

F. **YOU MUST LIST ALL YOUR DEBTS** even if you do not believe they are fair or yours. In addition to the debts on your credit reports, you should list any other debts or potential claims of any party against you that you are aware of. Only the debts and amounts listed will be discharged. **YES, YOU MUST LIST EVEN THOSE DEBTS OR OBLIGATIONS THAT YOU WANT TO "KEEP."** Do not give us the bills.

G. **YOU MUST LIST ALL OF YOUR ASSETS (EVERYTHING YOU OWN). THERE ARE NO EXCEPTIONS.**

H. If any questions arise, please call the office at (719) 444-8464. It will save time if you make notes of all questions you have and then call after completing the worksheet.

I. After the worksheet is returned to our office, it takes **two weeks** to prepare the documents for your signature. If we have to contact you because the worksheet was not completed correctly, the time will be longer.

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH PERSON:

(D) STANDS FOR DEBTOR

(S) STANDS FOR SPOUSE

1. A. Name, address and social security number:

Debtor: _____ SSN _____

Spouse: _____ SSN _____

B. List all names you have used in the last 6 years.

Debtor: _____

Spouse: _____

C. What is your mailing address? (street, city, state and ZIP code)

Debtor: _____

Spouse: _____

Debtor: _____

Spouse: _____

D. Have the debtor (and spouse) been continuous resident(s) of Colorado for the past three years? Yes

___ No ___

If no, please state the exact month, day and year when you moved to Colorado, or explain:

E. Length of time at current residence:

Debtor: _____

Spouse: _____

F. Prior addresses during the past 3 years:

Address

Beginning and ending date

Debtor: _____

Debtor: _____

Spouse: _____
Spouse: _____

H. Former spouses (if you or your spouse are divorced):

Debtor's former spouse(s)

Spouse's former spouse(s)

1. Name: _____ 1. Name: _____
Current address: _____ Current Address: _____

States resided in when married: _____ States resided in when married: _____

Month and year of divorce: _____ Month and year of divorce: _____

If you have more than one ex spouse please list on separate sheet

I. Which Colorado county do you live in? _____

J. Telephone numbers

Debtor: Home _____ Cell _____ Work _____
Spouse: Home _____ Cell _____ Work _____

K. E-mail addresses

Debtor: _____ Spouse: _____

2. PRIOR BANKRUPTCY FILINGS

If you or your spouse have previously filed bankruptcy, please give the following information:

Debtor: Chapter 7 Spouse: Chapter 7
 Chapter 13 Chapter 13
 Chapter 11 Chapter 11

State filed in: _____ State filed in: _____

Case #: _____ Case #: _____

Date filed: _____ Date filed: _____

Status: Discharged Spouse: Discharged
 Dismissed Dismissed

3. PRIORITY DEBTS

A. DOMESTIC SUPPORT OBLIGATIONS

Do you owe child support, maintenance or alimony to anyone? Yes _____ No _____

If yes please indicate which: Child support _____ Maintenance _____

Are you current on your payments? Yes _____ No _____

If no, how much do you owe in arrears? \$ _____

Please provide the name, mailing address, ZIP code and phone number of the person(s) to whom you owe the obligation. If you do not have the current address, ZIP code or phone number, please try to obtain the information because the bankruptcy trustee will request it as a matter of course.

Name: _____

Address & ZIP: _____

Phone number: _____

(please list other persons on back of page or on a separate page)

B. TAXES

FEDERAL TAXES DUE:

Debtor: Personal Other

Spouse: Personal Other

Debtor/Spouse	Year Due	Amount	Type	Date filed or to be filed

STATE TAXES DUE:

Debtor: Personal Other

Spouse: Personal Other

Debtor/Spouse	Year Due	Amount	Type	Date filed or to be filed

PROPERTY TAXES DUE--WHAT COUNTY:

Debtor/Spouse	Year Due	Amount	Type	Date filed or to be filed

OTHER TAXES DUE--DESCRIBE:

Debtor/Spouse	Year Due	Amount	Type	Date filed or to be filed

4. SECURED CREDITORS

Creditors who have an interest in your property as assurance that they will receive payment on the debt, including but not limited to, home mortgages, car loans, major purchase agreements, etc.

