



ADDITIONAL QUESTIONS FOR A DEBTOR
OWNING OR OPERATING A JOINT VENTURE,
A PARTNERSHIP, A CORPORATION OR
A LIMITED LIABILITY COMPANY

NAME OF DEBTOR 1
NAME OF DEBTOR 2
THE BUSINESS IS HELD IN THE NAME OF:
<input type="checkbox"/> DEBTOR 1 <input type="checkbox"/> DEBTOR 2 <input type="checkbox"/> BOTH

NAME OF BUSINESS		TAX IDENTIFICATION NUMBER	
STREET		SUITE	
CITY	STATE	ZIP CODE	COUNTY

IS THIS BUSINESS A JOINT VENTURE, A PARTNERSHIP, A CORPORATION (INC or CORP) OR A LIMITED LIABILITY COMPANY (LLC)?			
<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC

COMPLETE AND RETURN TO:

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

PRINCIPAL OFFICE
4420 W. VICKERY BLVD., SUITE 100
FORT WORTH, TEXAS 76107-6253
OFFICE ALSO LOCATED AT 320 DECKER DRIVE IN IRVING, TEXAS
DIRECT ALL CORRESPONDENCE TO OUR OFFICE IN FORT WORTH

VOICE
(817) 332-2600
(214) 428-2600
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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.

PROJECTED (EXPECTED FUTURE) MONTHLY PROFIT AND LOSS STATEMENT

FOR BUSINESSES WHICH ARE GOING TO CONTINUE OPERATIONS DURING BANKRUPTCY

COMPLETE THIS SCHEDULE BY STATING PROJECTED GROSS MONTHLY INCOME (TOTAL INCOME BEFORE COST OF GOODS SOLD OR BUSINESS EXPENSES ARE DEDUCTED) FOR THE DEBTOR'S BUSINESS AND BY ESTIMATING THE MONTHLY COST OF GOODS SOLD AND MONTHLY OPERATING EXPENSES FOR THE DEBTOR'S BUSINESS.

MONTHLY GROSS INCOME	
Monthly gross income from operation of business	\$
SOURCE	

MONTHLY COST OF GOODS SOLD	
Cost of goods sold	\$

MONTHLY OPERATING EXPENSES	
Advertising	\$
Bank service charges	\$
Interest	\$
Office or workspace rent	\$
Office or workspace utilities and telephone	\$
Office supplies	\$
Wages, salaries and labor	\$
Commissions	\$
Pensions and profit sharing plan contributions	\$
Other employee benefit programs	\$
Vehicle payments	\$
Fuel and vehicle-related expenses	\$
Insurance	\$
Dues, licenses and programs	\$
Freight	\$
Supplies and materials	\$
Repairs	\$
Travel and entertainment	\$
Business Taxes	\$
Other	
DESCRIBE	\$
DESCRIBE	\$
DESCRIBE	\$
DESCRIBE	\$

MONTHLY NET PROFIT	
Monthly Gross Income – (Cost of Goods Sold + Operating Expenses)	\$

INCOME PRODUCING REAL PROPERTY

(SECURED DEBT LISTED ON SCHEDULE D)

COMPLETE ADDRESSES ARE REQUIRED !!!

LIST ALL OF YOUR REAL ESTATE. LIST ADJACENT LOTS AS SEPARATE PIECES OF PROPERTY. 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. ALL OF THE REQUESTED INFORMATION MUST BE PROVIDED.

PROPERTY INFORMATION

DESCRIPTION

DESCRIPTION OF THE PROPERTY (e.g., single-family, duplex, warehouse, retail strip center, etc.)		
LOCATION OF HOME (STREET ADDRESS)		
CITY	STATE	ZIP CODE
<input type="checkbox"/> RETAIN OR <input type="checkbox"/> SURRENDER		

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

OIL & GAS

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

MORTGAGE INFORMATION

FIRST LIEN

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

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

SECOND LIEN

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

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

GUARANTOR

NAME OF ANY GUARANTOR (INCLUDING FHA, VA AND HUD)		
ADDRESS OF THE GUARANTOR		
CITY	STATE	ZIP CODE
ACCOUNT NUMBER		

WHICH LIEN IS GUARANTEED?	
AMOUNT GUARANTEED	
\$	

INCOME PRODUCING REAL PROPERTY

(CONTINUED)

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

- YES, PROPERTY TAXES are included in my mortgage payment
 NO, I pay PROPERTY TAXES myself
- YES, PROPERTY INSURANCE is included in my mortgage payment
 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

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

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

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

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

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

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

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

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

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

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

INCOME PRODUCING REAL PROPERTY

(SECURED DEBT LISTED ON SCHEDULE D)

COMPLETE ADDRESSES ARE REQUIRED !!!

