



# QUESTIONNAIRE FOR INDIVIDUALS CONTEMPLATING CHAPTER 7 OR CHAPTER 13

DEBTOR 1				
LAST	FIRST	MIDDLE	A/K/A or F/K/A	SOCIAL SECURITY NUMBER
DEBTOR 2				
LAST	FIRST	MIDDLE	A/K/A or F/K/A	SOCIAL SECURITY NUMBER
ADDRESS OF RESIDENCE				
STREET ADDRESS				APARTMENT NO.
CITY		STATE	ZIP CODE	COUNTY
MAILING ADDRESS (IF DIFFERENT THAN ADDRESS OF RESIDENCE)				
STREET ADDRESS				APARTMENT NO.
CITY		STATE	ZIP CODE	COUNTY
CONTACT				
HOME PHONE NUMBER		WORK PHONE NUMBER		WORK PHONE NUMBER
FAX NUMBER		CELLULAR PHONE NUMBER		PAGER NUMBER
E-MAIL ADDRESS				
@				

FORECLOSURE
DATE FORECLOSURE SET
MORTGAGE COMPANY
ATTORNEY
ACCOUNT NUMBER
PHONE NUMBER
FAX NUMBER

REPOSSESSION
NUMBER OF DAYS BEHIND
FINANCIER
ATTORNEY
ACCOUNT NUMBER
PHONE NUMBER
FAX NUMBER

TAX LEVY
DATE LEVY SET
TAXING AUTHORITY
ATTORNEY
ACCOUNT NUMBER
PHONE NUMBER
FAX NUMBER

YOUR DEADLINE FOR COMPLETION AND RETURN OF THIS QUESTIONNAIRE AND PROOF OF INCOME FOR THE PAST SIX MONTH IS **4:00 O'CLOCK P.M.** ON THE  DAY of , 2011.

RETURN THE COMPLETED QUESTIONNAIRE TO:

**Patrick D. West**  
L A W F I R M S

PRINCIPAL OFFICE  
4420 W. VICKERY BLVD., SUITE 100  
FORT WORTH, TX 76107-6259

BankruptcyAttorney@SBCGlobal.net

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**(817) 332-2600**  
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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.

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# CONTENTS

INITIAL EACH SECTION, AS APPLICABLE

FOR EACH SECTION LISTED, INITIAL BESIDE THE STATEMENT THAT APPLIES.

SECTION	DESCRIPTION	STATEMENT	INITIAL	
1	GENERAL INSTRUCTIONS	I have read and understand the general instructions		
2	ATTACHMENTS	I have attached the documents, as requested		
		I have not attached all the documents, as requested		
3	PRIOR BANKRUPTCIES	I have revealed all bankruptcy cases filed by me or my spouse within the last 8 years		
4	REAL ESTATE	I have no real estate		
		I own real estate and have listed all my real estate in this section		
5	PERSONAL PROPERTY	I have listed all of my personal property, including property not at my home and non-tangible property such as retirement accounts, businesses and life insurance policies		
6	FINANCED VEHICLES	I have no vehicles that are financed		
		I have listed all vehicles that are financed		
7	OTHER SECURED DEBTS	I have no secured debts, other than those that may be listed in Section 4 or Section 6		

		I have listed debts for which I have pledged property as collateral		
8	LAWSUITS	I have not been sued nor have I sued anyone I have listed all lawsuits to which I am a party and have attached copies of each lawsuit to which I am a party		
9	INCOME TAXES	I am current with my income taxes I have listed all income taxes that I owe		
10	DOMESTIC SUPPORT OBLIGATIONS	I do not have any domestic support obligations I have listed all my domestic support obligations		
11	STUDENT LOANS	I do not have any student loans I have listed all my student loans		
12	GENERAL UNSECURED DEBTS	I do not have any general unsecured debts I have listed all my general unsecured debts		
13	CODEBTORS	<b>I have not cosigned or guaranteed any other person's debts</b> and no one has cosigned or guaranteed any of my debts I have listed all persons who have cosigned or guaranteed my debts or for whom I have cosigned or guaranteed a debt		
	EXECUTORY CONTRACTS AND UNEXPIRED LEASES	I do not have any executory contracts or unexpired leases I have listed all my executory contracts or unexpired leases		
14	RESIDENCY, FAMILY AND EMPLOYMENT INFORMATION	I have provided all the information required in this section		
15	AVERAGE MONTHLY HOUSEHOLD BUDGET	I have listed my monthly income from all sources and my average monthly household expenses		
16	FINANCIAL AFFAIRS	I have read each of the questions regarding my financial affairs and have answered each question accurately		

SECTION 1

# GENERAL INSTRUCTIONS

READ AND ACKNOWLEDGE THE INSTRUCTION !!!

INITIAL EACH OF THE STATEMENTS ON THE FOLLOWING PAGE AND SIGN AND DATE AT THE END OF THIS SECTION TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE INSTRUCTIONS GIVEN.

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# INSTRUCTIONS AND ACKNOWLEDGMENT

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## Instructions on Providing Information Required By Bankruptcy Law

### THERE MUST BE AN ANSWER IN EVERY BLANK !!!

You are required to provide certain information to the court when you file bankruptcy. It is our obligation to make diligent inquiry of you so as to obtain information to include in your bankruptcy petition. Attached are forms designed to obtain the necessary information. Please carefully read and follow these instructions. Put your initials next to each instruction.

INITIAL	

1. READ AND FILL OUT THE FORMS COMPLETELY, ACCURATELY, AND NEATLY. DO NOT LEAVE BLANKS. **If a particular blank does not apply to you, put "N/A" in the blank.** By doing so we will know that you did not mistakenly overlook it.

INITIAL	

2. List ALL your property. List the replacement value of your property in its current condition considering age and wear and tear. Replacement value in the case of a vehicle can be reasonably determined by looking at the NADA retail value for the vehicle. In the case of real estate such as your home, you should consider several sources, including the taxing authorities appraised value of the land and any improvements, the insured value of the land and any improvements and comparable sale prices of similar homes in your neighborhood.

INITIAL	

3. List All your debts.
  - a. You must list all debts without regard for whether or not:
    - the debt can be discharged, (student loans and child support, for example).
    - you intend to pay the debt.
    - you cosigned for the debt or someone else cosigned for you.
    - the debt is owed to a friend or family member.
  - b. Use the most current balance information. In determining the amount you owe each creditor list the amount on your most current statement or correspondence from the creditor. In rare cases your ability to file Chapter 7 may depend on how much debt you owe. In those cases we will assist you in determining how much you owe each creditor.
  - c. Use correspondence addresses. If a creditor is still communicating with you, use the address supplied by the creditor in at least 2 communications over the last 90 days. Do not use the address to which you send payments. Use the correspondence address. Keep all mailings from your creditor, so we can keep up with any changes in the creditors' addresses and prove, if necessary we used the appropriate addresses.
  - d. List the account number, if any, for each debt.

INITIAL	

4. Attach additional sheets if you do not have sufficient space to include all the information.

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# INSTRUCTIONS AND ACKNOWLEDGMENT

(CONTINUED)

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NOTE: Any creditor not listed by you in this packet will NOT be listed in your bankruptcy and may not be discharged. The attorney will not check your credit reports for additional creditors. A different questionnaire specifically designed to add, modify or remove creditors must be utilized to add creditors. This questionnaire must be requested from us. Faxes, emails or hand-written notes will not be accepted as a substitute for the questionnaire specifically designed to add, modify or remove creditors

To make sure you have listed all of your creditors, you may obtain copies of your credit report from the following sources:

[www.annualcreditreport.com](http://www.annualcreditreport.com)

or from each credit reporting agency as follows:

Experian (formerly TRW)  
P.O. Box 949  
Allen, TX 75013-0949  
(888) 397-3742 or (800) 682-7654  
<http://www.experian.com>

Equifax  
P.O. Box 740241  
Atlanta, GA 30374-0241  
(800) 685-1111  
<http://www.equifax.com>

Trans Union Corporation  
P.O. Box 390  
Springfield, PA 19064-0390  
<http://www.tuc.com>

THE UNDERSIGNED HEREBY ACKNOWLEDGES that their attorneys rely upon the information contained within this **questionnaire (including, if appropriate, the questionnaire for a debtor operating a business) to prepare the Debtor's** Petition, Schedules, Statement of Financial Affairs, Statement of Intent with regard to Secured Property and, if the Debtor is filing a Chapter 13, the Proposed Chapter 13 Plan and Adequate Protection Directive. If the information contained within these pages is not complete or is not correct, consequences may ensue such as the inability to **discharge a debt. Each and every question contained herein is vital to the successful completion of the Debtor's** bankruptcy. All additions of creditors or other information subsequent to the date set forth hereunder must be submitted in writing on a separate **questionnaire titled "Additions."** **There will be an additional charge for additions** subsequent to filing the Petition in Bankruptcy.

READ, UNDERSTOOD AND AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

SIGNATURE OF DEBTOR 1

SIGNATURE OF DEBTOR 2

## SECTION 2

# ATTACHMENTS

### ATTACH THE FOLLOWING DOCUMENTS !!!

YOU MUST PROVIDE DOCUMENTATION OF ALL INCOME RECEIVED BY YOU OR YOUR SPOUSE DURING THE LAST SIX (6) CALENDAR MONTHS WHEN YOU RETURN THIS QUESTIONNAIRE. THIS CAN INCLUDE PAYSTUBS OR A DETAILED PAYROLL REPORTS (ITEMIZING ALL DEDUCTIONS FROM EACH OF YOUR PAYCHECKS), A COPY OF YOUR SOCIAL SECURITY BENEFITS STATEMENT, A COPY OF YOUR UNEMPLOYMENT BENEFITS STATEMENT, SIX MONTHLY PROFIT AND LOSS STATEMENTS (IF YOU ARE RUNNING A BUSINESS) OR ANY OTHER DOCUMENT PROVING YOUR INCOME DURING THE PAST SIX MONTHS.

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# ATTACHMENTS

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## ATTACH COPIES OF THE FOLLOWING DOCUMENTS:

1. YOUR 2009 INCOME TAX RETURN
2. YOUR 2010 INCOME TAX RETURN (IF PREPARED)
3. DOCUMENTATION OF ALL INCOME FOR YOUR HOUSEHOLD DURING THE LAST SIX (6) MONTHS
4. COPIES OF ALL LAWSUITS TO WHICH YOU ARE A PARTY

NOTE: Document all sources of income for you and your spouse, even if your spouse is not filing. Include paystubs, pension or retirement benefits, unemployment benefits, social security benefits, rental income, income from business, etc.

NOTE: If you do not have copies of your income tax returns, you will need to request a copy from the IRS either by phone, e-mail or regular mail. The phone number is 1 (800) 829-1040. You will be prompted for information such as tax year requested and your social security number. The e-mail address can be found at [www.irs.gov](http://www.irs.gov). If you prefer, you can print out a form 4506 or 4506T from our web site and submit your request by regular mail (or by facsimile in the case of the form 4506T). The addresses and facsimile numbers are found on the back of the IRS forms. For your convenience, forms 4506 or 4506T are also provided in the booklet titled **"Important Information."** If you were not required to file for any reason, please contact my office to arrange an appointment to execute an Affidavit of Non-**Filing Status**. **If you were required to file, but didn't, you must file these returns prior to the meeting of creditors or your case will be subject to dismissal.**

YOU MUST BRING THE FOLLOWING ITEMS (*NOT COPIES*) TO YOUR MEETING OF CREDITORS WITH THE TRUSTEE (AROUND 30 TO 45 DAYS AFTER YOUR CASE IS FILED):

1. **YOUR DRIVER'S LICENSE**
2. YOUR SOCIAL SECURITY CARD

## SECTION 3

# PRIOR BANKRUPTCIES

DISCLOSE ALL PRIOR BANKRUPTCY FILINGS !!!

YOU MUST DISCLOSE ALL BANKRUPTCY CASES FILED BY YOU DURING THE PREVIOUS EIGHT (8) YEAR PERIOD. PRIOR BANKRUPTCY CASE FILINGS WILL NOT NECESSARILY PREVENT YOU FROM FILING ANOTHER CASE, BUT PRIOR CASES MAY AFFECT WHETHER YOU CAN OBTAIN A DISCHARGE OF YOUR DEBTS, WHAT TYPE OF BANKRUPTCY YOU MAY BE ELIGIBLE TO FILE AND WHETHER CERTAIN MOTIONS MUST BE FILED WHEN YOUR BANKRUPTCY CASE IS FILED.

# PRIOR BANKRUPTCIES

## I HAVE NOT FILED A BANKRUPTCY WITHIN THE LAST 8 YEARS

The undersigned hereby represents and certifies that they have *NOT* filed a bankruptcy case within the preceding eight-year period. The undersigned further represents and certifies that, if my spouse is not proposing to file bankruptcy, my spouse has *NOT* filed a bankruptcy case within the preceding six-year period. The undersigned understands and acknowledges that any misrepresentation in this regard will constitute grounds for the withdrawal of the attorney from the case.

Dated: \_\_\_\_\_, 2011.

SIGNATURE OF DEBTOR 1

SIGNATURE OF DEBTOR 2

OR

## I HAVE FILED BANKRUPTCY WITHIN THE LAST 8 YEARS

The undersigned hereby represents and certifies that they or their spouse have filed only bankruptcy case or cases listed below within the preceding eight-year period:

DISTRICT AND DIVISION WHERE FILED	
CASE NUMBER	
DATE FILED	CHAPTER
	<input type="checkbox"/> 7 <input type="checkbox"/> 13
REASON FILED	
DATE DISMISSED	
REASON DISMISSED	

DISTRICT AND DIVISION WHERE FILED	
CASE NUMBER	
DATE FILED	CHAPTER
	<input type="checkbox"/> 7 <input type="checkbox"/> 13
REASON FILED	
DATE DISMISSED	
REASON DISMISSED	

WHAT CIRCUMSTANCES HAVE CHANGED TO MAKE IT POSSIBLE FOR YOU TO COMPLETE A NEW BANKRUPTCY?

The undersigned understands and acknowledges that any misrepresentation in this regard will constitute grounds for the withdrawal of the attorney from the case.

Dated: \_\_\_\_\_, 2011.