A. REAL ESTATE

I. PRIMARY RESIDENCE (WHERE YOU LIVE)

Address of property: _____

Names on deed: _____

Name and address of homeowners' association incl. ZIP: _____

Name and address of management company of homeowners' association incl. ZIP (contact your HOA for this info):

Homeowners' association dues (circle: monthly or annual): _____

Are you current on the HOA payments? Yes ___ No ___ If not, amount of arrears _____

Please give the value of the property along with the basis and date of valuation (sales in neighborhood, tax appraisal, realtor appraisal, www.zillow.com, etc). There are multiple lines in case you have more than one valuation.

Value: _____ Basis: _____ Date: _____

Value: _____ Basis: _____ Date: _____

1ST MORTGAGE

Creditor name: _____

Creditor address: _____

Account / loan number _____ Date originated _____

Monthly payment _____ Balance owed _____

Date of last payment _____

End date of loan term _____ (important! please check with lender if you don't know)

Payment includes: real estate taxes property insurance

Total arrearages (including attorney fees, foreclosure fees, etc.):

\$ _____ Case# _____

Names on mortgage: _____

Do you wish to surrender OR retain property?

Referred to collection company, attorney or both (name and address of any party attempting to collect on behalf of this creditor):

Name: _____

Address: _____

2ND MORTGAGE

Creditor name: _____

Creditor address: _____

Account / loan number _____ Date originated _____

Monthly payment _____ Balance owed _____

Date of last payment _____

End date of loan term _____ **(important! please check with lender if you don't know)**

Payment includes: real estate taxes property insurance

Total arrearages (including attorney fees, foreclosure fees, etc.):

\$ _____ Case# _____

Names on mortgage: _____

Referred to collection company, attorney or both (name and address of any party attempting to collect on behalf of this creditor):

Name: _____

Address: _____

II. OTHER REAL ESTATE (RENTAL PROPERTY, TIME SHARE, VACANT LOT, ETC)

If you own any real property other than your primary residence, please describe: _____

If it is a time share:

Has it been paid off? ____ If not, list balance: \$ _____

Name and address of the other party to the time share agreement:

Address of property: _____

Names on deed: _____

Name and address of homeowners' association incl. ZIP: _____

Name and address of management company of homeowners' association incl. ZIP (contact your HOA for this info):

Homeowners' association dues (circle: monthly or annual): _____

Please give the value of the property along with the basis and date of valuation (sales in neighborhood, tax appraisal, realtor appraisal, www.zillow.com, etc).

Value: _____ Basis: _____ Date: _____

1ST MORTGAGE

Creditor name: _____

Creditor address: _____

Account / loan number _____ Date originated _____

Monthly payment _____ Balance owed _____

Date of last payment _____

End date of loan term _____ (important! please check with lender if you don't know)

Payment includes: real estate taxes property insurance

Total arrearages (including attorney fees, foreclosure fees, etc.):

\$ _____ Case# _____

Names on mortgage: _____

Do you wish to surrender OR retain property?

Referred to collection company, attorney or both (name and address of any party attempting to collect on behalf of this creditor):

Name: _____

Address: _____

IF THERE IS MORE THAN ONE MORTGAGE ON THIS PROPERTY PLEASE MAKE A COPY OF THIS PAGE

B. CAR LOANS

I. Car Loan #1

Creditor name: _____

Address: _____

Names on title: _____

Year / make / model (be specific) _____

Trim level / extras ("XLE", hatchback/sedan, leather, 4WD, etc.--be specific): _____

Mileage: _____ Condition: _____

Value (see www.kbb.com/whats-my-car-worth/, input year, make & model, then choose "Private Party Value"):

\$ _____

Date car purchased: _____ Date loan originated (if different): _____

Account / loan number: _____ Interest rate: _____%

Monthly payment \$ _____ Date of last payment _____

End date of loan term _____ (important! please check with lender if you don't know)

Amount still owed \$ _____ Name(s) on account: _____

Do you wish to surrender OR retain vehicle?