LIST ALL OF YOUR REAL ESTATE. LIST ADJACENT LOTS AS SEPARATE PIECES OF PROPERTY. 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. ALL OF THE REQUESTED INFORMATION MUST BE PROVIDED.

PROPERTY INFORMATION

DESCRIPTION	DESCRIPTION OF THE PROPERTY (e.g., single-family, duplex, warehouse, retail strip center, etc.)			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?	
	<input type="checkbox"/> RETAIN OR <input type="checkbox"/> SURRENDER				
INSURANCE COMPANY					

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

MORTGAGE INFORMATION

FIRST LIEN	NAME OF YOUR PRIMARY MORTGAGE COMPANY			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		
			\$		

GUARANTOR	NAME OF ANY GUARANTOR (INCLUDING FHA, VA AND HUD)			WHICH LIEN IS GUARANTEED?	
	ADDRESS OF THE GUARANTOR			AMOUNT GUARANTEED	
	CITY	STATE	ZIP CODE	\$	
	ACCOUNT NUMBER				

INCOME PRODUCING REAL PROPERTY

(CONTINUED)

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

- YES, PROPERTY TAXES are included in my mortgage payment
 NO, I pay PROPERTY TAXES myself
- YES, PROPERTY INSURANCE is included in my mortgage payment
 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

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

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

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

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

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

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

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

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

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

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

BUSINESS PERSONAL PROPERTY

LIST ALL PROPERTY IN THE NAME OF THE BUSINESS OF WHATEVER KIND!!!

LIST ALL PERSONAL PROPERTY HELD IN THE NAME OF YOUR BUSINESS. 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 AN "H," "W," "J," OR "C" IN THE COLUMN LABELED "HUSBAND, WIFE, JOINT OR COMMUNITY." FOR PURPOSES OF DETERMINING VALUES FOR PERSONAL PROPERTY, "FAIR MARKET VALUE" IS LIQUIDATION OR DEPRECIATED VALUE.

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.

LIFE INSURANCE POLICIES. SOME BUSINESS PARTNERSHIPS REQUIRE EACH PARTNER TO MAINTAIN A LIFE INSURANCE POLICY PAYABLE TO THE BUSINESS. LIST ALL SUCH POLICIES AND THEIR VALUE, IF ANY.

YOU MUST LIST THE VALUE OF ALL YOUR PERSONAL PROPERTY. 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 YOUR BUSINESS, SUCH AS A CONSIGNMENT SHOP, IDENTIFY THE BUSINESS OR PERSON BY NAME AND ADDRESS UNDER "DESCRIPTION AND LOCATION OF BUSINESS PROPERTY."

1 CASH. How much cash does the business expect to have on the day your bankruptcy case is filed?

NONE

OWNER	AMOUNT
	\$

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

NONE

NOTE

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

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

BUSINESS PERSONAL PROPERTY

(CONTINUED)

9	INTERESTS IN INSURANCE POLICIES. Name insurance company of each policy and itemize surrender or refund value of each				
NONE	INSURANCE COMPANY NAME AND ADDRESS	POLICY NUMBER	POLICY TYPE (WHOLE OR TERM)	OWNER	SURRENDER VALUE
<input type="checkbox"/>					\$
					\$
					\$

13	STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES. Itemize. If you own more than 5% interest in an incorporated or unincorporated business, you must complete a separate questionnaire for debtors engaged in business.				
NONE	NAME AND ADDRESS OF COMPANY	INCORPORATED?	DESCRIPTION OF BUSINESS	OWNER	EQUITY
<input type="checkbox"/>		<input type="checkbox"/> CORP <input type="checkbox"/> LLC			\$
			SHARES HELD OR PERCENTAGE OF COMPANY OWNED		
					\$
			SHARES HELD OR PERCENTAGE OF COMPANY OWNED		

14	INTERESTS IN PARTNERSHIPS OR JOINT VENTURES. Itemize. If you are the general partner in a limited partnership, you must complete a separate questionnaire for debtors engaged in business.				
NONE	NAME AND ADDRESS OF COMPANY	TYPE OF COMPANY	DESCRIPTION OF BUSINESS	OWNER	EQUITY
<input type="checkbox"/>					\$
			PERCENTAGE OF COMPANY OWNED		
					\$
			PERCENTAGE OF COMPANY OWNED		

15	BONDS. List ALL government and corporate bonds and other negotiable and non-negotiable instruments.				
NONE	NAME AND ADDRESS OF BOND ISSUER	TYPE OF BOND	NUMBER OF BONDS HELD	OWNER	VALUE
<input type="checkbox"/>					\$

