 cases, <i>do not</i> list payments to be included in the plan)	
Auto (Only if you intend to continue making the payment directly to the creditor)	\$
Auto (Only if you intend to continue making the payment directly to the creditor)	\$
Other installment payments (Specify) _____	\$
Court-ordered alimony, support and maintenance paid to others <i>not deducted</i> from wages	\$
Payments for support of additional dependents	\$
Other monthly expenses (Specify) _____	\$
Other monthly expenses (Specify) _____	\$

