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Appointment Date: _____

Please complete the attached questionnaire with documents and any questions you have developed since your initial appointment and bring the application to our office with a retainer so that we can open and file, review your questions, and keep working to advise and assist you.

LIST EVERYTHING YOU OWN. IF YOUR NAME IS ON A BANK ACCOUNT OR TITLE, LIST THE ITEM.

LIST EVERYBODY YOU OWE. LIST EVERYONE, NOT JUST THE DEBTS YOU WANT TO BE CONSIDERED FOR DISCHARGE OR BANKRUPTCY TREATMENT.

All the information that you are required to provide with your bankruptcy case must be complete, accurate and truthful. **A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty or perjury in connection with a bankruptcy case may be subject to fine, imprisonment, or both.**

PROPERTY VALUES: Some portions of the questionnaire require you to value your assets. Please provide Kelley Blue Book or NADA values for vehicles you want to keep. We will need a current market appraisal (CMA) for real property that you want to keep. There are links on our website to help you get these property values.

Furniture, clothing and other items are to be valued at the replacement value for the item. We do need an inventory of possessions. **The current value for clothing, furnishings, and household goods is what you would expect to pay at a store like Goodwill** that sells used items.

Please provide copies of the documents listed on the next page. You are responsible to keep originals or copies for your files. If we need to make copies of documents there may be additional fees depending on the number and condition of the documents to be copied. Do not bring us your documents or bills in envelopes, we cannot process your mail.

It is important for you to fill out the questionnaire completely and that you provide all the necessary documents so that we can prepare your bankruptcy petition. You may incur additional fees for the extra time required if we don't receive a complete questionnaire and copies of all necessary documents.

BRINGING BACK YOUR QUESTIONNAIRE

You do not need an appointment to return the questionnaire. Please bring the questionnaire and documents back during these days and times:

Monday to Friday: from 9:00 AM to 4:30 PM

We are a Debt Relief Agency. We help people file for Bankruptcy Relief under the Bankruptcy Code.

DOCUMENT LIST FOR BANKRUPTCY FILING

Do not bring us original documents or bills in envelopes.

We need copies of the following documents to prepare your bankruptcy filing:

- Certificate of Credit Counseling
- Driver's license(s) & Social Security card(s)
- Tax returns or transcripts for the last 2 years
- Paystubs or other verification of all income for 7 months prior to the date of filing
- Comparative Market Analysis (CMA) for real property (see links on our website).
(www.zillow.com is a good website for home value)
- Vehicle Valuation (Kelley Blue Book, NADA) for vehicles, boats, recreational vehicles (see links on our website)
- Records of all secured transactions, especially for vehicle purchases, during the past 910 days (2.5 years)
- Current statements for all financial accounts: bank accounts, CDs, IRA accounts, 401k accounts
- Records of any state tuition programs, medical savings plans, or educational individual retirement accounts
- A list of creditors not appearing on the credit report
- Copies of current expense billings (utilities, insurance payments, garbage, rent, phone, etc.)
- Any pending lawsuits where you are either Plaintiff or Defendant
- Divorce decrees filed within the last 2 years and orders creating domestic support obligations
- Copies of records for property transfers for the past 2 years
- Signed copy of the bankruptcy fee agreement that we provided to you at your initial consultation.

Please speak with the Attorney about whether you should open new bank accounts with a financial institution where you have no debts before we file your bankruptcy petition.

Client Questionnaire For Non-Business Debtor

Section 1 Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____ Cell: _____

Have you used any other names in the past eight years? No Yes **If yes, list other names:**

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived in the State of Washington for the last 730 days (2 years)? No Yes

If you answered no to any of the questions above, list all previous addresses for the last 2 1/2 years:

Address: _____

City: _____ State: _____ Zip: _____

County: _____ (attach additional pages if necessary)

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B. Name and Address of Spouse

Fill in the following information about your spouse, even if filing separately:

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____ Cell: _____

Has your spouse used other names in the past eight years? No Yes **If yes, list other names:**

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Address: *(if different from your address):* _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes (If yes, please attach a list and description of the property.)

Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Your questions:

Part D. Vehicle Purchases

Have you purchased a vehicle in the last 6 months? No Yes

If yes, which vehicle(s) and when? _____

Have you purchased a vehicle in the last 2 1/2 years? No Yes

If yes, which vehicle(s) and when? _____

Part E. Credit Card Purchases

Have you made any credit card purchases totaling **more than \$550.00** on one credit card in the **last 90 days**? No Yes

If yes, which credit card (list all)? _____

When? _____

What goods or services were purchased? _____

What was the total amount? _____

Part F. Cash Advances

Have you received any cash advances **totaling \$825.00 or more** from one creditor in the last **70 days**? No Yes

If yes, which creditor (list all)? _____

When? _____

What was the total amount? _____

Your questions:

Section 2 Property

Part A. Real Estate (Schedule A) List all real estate where you have an ownership interest, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint or Community	Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	List all mortgages, home equity loans, and liens*: What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?	Who issued the lien, loan or mortgage? (Name, Address of Institution)	Office Use Only Exemptions ?

***It is the debtor(s) responsibility to determine if any liens are attached to real property. All liens, including judgment liens, must be listed above.**

Are you behind on any mortgage payments? Yes No

If yes, how much: First Mortgage _____

Second Mortgage _____

Third Mortgage _____

Did you purchase, refinance or modify a loan on your home in the past three years?

Yes _____ No _____

Part B. Personal Property (Schedule B) - List everything you own.

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, the **value is the price a retail merchant like Goodwill** would charge for a property of that kind, considering the age and condition of the property.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment * please itemize only those items that you could sell for more than \$575.00, otherwise a general overall description and value is sufficient. Same for questions 5 to 7					
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)					
12. Interests in 401ks, IRA ERISA, Keogh plans, PERS accounts, deferred compensation, pension accounts, or profit sharing plans					
13. Stock and interests in incorporated/unincorporated business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts receivable					
17. Alimony/family support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests or life estates					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
20. Interests in estate of decedent or life insurance plan or trust					
21. Other contingent/ unliquidated claims, including tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, motorcycles, quads, ATVs trailers, and accessories, motorcycles,					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					
30. Inventory for business					
31. Animals, pets, livestock					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					
35. Injury Claims.					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
36. Time Shares.					
37. Inheritance or anticipated inheritance in the next 6 months.					
38. Other personal property of any kind not listed.					

Your questions:

Section 3 ➤ Debts – List everybody you owe.

List below all debts that you owe, or that creditors claim that you owe.

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/ mortgages Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor Name/Address _____ _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____			
Home loans/ mortgages	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor Name/Address _____ _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Car loan Attach additional pages as necessary What vehicle does this loan apply to: 	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor Name/Address _____ _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____			
Car loans What vehicle does this loan apply to: 	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor Name/Address _____ _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Other bank loans Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Personal loans	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Student loans Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Department store credit card debts Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred:: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Department store credit card debts Attach additional pages as necessary	Creditor name and address: _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Other credit card debts (Gas cards, phone cards, etc.) Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid medical bills Attach page with additional medical bills if necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Monthly payment: _____ Number of months left: _____			
Unpaid utility bills Attach pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Monthly payment: _____ Number of months left: _____			
Unpaid rent	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid taxes	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Unpaid alimony or child support Attach pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Monthly payment: _____ Number of months left: _____			
Unpaid service fees	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards (Visa, AM Ex, Mastercard, Discover) or other type of debt – use this space to describe type if necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ - Monthly payment: _____ Number of months left: _____			
Unpaid credit cards, Visa, AM Ex, Mastercard, Discover) Attach pages as necessary or other type of debt – use this space to describe type if necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ - Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards (Visa, AM Ex, Mastercard, Discover) or other type of debt – use this space to describe type if necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ - Monthly payment: _____ Number of months left: _____			
Unpaid credit cards (Visa, AM Ex, Mastercard, Discover) or other type of debt – use this space to describe type if necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ - Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards (Visa, AM Ex, Mastercard, Discover) or other or other type of debt – use this space to describe type if necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ - Monthly payment: _____ Number of months left: _____			
Any other type of debt (include all possible debts) or other type of debt – use this space to describe type if necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ - Monthly payment: _____ Number of months left: _____			

Section 4 Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

Your Questions:

Section 5 - Current Income

Part A. Marital Status and Dependents

Please select your current Marital Status:

Single

Separated

Unknown

Married

Widowed

Divorced

Common Law

Part B. Debtor's Employer Information

Name and Address of your employer:

How long have you been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable):

Name and Address of your **Second** employer:

How long have you been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____

Part C. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

How long has spouse been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable):

Name and Address of your spouse's **Second** employer:

How long has spouse been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____

Part D. Debtor's Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out?.....