Referred to collection company, attorney or both (name and address of any party attempting to collect on behalf of this creditor):

Name: _____

Address: _____

II. **Car Loan #2**

Creditor name: _____

Address: _____

Names on title: _____

Year / make / model (be specific) _____

Trim level / extras ("XLE", hatchback/sedan, leather, 4WD, etc.--be specific): _____

Mileage: _____ Condition: _____

Value (see www.kbb.com/whats-my-car-worth/, input year, make & model, then choose "Private Party Value"):

\$ _____

Date car purchased: _____ Date loan originated (if different): _____

Account / loan number: _____ Interest rate: _____%

Monthly payment \$ _____ Date of last payment _____

End date of loan term _____ (important! please check with lender if you don't know)

Amount still owed \$ _____ Name(s) on account: _____

Do you wish to **surrender** **OR** **retain** **vehicle?**

Referred to collection company, attorney or both (name and address of any party attempting to collect on behalf of this creditor):

Name: _____

Address: _____

C. **HOUSEHOLD GOODS (furniture, televisions, stereos, refrigerators, microwave ovens, washers and dryers, etc., that are collateral for a loan)**

Example: If you have purchased items with a BEST BUY, FURNITURE ROW or DELL credit card those debts are likely secured and should be listed here.

1. Creditor name: _____

Address: _____

Description of item: _____ Value: _____

Account / loan number: _____ Date originated: _____

Monthly payment \$ _____ # of payments behind _____

Amount still owed \$ _____ Name(s) on account: _____

Do you wish to **surrender** **OR** **retain** **item?**

Referred to collection company, attorney or both (name and address of any party attempting to collect on behalf of this creditor):

Name: _____

Address: _____

2. Creditor name: _____
Address: _____

Description of item: _____ Value: _____
Account / loan number: _____ Date originated: _____
Monthly payment \$ _____ # of payments behind _____
Amount still owed \$ _____ Name(s) on account: _____

Do you wish to surrender retain item?

Referred to collection company, attorney or both (name and address of any party attempting to collect on behalf of this creditor):

Name: _____
Address: _____

IF YOU REQUIRE ADDITIONAL SPACE, CONTINUE ON BACK OR ON A SEPARATE PAGE

D. 401k LOANS OR SIMILAR LOANS

Do you have a loan from a 401k or similar account or plan? Yes ___ No ___ If yes, please describe:
Account or plan type: _____ Date of loan: _____
Current amount of loan: _____ Current monthly loan repayment amount: _____
Institution: _____
Address: _____

IF YOU REQUIRE ADDITIONAL SPACE, CONTINUE ON BACK OR ON A SEPARATE PAGE

5. UNSECURED CREDITORS

These creditors do not have a security interest in any of your property. In other words, they do not have the right to repossess any property if you fail to pay the debt (e.g. credit cards, medical bills, utility bills, apartment leases, etc.). In addition to the unsecured creditors listed in your credit reports, you should list any other party not on your credit report which may have any claim against you (whether legitimate or not).

If you have multiple accounts with an original creditor, you only need to list the original creditor one time for all accounts. However, please make sure that you list all of the debt collectors and/or attorneys, if any, on the various accounts.

You do not need to list debts which were discharged in a previous bankruptcy.

To be safe, if a debt appears as "charged off" (or similar) on your credit report, you should list the creditor, as this may indicate that the debt still exists because it was sold to another party.

1. Creditor name: _____
Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

2. Creditor name: _____
Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

3. Creditor name: _____
Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

4. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

5. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

6. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

7. Creditor name: _____
Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____
Account / loan number: _____ Last date used: _____
Approximate date or time period when the debt was incurred: _____
Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____
Address: _____

8. Creditor name: _____
Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____
Account / loan number: _____ Last date used: _____
Approximate date or time period when the debt was incurred: _____
Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____
Address: _____

9. Creditor name: _____
Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____
Account / loan number: _____ Last date used: _____
Approximate date or time period when the debt was incurred: _____
Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____
Address: _____

10. Creditor name: _____
Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

11. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

12. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

13. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

14. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

15. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

16. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

17. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

18. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

19. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____

Address: _____

20. Creditor name: _____

Address: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Account / loan number: _____ Last date used: _____

Approximate date or time period when the debt was incurred: _____

Amount still owed: _____ Name(s) on account: _____

Referred to collection company, attorney or both:

Name: _____
Address: _____

IF YOU NEED ADDITIONAL SPACE, CONTINUE ON BACK OR ON A SEPARATE PAGE

6. STUDENT LOANS

Student loans are NOT dischargeable. This means that you cannot get rid of them by filing bankruptcy and that you will still owe your student loans when your bankruptcy is finished.