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

BUSINESS PERSONAL PROPERTY

(CONTINUED)

21	CLAIMS. Other contingent and unliquidated claims of every nature, including tax refunds (other than income tax refunds listed above), counterclaims of the Debtor and rights to setoff claims. Give estimated value of each.			
	NONE <input type="checkbox"/>	NAME AND ADDRESS OF PERSON INDEBTED TO YOU	DESCRIBE THE CLAIM	OWNER VALUE \$

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. List All vehicles owned by you or a member of your household or titled in your name.						
	NONE <input type="checkbox"/>	YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	MILEAGE	OWNER
							\$
							\$
							\$
							\$
							\$
							\$

26	BOATS, MOTORS AND ACCESSORIES.					
	NONE <input type="checkbox"/>	YEAR	MAKE	MODEL	LOCATION	OWNER
						\$
						\$

27	AIRCRAFT AND ACCESSORIES.					
	NONE <input type="checkbox"/>	YEAR	MAKE	MODEL	LOCATION	OWNER
						\$
						\$

28	OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES.			
	NONE <input type="checkbox"/>	DESCRIPTION	LOCATION	OWNER VALUE \$

BUSINESS PERSONAL PROPERTY

(CONTINUED)

29	MACHINERY, FIXTURES, EQUIPMENT AND SUPPLIES.			
NONE <input type="checkbox"/>	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
				\$

31	FARM OR RANCH 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
				\$

33	FARMING EQUIPMENT AND IMPLEMENTS.			
NONE <input type="checkbox"/>	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$

34	FARM SUPPLIES, CHEMICALS AND FEED.			
NONE <input type="checkbox"/>	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$

35	OTHER BUSINESS PERSONAL PROPERTY OF ANY KIND NOT ALREADY LISTED. Itemize.			
NONE <input type="checkbox"/>	DESCRIPTION	LOCATION	OWNER	VALUE
				\$
	DESCRIPTION	LOCATION	OWNER	VALUE
				\$

UNPAID AND PAST DUE FEDERAL WITHHOLDING TAXES

(PRIORITY DEBT LISTED ON SCHEDULE E)

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

NONE

1 FEDERAL WITHHOLDING TAXES (\$940/\$941)

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATIONS
P.O. BOX 21126
PHILADELPHIA, PA 19114

TAX LIEN FILED

YEAR	QUARTER(S)
DATE RETURN FILED	
TAXES CLAIMED	
\$	
PENALTIES & INTEREST	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

- CONTINGENT
 UNLIQUIDATED
 DISPUTED

2 FEDERAL WITHHOLDING TAXES (\$940/\$941)

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATIONS
P.O. BOX 21126
PHILADELPHIA, PA 19114

TAX LIEN FILED

YEAR	QUARTER(S)
DATE RETURN FILED	
TAXES CLAIMED	
\$	
PENALTIES & INTEREST	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

- CONTINGENT
 UNLIQUIDATED
 DISPUTED

3 FEDERAL WITHHOLDING TAXES (\$940/\$941)

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATIONS
P.O. BOX 21126
PHILADELPHIA, PA 19114

TAX LIEN FILED

YEAR	QUARTER(S)
DATE RETURN FILED	
TAXES CLAIMED	
\$	
PENALTIES & INTEREST	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

- CONTINGENT
 UNLIQUIDATED
 DISPUTED

4 FEDERAL WITHHOLDING TAXES (\$940/\$941)

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATIONS
P.O. BOX 21126
PHILADELPHIA, PA 19114

TAX LIEN FILED

YEAR	QUARTER(S)
DATE RETURN FILED	
TAXES CLAIMED	
\$	
PENALTIES & INTEREST	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

- CONTINGENT
 UNLIQUIDATED
 DISPUTED

5 FEDERAL WITHHOLDING TAXES (\$940/\$941)

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATIONS
P.O. BOX 21126
PHILADELPHIA, PA 19114

TAX LIEN FILED

YEAR	QUARTER(S)
DATE RETURN FILED	
TAXES CLAIMED	
\$	
PENALTIES & INTEREST	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

- CONTINGENT
 UNLIQUIDATED
 DISPUTED

UNPAID AND PAST DUE TAXES (STATE & LOCAL)

(PRIORITY DEBT LISTED ON SCHEDULE E)

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

NONE

1 STATE SALES TAX

COMPTROLLER FOR THE STATE OF TEXAS
 P.O. BOX 13528
 CAPITAL STATION
 AUSTIN, TX 78711-3528

YEAR	QUARTER(S)
AMOUNT CLAIMED	
\$	
AMOUNT OWED	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