How often do you get paid? once a week every two weeks

twice a month once a month other _____

What is your estimated overtime pay per month?

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total).....

How much is taken out of each paycheck for Mandatory Contributions to Retirement?

How much is taken out of each paycheck for Voluntary Contributions to Retirement?

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans?

How much is automatically deducted for insurance?

How much is taken out for Domestic Support Obligations?

How much is deducted for union dues?

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month?

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month?

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No Yes

If **yes**, how much do you receive per month?

Do you receive income from Unemployment?

No Yes

If **yes**, how much do you receive per month?

Do you receive income from Social Security?

No Yes

If **yes**, how much do you receive per month?

Do you receive monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month?.....

Do you receive retirement or pension money?

No Yes

If **yes**, how much do you receive per month?

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month?.....

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

Part E. Joint Debtor's (Spouse's) Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out?.....

How often do you get paid? once a week every two weeks

twice a month once a month other _____

What is your estimated overtime pay per month?

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total).....

How much is taken out of each paycheck for Mandatory Contributions to Retirement?

How much is taken out of each paycheck for Voluntary Contributions to Retirement?

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans?

How much is automatically deducted for insurance?

How much is taken out for alimony or family support for the care of your dependents?

How much is deducted for union dues?

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month?

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month?

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No Yes

If **yes**, how much do you receive per month?

Do you receive income from Unemployment?

No Yes

If **yes**, how much do you receive per month?

Do you receive income from Social Security?

No Yes

If **yes**, how much do you receive per month?

Do you receive monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month?

Do you receive retirement or pension money?

No Yes

If **yes**, how much do you receive per month?

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month?

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

Your Questions:

Part F. Debtor's Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____ —	Month 6 ____/____ —	For Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

Part G. Joint Debtor's (Spouse's) Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____ —	Month 6 ____/____ —	For Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

Section 6 - Current Expenses

1. Is this a Joint Filing with your Spouse?

No Yes

If **Yes**, does the Joint Debtor live in a separate household?

No Yes

2. Please list all dependents of you and your spouse with their age and relationship to you (*if applicable*).

Name/ age/ relationship

Who does the dependent live with?

Name/ age/ relationship	Who does the dependent live with?
_____	_____
_____	_____
_____	_____
_____	_____

Do you and your spouse live separately and maintain separate households? No Yes. If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

3. Do your expenses include another person's expenses other than yourself and your dependents?

No Yes

Indicate how much you pay for each item each month:

4. Primary Rent or Home Mortgage: _____

Does that amount include real estate taxes?

No Yes

If **no**, how much do you pay? \$_____

Does that amount include property, homeowner's, or renter's insurance?

No Yes

If **no**, how much do you pay? \$_____

Does that amount include any Home maintenance, repair, or upkeep expenses?

No Yes

If **no**, how much do you pay? \$_____

Does that amount include any Homeowner's association or condominium dues?

No Yes

If **no**, how much do you pay? \$_____

5. Are there Additional Mortgage payments?

No Yes

If **yes**, how much do you pay?

6. Utilities:
- a. Electricity and heating fuel: \$
 - b. Water and sewer: \$
 - c. Telephone service/long distance: \$
 - d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:

7. Food and housekeeping supplies \$
8. Childcare and Children Education Costs \$
9. Clothing, laundry, and dry cleaning: \$
10. Personal care products and services: \$
11. Medical and dental expenses: \$
12. Transportation (do NOT include car payments): \$
13. Recreation, entertainment, newspapers, magazines, and books: \$
14. Charitable contributions and religious donations: \$
15. Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: (**Do not include amounts entered in Line 4 or Line 20**)
- a. Life insurance: \$
 - b. Health insurance: \$
 - c. Auto insurance: \$
 - d. Other insurance (*describe and list monthly amount*):

16. Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:

17. Installment payments for car, furniture, etc. (Describe):

_____ \$

18. Alimony, maintenance and support paid to others: \$

19. Payments for support of additional dependents not living at your home:..... \$

20. Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5)

- a. Mortgage payment on other Real Estate Property
- b. Taxes on other Real Estate Property
- c. Other Real Property, Homeowner's, or Renter's Insurance payments
- d. Home maintenance (including repairs and upkeep)
- e. Homeowner's association or condominium dues

21. Other expenses (Describe): (please see "Additional Expenses" below before putting anything here)

Describe any increase or decrease in expenses you expect to occur within the next year?

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses (707(b)Expenses for Form 22)

26. or 31. Mandatory payroll deductions not already listed:

28. or 33. Court ordered payments not already listed:

29. or 34.	Education for employment or for a physically or mentally challenged child: ...	\$
30. or 35.	Child care (<i>baby sitting, day care, nursery & preschool, etc.</i>):	\$
34b. or 39b.	Disability Insurance (<i>if not listed above</i>):	\$
34c. or 39c.	Health Savings Account:.....	\$
35. or 40.	Care for elderly, chronically ill or disabled family members:	\$
36. or 41.	Protection from family violence:.....	\$
38. or 43.	Education expense for your children under 18:	\$
55. (c13's)	Non-mandatory contributions to retirement accounts (<i>including loan repayments</i>):	

Section 7 Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

1 **Employment income** or income from operation of business

State your gross income from **employment** or **operation of a business**: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Time Period	Source	Dollar amount	Husband/Wife
January 1 of this year through date of commencement of case			
Last year, (January 1 - December 31)			
The year before last (January 1 - December 31)			

2. OTHER INCOME: Income other than from employment or operation of business – pensions, support, Social Security, IRA or 401k cashouts, food stamp benefits, unemployment

State the amount of income received other than from employment or operation of business during the current year and the **two years** immediately preceding the commencement of this case:

NONE

<u>Time Period</u>	<u>Source</u>	<u>Dollar amount</u>	<u>Husband/Wife</u>
January 1 of this year through date of commencement of case			
Last year, (January 1 - December 31)			
The year before last (January 1 - December 31)			

3. Payments to creditors

- a. *If your debts are primarily consumer debts*, 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. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan. **This should include mortgage or automobile payments that total more than \$600 in the past 90 days.**

NONE

<u>Creditor Name</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
Mortgages			
Car payments: (more than \$200.00 per month)			
Any other creditor(s) (paid more than \$200.00 per month)			

b. *If your debts are **not** primarily consumer debts*, list each payment or other transfer, aggregating more than \$5,000 to any creditor made within **90 days** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
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c. *All debtors*. List all payments made within **two years** immediately preceding the commencement of this case to creditors who were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your friends, your corporations, or your affiliates.)

NONE

Insider Name/Address and Relationship to You	Payment date	Amount Paid	Amount Still Owed
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4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
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b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company That Seized the Property (Creditor)	Date of Seizure	Description and Value of Property
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5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property
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6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement
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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.

NONE

Name and Address of Custodian	Name and location of Court, Case Title and Number	Date of Order	Description and Value of Property
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7. Gifts

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.

NONE

Name and Address of Recipient	Relationship to You, if Any	Description of Gift	Value of Gift
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8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case**.

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

NONE

Name and Address of Payee	Date of Name of Person Who Paid, if Not You	Amount of Money/ Description and Value of Property
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10. Other transfers (including sales of homes, land, cars, boats, planes or other items of significant value)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case.

NONE

Name and Address of Transferee and Relationship to you	Description of Property Transferred	Date of Transfer	Value Received
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b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

NONE

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
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11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name and Address of People With Access to Box or Depository	Description of Contents	Date of Transfer, if Any
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13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
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14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
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15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
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16. Spouses and Former Spouses

If you reside 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 your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name	Approximate Dates of Marriage
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17. Environmental Information.

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 location, 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 you 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:

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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b. List the name and address of every site for which you 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.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

Name and Address of Governmental Unit	Docket Number	Status or Disposition
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18 . Nature, location and name of business

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

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

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

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
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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.

NONE

Name	Address
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