THIS SECTION MUST BE COMPLETED FOR ALL STUDENT LOANS:

We need COMPLETE information (name, address, zip code) for the following:

1. Servicing corp: _____
Address & ZIP: _____

Account / loan number: _____
Approximate date or time period when the debt was incurred: _____
Amount still owed: _____ Name(s) on account: _____

2. Servicing corp: _____
Address & ZIP: _____

Account / loan number: _____
Approximate date or time period when the debt was incurred: _____
Amount still owed: _____ Name(s) on account: _____

LIST ADDITIONAL STUDENT LOANS ON SEPARATE PAGE

7. CO-DEBTORS

a. Is anyone else responsible as a co-signor for any of your debts? If yes, list the name and address of both the co-signor and the creditor.

Debtor: Yes No

Spouse: Yes No

Co-signor's name, address & zip code: _____

Creditor's name, address & zip code: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Amount paid by co-signor: \$ _____

b. Have you co-signed for the debts of another?

Debtor: Yes No

Spouse: Yes No

Co-signor's name, address & zip code: _____

Creditor's name, address & zip code: _____

Basis for the debt (credit card, medical bill, utilities, etc): _____

Amount paid by co-signor \$ _____

8. PERSONAL PROPERTY

Indicate ALL personal property items that you own, regardless of whether you owe money on them, under the appropriate heading. **Indicate the current market value on the items based on the "garage sale" price at which you could purchase the items today.** Do NOT give the replacement value or the original purchase price.

1. Cash on hand \$ _____

2. Deposits: checking & savings accounts (list total amount on all accounts for each institution)

Institution 1 name & acct#: _____ total on all accounts: \$ _____

Institution 2 name & acct #: _____ total on all accounts: \$ _____

Institution 3 name & acct #: _____ total on all accounts: \$ _____

Institution 4 name & acct \$: _____ total on all accounts: \$ _____

LIST ADDITIONAL ACCOUNTS ON SEPARATE PAGE

3. Security **deposits--NOT monthly expenses!**

Public utilities \$ _____

Landlord \$ _____

Telephone \$ _____

4. Household goods, supplies, furnishings. **PLEASE BE SPECIFIC:**

All furniture: _____

\$ _____

Furnishings: _____

Appliances: _____	\$ _____
Home electronics (TV, stereo, computer equipment, camera, phone, printer, fax, etc.):	\$ _____
	\$ _____
Tools (household): _____	\$ _____
Exercise equipment: _____	\$ _____
Musical instruments: _____	\$ _____
5. Stamp, coin and other collections, antiques, records, tapes, CDs, DVDs and other collections _____	\$ _____
Books, pictures, art objects _____	\$ _____
6. Clothing _____	\$ _____
7. Furs and jewelry _____	\$ _____
8. Firearms and hobby equipment (not exempt unless used for occupation)	
Description: _____	\$ _____
Hobby equipment:	
Description: _____	\$ _____
9. Interest in life insurance policies (indicate term or cash value, if any) _____	\$ _____
10. Annuities (if you are the owner, insured, annuitant or the beneficiary) _____	\$ _____
11. Interests in IRA, 401K, PERA, ERISA and other pension plans (GIVE CURRENT VALUE)	
Description: _____	\$ _____
Financial institution name: _____	
Description: _____	\$ _____
Financial institution name: _____	
Description: _____	\$ _____
Financial institution name: _____	
12. Stocks and interests in businesses (LLC, partnership, corporation, etc)	\$ _____
13. Interests in partnerships or joint ventures _____	\$ _____
14. Government & corporate bonds or other negotiable & non-negotiable instruments _____	\$ _____
15. Accounts receivable (money someone owes to you) _____	\$ _____
16. Alimony, maintenance, child support and property settlements which you may be entitled to missing payments) _____	\$ _____ (circle) (late or
17. Other liquidated debts including tax refunds owed to you. _____	\$ _____
18. Equitable or future interests, life estates, and rights or powers exercisable for your benefit other than those listed in the real property section _____	\$ _____

- 19. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust \$ _____
- 20. Other contingent & unliquidated claims \$ _____
- 21. Patents, copyrights and other intellectual property \$ _____
- 22. Licenses, franchises and other general intangibles \$ _____

23. Automobiles, trucks, trailers and other vehicles:

[see www.kbb.com/whats-my-car-worth/, input year, make & model, then choose "Private Party Value"]

["trim" means the trim level & extras--"XLE", hatchback or sedan, leather, 4WD, etc.--be specific]

- i) Year, make, model & trim: _____
 condition: _____ mileage: _____
 names on title: _____ \$ _____
- ii) Year, make, model & trim: _____
 condition: _____ mileage: _____
 names on title: _____ \$ _____
- iii) Year, make, model & trim: _____
 condition: _____ mileage: _____
 names on title: _____ \$ _____
- iv) Year, make, model & trim: _____
 condition: _____ mileage: _____
 names on title: _____ \$ _____

- 24. Boats, motors & other vehicles & accessories
 describe: _____ \$ _____
- 25. Aircraft & accessories \$ _____
- 26. Office equipment, furnishings & Supplies \$ _____
- 27. Machinery, fixtures, equipment and supplies used in business \$ _____
- 28. Business inventory (please itemize on separate sheet) \$ _____
- 29. Animals (that could be sold) \$ _____
- 30. Crops, growing or harvested \$ _____
- 31. Farming equipment and implements \$ _____
- 32. Farm supplies, chemicals and feed \$ _____
- 33. Other personal property of any kind such as season tickets
 describe: _____ \$ _____

9. OIL, GAS OR MINERAL RIGHTS

Do you own any oil, gas or mineral rights? Yes ___ No ___

If yes, please describe: _____

Value and basis of valuation: _____

11. AGREEMENTS WHICH MAY GIVE RISE TO INCOME OR ASSETS (INCLUDING TRUSTS)

Please describe any agreement which you are a party to or a beneficiary of (if not described in sections 8-10 above) which may give rise to income, assets or rights: _____

12. FINANCIAL AFFAIRS

A. Income from employment and operation of business:

State the gross amount of income you have received from employment, trade, or profession, or from operation of business from the beginning of this calendar year to the date this case is commenced. State also gross amounts received during the two years immediately preceding this calendar year. If you do not know the exact amount, you may estimate. Also, please attach a copy of your most recent pay stubs.

DEBTOR:

Year	Employer Name / Business Name	Amount
2016 year to date	_____	\$ _____
2015	_____	\$ _____
2014	_____	\$ _____

SPOUSE:

Year	Employer Name / Business Name	Amount
2016 year to date	_____	\$ _____
2015	_____	\$ _____
2014	_____	\$ _____

B. Income other than from employment or operation of business:

State the amount of income you received other than from employment, trade, profession, or operation of a business during the previous two years. (List any money you reported on your taxes, such as **property settlements, unemployment, retirement benefits, social security, 401K / IRA distributions**, etc.)

DEBTOR:

Year	Source	Amount
2016 year to date	_____	\$ _____
2015	_____	\$ _____
2014	_____	\$ _____

SPOUSE:

Year	Source	Amount
2016 year to date	_____	\$ _____
2015	_____	\$ _____
2014	_____	\$ _____

13. TAX REFUNDS

Are you or your spouse **now** entitled to tax refunds (income or other):

Federal: Amount: \$ _____ Tax year: _____

State: Amount: \$ _____ Tax year: _____

14. PAYMENTS TO CREDITORS

a. List all payments on loans (**including car and home loans**), installment purchases of goods or services, credit cards and other debts, totaling more than \$600.00 to any one creditor during the past 90 days.

Name of Creditor	Dates Paid	Amount Paid	Amount Owing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. List all payments made within the previous year to or for the benefit of creditors who are or were insiders (family members or business partners).

Name & Address of Family Member	Dates Paid	Amount Paid	Amount Owing
_____	_____	_____	_____
_____	_____	_____	_____

15. SUITS, EXECUTIONS, GARNISHMENTS, AND ATTACHMENTS

a. List all suits to which you are or were a party within one (1) year immediately preceding the filing of this bankruptcy case. **BE SURE TO LIST THESE DEBTS ABOVE IN LIST OF DEBTS. Attach copies of ALL garnishment papers received.**

Case 1:

Type of Suit or Matter Case Number State & County Where Filed

Case Name

Was there a judgment entered against you? _____ If so, what creditor received the judgment?

Creditor name: _____

Address: _____

Amount of judgment \$ _____

Case 2:

Type of Suit or Matter Case Number State & County Where Filed

Case Name

Was there a judgment entered against you? _____ If so, what creditor received the judgment?

Creditor name: _____

Address: _____

Amount of judgment \$ _____

- b. Describe all property (including money) that has been attached, **garnished**, or seized under any legal or equitable process within the previous year.

Creditor 1:

Property seized or **amount garnished**: _____

Date taken: _____

Creditor name: _____

Address: _____

Creditor 2:

Property seized/garnished: _____

Date taken: _____

Creditor name: _____

Address: _____

16. 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 the previous year.

Property seized/garnished: _____

Date taken: _____

Value: _____

Creditor name: _____

Address: _____

(This creditor should be listed in section 5 above as an unsecured creditor for any deficiency after sale.)

Property seized/garnished: _____

Date taken: _____

Creditor name: _____

Address: _____

(This creditor should be listed in section 5 above as an unsecured creditor for any deficiency after sale.)

17. ASSIGNMENTS AND RECEIVERSHIPS

- a. Describe any assignment of property for the benefit of creditors made within the previous 120 days.

Property: _____

- b. List all property that has been in the hands of a receiver or court-appointed official within the previous year.

Property: _____

18. GIFTS

List all gifts or charitable contributions made within the previous year except ordinary and usual gifts to family members aggregating less than \$200.00 in value per individual family member and charitable contributions aggregating less than \$100.00 per recipient. List name and address of any recipient:

Gifts: _____

Amount: _____

Name, address & ZIP: _____

Relationship to recipient: _____

(please list other gifts on back of page or on a separate page)

19. LOSSES

List all losses from (circle one) fire, theft, other casualty (describe) or gambling within the previous year. Were they covered by insurance? _____ Did you file a police report? _____

Losses: _____

Total value of property: \$ _____ Date of loss: _____

20. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

List all payments made or property transferred by you or on your behalf to any persons, including other attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within the previous year, **including for the pre-filing mandatory credit counseling course.** You do not need to list payments to your present attorney for this case.

Payments: _____

Total amount: \$ _____

Dates paid: _____

Name & address: _____

21. OTHER TRANSFERS

List all property other than property transferred in the ordinary course of the business or normal financial affairs, transferred by you either absolutely or as security within the previous four years. EXAMPLE: Sale or trade-in of vehicles.

Dates: _____

Name & address: _____

Description of property: _____

Amount \$ _____

22. PROPERTY TRANSFERRED TO A TRUST DURING PAST 10 YEARS

List *all property* including any kind of asset, personal property or real estate, transferred by you either absolutely or as security to any type of trust during the past 10 years.

Total amount: _____

Dates: _____

Name & address of trust: _____

Description of property: _____

23. FINANCIAL ACCOUNTS

a. **Closed Accounts:** List all financial accounts and instruments held in your name, for your benefit **or on which you have signature** (savings, checking, IRA, 401k, brokerage, etc.) which were closed, sold, or otherwise transferred within the previous year:

Account type: _____

Institution: _____

Date closed: _____ Ending balance: _____

24. HEALTH SAVINGS ACCOUNT

Do you have a health savings account? Yes ___ No ___ If yes, please give the account details:

Institution: _____

Address: _____

Account balance: _____ Name on account: _____

25. SAFE DEPOSIT BOXES

List each safe deposit box or other box or depository in which you have or had securities, cash, or other valuables within the previous year.

SDB: _____

26. SETOFFS

A setoff occurs when a creditor takes your assets, or funds which it may owe to you, and applies them against a debt which you owe to the creditor. For example, a bank might take funds in a person's savings account and apply them against a debt which the person owes to the bank. List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within the previous 90 days.

Setoffs: _____

27. PROPERTY HELD FOR ANOTHER PERSON (INCLUDING VEHICLES)

List all property owned by another person that you are presently holding or have control of (for example, vehicles which may be owned or leased by someone else but which you operate).

Property: _____

Name, address & ZIP of the person for whom you are holding the property: _____

28. INHERITANCES

Are you expecting to receive any inheritance in the next year? Yes ___ No ___
If yes, please specify: _____

29. FUTURE PROPERTY SETTLEMENTS OR PAYMENTS

Are you expecting to receive any property settlement or payment in the future? This could be from a pending or final divorce, a personal injury settlement, worker's compensation claim, or just from someone who owes you money. Yes ___ No ___ If yes, please specify: _____

30. DEBTS OWED TO FAMILY, FRIENDS OR RELATIVES

Do you owe any money to any family member, friend or relative? Yes ___ No ___
If yes, please give the person's name and address:

Name: _____

Address & ZIP: _____

31. PAYMENTS TO FAMILY, FRIENDS OR RELATIVES

Have you made any payments or transfers of property to a family member, friend or relative in the past two years? Yes ___ No ___

If yes, please specify what was paid or transferred and give the date: _____

32. OCCUPATION AND EMPLOYMENT

A. DEBTOR (please list additional employers on a separate sheet)

Occupation/title: _____

Employer's name: _____

Address (including ZIP): _____

Phone: _____ How long: _____

B. SPOUSE (please list additional employers on a separate sheet)

Occupation/title: _____

Employer's name: _____

Address (including ZIP): _____

Phone: _____ How long: _____

E. If you are presently self-employed in any nature or have been self employed WITHIN THE LAST SIX YEARS, give the name of the business and address where you carry on your trade or profession:

Business name: _____

Address (including ZIP): _____

EIN / taxpayer id number or associated social security number: _____

Phone: _____

How long? _____

When did it start? _____

Nature of business _____

33. MARITAL STATUS

Please circle: single married/common law married separated divorced widow/widower

34. DEPENDENTS

List all dependents, other than spouse/partner, that live with you for all of part of each month.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

35. CURRENT INCOME - for you and spouse/partner, even if spouse/partner is not filing.

A. Do you receive income from any of the following on a monthly basis?
If so, state how much per month.

Income from operation of business	_____	_____
Income from real property/rent	_____	_____
Child support	_____	_____
Retirement benefits	_____	_____
Welfare benefits/food stamps	_____	_____
Worker's compensation benefits	_____	_____
Social security benefits	_____	_____
Disability benefits	_____	_____
Unemployment benefits	_____	_____

36. MONTHLY EXPENSES

For married persons who are not legally separated but are filing bankruptcy individually, the expenses listed should be those of both spouses and their dependents. However, if the finances of the spouses are kept separate and are not generally pooled together, please call the attorney and discuss how this section should be completed.

Primary Residence (where you live)

Rent/home mortgage payments (day of month due: _____) \$ _____

[if rent, name of landlord: _____

address & ZIP: _____

end date of current lease: _____]

Utilities:

Electricity and heating fuel \$ _____

Water and sewer \$ _____

Telephone \$ _____

Other:

Garbage \$ _____

Cable \$ _____

Internet \$ _____

Home maintenance \$ _____

Living

Food \$ _____

Clothing \$ _____

Laundry and dry cleaning \$ _____

Medical, dental and vision expense (out of pocket) \$ _____

Transportation (gas, oil, tires, brakes, maintenance, etc) \$ _____

Recreation, clubs, gym, entertainment, newspapers, magazines, etc. \$ _____

Charitable contributions \$ _____

Insurance

Homeowner's or renter's (If not included in house payment) \$ _____

insurer name: _____

Life (circle: term, whole life or other _____) \$ _____

insurer name: _____

Health \$ _____

insurer name: _____

Auto \$ _____

insurer name: _____

Other: _____ \$ _____

insurer name: _____

Taxes

Real estate (property) taxes (If not included in house payment) \$ _____

Installment payments

Automobile 1 \$ _____

Automobile 2 \$ _____

Other

Student loans \$ _____

Alimony, spousal maintenance, and child support paid to others	\$ _____
Payments for support of additional dependents not living at your home	\$ _____
Day care or babysitting costs	\$ _____
Tuition or books	\$ _____
Regular expenses for operation of business, profession, or farm	\$ _____
Haircuts	\$ _____
Pet care	\$ _____
Total Expenses	\$ _____
Total Excess (income minus expenses)	\$ _____

FINAL QUESTIONS

Have you made any larger than usual payments to creditors within the last year?

Yes No

If yes, explain

Have you given away or sold valuable property for less than the property was worth in the last four years?

Yes No

If yes, explain

Have you purchased luxury goods or services within 40 days?

Yes No

If yes, explain

Have you taken cash advances within the last 90 days?

Yes No

If yes, explain

Have you used your credit cards within the last forty five (45) days?

Yes No

If yes, explain