DISCHARGEABLE

2 STATE SALES TAX

COMPTROLLER FOR THE STATE OF TEXAS
 P.O. BOX 13528
 CAPITAL STATION
 AUSTIN, TX 78711-3528

YEAR	QUARTER(S)
AMOUNT CLAIMED	
\$	
AMOUNT OWED	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

DISCHARGEABLE

3 STATE SALES TAX

COMPTROLLER FOR THE STATE OF TEXAS
 P.O. BOX 13528
 CAPITAL STATION
 AUSTIN, TX 78711-3528

YEAR	QUARTER(S)
AMOUNT CLAIMED	
\$	
AMOUNT OWED	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

DISCHARGEABLE

4 STATE EMPLOYMENT TAX

TEXAS EMPLOYMENT COMMISSION
 301 W. 13TH STREET
 FT. WORTH, TX 76102-4699

YEAR	QUARTER(S)
AMOUNT CLAIMED	
\$	
AMOUNT OWED	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

DISCHARGEABLE

5 STATE EMPLOYMENT TAX

TEXAS EMPLOYMENT COMMISSION
 301 W. 13TH STREET
 FT. WORTH, TX 76102-4699

YEAR	QUARTER(S)
AMOUNT CLAIMED	
\$	
AMOUNT OWED	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

DISCHARGEABLE

6 BUSINESS PROPERTY TAX

TAXING AUTHORITY		
STREET		
CITY,	STATE	ZIP CODE

YEAR	QUARTER(S)
AMOUNT CLAIMED	
\$	
AMOUNT OWED	
\$	
TAX IDENTIFICATION NUMBER	

SHADED AREA FOR
USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

DISCHARGEABLE

OTHER DEBTS HAVING PRIORITY

(PRIORITY DEBT LISTED ON SCHEDULE E)

WAGES, SALARY AND COMMISSIONS, INCLUDING VACATION, SEVERANCE AND SICK LEAVE PAY OWING TO EMPLOYEES NOT EXCEEDING \$ 2,000.00 TO EACH, EARNED WITHIN 90 DAYS BEFORE FILING OF PETITION OR CESSATION OF BUSINESS. (IF EARLIER, SPECIFY DATE.)

NONE

1

NAME OF EMPLOYEE OR SUB-CONTRACTOR		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

2

NAME OF EMPLOYEE OR SUB-CONTRACTOR		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

3

NAME OF EMPLOYEE OR SUB-CONTRACTOR		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

4

NAME OF EMPLOYEE OR SUB-CONTRACTOR		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

5

NAME OF EMPLOYEE OR SUB-CONTRACTOR		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

6

NAME OF EMPLOYEE OR SUB-CONTRACTOR		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

7

NAME OF EMPLOYEE OR SUB-CONTRACTOR		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

8

NAME OF EMPLOYEE OR SUB-CONTRACTOR		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY

CONTINGENT

UNLIQUIDATED

DISPUTED

OTHER DEBTS HAVING PRIORITY

(PRIORITY DEBT LISTED ON SCHEDULE E)

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS FOR SERVICES RENDERED WITHIN 180 DAYS BEFORE FILING OF PETITION OR CESSATION OF BUSINESS. (IF EARLIER, SPECIFY DATE.)

NONE

1

NAME OF BENEFICIARY		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY	
<input type="checkbox"/>	CONTINGENT
<input type="checkbox"/>	UNLIQUIDATED
<input type="checkbox"/>	DISPUTED

2

NAME OF BENEFICIARY		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY	
<input type="checkbox"/>	CONTINGENT
<input type="checkbox"/>	UNLIQUIDATED
<input type="checkbox"/>	DISPUTED

DEPOSITS BY INDIVIDUALS, NOT EXCEEDING \$900.00 FOR EACH, FOR PURCHASE, LEASE OR RENTAL OF PROPERTY OR SERVICES FOR PERSONAL, FAMILY OR HOUSEHOLD USE THAT WERE NOT DELIVERED OR PROVIDED.

NONE

1

NAME OF DEPOSITOR		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY	
<input type="checkbox"/>	CONTINGENT
<input type="checkbox"/>	UNLIQUIDATED
<input type="checkbox"/>	DISPUTED

2

STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY	
<input type="checkbox"/>	CONTINGENT
<input type="checkbox"/>	UNLIQUIDATED
<input type="checkbox"/>	DISPUTED

3

STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY	
<input type="checkbox"/>	CONTINGENT
<input type="checkbox"/>	UNLIQUIDATED
<input type="checkbox"/>	DISPUTED

CLAIMS OF FARMERS, NOT EXCEEDING \$ 2,000.00 FOR EACH INDIVIDUAL, PURSUANT TO 11 U.S.C. § 507(A)(5)(A).