SIGNATURE OF DEBTOR 1

SIGNATURE OF DEBTOR 2

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## SECTION 4

# REAL ESTATE

### COMPLETE ADDRESSES ARE REQUIRED !!!

*LIST ALL OF YOUR RESIDENTIAL AND COMMERCIAL REAL ESTATE.* THIS WILL INCLUDE YOUR HOMESTEAD, LAKE LOTS OR OTHER UNIMPROVED REAL ESTATE, RENTAL HOUSES, COMMERCIAL OFFICE BUILDINGS, COMMERCIAL WAREHOUSING, COMMERCIAL RETAIL BUILDINGS, TIMESHARES, ETC. LIST ADJACENT LOTS IN THE SPACE PROVIDED. PLEASE CHECK ANY OF THE FOLLOWING REAL PROPERTY WHICH YOU OWN OR WHICH YOU ARE PURCHASING. THESE CATEGORIES ARE MERELY SUGGESTED. IF YOU HAVE PROPERTY WHICH DOES NOT FIT IN ANY OF THE DESCRIPTIONS, USE A SEPARATE SHEET TO DESCRIBE THE PROPERTY AND PROVIDE THE SAME INFORMATION REQUESTED HERE.

*LIST ALL DEBTS SECURED BY YOUR REAL ESTATE.* LIST ALL MORTGAGES OR OTHER CHARGES, SUCH AS PAST DUE PROPERTY TAXES, AGAINST YOUR HOME. IF YOU HAVE A REVERSE MORTGAGE, LIST IT AS A FIRST LIEN.

*ALL OF THE REQUESTED INFORMATION MUST BE PROVIDED.* THE LAW REQUIRES YOU TO MAINTAIN FULL INSURANCE COVERAGE AT ALL TIMES ON ALL PROPERTY PUT UP AS COLLATERAL FOR A MORTGAGE LOAN. PLEASE PROVIDE THE NAME OF **YOUR HOMEOWNER'S INSURANCE COMPANY AND THE POLICY NUMBER.**

# HOMESTEAD

(REAL ESTATE LISTED ON SCHEDULE A - SECURED DEBT LISTED ON SCHEDULE D)

## PROPERTY INFORMATION

<b>DESCRIPTION</b>	DESCRIPTION OF THE PROPERTY			HOW MANY ACRES DO YOU HAVE?		IN WHAT COUNTY?		
	HOMESTEAD							
	LOCATION OF HOME (STREET ADDRESS)			WHAT IS THE HOME WORTH?				
				\$				
	CITY		STATE	ZIP CODE		WHERE DID YOU GET THIS VALUE?		
<b>OIL &amp; GAS LEASE - SCHEDULE G</b>	DESCRIPTION OF ANY ADJACENT LOT			HOW MANY ACRES DO YOU HAVE?		IN WHAT COUNTY?		
	STREET ADDRESS OR LOT AND BLOCK NUMBER			WHAT IS THE HOME WORTH?				
				\$				
	CITY		STATE	ZIP CODE		WHERE DID YOU GET THIS VALUE?		
<input type="checkbox"/> RETAIN                      OR <input type="checkbox"/> SURRENDER								
HAVE YOU RECEIVED OR HAVE YOU BEEN OFFERED A SIGNING BONUS TO LEASE THE MINERAL RIGHTS (OIL OR GAS) TO THIS PROPERTY? IF "YES", GIVE THE DATE AND AMOUNT RECEIVED.				<input type="checkbox"/> YES		<input type="checkbox"/> NO		
				DATE		AMOUNT		
						\$		
ARE YOU RECEIVING MONTHLY ROYALTIES ON ANY LEASE OF THE MINERAL RIGHTS (OIL OR GAS) TO THIS PROPERTY? IF "YES", GIVE THE MONTHLY AMOUNT RECEIVED.				<input type="checkbox"/> YES		<input type="checkbox"/> NO		
				MONTHLY ROYALTY				
				\$				

## MORTGAGE INFORMATION

<b>FIRST LIEN</b>	NAME OF YOUR PRIMARY MORTGAGE COMPANY			WHAT IS THE LOAN BALANCE (PAYOFF)?			
				\$			
	ADDRESS OF THE MORTGAGE COMPANY			WHEN DID YOU GET THIS LOAN?			
CITY		STATE	ZIP CODE		WHAT IS YOUR MONTHLY PAYMENT		INTEREST RATE?
					\$		%
ACCOUNT NUMBER			TOTAL AMOUNT YOU ARE BEHIND				
			\$				
<b>SECOND LIEN</b>	NAME OF YOUR SECONDARY MORTGAGE COMPANY (INCLUDE TAX LOAN)			WHAT IS THE LOAN BALANCE (PAYOFF)?			
				\$			
	ADDRESS OF THE MORTGAGE COMPANY			WHEN DID YOU GET THIS LOAN?			
CITY		STATE	ZIP CODE		WHAT IS YOUR MONTHLY PAYMENT		INTEREST RATE?
					\$		%
ACCOUNT NUMBER			TOTAL AMOUNT YOU ARE BEHIND				
			\$				
<b>THIRD LIEN <small>(e.g., VA, HUD, an HOA)</small></b>	NAME OF ANY GUARANTOR (INCLUDING FHA, VA AND HUD)			WHICH, IF ANY, OF THE ABOVE LIENS IS GUARANTEED?			
	ADDRESS OF THE GUARANTOR			AMOUNT GUARANTEED OR CLAIMED BY LIENHOLDER			
				\$			
CITY		STATE	ZIP CODE				
ACCOUNT NUMBER							

# HOMESTEAD

## (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.

<b>CITY</b>	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
	\$

<b>SCHOOL DISTRICT</b>	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
	\$

<b>COUNTY</b>	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
	\$

<b>HOSPITAL DISTRICT</b>	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
	\$

<b>WATER DISTRICT</b>	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
	\$

# NON-HOMESTEAD REAL ESTATE

(REAL ESTATE LISTED ON SCHEDULE A - SECURED DEBT LISTED ON SCHEDULE D)

PROPERTY INFORMATION									
<b>DESCRIPTION</b>	DESCRIPTION OF THE PROPERTY			HOW MANY ACRES DO YOU HAVE?		IN WHAT COUNTY?			
	LOCATION OF HOME (STREET ADDRESS)			WHAT IS THE HOME WORTH?					
	CITY		STATE	ZIP CODE		\$		WHERE DID YOU GET THIS VALUE?	
	DESCRIPTION OF ANY ADJACENT LOT			HOW MANY ACRES DO YOU HAVE?		IN WHAT COUNTY?			
	STREET ADDRESS OR LOT AND BLOCK NUMBER			WHAT IS THE HOME WORTH?					
	CITY		STATE	ZIP CODE		\$		WHERE DID YOU GET THIS VALUE?	
<input type="checkbox"/> RETAIN                      OR <input type="checkbox"/> SURRENDER									
<b>OIL &amp; GAS LEASE - SCHEDULE G</b>	HAVE YOU RECEIVED OR HAVE YOU BEEN OFFERED A SIGNING BONUS TO LEASE THE MINERAL RIGHTS (OIL OR GAS) TO THIS PROPERTY? IF "YES", GIVE THE DATE AND AMOUNT RECEIVED.					<input type="checkbox"/> YES <input type="checkbox"/> NO			
						DATE		AMOUNT	
					\$				
ARE YOU RECEIVING MONTHLY ROYALTIES ON ANY LEASE OF THE MINERAL RIGHTS (OIL OR GAS) TO THIS PROPERTY? IF "YES", GIVE THE MONTHLY AMOUNT RECEIVED.					<input type="checkbox"/> YES <input type="checkbox"/> NO				
					MONTHLY ROYALTY				
					\$				

MORTGAGE INFORMATION								
<b>FIRST LIEN</b>	NAME OF YOUR PRIMARY MORTGAGE COMPANY			WHAT IS THE LOAN BALANCE (PAYOFF)?				
	ADDRESS OF THE MORTGAGE COMPANY			\$				
	CITY		STATE	ZIP CODE		WHEN DID YOU GET THIS LOAN?		
	ACCOUNT NUMBER			WHAT IS YOUR MONTHLY PAYMENT		INTEREST RATE?		
					\$		%	
TOTAL AMOUNT YOU ARE BEHIND				\$				
<b>SECOND LIEN</b>	NAME OF YOUR SECONDARY MORTGAGE COMPANY (INCLUDE TAX LOAN)			WHAT IS THE LOAN BALANCE (PAYOFF)?				
	ADDRESS OF THE MORTGAGE COMPANY			\$				
	CITY		STATE	ZIP CODE		WHEN DID YOU GET THIS LOAN?		
	ACCOUNT NUMBER			WHAT IS YOUR MONTHLY PAYMENT		INTEREST RATE?		
					\$		%	
TOTAL AMOUNT YOU ARE BEHIND				\$				
<b>THIRD LIEN <small>(e.g., VA, HUD, an HOA)</small></b>	NAME OF ANY GUARANTOR (INCLUDING FHA, VA AND HUD)			WHICH, IF ANY, OF THE ABOVE LIENS IS GUARANTEED?				
	ADDRESS OF THE GUARANTOR							
	CITY		STATE	ZIP CODE		AMOUNT GUARANTEED OR CLAIMED BY LIENHOLDER		
	ACCOUNT NUMBER			\$				

# NON-HOMESTEAD 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.

<b>CITY</b>	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
	\$

<b>SCHOOL DISTRICT</b>	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
	\$

<b>COUNTY</b>	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
	\$

<b>HOSPITAL DISTRICT</b>	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
	\$

<b>WATER DISTRICT</b>	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
	\$

# NON-HOMESTEAD REAL ESTATE

(REAL ESTATE LISTED ON SCHEDULE A - SECURED DEBT LISTED ON SCHEDULE D)

PROPERTY INFORMATION						
DESCRIPTION	DESCRIPTION OF THE PROPERTY			HOW MANY ACRES DO YOU HAVE?	IN WHAT COUNTY?	
	LOCATION OF HOME (STREET ADDRESS)			WHAT IS THE HOME WORTH?		
	CITY	STATE	ZIP CODE	\$		
	DESCRIPTION OF ANY ADJACENT LOT			WHERE DID YOU GET THIS VALUE?		
	STREET ADDRESS OR LOT AND BLOCK NUMBER			HOW MANY ACRES DO YOU HAVE?	IN WHAT COUNTY?	
	CITY	STATE	ZIP CODE	WHAT IS THE HOME WORTH?		
			\$			
			WHERE DID YOU GET THIS VALUE?			
<input type="checkbox"/> RETAIN                      OR <input type="checkbox"/> SURRENDER						
OIL & GAS <small>LEASE - SCHEDULE G</small>	HAVE YOU RECEIVED OR HAVE YOU BEEN OFFERED A SIGNING BONUS TO LEASE THE MINERAL RIGHTS (OIL OR GAS) TO THIS PROPERTY? IF "YES", GIVE THE DATE AND AMOUNT RECEIVED.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
					DATE	AMOUNT
					\$	
OIL & GAS <small>LEASE - SCHEDULE G</small>	ARE YOU RECEIVING MONTHLY ROYALTIES ON ANY LEASE OF THE MINERAL RIGHTS (OIL OR GAS) TO THIS PROPERTY? IF "YES", GIVE THE MONTHLY AMOUNT RECEIVED.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
					MONTHLY ROYALTY	
				\$		

MORTGAGE INFORMATION						
FIRST LIEN	NAME OF YOUR PRIMARY MORTGAGE COMPANY					WHAT IS THE LOAN BALANCE (PAYOFF)?
	ADDRESS OF THE MORTGAGE COMPANY					\$
	CITY	STATE	ZIP CODE	WHEN DID YOU GET THIS LOAN?		
	ACCOUNT NUMBER					
			WHAT IS YOUR MONTHLY PAYMENT	INTEREST RATE?		
			\$		%	
					TOTAL AMOUNT YOU ARE BEHIND	
					\$	
SECOND LIEN	NAME OF YOUR SECONDARY MORTGAGE COMPANY (INCLUDE TAX LOAN)					WHAT IS THE LOAN BALANCE (PAYOFF)?
	ADDRESS OF THE MORTGAGE COMPANY					\$
	CITY	STATE	ZIP CODE	WHEN DID YOU GET THIS LOAN?		
	ACCOUNT NUMBER					
			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)					WHICH, IF ANY, OF THE ABOVE LIENS IS GUARANTEED?
	ADDRESS OF THE GUARANTOR					
	CITY	STATE	ZIP CODE	AMOUNT GUARANTEED OR CLAIMED BY LIENHOLDER		
	ACCOUNT NUMBER					\$

# NON-HOMESTEAD 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.

<b>CITY</b>	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
	\$

<b>SCHOOL DISTRICT</b>	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
	\$

<b>COUNTY</b>	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
	\$

<b>HOSPITAL DISTRICT</b>	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
	\$

<b>WATER DISTRICT</b>	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
	\$

## SECTION 5

# PERSONAL PROPERTY

LIST ALL YOUR PERSONAL PROPERTY OF WHATEVER KIND!!!

**IF YOU HAVE NO PROPERTY IN ONE OR MORE OF THE CATEGORIES, PLACE AN "X" IN THE APPROPRIATE POSITION IN THE COLUMN LABELED "NONE". IF ADDITIONAL SPACE IS NEEDED IN ANY CATEGORY, ATTACH A SEPARATE SHEET. IF YOU ARE MARRIED, STATE WHETHER HUSBAND, WIFE OR BOTH OWN THE PROPERTY BY PLACING, IN THE COLUMN LABELED "OWNER," AN "H" IF IT IS THE HUSBAND'S SOLE PROPERTY, "W" IF IT IS THE WIFE'S SOLE PROPERTY "J" IF THE PROPERTY IS JOINTLY OWNED OR "C" IF THE PROPERTY IS JOINTLY OWNED AND THE PROPERTY IS LOCATED IN THE STATE OF TEXAS. FOR PURPOSES OF DETERMINING VALUES FOR PERSONAL PROPERTY, "FAIR MARKET VALUE" IS GARAGE SALE OR PAWN SHOP VALUE. IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FILING, BECAUSE THIS IS A COMMUNITY PROPERTY STATE, YOU MUST LIST ANY AND ALL PROPERTY YOU CONSIDER TO BE OWNED BY YOUR SPOUSE (SUCH AS YOUR SPOUSE'S AUTOMOBILE).**

*YOU MUST LIST ALL OF YOUR PERSONAL PROPERTY. PEOPLE COMMONLY OVERLOOK LISTING THE FOLLOWING ITEMS:*

- CASH. YOU MUST LIST ANY AND ALL CASH YOU HAVE IN YOUR POCKETS OR IN YOUR CHANGE DRAWER AT HOME.
- BANK ACCOUNTS. EVEN SMALL SAVINGS ACCOUNTS WITH MINIMUM DEPOSITS AND EMPLOYEE THRIFT SAVINGS ACCOUNTS MUST BE LISTED.
- JEWELRY. THE COURT CONSIDERS EVEN COSTUME JEWELRY OR INEXPENSIVE WATCHES TO BE JEWELRY AND WILL TAKE NOTE IF YOU WEAR JEWELRY TO COURT OR TO A MEETING AND HAVE NOT LISTED ANY JEWELRY IN YOUR SCHEDULES.
- FIREARMS. INCLUDE SHOTGUNS, HUNTING RIFLES AND HANDGUNS.
- LIFE INSURANCE POLICIES. LIST ALL LIFE INSURANCE POLICIES TAKEN AGAINST YOUR LIFE OR IN WHICH YOU ARE THE BENEFICIARY. LIST THE GREATER OF THE SURRENDER VALUE OR THE LOAN VALUE OF THE POLICY.
- RETIREMENT PLANS. RETIREMENT ACCOUNTS (IRAS, 401KS AND STOCK SHARE PLANS) ARE EXEMPT FROM CREDITORS, BUT I CAN ONLY EXEMPT THEM IF I KNOW ABOUT THEM.
- BUSINESS PROPERTY. TOOLS, EQUIPMENT, INVENTORY HELD IN YOUR PERSONAL NAME OR IN A BUSINESS OPERATED UNDER AN ASSUMED NAME, BUT WHICH IS NOT HELD IN A JOINT VENTURE, A PARTNERSHIP, A LIMITED LIABILITY COMPANY (LLC) OR A CORPORATION.

*YOU MUST LIST THE CURRENT MARKET VALUE OF ALL YOUR PERSONAL PROPERTY. THE CURRENT MARKET VALUE IS THE TOTAL FAIR MARKET VALUE OF THE DEBTOR'S INTEREST IN THE PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION. A GOOD WAY TO DETERMINE FAIR MARKET VALUE IS TO USE GARAGE SALE OR YARD SALE VALUES, PAWN SHOP VALUES OR TO ASK YOURSELF, "IF I HAD TO REPLACE THIS ITEM OF PROPERTY WITH AN ITEM OF SIMILAR AGE AND CONDITION, WHAT WOULD I HAVE TO PAY FOR IT?"*

**IF SOMEONE ELSE IS HOLDING THE PROPERTY FOR YOU, STATE THAT PERSON'S NAME AND ADDRESS UNDER "DESCRIPTION AND LOCATION OF PROPERTY."**

# 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 DEPOSITORY ACCOUNTS)

NONE

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.

**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. YOU SHOULD ALSO BE AWARE THAT YOUR BANK MAY FREEZE YOUR DEPOSITORY ACCOUNT UNTIL A RELEASE IS OBTAINED FROM THE TRUSTEE ASSIGNED TO YOUR CASE OR UNTIL YOUR EXEMPTIONS BECOME FINAL. CURRENTLY, THIS IS THE POLICY OF WELLS FARGO RESPECTING ALL DEPOSITORY ACCOUNTS WITH A BALANCE OF \$5,000 OR MORE, BUT MORE BANKS MAY ADOPT THIS PRACTICE.

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
				\$
				\$
				\$

# PERSONAL PROPERTY

(CONTINUED)

## 4 HOUSEHOLD GOODS AND FURNISHINGS

List ALL your household goods and furnishings, including appliances, audio, video and computer equipment, lawn and garden furniture and equipment, etc.. A detailed inventory is not necessary, but some people find it easier to value their belongings room-by-room.

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	
		\$	
<b>TOTAL</b>			FAIR MARKET VALUE
			\$

## 5 VALUABLE COLLECTIONS

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
			\$

## 6 WEARING APPAREL (CLOTHING)

Give the value of all the clothing for each member of your household.

OWNER	FAIR MARKET VALUE
	\$

## 7 JEWELRY AND FURS

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.

Include handguns, rifles, bicycles, weight-lifting equipment, video cameras, digital cameras, film cameras and hobby equipment. List each gun separately.

NONE <input type="checkbox"/>	IDENTIFY EACH FIREARM, OTHERWISE AN INVENTORY IS NOT NECESSARY	OWNER	FAIR MARKET VALUE
			\$
			\$
			\$

# PERSONAL PROPERTY

(CONTINUED)

## 9 INTERESTS IN INSURANCE POLICIES

Name insurance company of each policy and the policy number. Identify the type of policy you have (whole life or term life). If you have a whole life policy, state the surrender or refund value of each. If it is a term life policy, there is no surrender value (the value should be listed as \$0.00).

NONE <input type="checkbox"/>	INSURANCE COMPANY NAME AND ADDRESS	POLICY NUMBER	OWNER	SURRENDER VALUE
				\$
	POLICY TYPE (WHOLE OR TERM)			
	<input type="checkbox"/> WHOLE LIFE <input type="checkbox"/> TERM LIFE			
	INSURANCE COMPANY NAME AND ADDRESS	POLICY NUMBER	OWNER	SURRENDER VALUE
				\$
	POLICY TYPE (WHOLE OR TERM)			
	<input type="checkbox"/> WHOLE LIFE <input type="checkbox"/> TERM LIFE			
	INSURANCE COMPANY NAME AND ADDRESS	POLICY NUMBER	OWNER	SURRENDER VALUE
				\$
	POLICY TYPE (WHOLE OR TERM)			
	<input type="checkbox"/> WHOLE LIFE <input type="checkbox"/> TERM LIFE			

## 10 ANNUITIES

Itemize and name each issuer

NONE <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	PLAN NAME AND ADDRESS	PLAN TYPE	OWNER	PRESENT VALUE
		<input type="checkbox"/> 401K <input type="checkbox"/> 403B <input type="checkbox"/> 403B <input type="checkbox"/> TRS <input type="checkbox"/> ERISA <input type="checkbox"/> Keogh		\$
		<input type="checkbox"/> OTHER: _____		

# PERSONAL PROPERTY

(CONTINUED)

**DO YOU OWN AN INTEREST IN ANY BUSINESS?**     YES     NO

**IF "YES," PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**DO YOU OPERATE AS A SOLE PROPRIETORSHIP UNDER AN ASSUMED NAME (DBA)?**     YES     NO  
IF "YES," PLEASE MAKE SURE THERE IS A RESPONSE TO EACH OF THE FOLLOWING QUESTIONS: QUESTION 13, QUESTION 16, QUESTION 24, QUESTION 28, QUESTION 29 AND QUESTION 30.

**DO YOU OPERATE AS A CORPORATION, LLC, PARTNERSHIP OR JOINT VENTURE?**     YES     NO  
IF "YES," PLEASE MAKE SURE THERE IS A RESPONSE TO EITHER QUESTION 13 OR QUESTION 14, AS APPLICABLE. ANY BUSINESS ASSETS OWNED BY THE CORPORATION, LLC, PARTNERSHIP OR JOINT VENTURE SHOULD BE LISTED IN A SEPARATE BUSINESS QUESTIONNAIRE.

## 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.

<input type="checkbox"/> NONE	<b>NAME AND ADDRESS OF COMPANY</b>	<b>TYPE OF COMPANY</b>	<b>DESCRIPTION OF BUSINESS</b>	<b>OWNER</b>	<b>EQUITY</b>
		<input type="checkbox"/> CORP			\$
		<input type="checkbox"/> LLC	<b>SHARES HELD OR PERCENTAGE OF COMPANY OWNED</b>		
		<input type="checkbox"/> DBA			

## 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.

<input type="checkbox"/> NONE	<b>NAME AND ADDRESS OF COMPANY</b>	<b>TYPE OF COMPANY</b>	<b>DESCRIPTION OF BUSINESS</b>	<b>OWNER</b>	<b>EQUITY</b>
					\$
			<b>PERCENTAGE OF COMPANY OWNED</b>		

## 15 BONDS

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

<input type="checkbox"/> NONE	<b>NAME AND ADDRESS OF BOND ISSUER</b>	<b>TYPE OF BOND</b>	<b>NUMBER OF BONDS HELD</b>	<b>OWNER</b>	<b>VALUE</b>
					\$

# PERSONAL PROPERTY

(CONTINUED)

## 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			\$
	<input type="checkbox"/> < 30 DAYS <input type="checkbox"/> 30 TO 90 DAYS <input type="checkbox"/> > 90 DAYS			\$

## 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
	<input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> TEMPORARY SPOUSAL SUPPORT <input type="checkbox"/> ALIMONY		\$
	<input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> TEMPORARY SPOUSAL SUPPORT <input type="checkbox"/> ALIMONY		\$

## 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
			\$
			\$

NONE

## b. INCOME TAX REFUNDS

List ALL income tax refunds which are still owed to you. You do not need to list refunds you have already received and spent

**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
2009 INCOME TAX REFUND		\$
2010 INCOME TAX REFUND		\$

# 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 <input type="checkbox"/>	<small>NAME AND ADDRESS OF TRUSTEE</small>	<small>DESCRIBE THE INTEREST OWNED OR EXPECTED</small>	<small>OWNER</small>	<small>VALUE</small>
				\$



**NOTE**

YOU MUST REPORT ANY WINDFALL YOU RECEIVE OR TO WHICH YOU BECOME ENTITLED WITHIN 180 DAYS FROM THE DATE YOU FILE YOUR BANKRUPTCY CASE TO YOUR ATTORNEY AND YOUR TRUSTEE. SUCH WINDFALLS INCLUDE, BUT ARE NOT LIMITED TO, AN INHERITANCE, SIGNIFICANT LOTTERY WINNINGS, MINERAL ROYALTIES OR A LUMP SUM PAYMENT FROM A LEASE OF ANY MINERAL INTEREST YOU MAY OWN IN REAL PROPERTY. YOU MUST REPORT ANY WINDFALL ONCE YOU ARE INFORMED OF THE WINDFALL, REGARDLESS OF WHETHER YOU HAVE ACTUALLY RECEIVED ANY PROCEEDS.

**NOTE**



## 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 <input type="checkbox"/>	<small>NAME AND ADDRESS OF EXECUTOR</small>	<small>DESCRIBE THE INTEREST OWNED OR EXPECTED</small>	<small>OWNER</small>	<small>VALUE</small>
				\$

## 21 CLAIMS

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

NONE <input type="checkbox"/>	<small>NAME AND ADDRESS OF PERSON INDEBTED TO YOU</small>	<small>DESCRIBE THE CLAIM</small>	<small>OWNER</small>	<small>VALUE</small>
				\$

### DAMAGE CLAIMS (INCLUDING LAWSUITS)

List ALL damage claims which you have against any third party, whether or not a lawsuit has been filed. 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. Also list all class action claims for which you have received a notice.

<small>NAME AND ADDRESS OF THE PERSON OR COMPANY YOU HAVE A CLAIM AGAINST</small>	<small>WHAT IS THE AMOUNT OF YOUR CLAIM OR JUDGMENT?</small>	
	\$	
	<small>DESCRIBE THE BASIS OF YOUR CLAIM</small>	
<small>NAME AND ADDRESS OF YOUR ATTORNEY</small>	<small>LAWSUIT FILED?</small>	<b>ATTACH A COPY OF THE LAWSUIT</b>
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<small>YOUR ATTORNEY'S PHONE NUMBER</small>	

### CLAIMS AGAINST INDIVIDUALS OR COMPANIES OFFERING MORTGAGE MODIFICATION ASSISTANCE

List all claims which you have 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.

<small>NAME AND ADDRESS OF PERSON INDEBTED TO YOU</small>	<small>DESCRIBE THE CLAIM</small>	<small>OWNER</small>	<small>VALUE</small>
			\$

# PERSONAL PROPERTY

(CONTINUED)

## 22 PATENTS, TRADEMARKS, COPYRIGHTS AND OTHER INTELLECTUAL PROPERTY

Give particulars.

NONE <input type="checkbox"/>	DESCRIBE PATENT, COPYRIGHT OR TRADEMARK OWNED BY YOU	OWNER	VALUE \$
----------------------------------	--	-------	-------------

## 23 LICENSES, FRANCHISES AND OTHER GENERAL INTANGIBLES

Give particulars.

NONE <input type="checkbox"/>	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 <input type="checkbox"/>	IDENTIFY CUSTOMER LIST OR COMPILATION	OWNER	VALUE \$
----------------------------------	---------------------------------------	-------	-------------

## 25 AUTOMOBILES, TRUCKS, TRAILERS AND OTHER VEHICLES OWNED BY YOU OUTRIGHT

List All vehicles owned by you or a member of your household or titled in your name, which is NOT pledged as collateral (financed) for any outstanding purchase money loan, lease or title loan. If you have vehicles that are pledged as collateral, list all such vehicles in Section 6, "Financed Vehicles."

NONE <input type="checkbox"/>		YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	MILEAGE	OWNER	WHO DRIVES THIS VEHICLE?
VEHICLE 1								
		TRADE-IN N.A.D.A.			RETAIL N.A.D.A.	CALCULATED AVERAGE N.A.D.A.		
		\$			\$	\$		
VEHICLE 2								
		TRADE-IN N.A.D.A.			RETAIL N.A.D.A.	CALCULATED AVERAGE N.A.D.A.		
		\$			\$	\$		
VEHICLE 3								
		TRADE-IN N.A.D.A.			RETAIL N.A.D.A.	CALCULATED AVERAGE N.A.D.A.		
		\$			\$	\$		
VEHICLE 4								
		TRADE-IN N.A.D.A.			RETAIL N.A.D.A.	CALCULATED AVERAGE N.A.D.A.		
		\$			\$	\$		

## 26 BOATS, MOTORS AND ACCESSORIES

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

# 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
				\$

## 29 MACHINERY, FIXTURES, EQUIPMENT, TOOLS AND SUPPLIES

NONE <input type="checkbox"/>	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
				\$

## 31 ANIMALS

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

## 32 CROPS

List ALL crops, whether growing or harvested. Give particulars.

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

# PERSONAL PROPERTY

(CONTINUED)

## 33 FARMING EQUIPMENT AND IMPLEMENTS

NONE

DESCRIPTION	LOCATION	OWNER	VALUE
			\$
			\$
			\$
			\$

## 34 FARM SUPPLIES, CHEMICALS AND FEED

NONE

DESCRIPTION	LOCATION	OWNER	VALUE
			\$
			\$
			\$
			\$

## 35 OTHER PERSONAL PROPERTY OF ANY KIND NOT ALREADY LISTED

Itemize.

NONE

DESCRIPTION	LOCATION	OWNER	VALUE
			\$
			\$
			\$
			\$

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## SECTION 6

# FINANCED VEHICLES

COMPLETE ADDRESSES ARE REQUIRED !!!

FILL OUT THE FOLLOWING INFORMATION COMPLETELY FOR EACH VEHICLE (INCLUDING BOATS, RECREATIONAL VEHICLES, TRAILERS, ETC) WHICH YOU ARE PURCHASING OR LEASING. INDICATE WHETHER YOU WISH TO KEEP THE VEHICLE. ALSO INDICATE IF IT IS A LEASED VEHICLE.

YOU SHOULD ALSO STATE THE FAIR MARKET VALUE OF THE VEHICLE AND PROVIDE DOCUMENTATION CONCERNING HOW YOU ARRIVED AT THE FAIR MARKET VALUE. THERE IS A PRESUMPTION IN THIS DISTRICT THAT THE FAIR MARKET VALUE IS THE AVERAGE BETWEEN THE N.A.D.A. TRADE-IN VALUE AND THE N.A.D.A. RETAIL VALUE. YOU CAN GO TO [WWW.NADA.COM](http://WWW.NADA.COM) AND LOOK UP THE VALUES BY ENTERING THE CORRECT YEAR, MAKE AND MODEL OF THE VEHICLE, THE MILEAGE AND SELECT THE OPTIONAL EQUIPMENT. PRINT OUT THE RESULTING VALUES AND ATTACH THEM TO THIS QUESTIONNAIRE.

**VEHICLES WHICH YOU OWN OUTRIGHT SHOULD BE LISTED UNDER ITEM NUMBER 25 IN SECTION 5, "PERSONAL PROPERTY."**

# VEHICLE 1

(VEHICLE LISTED ON SCHEDULE B, #25 - SECURED DEBT LISTED ON SCHEDULE D)

DESCRIPTION OF FIRST VEHICLE

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. \$
IS THIS VEHICLE USED IN YOUR BUSINESS? <input type="checkbox"/> THIS VEHICLE IS USED IN MY BUSINESS		NAME OF YOUR BUSINESS		HOW IS THIS VEHICLE USED IN YOUR BUSINESS?	

FINANCING

<input type="checkbox"/> PURCHASE LOAN		<input type="checkbox"/> LEASE		<input type="checkbox"/> TITLE LOAN	
NAME OF YOUR FINANCE COMPANY			WHAT IS THE LOAN BALANCE (PAYOFF)? \$		
ADDRESS OF THE FINANCE COMPANY			WHEN DID YOU GET THIS LOAN?		
CITY	STATE	ZIP CODE	WHAT IS YOUR MONTHLY PAYMENT? \$	INTEREST RATE? %	
ACCOUNT NUMBER			TOTAL AMOUNT YOU ARE BEHIND? \$		
DO YOU WANT TO KEEP OR SURRENDER THIS VEHICLE? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER			FOR USE BY PATRICK D. WEST LAW FIRM, P.C. <input type="checkbox"/> PAY DIRECT <input type="checkbox"/> INCLUDE IN PLAN		
DID THIS FINANCE COMPANY PAY OFF THE BALANCE ON YOUR PREVIOUS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF "YES," HOW MUCH DID THEY PAY OFF? \$		

CREDIT UNION

<input type="checkbox"/> THIS VEHICLE WAS FINANCED THROUGH A CREDIT UNION	
DO YOU HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION <input type="checkbox"/> YES, I HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION <input type="checkbox"/> NO, I DO NOT HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION	
DO YOU HAVE ANY OTHER LOANS WITH THE SAME CREDIT UNION <input type="checkbox"/> YES, I HAVE ANOTHER LOAN WITH THE SAME CREDIT UNION	TYPE OF LOAN <input type="checkbox"/> NO, I DO NOT HAVE ANOTHER LOAN WITH THE SAME CREDIT UNION
<p><b>NOTE</b> THERE ARE SPECIAL PROVISIONS FOR CREDIT UNIONS UNDER BANKRUPTCY LAW WHICH ALLOW THEM TO CROSS-COLLATERALIZE (SECURE) CREDIT CARDS AND OTHER OTHERWISE UNSECURED LOANS WITH THE LOANS THEY HAVE MADE AGAINST YOUR VEHICLE. IN A CHAPTER 13, YOU CAN CRAM-DOWN THE UNSECURED PORTION OF THE CROSS-COLLATERALIZED DEBTS AND FORCE THE CREDIT UNION TO TAKE THE FAIR MARKET VALUE OF THE VEHICLE. IN SATISFACTION OF ALL DEBTS YOUR OPTIONS ARE MORE LIMITED IN CHAPTER 7. YOU CAN EITHER REAFFIRM ALL OF THE DEBTS, MEANING YOU WILL HAVE TO PAY ALL THE LOANS TO THE CREDIT UNION BEFORE RECEIVING YOUR TITLE OR YOU CAN REDEEM THE VEHICLES BY PAYING, IN ONE LUMP-SUM, PRIOR TO DISCHARGE THE FAIR MARKET VALUE OF THE VEHICLE.</p>	

REPO

<input type="checkbox"/> THIS VEHICLE WAS RECENTLY REPOSSESSED BUT HAS NOT BEEN SOLD		
I WOULD LIKE TO GET THE VEHICLE BACK. <input type="checkbox"/> YES <input type="checkbox"/> NO	REPO COMPANY	FAX NUMBER FOR REPO COMPANY

INS.

<b>INSURANCE</b> 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 DATE

ATTORNEY NOTES


# VEHICLE 2

(VEHICLE LISTED ON SCHEDULE B, #25 - SECURED DEBT LISTED ON SCHEDULE D)

DESCRIPTION OF SECOND VEHICLE

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. \$
IS THIS VEHICLE USED IN YOUR BUSINESS? <input type="checkbox"/> THIS VEHICLE IS USED IN MY BUSINESS		NAME OF YOUR BUSINESS		HOW IS THIS VEHICLE USED IN YOUR BUSINESS?	

FINANCING

<input type="checkbox"/> PURCHASE LOAN		<input type="checkbox"/> LEASE		<input type="checkbox"/> TITLE LOAN	
NAME OF YOUR FINANCE COMPANY			WHAT IS THE LOAN BALANCE (PAYOFF)? \$		
ADDRESS OF THE FINANCE COMPANY			WHEN DID YOU GET THIS LOAN?		
CITY	STATE	ZIP CODE	WHAT IS YOUR MONTHLY PAYMENT? \$	INTEREST RATE? %	
ACCOUNT NUMBER			TOTAL AMOUNT YOU ARE BEHIND? \$		
DO YOU WANT TO KEEP OR SURRENDER THIS VEHICLE? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER			FOR USE BY PATRICK D. WEST LAW FIRM, P.C. <input type="checkbox"/> PAY DIRECT <input type="checkbox"/> INCLUDE IN PLAN		
DID THIS FINANCE COMPANY PAY OFF THE BALANCE ON YOUR PREVIOUS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF "YES," HOW MUCH DID THEY PAY OFF? \$		

CREDIT UNION

<input type="checkbox"/> THIS VEHICLE WAS FINANCED THROUGH A CREDIT UNION	
DO YOU HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION	
<input type="checkbox"/> YES, I HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION	<input type="checkbox"/> NO, I DO NOT HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION
DO YOU HAVE ANY OTHER LOANS WITH THE SAME CREDIT UNION	TYPE OF LOAN
<input type="checkbox"/> YES, I HAVE ANOTHER LOAN WITH THE SAME CREDIT UNION	<input type="checkbox"/> NO, I DO NOT HAVE ANOTHER LOAN WITH THE SAME CREDIT UNION
<p><b>NOTE</b> THERE ARE SPECIAL PROVISIONS FOR CREDIT UNIONS UNDER BANKRUPTCY LAW WHICH ALLOW THEM TO CROSS-COLLATERALIZE (SECURE) CREDIT CARDS AND OTHER OTHERWISE UNSECURED LOANS WITH THE LOANS THEY HAVE MADE AGAINST YOUR VEHICLE. IN A CHAPTER 13, YOU CAN CRAM-DOWN THE UNSECURED PORTION OF THE CROSS-COLLATERALIZED DEBTS AND FORCE THE CREDIT UNION TO TAKE THE FAIR MARKET VALUE OF THE VEHICLE. IN SATISFACTION OF ALL DEBTS YOUR OPTIONS ARE MORE LIMITED IN CHAPTER 7. YOU CAN EITHER REAFFIRM ALL OF THE DEBTS, MEANING YOU WILL HAVE TO PAY ALL THE LOANS TO THE CREDIT UNION BEFORE RECEIVING YOUR TITLE OR YOU CAN REDEEM THE VEHICLES BY PAYING, IN ONE LUMP-SUM, PRIOR TO DISCHARGE THE FAIR MARKET VALUE OF THE VEHICLE.</p>	

REPO

<input type="checkbox"/> THIS VEHICLE WAS RECENTLY REPOSSESSED BUT HAS NOT BEEN SOLD		
I WOULD LIKE TO GET THE VEHICLE BACK. <input type="checkbox"/> YES <input type="checkbox"/> NO	REPO COMPANY	FAX NUMBER FOR REPO COMPANY

INS.

<b>INSURANCE</b> 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 DATE

ATTORNEY NOTES


# VEHICLE 3

(VEHICLE LISTED ON SCHEDULE B, #25 - SECURED DEBT LISTED ON SCHEDULE D)

DESCRIPTION OF THIRD VEHICLE

FINANCING

CREDIT UNION

REPO

INS.

ATTORNEY NOTES

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.
			\$	\$	\$
IS THIS VEHICLE USED IN YOUR BUSINESS?			NAME OF YOUR BUSINESS		HOW IS THIS VEHICLE USED IN YOUR BUSINESS?
<input type="checkbox"/> THIS VEHICLE IS USED IN MY BUSINESS					

<input type="checkbox"/> PURCHASE LOAN <input type="checkbox"/> LEASE <input type="checkbox"/> TITLE LOAN					
NAME OF YOUR FINANCE COMPANY				WHAT IS THE LOAN BALANCE (PAYOFF)?	
				\$	
ADDRESS OF THE FINANCE COMPANY				WHEN DID YOU GET THIS LOAN?	
CITY	STATE	ZIP CODE	WHAT IS YOUR MONTHLY PAYMENT?	INTEREST RATE?	
			\$	%	
ACCOUNT NUMBER			TOTAL AMOUNT YOU ARE BEHIND?		
			\$		
DO YOU WANT TO KEEP OR SURRENDER THIS VEHICLE?				FOR USE BY PATRICK D. WEST LAW FIRM, P.C.	
<input type="checkbox"/> KEEP		<input type="checkbox"/> SURRENDER		<input type="checkbox"/> PAY DIRECT <input type="checkbox"/> INCLUDE IN PLAN	
DID THIS FINANCE COMPANY PAY OFF THE BALANCE ON YOUR PREVIOUS VEHICLE?				IF "YES," HOW MUCH DID THEY PAY OFF?	
<input type="checkbox"/> YES		<input type="checkbox"/> NO		\$	

<input type="checkbox"/> THIS VEHICLE WAS FINANCED THROUGH A CREDIT UNION					
DO YOU HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION					
<input type="checkbox"/> YES, I HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION			<input type="checkbox"/> NO, I DO NOT HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION		
DO YOU HAVE ANY OTHER LOANS WITH THE SAME CREDIT UNION		TYPE OF LOAN			
<input type="checkbox"/> YES, I HAVE ANOTHER LOAN WITH THE SAME CREDIT UNION		<input type="checkbox"/> NO, I DO NOT HAVE ANOTHER LOAN WITH THE SAME CREDIT UNION			
NOTE	THERE ARE SPECIAL PROVISIONS FOR CREDIT UNIONS UNDER BANKRUPTCY LAW WHICH ALLOW THEM TO CROSS-COLLATERALIZE (SECURE) CREDIT CARDS AND OTHER OTHERWISE UNSECURED LOANS WITH THE LOANS THEY HAVE MADE AGAINST YOUR VEHICLE. IN A CHAPTER 13, YOU CAN CRAM-DOWN THE UNSECURED PORTION OF THE CROSS-COLLATERALIZED DEBTS AND FORCE THE CREDIT UNION TO TAKE THE FAIR MARKET VALUE OF THE VEHICLE. IN SATISFACTION OF ALL DEBTS YOUR OPTIONS ARE MORE LIMITED IN CHAPTER 7. YOU CAN EITHER REAFFIRM ALL OF THE DEBTS, MEANING YOU WILL HAVE TO PAY ALL THE LOANS TO THE CREDIT UNION BEFORE RECEIVING YOUR TITLE OR YOU CAN REDEEM THE VEHICLES BY PAYING, IN ONE LUMP-SUM, PRIOR TO DISCHARGE THE FAIR MARKET VALUE OF THE VEHICLE.				

<input type="checkbox"/> THIS VEHICLE WAS RECENTLY REPOSSESSED BUT HAS NOT BEEN SOLD					
I WOULD LIKE TO GET THE VEHICLE BACK.		REPO COMPANY		FAX NUMBER FOR REPO COMPANY	
<input type="checkbox"/> YES <input type="checkbox"/> NO					

<b>INSURANCE</b>		
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 DATE


# VEHICLE 4

(VEHICLE LISTED ON SCHEDULE B, #25 - SECURED DEBT LISTED ON SCHEDULE D)

DESCRIPTION OF FOURTH VEHICLE

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. \$
IS THIS VEHICLE USED IN YOUR BUSINESS? <input type="checkbox"/> THIS VEHICLE IS USED IN MY BUSINESS		NAME OF YOUR BUSINESS		HOW IS THIS VEHICLE USED IN YOUR BUSINESS?	

FINANCING

<input type="checkbox"/> PURCHASE LOAN		<input type="checkbox"/> LEASE		<input type="checkbox"/> TITLE LOAN	
NAME OF YOUR FINANCE COMPANY			WHAT IS THE LOAN BALANCE (PAYOFF)? \$		
ADDRESS OF THE FINANCE COMPANY			WHEN DID YOU GET THIS LOAN?		
CITY	STATE	ZIP CODE	WHAT IS YOUR MONTHLY PAYMENT? \$	INTEREST RATE? %	
ACCOUNT NUMBER			TOTAL AMOUNT YOU ARE BEHIND? \$		
DO YOU WANT TO KEEP OR SURRENDER THIS VEHICLE? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER			FOR USE BY PATRICK D. WEST LAW FIRM, P.C. <input type="checkbox"/> PAY DIRECT <input type="checkbox"/> INCLUDE IN PLAN		
DID THIS FINANCE COMPANY PAY OFF THE BALANCE ON YOUR PREVIOUS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF "YES," HOW MUCH DID THEY PAY OFF? \$		

CREDIT UNION

<input type="checkbox"/> THIS VEHICLE WAS FINANCED THROUGH A CREDIT UNION	
DO YOU HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION	
<input type="checkbox"/> YES, I HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION	<input type="checkbox"/> NO, I DO NOT HAVE A CREDIT CARD ACCOUNT WITH THE SAME CREDIT UNION
DO YOU HAVE ANY OTHER LOANS WITH THE SAME CREDIT UNION	TYPE OF LOAN
<input type="checkbox"/> YES, I HAVE ANOTHER LOAN WITH THE SAME CREDIT UNION	<input type="checkbox"/> NO, I DO NOT HAVE ANOTHER LOAN WITH THE SAME CREDIT UNION

**NOTE** THERE ARE SPECIAL PROVISIONS FOR CREDIT UNIONS UNDER BANKRUPTCY LAW WHICH ALLOW THEM TO CROSS-COLLATERALIZE (SECURE) CREDIT CARDS AND OTHER OTHERWISE UNSECURED LOANS WITH THE LOANS THEY HAVE MADE AGAINST YOUR VEHICLE. IN A CHAPTER 13, YOU CAN CRAM-DOWN THE UNSECURED PORTION OF THE CROSS-COLLATERALIZED DEBTS AND FORCE THE CREDIT UNION TO TAKE THE FAIR MARKET VALUE OF THE VEHICLE. IN SATISFACTION OF ALL DEBTS YOUR OPTIONS ARE MORE LIMITED IN CHAPTER 7. YOU CAN EITHER REAFFIRM ALL OF THE DEBTS, MEANING YOU WILL HAVE TO PAY ALL THE LOANS TO THE CREDIT UNION BEFORE RECEIVING YOUR TITLE OR YOU CAN REDEEM THE VEHICLES BY PAYING, IN ONE LUMP-SUM, PRIOR TO DISCHARGE THE FAIR MARKET VALUE OF THE VEHICLE.

REPO

<input type="checkbox"/> THIS VEHICLE WAS RECENTLY REPOSSESSED BUT HAS NOT BEEN SOLD		
I WOULD LIKE TO GET THE VEHICLE BACK. <input type="checkbox"/> YES <input type="checkbox"/> NO	REPO COMPANY	FAX NUMBER FOR REPO COMPANY

INS.

<b>INSURANCE</b> 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 DATE

ATTORNEY NOTES


## SECTION 7

# OTHER SECURED DEBTS

### COMPLETE ADDRESSES ARE REQUIRED !!!

FILL OUT THE FOLLOWING INFORMATION COMPLETELY FOR EACH OF YOUR SECURED CREDITORS. A SECURED CREDITOR IS A CREDITOR THAT HOLDS A SECURITY INTEREST IN PERSONAL PROPERTY, SUCH AS FURNITURE, ELECTRONICS, APPLIANCES AND JEWELRY, THAT YOU HAVE PURCHASED OR A SECURITY INTEREST IN SUCH PROPERTY THAT YOU HAVE PUT UP AS COLLATERAL FOR A LOAN.

ALL OF THE INFORMATION REQUESTED MUST BE PROVIDED. IF YOU WISH TO KEEP THE PROPERTY, INDICATE BY CHECKING THE **"KEEP PROPERTY" BOX**.

THE FIRST PAGE **OF THIS SECTION WOULD BE MOST APPROPRIATE FOR FURNITURE STORE CREDIT CARDS SUCH AS HAVERTY'S OR ROOMS-TO-GO, TELEVISION AND ELECTRONICS STORE CREDIT CARDS SUCH AS BEST BUY OR FRY'S, APPLIANCE STORE CREDIT CARDS SUCH AS CONN'S AND JEWELRY STORE CREDIT CARDS OR LINES OF CREDIT ISSUED THROUGH OTHER RETAIL OUTLETS WHERE YOU HAVE PURCHASED "BIG TICKET" ITEMS SUCH AS FURNITURE, ELECTRONICS, APPLIANCES AND JEWELRY.**

THE SECOND PAGE OF THIS SECTION IS FOR OTHER SECURED DEBTS, SUCH AS SBA LOANS SECURED AGAINST MACHINERY, FIXTURES, INVENTORY AND RECEIVABLES, PURCHASES OF MACHINERY, TOOLS OR FIXTURES FOR YOUR BUSINESS SECURED BY THE MACHINERY, TOOLS OR FIXTURES PURCHASED AND BUSINESS TRADE DEBT SECURED BY RECEIVABLES OR INVENTORY.

THE THIRD PAGE OF THIS SECTION IS FOR PROPERTY YOU HAVE PAWNED AT A PAWN SHOP. YOU MUST LIST ALL SUCH PROPERTY AND THE NAME AND ADDRESS OF THE PAWN SHOP.

### NOTICE REGARDING PAWNED MERCHANDISE

BANKRUPTCY CODE §541(a)(8) PROVIDES THAT YOU HAVE 60 DAYS FROM THE DATE YOU FILE YOUR BANKRUPTCY TO REDEEM PAWNED MERCHANDISE BY PAYING THE FULL AMOUNT REQUIRED UNDER YOUR CONTRACT WITH THE PAWN SHOP.

# LOANS USED TO PURCHASE FURNITURE, ELECTRONICS, APPLIANCES & JEWELRY

(PROPERTY LISTED SEPARATELY ON SCHEDULE B - SECURED DEBT LISTED ON SCHEDULE D)

NONE

**1**

CREDITOR			
ADDRESS			
CITY	STATE	ZIP CODE	
LIST ALL FURNITURE, ELECTRONICS, APPLIANCES OR JEWELRY PURCHASED			

BALANCE OWED
\$
DATE OF LOAN
ACCOUNT NUMBER
FAIR MARKET VALUE
\$

KEEP PROPERTY

SHADED AREA FOR  
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

**2**

CREDITOR			
ADDRESS			
CITY	STATE	ZIP CODE	
LIST ALL FURNITURE, ELECTRONICS, APPLIANCES OR JEWELRY PURCHASED			

BALANCE OWED
\$
DATE OF LOAN
ACCOUNT NUMBER
FAIR MARKET VALUE
\$

KEEP PROPERTY

SHADED AREA FOR  
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

**3**

CREDITOR			
ADDRESS			
CITY	STATE	ZIP CODE	
LIST ALL FURNITURE, ELECTRONICS, APPLIANCES OR JEWELRY PURCHASED			

BALANCE OWED
\$
DATE OF LOAN
ACCOUNT NUMBER
FAIR MARKET VALUE
\$

KEEP PROPERTY

SHADED AREA FOR  
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

**4**

CREDITOR			
ADDRESS			
CITY	STATE	ZIP CODE	
LIST ALL FURNITURE, ELECTRONICS, APPLIANCES OR JEWELRY PURCHASED			

BALANCE OWED
\$
DATE OF LOAN
ACCOUNT NUMBER
FAIR MARKET VALUE
\$

KEEP PROPERTY

SHADED AREA FOR  
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

# OTHER SECURED DEBTS

(PROPERTY LISTED SEPARATELY ON SCHEDULE B - SECURED DEBT LISTED ON SCHEDULE D)

NONE

1	CREDITOR		
	ADDRESS		
CITY	STATE	ZIP CODE	
LIST ALL PROPERTY PLEDGED AS SECURITY FOR THE DEBT			

BALANCE OWED
\$
DATE OF LOAN
ACCOUNT NUMBER

FAIR MARKET VALUE
\$

KEEP PROPERTY

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

AVOID LIEN

2	CREDITOR		
	ADDRESS		
CITY	STATE	ZIP CODE	
LIST ALL PROPERTY PLEDGED AS SECURITY FOR THE DEBT			

BALANCE OWED
\$
DATE OF LOAN
ACCOUNT NUMBER

FAIR MARKET VALUE
\$

KEEP PROPERTY

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

AVOID LIEN

3	CREDITOR		
	ADDRESS		
CITY	STATE	ZIP CODE	
LIST ALL PROPERTY PLEDGED AS SECURITY FOR THE DEBT			

BALANCE OWED
\$
DATE OF LOAN
ACCOUNT NUMBER

FAIR MARKET VALUE
\$

KEEP PROPERTY

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

AVOID LIEN

4	CREDITOR		
	ADDRESS		
CITY	STATE	ZIP CODE	
LIST ALL PROPERTY PLEDGED AS SECURITY FOR THE DEBT			

BALANCE OWED
\$
DATE OF LOAN
ACCOUNT NUMBER

FAIR MARKET VALUE
\$

KEEP PROPERTY

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

AVOID LIEN

# LOANS OBTAINED BY PLEDGING OR PAWNING PERSONAL PROPERTY ALREADY OWNED BY YOU

(PROPERTY LISTED SEPARATELY ON SCHEDULE B - SECURED DEBT LISTED ON SCHEDULE D)

**NOTICE REGARDING PAWNED MERCHANDISE**

BANKRUPTCY CODE §541(a)(8) PROVIDES THAT YOU HAVE 60 DAYS FROM THE DATE YOU FILE YOUR BANKRUPTCY TO REDEEM PAWNED MERCHANDISE BY PAYING THE FULL AMOUNT REQUIRED UNDER YOUR CONTRACT WITH THE PAWN SHOP.

NONE

**1**

PAWN SHOP		
ADDRESS		
CITY	STATE	ZIP CODE
LIST ALL PROPERTY PAWNED TO THIS PAWN SHOP		

BALANCE OWED
<b>\$</b>
DATE OF LOAN
ACCOUNT NUMBER

FAIR MARKET VALUE
<b>\$</b>
<input type="checkbox"/> KEEP PROPERTY

SHADED AREA FOR  
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

AVOID LIEN

**2**

PAWN SHOP		
ADDRESS		
CITY	STATE	ZIP CODE
LIST ALL PROPERTY PAWNED TO THIS PAWN SHOP		

BALANCE OWED
<b>\$</b>
DATE OF LOAN
ACCOUNT NUMBER

FAIR MARKET VALUE
<b>\$</b>
<input type="checkbox"/> KEEP PROPERTY

SHADED AREA FOR  
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

AVOID LIEN

**3**

PAWN SHOP		
ADDRESS		
CITY	STATE	ZIP CODE
LIST ALL PROPERTY PAWNED TO THIS PAWN SHOP		

BALANCE OWED
<b>\$</b>
DATE OF LOAN
ACCOUNT NUMBER

FAIR MARKET VALUE
<b>\$</b>
<input type="checkbox"/> KEEP PROPERTY

SHADED AREA FOR  
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

AVOID LIEN

**4**

PAWN SHOP		
ADDRESS		
CITY	STATE	ZIP CODE
LIST ALL PROPERTY PAWNED TO THIS PAWN SHOP		

BALANCE OWED
<b>\$</b>
DATE OF LOAN
ACCOUNT NUMBER

FAIR MARKET VALUE
<b>\$</b>
<input type="checkbox"/> KEEP PROPERTY

SHADED AREA FOR  
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

AVOID LIEN

## SECTION 8

# LAWSUITS AGAINST YOU

COMPLETE ADDRESSES ARE REQUIRED !!!

IF YOU HAVE BEEN SUED, FILL OUT THE FOLLOWING INFORMATION COMPLETELY FOR EACH LAWSUIT IN WHICH YOU ARE NAMED AS A DEFENDANT.

ATTACH A COPY OF THE LAWSUIT OR FINAL JUDGEMENT.

# LAWSUITS IN WHICH YOU ARE A DEFENDANT

(SECURED DEBT LISTED ON SCHEDULE D IF A JUDGMENT LIEN HAS BEEN FILED;  
OTHERWISE, LIST ON SCHEDULE F.

**ALSO LIST ON STATEMENT OF FINANCIAL AFFAIRS, ITEM #4, "SUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS")**

NONE

1	PLAINTIFF (NAME OF THE PERSON OR COMPANY THAT HAS SUED YOU)		
	ADDRESS		
	CITY	STATE	ZIP CODE
	<b>PLAINTIFF'S ATTORNEY</b>		
	LAW FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE

WHAT IS THE AMOUNT OF THE CLAIM AGAINST YOU?	
\$	
GROUNDS FOR THE LAWSUIT (WHY WERE YOU SUED?)	
CASE NUMBER	
COURT	
HAS THERE BEEN A JUDGMENT?	DATE OF JUDGMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO	

A JUDGMENT LIEN HAS BEEN FILED

2	PLAINTIFF (NAME OF THE PERSON OR COMPANY THAT HAS SUED YOU)		
	ADDRESS		
	CITY	STATE	ZIP CODE
	<b>PLAINTIFF'S ATTORNEY</b>		
	LAW FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE

WHAT IS THE AMOUNT OF THE CLAIM AGAINST YOU?	
\$	
GROUNDS FOR THE LAWSUIT (WHY WERE YOU SUED?)	
CASE NUMBER	
COURT	
HAS THERE BEEN A JUDGMENT?	DATE OF JUDGMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO	

A JUDGMENT LIEN HAS BEEN FILED

3	PLAINTIFF (NAME OF THE PERSON OR COMPANY THAT HAS SUED YOU)		
	ADDRESS		
	CITY	STATE	ZIP CODE
	<b>PLAINTIFF'S ATTORNEY</b>		
	LAW FIRM		
	ADDRESS		
	CITY	STATE	ZIP CODE

WHAT IS THE AMOUNT OF THE CLAIM AGAINST YOU?	
\$	
GROUNDS FOR THE LAWSUIT (WHY WERE YOU SUED?)	
CASE NUMBER	
COURT	
HAS THERE BEEN A JUDGMENT?	DATE OF JUDGMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO	

A JUDGMENT LIEN HAS BEEN FILED

## SECTION 9

# INCOME TAXES

LIST ALL TAX DEBTS FOR WHICH  
YOU ARE PERSONALLY LIABLE !!!

FILL OUT THE FOLLOWING INFORMATION COMPLETELY FOR EACH GOVERNMENTAL UNIT TO WHICH YOU OWE TAXES OR WHICH CLAIMS YOU OWE TAXES.

### NOTICE REGARDING INCOME TAX LIABILITIES AND REFUNDS

ANY INCOME TAX REFUND YOU ARE EXPECTING MAY BE SUBJECT TO SETOFF IF YOU OWE THE IRS BACK TAXES THAT CANNOT BE DISCHARGED IN BANKRUPTCY. IF YOU OWE IRS TAXES AND YOU DID NOT FILE THE RETURNS WHEN THEY WERE DUE, THE TAXES MAY BE UNSECURED BUT NOT DISCHARGEABLE. IN A CHAPTER 13, THE TRUSTEE WILL NOT PAY THESE TAXES UNLESS THE DEBT IS SPECIFICALLY LISTED IN YOUR PLAN TO BE PAID. IT IS, THEREFORE, IMPORTANT TO **INDICATE WHEN THE TAX RETURN WAS FILED AND TO NOTIFY YOUR ATTORNEY SO YOU WON'T STILL OWE THE IRS** AFTER YOUR CHAPTER 13 CASE IS COMPLETED. FURTHERMORE, LOCAL RULES PROVIDE THAT ANY TAX REFUND YOU RECEIVE IN EXCESS OF \$2,000 WILL BE RETAINED BY THE TRUSTEE TO BE DISTRIBUTED TO YOUR UNSECURED **CREDITORS, SO DON'T USE THE IRS AS A SAVINGS ACCOUNT. ADJUST YOUR WITHHOLDINGS ACCORDINGLY.**

# UNPAID AND PAST DUE INCOME TAXES

(PRIORITY DEBT LISTED ON SCHEDULE E)

NONE

<b>1</b>	TAX YEAR <input style="width: 100%;" type="text"/>	<b>FEDERAL INCOME TAX</b>	DATE RETURN FILED <input style="width: 100%;" type="text"/>	SHADED AREA FOR USE BY ATTORNEY ONLY
	Internal Revenue Service Centralized Insolvency Operations P.O. Box 21126 Philadelphia, PA 19114		TAXES CLAIMED \$	<input type="checkbox"/> CONTINGENT  <input type="checkbox"/> UNLIQUIDATED  <input type="checkbox"/> DISPUTED  <input type="checkbox"/> DISCHARGEABLE
			PENALTIES & INTEREST \$	
			TAX IDENTIFICATION NUMBER <input style="width: 100%;" type="text"/>	
			<input type="checkbox"/> TAX LIEN FILED	
<b>2</b>	TAX YEAR <input style="width: 100%;" type="text"/>	<b>FEDERAL INCOME TAX</b>	DATE RETURN FILED <input style="width: 100%;" type="text"/>	SHADED AREA FOR USE BY ATTORNEY ONLY
	Internal Revenue Service Centralized Insolvency Operations P.O. Box 21126 Philadelphia, PA 19114		TAXES CLAIMED \$	<input type="checkbox"/> CONTINGENT  <input type="checkbox"/> UNLIQUIDATED  <input type="checkbox"/> DISPUTED  <input type="checkbox"/> DISCHARGEABLE
			PENALTIES & INTEREST \$	
			TAX IDENTIFICATION NUMBER <input style="width: 100%;" type="text"/>	
			<input type="checkbox"/> TAX LIEN FILED	
<b>3</b>	TAX YEAR <input style="width: 100%;" type="text"/>	<b>FEDERAL INCOME TAX</b>	DATE RETURN FILED <input style="width: 100%;" type="text"/>	SHADED AREA FOR USE BY ATTORNEY ONLY
	Internal Revenue Service Centralized Insolvency Operations P.O. Box 21126 Philadelphia, PA 19114		TAXES CLAIMED \$	<input type="checkbox"/> CONTINGENT  <input type="checkbox"/> UNLIQUIDATED  <input type="checkbox"/> DISPUTED  <input type="checkbox"/> DISCHARGEABLE
			PENALTIES & INTEREST \$	
			TAX IDENTIFICATION NUMBER <input style="width: 100%;" type="text"/>	
			<input type="checkbox"/> TAX LIEN FILED	
<b>4</b>	TAX YEAR <input style="width: 100%;" type="text"/>	<b>FEDERAL INCOME TAX</b>	DATE RETURN FILED <input style="width: 100%;" type="text"/>	SHADED AREA FOR USE BY ATTORNEY ONLY
	Internal Revenue Service Centralized Insolvency Operations P.O. Box 21126 Philadelphia, PA 19114		TAXES CLAIMED \$	<input type="checkbox"/> CONTINGENT  <input type="checkbox"/> UNLIQUIDATED  <input type="checkbox"/> DISPUTED  <input type="checkbox"/> DISCHARGEABLE
			PENALTIES & INTEREST \$	
			TAX IDENTIFICATION NUMBER <input style="width: 100%;" type="text"/>	
			<input type="checkbox"/> TAX LIEN FILED	
<b>5</b>	TAX YEAR <input style="width: 100%;" type="text"/>	<b>STATE INCOME TAX</b>	DATE RETURN FILED <input style="width: 100%;" type="text"/>	SHADED AREA FOR USE BY ATTORNEY ONLY
	STATE TAX AGENCY <input style="width: 100%;" type="text"/>		TAXES CLAIMED \$	<input type="checkbox"/> CONTINGENT  <input type="checkbox"/> UNLIQUIDATED  <input type="checkbox"/> DISPUTED  <input type="checkbox"/> DISCHARGEABLE
	ADDRESS <input style="width: 100%;" type="text"/>		PENALTIES & INTEREST \$	
	CITY <input style="width: 100%;" type="text"/>	STATE <input style="width: 100%;" type="text"/>	TAX IDENTIFICATION NUMBER <input style="width: 100%;" type="text"/>	
	ZIP CODE <input style="width: 100%;" type="text"/>		<input type="checkbox"/> TAX LIEN FILED	

SECTION 10

# DOMESTIC SUPPORT OBLIGATIONS

LIST ALL CHILD SUPPORT, SPOUSAL  
SUPPORT OR ALIMONY OBLIGATIONS !!!

IF YOU ARE NOT OBLIGATED TO PAY CHILD SUPPORT, SPOUSAL SUPPORT OR ALIMONY, CHECK AND SIGN THE FIRST SECTION ON THE NEXT PAGE.

IF YOU ARE OBLIGATED TO PAY CHILD SUPPORT, SPOUSAL SUPPORT OR ALIMONY, YOU MUST COMPLETE THE SECOND SECTION.



SECTION 11

# STUDENT LOANS

COMPLETE NAMES AND ADDRESSES ARE REQUIRED !!!

LIST EVERY STUDENT LOAN YOU OWE, YOU HAVE COSIGNED, OR YOU HAVE GUARANTEED.

## NOTICE REGARDING STUDENT LOANS

STUDENT LOANS ARE GENERALLY NON-DISCHARGEABLE, MEANING THEY WILL SURVIVE THE BANKRUPTCY PROCEEDING AND MUST BE PAID BY THE DEBTOR. IF YOU THINK YOU HAVE CAUSE FOR A HARDSHIP DISCHARGE (CHRONIC ILLNESS OR DISABILITY, FOR EXAMPLE), YOU SHOULD BRING THESE TO THE ATTENTION OF YOUR ATTORNEY.

# STUDENT LOANS

(LISTED ON SCHEDULE F – **MAKE SURE YOU CHECK THE “STUDENT LOAN” BOX**)

## NOTICE REGARDING STUDENT LOANS

STUDENT LOANS ARE GENERALLY NON-DISCHARGEABLE, MEANING THEY WILL SURVIVE THE BANKRUPTCY PROCEEDING AND MUST BE PAID BY THE DEBTOR. IF YOU THINK YOU HAVE CAUSE FOR A HARDSHIP DISCHARGE (CHRONIC ILLNESS OR DISABILITY, FOR EXAMPLE), YOU SHOULD BRING THESE TO THE ATTENTION OF YOUR ATTORNEY.

NONE

1	CREDITOR	AMOUNT CLAIMED			SHADED AREA FOR USE BY ATTORNEY ONLY <input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED
	STREET	\$			
	CITY	STATE	ZIP CODE		
2	CREDITOR	AMOUNT CLAIMED			SHADED AREA FOR USE BY ATTORNEY ONLY <input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED
	STREET	\$			
	CITY	STATE	ZIP CODE		
3	CREDITOR	AMOUNT CLAIMED			SHADED AREA FOR USE BY ATTORNEY ONLY <input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED
	STREET	\$			
	CITY	STATE	ZIP CODE		
4	CREDITOR	AMOUNT CLAIMED			SHADED AREA FOR USE BY ATTORNEY ONLY <input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED
	STREET	\$			
	CITY	STATE	ZIP CODE		
5	CREDITOR	AMOUNT CLAIMED			SHADED AREA FOR USE BY ATTORNEY ONLY <input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED
	STREET	\$			
	CITY	STATE	ZIP CODE		
6	CREDITOR	AMOUNT CLAIMED			SHADED AREA FOR USE BY ATTORNEY ONLY <input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED
	STREET	\$			
	CITY	STATE	ZIP CODE		
7	CREDITOR	AMOUNT CLAIMED			SHADED AREA FOR USE BY ATTORNEY ONLY <input type="checkbox"/> CONTINGENT <input type="checkbox"/> UNLIQUIDATED <input type="checkbox"/> DISPUTED
	STREET	\$			
	CITY	STATE	ZIP CODE		

## SECTION 12

# GENERAL UNSECURED DEBTS

COMPLETE NAMES AND ADDRESSES ARE REQUIRED !!!

FILL OUT THE FOLLOWING INFORMATION COMPLETELY FOR EACH OF YOUR UNSECURED CREDITORS. GENERAL UNSECURED DEBTS INCLUDE CREDIT CARDS, MEDICAL BILLS, COLLECTION ACCOUNTS, CHARGE-OFF ACCOUNTS, DEFICIENCIES FOLLOWING A REPOSSESSION OR FORECLOSURE, NSF CHECKS OR ANY TYPE OF DEBT OR CLAIM AGAINST YOU NOT FOUND ELSEWHERE IN THIS BOOKLET, WHETHER OR NOT YOU BELIEVE YOU OWE THE DEBT OR CLAIM.

### NOTICE REGARDING NSF (HOT) CHECKS

WHAT HAPPENS TO SOMEONE WHO HAS WRITTEN AN NSF CHECK AND THEN FILES FOR BANKRUPTCY? WELL THE SHORT ANSWER IS THAT IT WILL NOT PROTECT THEM FROM CRIMINAL PROSECUTION, NOR WILL IT DISCHARGE THEIR CRIMINAL LIABILITY FOR ANY RESTITUTION, COSTS OR FINES ASSOCIATED WITH THE CRIMINAL PROSECUTION OR RESTITUTION. IF YOU HAVE TO FILE FOR BANKRUPTCY AND THERE ARE HOT CHECKS OUTSTANDING, IT CAN DEFINITELY MAKE YOUR BANKRUPTCY CASE A BIT MORE COMPLICATED. THAT BEING SAID, FOR THE MOST PART BAD CHECK DEBT IS DISCHARGEABLE IN BANKRUPTCY, BUT IT WILL NOT STOP A CRIMINAL PROSECUTION.

WHEN YOU FILE BANKRUPTCY, YOUR CREDITORS, WHICH INCLUDE ANY PARTIES HOLDING A BAD CHECK, ARE PREVENTED FROM TAKING ACTION TO COLLECT FROM YOU. THE AUTOMATIC STAY IMPOSED UPON THE FILING OF THE BANKRUPTCY STOPS (STAYS) MOST LEGAL ACTIONS AND COLLECTIONS AGAINST YOU. HOWEVER, FILING FOR BANKRUPTCY WILL *NOT* STOP CRIMINAL PROSECUTIONS AGAINST YOU. SO, IF YOU HAVE WRITTEN ANY BAD CHECKS, THE PARTY TO WHOM YOU WROTE A BAD CHECK COULD REQUEST TO HAVE YOU ARRESTED AND CRIMINALLY PROSECUTED FOR A BAD CHECK.

THE SAFEST BET IS NOT TO IGNORE THE BAD CHECK NOTICE FROM YOUR LOCAL PROSECUTOR. YOU SHOULD MAKE PAYMENT ARRANGEMENTS ON NSF CHECKS TO AVOID ARREST, THEN LIST THE CREDITOR HERE AS WELL AS THE NAME AND ADDRESS OF THE LOCAL PROSECUTOR OR NSF CHECK DEPARTMENT.

# GENERAL UNSECURED DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE F)

NONE

DATA ENTERED BY

1	CREDITOR			
	STREET			
	CITY	STATE	ZIP CODE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT CLAIMED	
\$	
↑	COMPLETE ONE OR THE OTHER
↓	
COLLECTING FOR (NAME):	NUMBER
<input type="text"/>	<input type="text"/>

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

2	CREDITOR			
	STREET			
	CITY	STATE	ZIP CODE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT CLAIMED	
\$	
↑	COMPLETE ONE OR THE OTHER
↓	
COLLECTING FOR (NAME):	NUMBER
<input type="text"/>	<input type="text"/>

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

3	CREDITOR			
	STREET			
	CITY	STATE	ZIP CODE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT CLAIMED	
\$	
↑	COMPLETE ONE OR THE OTHER
↓	
COLLECTING FOR (NAME):	NUMBER
<input type="text"/>	<input type="text"/>

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

4	CREDITOR			
	STREET			
	CITY	STATE	ZIP CODE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT CLAIMED	
\$	
↑	COMPLETE ONE OR THE OTHER
↓	
COLLECTING FOR (NAME):	NUMBER
<input type="text"/>	<input type="text"/>

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

5	CREDITOR			
	STREET			
	CITY	STATE	ZIP CODE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT CLAIMED	
\$	
↑	COMPLETE ONE OR THE OTHER
↓	
COLLECTING FOR (NAME):	NUMBER
<input type="text"/>	<input type="text"/>

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

6	CREDITOR			
	STREET			
	CITY	STATE	ZIP CODE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT CLAIMED	
\$	
↑	COMPLETE ONE OR THE OTHER
↓	
COLLECTING FOR (NAME):	NUMBER
<input type="text"/>	<input type="text"/>

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

7	CREDITOR			
	STREET			
	CITY	STATE	ZIP CODE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT CLAIMED	
\$	
↑	COMPLETE ONE OR THE OTHER
↓	
COLLECTING FOR (NAME):	NUMBER
<input type="text"/>	<input type="text"/>

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

8	CREDITOR			
	STREET			
	CITY	STATE	ZIP CODE	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT CLAIMED	
\$	
↑	COMPLETE ONE OR THE OTHER
↓	
COLLECTING FOR (NAME):	NUMBER
<input type="text"/>	<input type="text"/>

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

# GENERAL UNSECURED DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE F)  
(CONTINUED)

9	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

10	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

11	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

12	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

13	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

14	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

15	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

16	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

# GENERAL UNSECURED DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE F)  
(CONTINUED)

17	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

18	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

19	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

20	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

21	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

22	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

23	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

24	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

# GENERAL UNSECURED DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE F)  
(CONTINUED)

25	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

26	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

27	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

28	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

29	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

30	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

31	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

32	CREDITOR
	STREET
ENTERED <input type="checkbox"/>	
CHECKED <input type="checkbox"/>	CITY STATE ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

# GENERAL UNSECURED DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE F)  
(CONTINUED)

33	CREDITOR			
	STREET			
ENTERED <input type="checkbox"/>				
CHECKED <input type="checkbox"/>	CITY	STATE	ZIP CODE	

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

34	CREDITOR			
	STREET			
ENTERED <input type="checkbox"/>				
CHECKED <input type="checkbox"/>	CITY	STATE	ZIP CODE	

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

35	CREDITOR			
	STREET			
ENTERED <input type="checkbox"/>				
CHECKED <input type="checkbox"/>	CITY	STATE	ZIP CODE	

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

36	CREDITOR			
	STREET			
ENTERED <input type="checkbox"/>				
CHECKED <input type="checkbox"/>	CITY	STATE	ZIP CODE	

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

37	CREDITOR			
	STREET			
ENTERED <input type="checkbox"/>				
CHECKED <input type="checkbox"/>	CITY	STATE	ZIP CODE	

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

38	CREDITOR			
	STREET			
ENTERED <input type="checkbox"/>				
CHECKED <input type="checkbox"/>	CITY	STATE	ZIP CODE	

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

39	CREDITOR			
	STREET			
ENTERED <input type="checkbox"/>				
CHECKED <input type="checkbox"/>	CITY	STATE	ZIP CODE	

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

40	CREDITOR			
	STREET			
ENTERED <input type="checkbox"/>				
CHECKED <input type="checkbox"/>	CITY	STATE	ZIP CODE	

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT  
 UNLIQUIDATED  
 DISPUTED

# GENERAL UNSECURED DEBTS

(UNSECURED DEBT LISTED ON SCHEDULE F)  
(CONTINUED)

41	CREDITOR			
	STREET			
ENTERED	<input type="checkbox"/>			
CHECKED	<input type="checkbox"/>	CITY	STATE	ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

42	CREDITOR			
	STREET			
ENTERED	<input type="checkbox"/>			
CHECKED	<input type="checkbox"/>	CITY	STATE	ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

43	CREDITOR			
	STREET			
ENTERED	<input type="checkbox"/>			
CHECKED	<input type="checkbox"/>	CITY	STATE	ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

44	CREDITOR			
	STREET			
ENTERED	<input type="checkbox"/>			
CHECKED	<input type="checkbox"/>	CITY	STATE	ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

45	CREDITOR			
	STREET			
ENTERED	<input type="checkbox"/>			
CHECKED	<input type="checkbox"/>	CITY	STATE	ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

46	CREDITOR			
	STREET			
ENTERED	<input type="checkbox"/>			
CHECKED	<input type="checkbox"/>	CITY	STATE	ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

47	CREDITOR			
	STREET			
ENTERED	<input type="checkbox"/>			
CHECKED	<input type="checkbox"/>	CITY	STATE	ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

48	CREDITOR			
	STREET			
ENTERED	<input type="checkbox"/>			
CHECKED	<input type="checkbox"/>	CITY	STATE	ZIP CODE

AMOUNT CLAIMED	
\$	
↑ COMPLETE ONE OR THE OTHER ↓	
COLLECTING FOR (NAME):	NUMBER

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

SECTION 13

CO-DEBTORS

AND

EXECUTORY CONTRACTS AND  
UNEXPIRED LEASES

COMPLETE NAMES AND ADDRESSES ARE REQUIRED !!!

CODEBTORS

LIST ALL CODEBTORS. A CODEBTOR IS ANY PERSON, COMPANY OR GOVERNMENTAL ENTITY WHICH HAS GUARANTEED OR COSIGNED ANY OF YOUR DEBTS OR ANY PERSON OR COMPANY WHOSE DEBTS YOU HAVE GUARANTEED OR COSIGNED.

EXECUTORY CONTRACTS AND UNEXPIRED LEASES

LIST ALL EXECUTORY CONTRACTS AND UNEXPIRED LEASES. AN EXECUTORY CONTRACT IS ANY CONTRACT TO PROVIDE OR RECEIVE GOODS OR SERVICES, WHICH IS ONGOING (STARTED BUT NOT FINISHED). EXECUTORY CONTRACTS USUALLY ARISE IN BUSINESS RELATIONSHIPS. AN UNEXPIRED LEASE IS ANY LEASE (OTHER THAN A LEASE FOR YOUR RESIDENCE), WHICH HAS NOT EXPIRED.

# CODEBTORS

(LINK TO CREDITORS IN SCHEDULES D, E & F UNDER THE *CODEBTORS (SCHEDULE H)* TAB)

NONE

1	CODEBTOR		
	STREET		
	CITY	STATE	ZIP CODE

DO NOT LIST CODEBTOR ON MATRIX

CREDITOR		
STREET		
CITY	STATE	ZIP CODE

2	CODEBTOR		
	STREET		
	CITY	STATE	ZIP CODE

DO NOT LIST CODEBTOR ON MATRIX

CREDITOR		
STREET		
CITY	STATE	ZIP CODE

3	CODEBTOR		
	STREET		
	CITY	STATE	ZIP CODE

DO NOT LIST CODEBTOR ON MATRIX

CREDITOR		
STREET		
CITY	STATE	ZIP CODE

4	CODEBTOR		
	STREET		
	CITY	STATE	ZIP CODE

DO NOT LIST CODEBTOR ON MATRIX

CREDITOR		
STREET		
CITY	STATE	ZIP CODE

5	CODEBTOR		
	STREET		
	CITY	STATE	ZIP CODE

DO NOT LIST CODEBTOR ON MATRIX

CREDITOR		
STREET		
CITY	STATE	ZIP CODE

6	CODEBTOR		
	STREET		
	CITY	STATE	ZIP CODE

DO NOT LIST CODEBTOR ON MATRIX

CREDITOR		
STREET		
CITY	STATE	ZIP CODE

# EXECUTORY (ONGOING) CONTRACTS AND UNEXPIRED LEASES

(LIST ON SCHEDULE G)

NONE

<b>1</b>	DESCRIPTION OF LEASE OR CONTRACT		
	OTHER PARTY TO LEASE OR CONTRACT		
	STREET		
	CITY	STATE	ZIP CODE

ASSUME

BALANCE UNPAID	
MONTHLY PAYMENT	
ACCOUNT NUMBER	

LEASE

ONGOING CONTRACT

<b>2</b>	DESCRIPTION OF LEASE OR CONTRACT		
	OTHER PARTY TO LEASE OR CONTRACT		
	STREET		
	CITY	STATE	ZIP CODE

ASSUME

BALANCE UNPAID	
MONTHLY PAYMENT	
ACCOUNT NUMBER	

LEASE

ONGOING CONTRACT

<b>3</b>	DESCRIPTION OF LEASE OR CONTRACT		
	OTHER PARTY TO LEASE OR CONTRACT		
	STREET		
	CITY	STATE	ZIP CODE

ASSUME

BALANCE UNPAID	
MONTHLY PAYMENT	
ACCOUNT NUMBER	

LEASE

ONGOING CONTRACT

<b>4</b>	DESCRIPTION OF LEASE OR CONTRACT		
	OTHER PARTY TO LEASE OR CONTRACT		
	STREET		
	CITY	STATE	ZIP CODE

ASSUME

BALANCE UNPAID	
MONTHLY PAYMENT	
ACCOUNT NUMBER	

LEASE

ONGOING CONTRACT

<b>5</b>	DESCRIPTION OF LEASE OR CONTRACT		
	OTHER PARTY TO LEASE OR CONTRACT		
	STREET		
	CITY	STATE	ZIP CODE

ASSUME

BALANCE UNPAID	
MONTHLY PAYMENT	
ACCOUNT NUMBER	

LEASE

ONGOING CONTRACT

## SECTION 14

# RESIDENCY, FAMILY AND EMPLOYMENT INFORMATION

THE INFORMATION REQUESTED ON THIS PAGE IS IMPORTANT !!!

FILL OUT THE FOLLOWING INFORMATION COMPLETELY. IT IS IMPORTANT INFORMATION WE NEED FOR YOUR BANKRUPTCY CASE.

THE TOP PORTION OF THE PAGE DEALS WITH YOUR RESIDENCY. WE NEED TO KNOW IF YOU HAVE LIVED OUTSIDE THE STATE OF TEXAS FOR ANY LENGTH OF TIME DURING THE PAST TWO YEARS. WE ALSO NEED TO KNOW THAT YOU HAVE ESTABLISHED RESIDENCY IN THIS DISTRICT OR THAT YOU HAVE A BUSINESS IN THIS DISTRICT.

THE MIDDLE PORTION OF THE PAGE DEALS WITH YOUR MARITAL STATUS AND YOUR DEPENDENTS. CHECK THE BOX WHICH BEST DESCRIBES YOUR MARITAL STATUS, THEN LIST EACH OF THE DEPENDENTS IN YOUR HOUSEHOLD FOR WHOM YOU ARE **RESPONSIBLE. THE NUMBER OF DEPENDENTS SHOULD MATCH THE NUMBER OF DEPENDENTS YOU CLAIMED ON LAST YEAR'S INCOME TAX RETURN.**

THE LAST PORTION OF THE PAGE DEAL WITH YOUR OCCUPATION AND EMPLOYMENT INFORMATION. PROVIDE AN EXPLANATION OF YOUR JOB TITLE OR THE TYPE OF WORK YOU DO. ALSO, PROVIDE THE NAME AND ADDRESS OF YOUR EMPLOYER AND TELL US HOW LONG YOU HAVE WORKED FOR YOUR EMPLOYER..

# RESIDENCY, FAMILY AND EMPLOYMENT INFORMATION

PLEASE NAME EACH STATE YOU HAVE LIVED IN DURING THE PAST TWO YEARS:

FROM DATE	TO DATE	STATE

RESIDENCE (check if statement is true):

- I HAVE RESIDED WITHIN THIS DISTRICT (THE DALLAS/FORT WORTH METROPLEX) FOR THE PRECEDING 180 DAYS OR I HAVE BEEN DOMICILED WITHIN THIS DISTRICT FOR THE PRECEDING 180 DAYS OR MY PRINCIPAL PLACE OF BUSINESS HAS BEEN WITHIN THIS DISTRICT FOR THE PRECEDING 180 DAYS OR MY PRINCIPAL ASSETS HAVE BEEN WITHIN THIS DISTRICT FOR THE PRECEDING 180 DAYS

BUSINESS (check if statement is true):

- I OWN OR OPERATE A BUSINESS, PROFESSION OR FARM  
(A SEPARATE BUSINESS QUESTIONNAIRE HAS BEEN COMPLETED AND ATTACHED)

MARITAL STATUS
<input type="checkbox"/> SINGLE
<input type="checkbox"/> MARRIED
<input type="checkbox"/> SEPARATED
<input type="checkbox"/> DIVORCED
<input type="checkbox"/> WIDOWED

DEPENDENTS CLAIMED ON LAST YEAR'S FEDERAL INCOME TAX RETURN BY DEBTOR OR DEBTORS		
NAME	AGE	RELATIONSHIP

EMPLOYMENT	DEBTOR 1	DEBTOR 2 OR NON-FILING SPOUSE
OCCUPATION:		
LENGTH OF EMPLOYMENT:		
NAME OF EMPLOYER:		
ADDRESS OF EMPLOYER:		
PHONE NUMBER OF EMPLOYER:		

THIS PAGE INTENTIONALLY LEFT BLANK

## SECTION 15

# AVERAGE MONTHLY HOUSEHOLD BUDGET

### PROVIDE ACCURATE AND COMPLETE BUDGET INFORMATION !!!

AN ACCURATE MONTHLY BUDGET IS IMPORTANT. PLEASE PROVIDE ACCURATE AND COMPLETE INFORMATION CONCERNING YOUR MONTHLY INCOME AND AVERAGE MONTHLY EXPENSES.

THE FIRST PAGE IS FOR YOUR AVERAGE MONTHLY INCOME. IF YOU RECEIVE REGULAR PAYCHECKS, WE CAN DERIVE YOUR PAYROLL INFORMATION FROM THEM. WE ALSO NEED INFORMATION CONCERNING OTHER SOURCES OF INCOME, SUCH AS INCOME FROM RENTAL PROPERTIES, INCOME FROM DIVIDENDS OR ROYALTIES, INCOME FROM CHILD SUPPORT, SPOUSAL SUPPORT OR ALIMONY, INCOME FROM UNEMPLOYMENT, SOCIAL SECURITY OR DISABILITY AND INCOME FROM RETIREMENT

THE SECOND PAGE IS FOR YOUR AVERAGE MONTHLY HOUSEHOLD EXPENSES. MAKE SURE YOU PROVIDE *AVERAGE* FIGURES FOR ITEMS SUCH AS UTILITIES AND TAXES. DO NOT INCLUDE BUSINESS EXPENSES HERE. A SEPARATE PROFIT AND LOSS STATEMENT WILL BE PROVIDED IF YOU OWN OR OPERATE A BUSINESS.

# 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 <b>alimony, maintenance or support payments payable to the debtor for the debtor's use</b> 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 <b>alimony, maintenance or support payments payable to the debtor for the debtor's use</b> 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)	\$

# 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) <input style="width: 200px;" type="text"/>		\$
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		
<b>Homeowner's insurance</b> <i>not included</i> in home mortgage payment		\$
<b>Renter's insurance</b>		\$
Life insurance not deducted from wages		\$
Health insurance not deducted from wages		\$
Automobile insurance		\$
Other insurance (Specify) <input style="width: 200px;" type="text"/> \$		
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) <input style="width: 200px;" type="text"/>		\$
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) <input style="width: 200px;" type="text"/>		\$
Other monthly expenses (Specify) <input style="width: 200px;" type="text"/>		\$

## SECTION 16

# FINANCIAL AFFAIRS

### READ AND ANSWER EACH QUESTION !!!

THIS SECTION REQUESTS INFORMATION REGARDING YOUR FINANCIAL HISTORY. ALMOST ALL QUESTIONS ARE QUALIFIED WITH A TIME PERIOD SUCH AS 1 YEAR OR 90 DAYS. ANSWER EACH QUESTION, EVEN IF YOU ARE SIMPLY CHECKING THE NONE BOX. IF YOU DO NOT UNDERSTAND A QUESTION OR HOW TO RESPOND TO A QUESTION, BRING IT TO THE ATTENTION OF YOUR ATTORNEY. EACH QUESTION IS IMPORTANT AND MUST BE ANSWERED IF THE ATTORNEY IS TO ADEQUATELY REPRESENT YOU. IN IF THE ANSWER IS **"NO", "NONE" OR "NOT APPLICABLE", CHECK THE NONE BOX. UNMARKED QUESTIONS WILL BE ASSUMED TO BE ANSWERED AS IF THE "NONE" BOX WERE CHECKED.**

**MOST OF THE QUESTIONS PROBABLY WON'T APPLY TO YOU, BUT IT IS IMPORTANT THAT YOU READ EACH QUESTION AND PROVIDE RESPONSES FOR THOSE THAT DO APPLY.** MAKE SURE YOUR ANSWERS ARE CONSISTENT WITH INFORMATION PROVIDED ELSEWHERE IN THIS BOOKLET. FOR INSTANCE, IF YOU CLAIM AN AMOUNT IN YOUR MONTHLY EXPENSE FOR CHARITABLE CONTRIBUTIONS, MAKE SURE YOU COMPLETE QUESTION 7 REGARDING GIFTS AND CHARITABLE CONTRIBUTIONS IN THIS SECTION.

#### DEFINITIONS

**"IN BUSINESS." A DEBTOR IS "IN BUSINESS" FOR THE PURPOSE OF THIS SECTION** IF THE DEBTOR IS A CORPORATION OR PARTNERSHIP. **AN INDIVIDUAL DEBTOR IS "IN BUSINESS" FOR THE PURPOSE OF THIS FORM** IF THE DEBTOR IS OR HAS BEEN, WITHIN THE SIX YEARS IMMEDIATELY PRECEDING THE FILING OF THIS BANKRUPTCY CASE, ANY OF THE FOLLOWING: AN OFFICER, DIRECTOR, MANAGING EXECUTIVE, OR OWNER OF 5 PERCENT OR MORE OF THE VOTING OR EQUITY SECURITIES OF A CORPORATION; A PARTNER, OTHER THAN A LIMITED PARTNER, OF A PARTNERSHIP; A SOLE PROPRIETOR OR SELF-EMPLOYED.

**"INSIDER." THE TERM "INSIDER" INCLUDES BUT IS NOT LIMITED TO: RELATIVES OF THE DEBTOR; GENERAL PARTNERS OF THE DEBTOR AND THEIR RELATIVES; CORPORATIONS OF WHICH THE DEBTOR IS AN OFFICER, DIRECTOR, OR PERSON IN CONTROL; OFFICERS, DIRECTORS, AND ANY OWNER OF 5 PERCENT OR MORE OF THE VOTING OR EQUITY SECURITIES OF A CORPORATE DEBTOR AND THEIR RELATIVES; AFFILIATES OF THE DEBTOR AND INSIDERS OF SUCH AFFILIATES; ANY MANAGING AGENT OF THE DEBTOR.** 11 U.S.C. § 101.

# QUESTIONS REGARDING YOUR FINANCIAL AFFAIRS

EITHER QUESTION 1 OR QUESTION 2 OR BOTH MUST BE ANSWERED

## 1 INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS

What was your gross income from employment or business last year, the year before last, and so far this year?

NONE



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received DURING THE TWO YEARS immediately preceding this calendar year. A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) 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.)

	AMOUNT		SOURCE OF INCOME
	DEBTOR 1	DEBTOR 2	
YEAR TO DATE	\$	\$	
LAST YEAR	\$	\$	
YEAR BEFORE LAST	\$	\$	

## 2 INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS

NONE



What income have you received from other sources such as social security, unemployment compensation, dividends, royalties, or retirement benefits?

State the amount of 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.)

	AMOUNT		SOURCE OF INCOME
	DEBTOR 1	DEBTOR 2	
YEAR TO DATE	\$	\$	
LAST YEAR	\$	\$	
YEAR BEFORE LAST	\$	\$	

## 3 PAYMENTS TO CREDITORS

Have you paid any one creditor more than \$600 in the last 90 days?

NONE



a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made WITHIN 90 DAYS immediately preceding the commencement of this case. (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.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
		\$	\$
		\$	
		\$	
		\$	\$
		\$	
		\$	

NONE



b. List all payments made WITHIN ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders (see the definition on the instruction page). (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.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
			\$

# QUESTIONS REGARDING YOUR FINANCIAL AFFAIRS

(CONTINUED)

## 4 SUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS

Are you now or have you been within the last year a party to any lawsuit, either as a plaintiff or as a defendant?

- NONE  a. List all suits 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.) Attach a copy of the lawsuit.

	CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT AND LOCATION	STATUS OR DISPOSITION
?				

- NONE  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.)

	NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DESCRIPTION OF PROPERTY	DATE OF SEIZURE	VALUE OF PROPERTY
?				\$

## 5 REPOSSESSIONS, FORECLOSURES AND RETURNS

Has any of your property been repossessed or foreclosed within the last year?

- NONE  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, WITHIN ONE YEAR 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.)

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

## 6 ASSIGNMENTS AND RECEIVERSHIPS

Have you assigned any property to a creditor or has any of your property been placed into receivership within the last 120 days?

- NONE  a. Describe any assignment of property for the benefit of creditors made WITHIN 120 DAYS immediately preceding the commencement of this case. (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.)

	NAME AND ADDRESS OF ASSIGNEE	TERMS OF ASSIGNMENT OR RECEIVERSHIP	DATE OF ASSIGNMENT
?			

- NONE  b. List all property, which has been in the hands of a custodian, receiver, or court-appointed official WITHIN ONE YEAR immediately preceding the commencement of this case. (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.)

	NAME AND ADDRESS OF CUSTODIAN	DESCRIPTION OF PROPERTY	NAME AND LOCATION OF COURT	CASE TITLE AND NUMBER	VALUE OF PROPERTY
?					\$

# QUESTIONS REGARDING YOUR FINANCIAL AFFAIRS

(CONTINUED)

## 7 GIFTS

Have you made any gifts over \$200 per family member or charitable contributions over \$100 per recipient within the last year?

NONE

List all gifts or charitable contributions made WITHIN ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$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.)

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

## 8 LOSSES

Have you suffered any losses due to fire, theft or casualty within the last year?

NONE

List all losses from fire, theft, other casualty or gambling WITHIN ONE YEAR immediately preceding the commencement of this case or since the commencement of this case. (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.)

DESCRIPTION OF PROPERTY	CAUSE OF LOSS	DATE OF LOSS	VALUE OF PROPERTY
			\$

## 9 PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

List all parties you have paid for debt counseling within the last year, including attorneys and debt consolidation firms.

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy WITHIN ONE YEAR immediately preceding the commencement of this case. Include pre-bankruptcy credit counseling.

NAME AND ADDRESS OF PAYEE	NAME OF PAYOR (PERSON MAKING THE PAYMENT), IF OTHER THAN DEBTOR	DATE OF PAYMENT	AMOUNT OF MONEY OR VALUE AND DESCRIPTION OF PROPERTY
			\$
			\$

## 10 OTHER TRANSFERS

Have you sold or given away any property in the last year?

NONE

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security WITHIN ONE YEAR immediately preceding the commencement of this case. (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.)

NAME AND ADDRESS OF TRANSFEREE	TRANSFEEE'S RELATIONSHIP TO DEBTOR AND DESCRIPTION OF PROPERTY TRANSFERRED	DATE OF TRANSFER	VALUE OF PROPERTY TRANSFERRED
			\$

## 11 CLOSED FINANCIAL ACCOUNTS

Have you closed any bank accounts in the last year?

NONE

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor, which were closed, sold, or otherwise transferred WITHIN ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (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.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT	DATE OF SALE OR CLOSING	AMOUNT OF FINAL BALANCE
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> CD		\$
	ACCOUNT NUMBER		

# QUESTIONS REGARDING YOUR FINANCIAL AFFAIRS

(CONTINUED)

## 12 SAFE DEPOSIT BOXES

Do you have any safe deposit boxes?

NONE List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables WITHIN ONE YEAR immediately preceding the commencement of this case. (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.)

	NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
<input type="checkbox"/> ?				

## 13 SETOFFS

Has any financial institution taken money from a bank account within the last 90 days without your permission to satisfy a debt?

NONE List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor WITHIN 90 DAYS preceding the commencement of this 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.)

	NAME AND ADDRESS OF CREDITOR	DESCRIBE CIRCUMSTANCES SURROUNDING SETOFF	DATE OF SETOFF	AMOUNT OF SETOFF
<input type="checkbox"/> ?				\$

## 14 PROPERTY HELD FOR ANOTHER PERSON

Do you possess any property which you claim belongs to another person?

NONE List all property owned by another person that the debtor holds or controls.

	NAME AND ADDRESS OF OWNER	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY	VALUE OF PROPERTY
<input type="checkbox"/> ?				\$

## 15 PRIOR ADDRESSES

Have you lived at the same address for the last two years?

NONE If the debtor has moved WITHIN THE TWO YEARS immediately preceding the commencement of this case, list all residences which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

	ADDRESS OF PRIOR RESIDENCE	NAME USED	DATES OF OCCUPANCY
<input type="checkbox"/> ?			
	ADDRESS OF PRIOR RESIDENCE	NAME USED	DATES OF OCCUPANCY

## 16 SPOUSES AND FORMER SPOUSES

What is the name of any current spouse who is not filing bankruptcy with you or any former spouse whom you divorced in the last eight years?

NONE If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) WITHIN THE EIGHT YEAR PERIOD immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

	NAME(S)
<input type="checkbox"/> ?	

# QUESTIONS REGARDING YOUR FINANCIAL AFFAIRS

(CONTINUED)

## 17 ENVIRONMENTAL INFORMATION

Are there any known or potential environmental hazards with any real property you own?

NINGUNO

For the purpose of this question, the following definitions apply:

**"Environmental Law"** means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

**"Site"** means any locator, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

**"Hazardous Material"** means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

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:

LOCATION OF SITE	GOVERNMENTAL UNIT GIVING NOTICE	DATE OF NOTICE	ENVIRONMENTAL LAW CITED

NINGUNO

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.

LOCATION OF SITE	GOVERNMENTAL UNIT GIVING NOTICE	DATE OF NOTICE

NONE

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.

JUDICIAL OR ADMINISTRATIVE PROCEEDING	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER

## 18 NATURE, LOCATION AND NAME OF BUSINESS

What is the name, address and type of any business you have owned within the last six years?

NINGUNO

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.

NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	BEGINNING DATE OF OPERATION
	TAX ID NUMBER	ENDING DATE OF OPERATION

**NOTE** A SEPARATE BUSINESS QUESTIONNAIRE MUST BE COMPLETED BY THE DEBTOR FOR THIS BUSINESS

NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	BEGINNING DATE OF OPERATION
	TAX ID NUMBER	ENDING DATE OF OPERATION

**NOTE** A SEPARATE BUSINESS QUESTIONNAIRE MUST BE COMPLETED BY THE DEBTOR FOR THIS BUSINESS

NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	BEGINNING DATE OF OPERATION
	TAX ID NUMBER	ENDING DATE OF OPERATION

**NOTE** A SEPARATE BUSINESS QUESTIONNAIRE MUST BE COMPLETED BY THE DEBTOR FOR THIS BUSINESS

# QUESTIONS REGARDING YOUR FINANCIAL AFFAIRS

(CONTINUED)

## 18 NATURE, LOCATION AND NAME OF BUSINESS (cont')

NONE  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

	NAME AND ADDRESS OF BUSINESS	DESCRIPTION AND LOCATION OF REAL ESTATE
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

## MISCELLANEOUS QUESTIONS

### A CLAIMS FOR DAMAGES

Do you have any claims for which you could bring a lawsuit?  
(Include responses on Schedule B, Item 21 and Statement of Financial Affairs, Item 4)

NONE  List all claims for money damages the debtor may have against any third party WITHIN ONE YEAR immediately preceding the filing of this bankruptcy case.

	NAME AND ADDRESS OF YOUR ATTORNEY	NAME AND ADDRESS OF OTHER PARTY OR THEIR ATTORNEY	NATURE OF CLAIM AND STATUS OR DISPOSITION	AMOUNT OF CLAIM
<input type="checkbox"/>				\$
<input type="checkbox"/>				

### B INHERITANCE OR TRUST

Are you expecting an inheritance or are you the beneficiary or trustee of a trust?  
(Include responses on Schedule B, Item 19 or Item 20, as appropriate)

NONE  List all claims to any estate or inheritance to which the debtor may have an interest or any trust to which the debtor is a beneficiary as of the date this questionnaire is prepared or which may be expected WITHIN THE NEXT 180 DAYS.

	NAME AND ADDRESS OF EXECUTOR OR TRUSTEE	NATURE OF CLAIM AND STATUS OR DISPOSITION	PROBATE COURT	AMOUNT OF CLAIM
<input type="checkbox"/>				\$
<input type="checkbox"/>				

### C RELATED BANKRUPTCIES

NONE  Do you have a company or spouse who has filed bankruptcy?  
(Include responses on page 2 of Petition)

Identify all bankruptcies filed by a debtor's spouse or by any company owned in whole or in part by the debtor WITHIN SIX YEARS immediately preceding the filing of this bankruptcy case.

	BANKRUPTCY CASE NUMBER	DATE FILED	DISTRICT AND DIVISION	JUDGE
<input type="checkbox"/>				
<input type="checkbox"/>				