NONE

1

NAME OF FARMER		
STREET		
CITY	STATE	ZIP CODE

AMOUNT CLAIMED
\$
PAY PERIOD

SHADED AREA FOR USE BY ATTORNEY ONLY	
<input type="checkbox"/>	CONTINGENT
<input type="checkbox"/>	UNLIQUIDATED
<input type="checkbox"/>	DISPUTED

FINANCIAL AFFAIRS FOR A BUSINESS

EVERY QUESTION MUST BE ANSWERED !!!

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY EVERY DEBTOR THAT IS A SOLE-PROPRIETORSHIP (SELF-EMPLOYED OR OPERATING UNDER AN ASSUMED NAME), A PARTNERSHIP, LIMITED PARTNERSHIP OR JOINT VENTURE, A CORPORATION OR A LIMITED LIABILITY COMPANY AND BY ANY INDIVIDUAL DEBTOR WHO IS OR HAS BEEN, WITHIN THE TWO YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THE CASE, ANY OF THE FOLLOWING: AN OFFICER, DIRECTOR, MANAGING EXECUTIVE OR OWNER OF MORE THAN 5 PERCENT OF THE VOTING SECURITIES OF A CORPORATION; A PARTNER, OTHER THAN A LIMITED PARTNER; A SOLE PROPRIETOR; OR OTHERWISE SELF-EMPLOYED. IF YOU HAVE MORE THAN ONE BUSINESS, THEN COMPLETE A SEPARATE PACKET FOR EACH BUSINESS.

PLEASE ANSWER EACH QUESTION TO THE FULLEST EXTENT POSSIBLE. 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.**

(AN INDIVIDUAL OR JOINT DEBTOR SHOULD COMPLETE THIS PORTION OF THE STATEMENT ONLY IF THE DEBTOR IS OR HAS BEEN IN BUSINESS, AS DEFINED ABOVE, WITHIN THE TWO YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.)

19 BOOKS, RECORDS AND FINANCIAL STATEMENTS

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

NONE	NAME AND ADDRESS OF BOOKKEEPER OR ACCOUNTANT	DATES SERVICES WERE RENDERED
<input type="checkbox"/>		
<input type="checkbox"/>	?	

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

NONE	NAME AND ADDRESS OF BOOKKEEPER OR ACCOUNTANT	DATES SERVICES WERE RENDERED
<input type="checkbox"/>		
<input type="checkbox"/>	?	

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

NONE	NAME AND ADDRESS	EXPLANATION OF UNAVAILABLE BOOKS OF ACCOUNT AND RECORDS
<input type="checkbox"/>		
<input type="checkbox"/>	?	

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

NONE	NAME AND ADDRESS	DATE ISSUED
<input type="checkbox"/>		
<input type="checkbox"/>	?	

20 INVENTORIES

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

NONE	NAME AND ADDRESS OF BOOKKEEPER OR ACCOUNTANT	DATE OF INVENTORY	SUPERVISOR	DOLLAR AMOUNT OF INVENTORY	SPECIFY COST, MARKET OR OTHER BASIS
<input type="checkbox"/>				\$	
<input type="checkbox"/>	?				

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

NONE	NAME AND ADDRESS OF CUSTODIAN OF INVENTORY RECORDS	DATE OF INVENTORY
<input type="checkbox"/>		
<input type="checkbox"/>	?	

FINANCIAL AFFAIRS FOR A BUSINESS

(CONTINUED)

21 CURRENT PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS

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

NONE <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS OF PARTNER	NATURE OF INTEREST	PERCENTAGE OF INTEREST

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

NONE <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS OF OFFICER OR DIRECTOR	TITLE	NATURE OF STOCK OWNERSHIP	PERCENTAGE OF INTEREST

22 FORMER PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS

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

NONE <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS OF PARTNER	DATE OF WITHDRAWAL

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

NONE <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS OF OFFICER OR DIRECTOR	DATE OF TERMINATION

FINANCIAL AFFAIRS FOR A BUSINESS

(CONTINUED)

23 WITHDRAWALS FROM A PARTNERSHIP OR DISTRIBUTIONS BY A CORPORATION

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

NONE

NAME AND ADDRESS OF RECIPIENT	RELATIONSHIP TO DEBTOR	DATE OF WITHDRAWAL	PURPOSE OF WITHDRAWALS	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24 TAX CONSOLIDATION GROUP

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

NONE

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER

25 PENSION FUNDS

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

NONE

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER