

**Barbara L. Franklin, Esq.,
Attorney at Law**

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Re: Bankruptcy Assistance – PLEASE READ FIRST.

Aloha:

Thank you for your bankruptcy inquiry. Enclosed is Attorney Franklin's bankruptcy packet, including her questionnaire and other related information. Please read the enclosures carefully, and do your best to gather the requested documentation.

Once you have completed the questionnaire and gathered the required documents, please contact this office to schedule the initial consultation. The initial consultation will take approximately two hours depending on your situation, how prepared and organized you are, and how much information is provided. There is a \$300 charge for the initial consultation, which will go towards the retainer if you choose to file bankruptcy through this office. NOTE: A \$25.00 fee will be charged for any checks returned for insufficient funds

Please answer all of the questions in the questionnaire (mark "none" if the question is not applicable to you), and gather all of the documents requested in the enclosed Checklist of Necessary Documents. Be as organized as possible. If you do not have all of the necessary information related to your assets, debts, income and expenses, Attorney Franklin will not be able to fully advise you on your options, and you may be required to return for a follow-up consultation for which an additional \$300 will be charged.

In the rare circumstance that you are unable to travel to Honoka'a to meet with Attorney Franklin, we may be able to schedule a telephone consultation. In order to do so, however, you would need to send the completed questionnaire and all requested documents to this office prior to the scheduled consultation via email, facsimile or USPS. There is a \$150 charge for a half hour telephone consultation, which is nonrefundable, and which will be applied to the retainer if you choose to file Bankruptcy through this office. If the telephone consultation exceeds one hour, the fee will be set at \$300/hr.

It is always good to educate yourself, and it may be helpful for you to learn a little about the bankruptcy processes prior to your consultation. If you have access to a computer and online services, you can visit www.NOLO.com to research and find answers to many questions.

We look forward to assisting you, and please do not hesitate to contact us with any questions you may have about the questionnaire and documents to be provided.

Sincerely,

Jennifer Davis
Paralegal to Barbara L. Franklin, Esq.

Enc.

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DEBTOR INSTRUCTIONS
IMPORTANT – PLEASE READ ALL PARAGRAPHS
DO'S AND DO NOT'S OF BANKRUPTCY FILING

Filing for bankruptcy is a stressful, emotional time in your life. Your attorney's job is to protect you now, and in the future from the consequences of incurring debt. Your job is to tell her *everything*. Let her figure out what it is important and what needs to be disclosed. These guidelines cover common do's and do not's; keeping in mind, it is not a complete list. Confide in your attorney any situation that may raise a question. By following these guidelines, you will emerge from this, ready to begin anew.

Do take bankruptcy very seriously. It is a constitutional right, and Courts take a very dim view of abuse of those rights.

Do read all documents and information related to the bankruptcy; take the time, because you are responsible for the information.

Do be honest and forthcoming in your bankruptcy case and your attorney, giving her everything in your financial files, even if it is embarrassing or incriminating because if you have the document, odds are someone else does too. It is against the law to lie in bankruptcy proceedings. That means spill your guts; you are sacrificing a small portion of your privacy to get a discharge of your debts. If you lie in your bankruptcy documents, or conceal an asset, you could get in very serious trouble, the least of which will be a dismissal of your bankruptcy case and result in no forgiveness of the debt.

Do disable your credit cards by folding or cutting them up. If you want to keep one, tell your attorney.

Do disclose all assets that can be converted to something of value, including, but not limited to, all household goods, hobby equipment, artwork and other collections, financial accounts, monies owed to you, retirement accounts, etc. When determining the fair market value of these items, use garage sale or thrift store prices, unless instructed otherwise.

Do remember that many, if not all, household goods and items necessary for work, and to feed, clothe and house your family, will most likely be exempt from the reach of the creditors (the trustee appointed in your case is required to liquidate "non-exempt" assets in a Chapter 7). Your attorney will help you plan your exemptions.

Do disclose any items held in a storage unit, at your parent's house, at your children's college, in a safe deposit box, a locker at work or any place other than your residence, that are owned by you. (Test: would you be upset if someone failed to give it back or you lost it?)

Do discuss with your attorney any items you are holding for someone else, any bank accounts on which you have signature authority for another's convenience or need, this includes automobiles which you insure, and parent's or children's bank account on which your name appears.

Do disclose class action law suits that you have filed a statement for.

Do inform your attorney of everyone you owe money to, including family members and friends.

Do continue making regular payments on your home, insurance, or vehicles that you intend to keep.

Do close your checking and savings accounts at any bank or credit union where you also have a credit card or line of credit. If you stop paying your credit card or line of credit, the bank can actually go into your accounts to collect payment or freeze the account.

Do reduce the amount of taxes withheld from your pay if you anticipate filing a Chapter 13 case. Federal and State tax refunds are routinely taken and may affect plan payments. (Caution: Don't reduce the tax withholding so much that you then owe at the end of the year.)

Do attend a credit counseling session as soon as possible to educate yourself of your rights and options.

Do call your attorney if you have any questions or concerns about any of the do's and do not's on this list.

Do organize your paperwork.

Do not pay back relatives or business associates who have lent you money before filing the petition. Payments to an "insider" (which includes relatives, friends and business associates) within one year of the bankruptcy filing is a "preference," and the money may be recovered by the Trustee to be disbursed among all of your creditors. You can pay back anyone you like after the bankruptcy.

Do not run up your credit card debt prior to filing for bankruptcy. The Court may view this as an attempt to exploit the bankruptcy system, and the judge may view your case more harshly.

Do not buy any luxury items on credit prior to filing for bankruptcy.

Do not keep a creditor out of your bankruptcy case for any reason. You can pay them back after the bankruptcy.

Do not put property you own into someone else's name to avoid it being taken by creditors or the trustee. This would be fraud, and can result in your bankruptcy discharge to be denied. The trustee can also recover the property from the person to whom it was transferred.

Do not sell your property for far less than it is worth, until you speak to your attorney.

Do not tell someone not to give you something (whether it is a chair or a paycheck) that you are entitled to, or that you own, because you are going to file bankruptcy. This would be a fraud on creditors, and can result in your bankruptcy discharge being denied.

Do not ask someone to lie for you about your assets, or to be quiet about any assets that belong to you.

Do not pay, or make a promise to pay a creditor in order to not file a valid proof of claim against you.

Do not allow renters to remain on property if you have homeowners' association dues, as post-petition dues on an occupied property are not dischargeable.

Do not assume that all of your debts will be eliminated by filing bankruptcy. Certain debts are not dischargeable. Student loans, alimony, child support, and most tax obligations will remain after your bankruptcy has been discharged. You will also be responsible for any court-ordered payments regarding any actions you committed while drunk or under the influence.

Do not tell a creditor that you have filed bankruptcy until you have confirmed the documents have actually been filed, and you have received a case number.

Do not bring in cluttered paperwork.

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**IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE
SERVICES FROM AN ATTORNEY OR
BANKRUPTCY PETITION PREPARER**

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. **THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST.** Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

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I/We, the debtor(s), affirm that I/we have received and read the above information.

Debtor

Dated: _____

Joint Debtor

Dated: _____

BANKRUPTCY INFORMATION SHEET

BANKRUPTCY LAW IS A FEDERAL LAW. THIS SHEET PROVIDES YOU WITH GENERAL INFORMATION ABOUT WHAT HAPPENS IN A BANKRUPTCY CASE. THE INFORMATION HERE IS NOT COMPLETE. YOU MAY NEED LEGAL ADVICE.

WHEN YOU FILE BANKRUPTCY

You can choose the kind of bankruptcy that best meets your needs (provided you meet certain qualifications):

Chapter 7 -- A trustee is appointed to take over your property. Any property of value will be sold or turned into money to pay your creditors. You may be able to keep some personal items and possibly real estate depending on the law of the State where you live and applicable federal laws.

Chapter 13 -- You can usually keep your property, but you must earn wages or have some other source of regular income and you must agree to pay part of your income to your creditors. The court must approve your repayment plan and your budget. A trustee is appointed and will collect the payments from you, pay your creditors, and make sure you live up to the terms of your repayment plan.

Chapter 12 -- Like chapter 13, but it is only for family farmers and family fishermen.

Chapter 11 -- This is used mostly by businesses. In chapter 11, you may continue to operate your business, but your creditors and the court must approve a plan to repay your debts. There is no trustee unless the judge decides that one is necessary; if a trustee is appointed, the trustee takes control of your business and property.

If you have already filed bankruptcy under chapter 7, you may be able to change your case to another chapter.

Your bankruptcy may be reported on your credit record for as long as ten years. It can affect your ability to receive credit in the future.

WHAT IS A BANKRUPTCY DISCHARGE AND HOW DOES IT OPERATE?

One of the reasons people file bankruptcy is to get a "discharge." A discharge is a court order which states that you do not have to pay most of your debts. Some debts cannot be discharged. For example, you cannot discharge debts for -

- most taxes;
- child support;
- alimony;
- most student loans;
- court fines and criminal restitution; and
- personal injury caused by driving drunk or under the influence of drugs.

The discharge only applies to debts that arose before the date you filed. Also, if the judge finds that you received money or property by fraud, that debt may not be discharged.

It is important to list all your property and debts in your bankruptcy schedules. If you do not list a debt, for example, it is possible the debt will not be discharged. The judge can also deny your discharge if you do something dishonest in connection with your bankruptcy case, such as destroy or hide property, falsify records, or lie, or if you disobey a court order.

You can only receive a chapter 7 discharge once every eight years. Other rules may apply if you previously received a discharge in a chapter 13 case. No one can make you pay a debt that has been discharged, but you can voluntarily pay any debt you wish to pay. You do not have to sign a reaffirmation agreement (see below) or any other kind of document to do this.

Some creditors hold a secured claim (for example, the bank that holds the mortgage on your house or the loan company that has a

lien on your car). You do not have to pay a secured claim if the debt is discharged, but the creditor can still take the property.

WHAT IS A REAFFIRMATION AGREEMENT?

Even if a debt can be discharged, you may have special reasons why you want to promise to pay it. For example, you may want to work out a plan with the bank to keep your car. To promise to pay that debt, you must sign and file a reaffirmation agreement with the court. Reaffirmation agreements are under special rules and are voluntary. They are not required by bankruptcy law or by any other law. Reaffirmation agreements -

- must be voluntary;
- must not place too heavy a burden on you or your family;
- must be in your best interest; and
- can be canceled anytime before the court issues your discharge or within 60 days after the agreement is filed with the court, whichever gives you the most time.

If you are an individual and you are not represented by an attorney, the court must hold a hearing to decide whether to approve the reaffirmation agreement. The agreement will not be legally binding until the court approves it.

If you reaffirm a debt and then fail to pay it, you owe the debt the same as though there was no bankruptcy. The debt will not be discharged and the creditor can take action to recover any property on which it has a lien or mortgage. The creditor can also take legal action to recover a judgment against you.

IF YOU WANT MORE INFORMATION OR HAVE ANY QUESTIONS ABOUT HOW THE BANKRUPTCY LAWS AFFECT YOU, YOU MAY NEED LEGAL ADVICE. THE TRUSTEE IN YOUR CASE IS NOT RESPONSIBLE FOR GIVING YOU LEGAL ADVICE.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- ▣ You are an individual filing for bankruptcy, and
- ▣ Your debts are primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.



READ THIS NOTICE: Your case may be dismissed if you do not comply with certain statutory requirements and deadlines under applicable rules. Ask your attorney for explanations. Court personnel are not permitted to give you any legal advice.

1. **Schedules and Statements.** If you do not file all the required schedules and statements with your petition, your case may be dismissed if you do not file them within 14 days after the date the petition was filed. You may request an extension of the deadline by filing a motion (a form "Debtor's Motion to Extend Time to File Case Opening Documents" may be downloaded from the court's website: <http://www.hib.uscourts.gov>).
2. **Credit Counseling Certificate.** If you do not file a credit counseling certificate with your petition, your case may be dismissed if you do not file it within 14 days after the date your petition was filed. If you request a waiver or exemption from the requirement to obtain prebankruptcy credit counseling, your case may be dismissed if the court denies your request for the waiver or exemption. (Note: In addition to the prebankruptcy credit counseling, you must also complete a separate course in personal financial management – "debtor education" – see paragraph 8.)
3. **Payment Advices (Wage Statements, Pay Stubs, etc.).** Your case may be dismissed if you do not provide the trustee ALL payment advices or other evidence of payments from your employer for the 60-day period before you filed your petition. **Do not file these with the court.** All wage statements and pay stubs must be sent to the trustee not later than 7 days before the date of your meeting of creditors or 45 days after the date your petition was filed, whichever is earlier. Note: If you do not have wage statements or pay stubs for the entire 60-day period, explain why in the attached "Debtor's Statement Regarding Payment Advices, Tax Returns, and Domestic Support Obligations" and submit it to the Trustee (do not file this with the court).
4. **Tax Returns.** Your case may be dismissed if:
 - a. You do not provide the trustee (as well as any creditor who sends you a written request) a copy of the most recent federal tax return (or a transcript of that return) that you have filed with the Internal Revenue Service. The copy of the return must be sent at least 7 days before the meeting of creditors, or no later than 45 days after the date your petition was filed, whichever is earlier.
 - b. You have not filed, by the day before your meeting of creditors, all federal, state, and local tax returns due for the 4 years before this case. Any delinquent tax returns must be filed with the appropriate taxing authorities – do not file these with the court. Note: If you did not file a federal tax return, explain why in the attached "Debtor's Statement Regarding Payment Advices, Tax Returns, and Domestic Support Obligations" and submit to the Trustee (do not file this with the court).
 - c. Chapter 13 only: You do not file with the court, on request of the trustee or any party in interest, a copy of each federal tax return at the same time the return is filed with the IRS. This requirement applies to any tax returns which you file during the time your case is open and pending before the court.

- 5. Meeting of Creditors (“341 Meeting”).** Your case may be dismissed if you fail to attend the “341” meeting of creditors (location, date, and time will be in the notice of bankruptcy case that will be mailed to you shortly after your petition is filed). Make sure to bring all the following to the meeting:
- A government issued photo ID and evidence of your social security number. Common forms of identification include a driver's license, state identification card, military ID, legal resident alien card, or passport. Evidence of your social security number includes a social security card, current employer's health card, current wage statement, original Form W-2, Form 1099, or IRS – issued transcript of return (but not a copy of your tax return).
 - Evidence of current income such as your most recent payment advice (this is in addition to the payment advices for the 60 day period before bankruptcy sent to the trustee before the 341 meeting).
 - The most recent statements for each of your bank and investment accounts.
 - Documentation of monthly expenses claimed in calculating your current monthly income on Form B122A in a Chapter 7 case or Form B122C in a Chapter 13 case.
 - Documentation for the valuation of any real or personal property.
 - Any other information requested in advance by the Trustee.
- 6. Domestic Support Obligations.** If you owe money to a spouse, former spouse, your child, your child's parent, legal guardian, or a governmental unit that is in the nature of alimony, maintenance or support under a separation or property settlement agreement, divorce decree, court order, or lawful determination made by a governmental unit, your case may be dismissed if:
- You do not pay a domestic support obligation that becomes payable after the filing of this case; or
 - You do not provide the Trustee with the information about a domestic support obligation, your employer's name and address, and the name of each creditor that holds a claim that is not discharged or was reaffirmed, to enable the trustee to provide notice to the holder of the claim and, if applicable, the appropriate state child support enforcement agency. You must provide the information in the attached “Debtor's Statement Regarding Payment Advices, Tax Returns, and Domestic Support Obligations” and submit to the Trustee (do not file this with the court).
- 7. Lawsuits in Other Courts.** If you are a party to any litigation in another federal or state court, you are required by Local Bankruptcy Rule 2072-1 to notify that court that you have filed a bankruptcy petition. Notice should be sent at the earliest possible date to the clerk of the court, all counsel of record and to any parties not represented by counsel. File a certificate of service with this court showing the parties served with such notice. The debtor is also obligated to notify the court and parties of the dismissal of the case, an order granting or denying discharge, and other orders affecting the resumption of the litigation or the proceeding.
- 8. Debtor Education.** You must complete a course in personal financial management, commonly referred to as debtor education. This is different from the credit counseling you needed before you filed your bankruptcy petition. An approved agency must issue you a debtor education certificate upon completion of the course. The agency may file a copy of the certificate with the court. But if the agency does not file it, you or your attorney must file the certificate or a “Debtor's Certification of Completion of Postpetition Instructional Course Concerning Personal Financial Management (Debtor Education)” (Official Form 423). You do not need to file the debtor education certificate itself, but you must include the certificate number on the certification form. In a joint case, each spouse must file a debtor education certificate or certification form.

In a Chapter 7 case, the certification is due 60 days after the date set for the first meeting of creditors.

In a Chapter 13 case, the certification is due prior to completion of your plan payments to the Trustee.

If you do not file the certification before the respective deadline, your case will be closed without a discharge in bankruptcy and you will continue to be responsible for all your debts. If your case is closed and you later wish to file a certification with the court, you will need to file a motion to reopen your case and must pay a reopening fee (currently, \$260 in a Chapter 7 case or \$235 in a Chapter 13 case, but these amounts are subject to change).

9. Incorrect Name or Social Security Number on Petition. Errors in your name or social security number on the petition can seriously affect another person's credit record and can lead to errors in your own credit record. Any error must be corrected and both creditors and credit reporting agencies should be notified of the changes. If your name on the petition is incorrect, you must file an amended petition or Local Form H1009-3 (Debtor's Notice of Name Change) with the court. If the social security number is incorrect, please see Local Bankruptcy Rule 1009-2 and the information at the court's website.

10. Prior Discharge in Bankruptcy. If you have previously received a discharge in another bankruptcy case, you may not be eligible for a discharge in this case.

In a Chapter 7 case, you may not receive a discharge if you received a discharge in a prior Chapter 7 or Chapter 11 case filed within the last 8 years, or in a Chapter 13 case filed within the last 6 years. A motion to dismiss your chapter 7 case may be filed if you are ineligible for a discharge.

In a Chapter 13 case, you may not receive a discharge even if you complete all your plan payments if you previously received a discharge in a prior Chapter 13 case during the 2 years preceding this case or in a Chapter 7, 11, or 12 case during the 4 years preceding this case.

11. Chapter 13 Only:

- a. **Plan Payments.** Your case may be dismissed if you do not make your first plan payment to the Trustee within 30 days after filing your petition.
- b. **Annually Update Income Statements.** Your case may be dismissed if, each year until your case is closed, you do not file with the court a statement of your income and expenditures for the prior tax year, and a statement that shows how your income, expenditures and monthly income are calculated.

The above list of responsibilities of a debtor is not exhaustive – there are many requirements under the Bankruptcy Code and Rules. Follow your attorney's advice. If you do not have an attorney, you should consider consulting one who is familiar with bankruptcy law and procedures.

Court Website: <http://www.hib.uscourts.gov>

USE THE FORM ON THE BACK OF THIS PAGE TO PROVIDE INFORMATION TO TRUSTEE.
MAIL IT TO THE TRUSTEE AT LEAST 7 DAYS BEFORE YOUR MEETING OF CREDITORS.

(Trustee's name and address will be on the notice of bankruptcy case you will receive in the mail.)

(5/2019)

Will be provided to you by³ Mrs. Franklin upon filing.

UNITED STATES BANKRUPTCY COURT - DISTRICT OF HAWAII

Name of Debtor or Joint Debtor (Complete for each individual):

Case No.:
(if known)

Chapter

DEBTOR'S STATEMENT REGARDING PAYMENT ADVICES, TAX RETURNS, AND DOMESTIC SUPPORT OBLIGATIONS

Do not file this with the court. Complete and mail to trustee at least 7 days before your meeting with creditors.

- ☐ **Payment Advices** (wage statements, pay stubs, etc.) are being submitted to trustee.
- ☐ I am **not** submitting payment advices received from my employer during the 60 days before the date of filing of my bankruptcy petition because:
- ☐ I was not employed during these dates: from: _____ to: _____.
- ☐ I was employed but have not received any payment advices or other evidence of payment from my employer during the 60-day period before filing my petition.
- ☐ I am self-employed and do not receive any evidence of payment from an employer.
- ☐ Other reason [Attach explanation if more space needed]:

- ☐ **Most Recent Federal Income Tax Return or Transcript** is being submitted to trustee.
- ☐ I am **not** submitting my federal income tax return or transcript for the most recent tax year ending immediately before the date of filing of my bankruptcy petition because:
- ☐ I had insufficient gross income to require the filing of a federal tax return for tax year: _____.
My income for that tax year was: \$ _____.

- ☐ Other reason [Attach explanation if more space needed]:

Chapter 13 Only: ☐ I have filed all returns for federal, state, and local taxes due for the 4 years before this case.

- ☐ I have **Domestic Support Obligations** (child support, alimony, divorce obligations, etc.).
Provide the name and address of each individual or government payee here:

I declare under penalty of perjury that the foregoing information is true and correct.

Dated: _____

Signature of Debtor / Joint Debtor _____

Provided by the Law Office of Barbara L. Franklin, Esq., Attorney at Law 808-775-0530 www.island-law.com
The following Credit Counseling Agencies and Debtor Education Providers are approved by the United States Bankruptcy Court, State of Hawai'i
Call our office for Attorney Codes.

You can find more approved agencies and services at <http://www.hib.uscourts.gov> Click on Approved Credit Counseling Agencies for Hawai'i
Please note: **Credit counseling is not necessary prior to your consultation with the Attorney, however it is required prior to filing a Bankruptcy petition.*

*USBC Approved Credit Counseling Agencies

	<u>Internet Address</u>	<u>Phone</u>	<u>As low as</u>
American Financial Solutions of N. Seattle CCF	www.myfinancialgoals.net	800-894-7240	\$30.00
Abacus Credit Counseling	www.abacuscc.org	1-800-516-3834	\$25.00
Access Counseling, Inc.	www.accesscounseling.com	800-205-9297	\$25.00
Advantage Credit Counseling Service	www.advantageccs.org	1-866-409-2227	\$24.95
Both Courses	bothcourses.com	855-313-4527	\$14.99
Cricket Debt Counseling	www.cricketdebt.com	866-719-0400	\$24.00
Green Path Inc.	www.greenpathbk.com	800.630.6718	\$25.00
Springboard Credit Management	www.bkhelp.org	888-425-3453	\$55.00
Summit Financial Education Inc.	www.summitfe.org	1-800-780-5965	\$24.95

***Debtor Education Providers are also listed below for your convenience. You do not need to take this course until AFTER you file your petition*

**USBC Approved Debtor Education Providers

	<u>Internet Address</u>	<u>Phone</u>	<u>As low as</u>
Abacus Credit Counseling	www.abacuscc.org	1-800-516-3834	\$35.00
Access Counseling, Inc.	www.accesscounseling.com	800-205-9297	\$15.00
American Financial Solutions of N. Seattle CCF	www.myfinancialgoals.net	800-894-7240	\$30.00
Both Courses	bothcourses.com	855-313-4527	\$7.99
Cricket Debt Counseling	www.cricketdebt.com	866-719-0400	\$20.00
Green Path Inc.	www.greenpathbk.com	800.630.6718	\$15.00
Springboard Credit Management	www.bkhelp.org	888-425-3453	\$55.00
Summit Financial Education Inc.	www.summitfe.org	1-800-780-5965	\$24.95
Advantage Credit Counseling Service	www.advantageccs.org	1-866-409-2227	\$25.00

CHECKLIST OF NECESSARY DOCUMENTS

Please bring the following with you to the initial consultation:

- ☐ **Completed Questionnaire.**
Please complete the questionnaire as accurately as possible. Fill in all responses; if something is not applicable to you, please mark "none." Federal law requires us to notify you that all information disclosed in the petition, and the case, must be complete, accurate and truthful, as you will be signing the documents under penalty of perjury.
- ☐ **Proof of income from all sources.**
You must disclose your current monthly income, and the monthly income received for the six-month period immediately preceding the bankruptcy filing. Current monthly income includes all income received from all sources, including income received by a non-filing spouse, unless you and your spouse are separated. In this regard, you must provide all payment advices for the six-month period prior to the bankruptcy filing, or, if you are self-employed, you must complete and submit the Attorney's Business Income & Expense Questionnaire.
- ☐ **Tax returns for past two years, including Federal, State and GET.**
Please provide copies of your tax returns for the past two years. If no tax returns have been filed in the past two years, please provide the last two returns that were filed.
- ☐ **Evidence of household expenses.**
You must provide a list of the actual expenditures you make, both monthly and annually, as well as statements and/or bills documenting each expenditure. This includes all of your monthly household expenses, including but not limited to, electric, telephone, propane, water, food, fuel, education expenses, child care, recreation, charitable contributions, etc.
- ☐ **Creditor Statements and Collection Notices.**
You must provide a list of your creditors, the amounts owed, dates incurred, and their mailing addresses, as well as copies of the statements, correspondence and/or bills for each creditor or collection agency for a period of 90-days prior to the bankruptcy filing. Do not omit any bills. Additionally, the Attorney will obtain a credit report in an effort to confirm that you have listed all of the creditors you owe money to. However, credit reports can contain errors, and certain debts may not be reported to the credit bureaus, including hospitals, doctors and dentists. Please provide statements for all credit cards, personal loans, payday loans, medical bills, etc.
- ☐ **Secured Automobile Loans.**
Please provide the vehicle registration, certificate of insurance, and if the vehicle is not paid off, the purchase agreement and the most recent vehicle loan statement.
- ☐ **Lawsuits.**
Please provide the Complaint and subsequent documents for any lawsuits filed against you or by you in the past 2 years; also provide any liens on property, wage garnishments and any class action documents.

☐

Bank Accounts.

Please provide copies of your bank statements for the past six months for all accounts that you have signature authority on. Provide proof of any or all bank accounts closed within the past 12 months.

☐

Divorce Decrees and Domestic Support Obligations.

If you are divorced, please provide a copy of the divorce decree and supporting documents. If you have a domestic support obligations, please provide the Order creating it. If there has been an adoption, please provide all papers supporting it.

☐

Personal Property.

You must determine the replacement value of your personal property. With respect to property acquired for personal, family, or household purposes, replacement value shall mean the price a merchant would charge for property of that kind considering the age and condition of the property. A useful index for determining the replacement value of your personal property is eBay, Craigslist, classified ads, second-hand or thrift stores. For vehicles, please provide a printout from Kelley Blue Book evidencing the current value of your vehicles.

☐

Real Property.

Please provide all deeds, mortgages and loans for all real property, including condominiums, vacant land, timeshares, etc. Please also provide the most recent property tax bill, any recent appraisals or valuations, and any homeowners association dues or fees. If there is a pending foreclosure, please provide the Complaint and subsequent documents filed.

☐

Life Insurance Policies.

Please provide documents related to any and all life insurance policies.

☐

Retirement.

Please provide documents related to any and all retirement accounts, including but not limited to, pensions, 401(k), and IRA accounts.

☐

Proof of identification.

This must be a government-issued document that includes a picture of you and proof of your social security number. For example, your driver's license, passport or state ID and an official social security card.

☐

Bankruptcy Code §527(b) Disclosures.

Please read and sign the enclosed Important Information About Bankruptcy Assistance Services, and provide it to this office at your initial consultation.

☐

Credit counseling certification

You are required to obtain a certification of Credit Counseling prior to filing a bankruptcy petition. The Credit Counseling is not required prior to your meeting with this office. After the bankruptcy filing, you will also be required to participate in a Debtor's education course within 45 days after the Meeting of Creditors.

**Barbara L. Franklin, Esq.,
Attorney at Law**

DATE:

____/____/____

DEBTOR (HUSBAND, IF MARRIED)

JOINT DEBTOR (WIFE, IF MARRIED)

FIRST NAME MIDDLE NAME LAST NAME
☐ Jr.
☐ Sr.
☐ II
☐

FIRST NAME MIDDLE NAME LAST NAME

OTHER NAMES USED WITHIN LAST 8 YEARS

OTHER NAMES USED WITHIN LAST 8 YEARS

SOCIAL SECURITY NUMBER (LIST ALL IF MORE THAN ONE)

SOCIAL SECURITY NUMBER (LIST ALL IF MORE THAN ONE)

STREET ADDRESS APT. NO.

STREET ADDRESS APT. NO.

CITY STATE ZIP CODE

CITY STATE ZIP CODE

COUNTY OF RESIDENCE LENGTH OF TIME AT CURRENT ADDRESS

COUNTY OF RESIDENCE LENGTH OF TIME AT CURRENT ADDRESS

MAILING ADDRESS (IF DIFFERENT) APT. NO.

MAILING ADDRESS (IF DIFFERENT) APT. NO.

CITY STATE ZIP CODE

CITY STATE ZIP CODE

HOME TELEPHONE WORK TELEPHONE

() ()

HOME TELEPHONE WORK TELEPHONE

() ()

CELLULAR TELEPHONE E-MAIL ADDRESS

()

CELLULAR TELEPHONE E-MAIL ADDRESS

()

BEST NUMBER & TIME TO CONTACT (CHECK)

BEST NUMBER & TIME TO CONTACT (CHECK)

☐ HOME ☐ WORK ☐ CELLULAR TIME: _____ AM/PM

☐ HOME ☐ WORK ☐ CELLULAR TIME: _____ AM/PM

DATE OF BIRTH CAN YOU RECEIVE COMMUNICATIONS BY E-MAIL?
☐ YES ☐ NO

DATE OF BIRTH CAN YOU RECEIVE COMMUNICATIONS BY E-MAIL?
☐ YES ☐ NO

HAVE YOU EVER FILED FOR BANKRUPTCY BEFORE?

HAVE YOU EVER FILED FOR BANKRUPTCY BEFORE?

☐ YES ☐ NO IF YES: WHEN _____ WHAT CHAPTER? _____

☐ YES ☐ NO IF YES: WHEN _____ WHAT CHAPTER? _____

MARITAL STATUS (CHECK ONE):

☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

HAVE YOU RESIDED IN THE SAME COUNTY FOR THE LAST 180 DAYS (6 MONTHS)?

☐ YES ☐ NO IF NO: WHERE DID YOU LIVE PRIOR? _____

FOR ATTORNEY USE ONLY

CASE CHAPTER: ☐ 7 ☐ 13

ATTORNEY SIGNING PETITION _____

PARTIES: ☐ INDIVIDUAL ☐ JOINT

BAR NUMBER _____

ATTORNEY FEE (FOR COMPENSATION STATEMENT) \$ _____

REQUESTED PETITION DATE: ____/____/____

ATTORNEY FEE (PAID PRIOR TO FILING) \$ _____

STATE OR FEDERAL EXEMPTIONS? ☐ STATE ☐ FEDERAL

WHO PAID THE ATTORNEY FEES? ☐ DEBTORS ☐ OTHER _____

RUSH CIRCUMSTANCES: ☐ FORECLOSURE ☐ LAWSUIT
☐ GARNISHMENT ☐ OTHER

FILING FEE PAID BEFORE FILING? ☐ YES ☐ NO

DISTRICT? _____ DIVISION? _____

YOUR REAL PROPERTY

- ☐ YES ☐ NO DO YOU OWN ANY REAL PROPERTY (HOUSE, DUPLEX, TOWNHOME, CONDO, COOPERATIVE, ETC.)? IF YES, COMPLETE THIS SECTION.
- ☐ YES ☐ NO DO YOU RENT? IF YES, SKIP THE SECTION LABELED "YOUR REAL ESTATE" AND GO TO "YOUR PERSONAL PROPERTY".
- ☐ YES ☐ NO DO YOU OWN A MOBILE HOME? IF YES, SKIP THE SECTION LABELED "YOUR REAL ESTATE" AND GO TO "YOUR MOBILE HOME".

TYPE OF REAL PROPERTY: (CHECK ONE)

☐ SINGLE FAMILY HOME ☐ TOWNHOME/DUPLEX ☐ MULTI-FAMILY HOME ☐ CONDOMINIUM ☐ CO-OPERATIVE ☐ TIMESHARE ☐ VACANT LAND ☐ FARM LAND

DESCRIPTION OF PROPERTY (EXAMPLE: 1,950 SQUARE FOOT, 3 BEDROOM, 2 1/2 BATH, SPLIT LEVEL, 2 CAR ATTACHED GARAGE ON 1 ACRE LOT):

DESCRIPTION OF PROPERTY (CONTINUED)

ADDRESS OF PROPERTY:

ESTIMATED FAIR MARKET VALUE:

\$

OF PEOPLE ON TITLE

NAMES OF INDIVIDUALS ON TITLE:

DO YOU CURRENTLY LIVE HERE?

MONTH & YEAR PROPERTY PURCHASED

☐ YES ☐ NO

MORTGAGE

MORTGAGE NAME:

ACCOUNT NUMBER

MAILING ADDRESS:

CITY

STATE

ZIP CODE

DATE OBTAINED (MONTH / YR.)

PAYOFF AMOUNT:

\$

MONTHLY PAYMENT:

\$

/MO

INTEREST RATE:

ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT?

TAXES? ☐ YES ☐ NO IF NO: \$ _____ /YR

INSURANCE? ☐ YES ☐ NO IF NO: \$ _____ /YR

INTENTION?

ARE YOU BEHIND ON PAYMENTS?

IF BEHIND, NUMBER OF PAYMENTS?

AMOUNT TO CATCH UP ON PAYMENTS?

HAS A FORECLOSURE BEEN FILED?

☐ KEEP ☐ SURRENDER

☐ YES ☐ NO

☐ YES ☐ NO

2ND MORTGAGE / EQUITY LINE

2ND MORTGAGE NAME:

ACCOUNT NUMBER

MAILING ADDRESS:

CITY

STATE

ZIP CODE

DATE OBTAINED (MONTH / YR.)

PAYOFF AMOUNT:

\$

MONTHLY PAYMENT:

\$

/MO

INTEREST RATE:

ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT?

TAXES? ☐ YES ☐ NO IF NO: \$ _____ /YR

INSURANCE? ☐ YES ☐ NO IF NO: \$ _____ /YR

INTENTION?

ARE YOU BEHIND ON PAYMENTS?

IF BEHIND, NUMBER OF PAYMENTS?

AMOUNT TO CATCH UP ON PAYMENTS?

HAS A FORECLOSURE BEEN FILED?

☐ KEEP ☐ SURRENDER

☐ YES ☐ NO

☐ YES ☐ NO

3RD MORTGAGE / LIEN

3RD MORTGAGE / LIEN NAME:

ACCOUNT NUMBER

MAILING ADDRESS:

CITY

STATE

ZIP CODE

DATE OBTAINED (MONTH / YR.)

PAYOFF AMOUNT:

\$

MONTHLY PAYMENT:

\$

/MO

INTEREST RATE:

ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT?

TAXES? ☐ YES ☐ NO IF NO: \$ _____ /YR

INSURANCE? ☐ YES ☐ NO IF NO: \$ _____ /YR

INTENTION?

ARE YOU BEHIND ON PAYMENTS?

IF BEHIND, NUMBER OF PAYMENTS?

AMOUNT TO CATCH UP ON PAYMENTS?

HAS A FORECLOSURE BEEN FILED?

☐ KEEP ☐ SURRENDER

☐ YES ☐ NO

☐ YES ☐ NO

YOUR MOBILE HOME

DESCRIPTION OF MOBILE HOME (EXAMPLE: 28X40 DOUBLEWIDE, 2 BEDROOM, 1 BATH, ON WHEELS WITH SKIRTING AND STEPS AND 1 OUTBUILDING SHED SITUATED IN MOBILE HOME PARK):

NAMES ON TITLE OR DEED:		ADDRESS:		CITY	STATE	ZIP CODE
ESTIMATED VALUE: \$	HAVE THE WHEELS BEEN REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS IT IN A MOBILE HOME PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS IT ATTACHED TO LAND YOU OWN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		LOT RENT: \$	DO YOU MAKE SEPARATE PAYMENTS FOR THE GROUND YOUR HOME SITS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			
MORTGAGE / LOAN	MORTGAGE / LOAN NAME:			ACCOUNT NUMBER:		
	MAILING ADDRESS:			CITY	STATE	ZIP CODE
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$	MONTHLY PAYMENT: \$ /MO	INTEREST RATE	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT?	
					TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ /YR	
					INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ /YR	
INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER		ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BEHIND, NUMBER OF PAYMENTS?	AMOUNT TO CATCH UP ON PAYMENTS?	HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

YOUR PERSONAL PROPERTY

		TOTAL USED VALUE									
1	CASH ON HAND (PLEASE LIST THE AMOUNT OF CASH YOU POSSESS): <input type="checkbox"/> NONE	\$									
2	BANK ACCOUNTS (PLEASE LIST ALL OPEN BANK ACCOUNTS AND BALANCES): <input type="checkbox"/> NONE <table style="width: 100%;"> <tr> <td style="width: 30%;">TYPE OF ACCOUNT:</td> <td style="width: 40%;">NAME OF BANK:</td> <td style="width: 30%;">ACCOUNT NUMBER:</td> </tr> <tr> <td><input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> OTHER <input type="checkbox"/> CD</td> <td><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT</td> <td></td> </tr> </table>	TYPE OF ACCOUNT:	NAME OF BANK:	ACCOUNT NUMBER:	<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING			<input type="checkbox"/> OTHER <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT		\$
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<input type="checkbox"/> OTHER <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT										
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TYPE OF ACCOUNT:	NAME AND ADDRESS OF BANK:	ACCOUNT NUMBER:									
<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING											
<input type="checkbox"/> OTHER <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT										
3	SECURITY DEPOSITS (PLEASE LIST ALL SECURITY DEPOSITS HELD BY LANDLORDS, UTILITY COMPANIES, TELEPHONE COMPANIES, ETC.) <input type="checkbox"/> NONE LANDLORD: _____ AMOUNT OF DEPOSIT: \$ _____ UTILITY: _____ AMOUNT OF DEPOSIT: \$ _____ UTILITY: _____ AMOUNT OF DEPOSIT: \$ _____	\$									
	4	HOUSEHOLD GOODS AND FURNISHINGS (PLEASE PLACE A CHECK MARK NEXT TO THE ITEMS YOU OWN ALONG WITH A USED GARAGE SALE VALUE)									
		<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> SOFA(S) (QUANTITY) _____ USED VAL \$ _____ <input type="checkbox"/> LOVESEAT(S) (QUANTITY) _____ USED VAL \$ _____ <input type="checkbox"/> TELEVISION 1 (DESCRIBE) _____ USED VAL \$ _____ <input type="checkbox"/> TELEVISION 2 (DESCRIBE) _____ USED VAL \$ _____ <input type="checkbox"/> TELEVISION 3 (DESCRIBE) _____ USED VAL \$ _____ <input type="checkbox"/> TELEVISION 4 (DESCRIBE) _____ USED VAL \$ _____ <input type="checkbox"/> ENTERTAINMENT CENTER / TV CABINET _____ USED VAL \$ _____ <input type="checkbox"/> DVD PLAYER (QUANTITY) _____ USED VAL \$ _____ <input type="checkbox"/> VHS PLAYER _____ USED VAL \$ _____ <input type="checkbox"/> PERSONAL COMPUTER / PRINTER _____ USED VAL \$ _____ <input type="checkbox"/> STEREO _____ USED VAL \$ _____ <input type="checkbox"/> VIDEO GAME SYSTEM _____ USED VAL \$ _____ <input type="checkbox"/> COFFEE TABLE _____ USED VAL \$ _____ <input type="checkbox"/> END TABLES _____ USED VAL \$ _____ <input type="checkbox"/> SOFA TABLES _____ USED VAL \$ _____ <input type="checkbox"/> KITCHEN TABLE / CHAIRS _____ USED VAL \$ _____ <input type="checkbox"/> DINING TABLE / CHAIRS _____ USED VAL \$ _____ <input type="checkbox"/> CHINA CABINET _____ USED VAL \$ _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> REFRIGERATOR / FREEZER _____ USED VAL \$ _____ <input type="checkbox"/> FREEZER _____ USED VAL \$ _____ <input type="checkbox"/> STOVE / RANGE _____ USED VAL \$ _____ <input type="checkbox"/> MICROWAVE _____ USED VAL \$ _____ <input type="checkbox"/> DISH WASHER _____ USED VAL \$ _____ <input type="checkbox"/> WASHING MACHINE _____ USED VAL \$ _____ <input type="checkbox"/> CLOTHES DRYER _____ USED VAL \$ _____ <input type="checkbox"/> DISHES / FLATWARE _____ USED VAL \$ _____ <input type="checkbox"/> CHINA / SILVERWARE _____ USED VAL \$ _____ <input type="checkbox"/> POTS / PANS / COOKWARE _____ USED VAL \$ _____ <input type="checkbox"/> BED (QUANTITY) _____ USED VAL \$ _____ <input type="checkbox"/> DRESSER(S) / NIGHTSTAND(S) _____ USED VAL \$ _____ <input type="checkbox"/> LAMPS / ACCESSORIES _____ USED VAL \$ _____ <input type="checkbox"/> TELEPHONE _____ USED VAL \$ _____ <input type="checkbox"/> CELLULAR TELEPHONES _____ USED VAL \$ _____ <input type="checkbox"/> LAWNMOWER _____ USED VAL \$ _____ <input type="checkbox"/> YARD /LANDSCAPING TOOLS _____ USED VAL \$ _____ <input type="checkbox"/> OTHER _____ USED VAL \$ _____ </td> </tr> </table>	<input type="checkbox"/> SOFA(S) (QUANTITY) _____ USED VAL \$ _____ <input type="checkbox"/> LOVESEAT(S) (QUANTITY) _____ USED VAL \$ _____ <input type="checkbox"/> TELEVISION 1 (DESCRIBE) _____ USED VAL \$ _____ <input type="checkbox"/> TELEVISION 2 (DESCRIBE) _____ USED VAL \$ _____ <input type="checkbox"/> TELEVISION 3 (DESCRIBE) _____ USED VAL \$ _____ <input type="checkbox"/> TELEVISION 4 (DESCRIBE) _____ USED VAL \$ _____ <input type="checkbox"/> ENTERTAINMENT CENTER / TV CABINET _____ USED VAL \$ _____ <input type="checkbox"/> DVD PLAYER (QUANTITY) _____ USED VAL \$ _____ <input type="checkbox"/> VHS PLAYER _____ USED VAL \$ _____ <input type="checkbox"/> PERSONAL COMPUTER / PRINTER _____ USED VAL \$ _____ <input type="checkbox"/> STEREO _____ USED VAL \$ _____ <input type="checkbox"/> VIDEO GAME SYSTEM _____ USED VAL \$ _____ <input type="checkbox"/> COFFEE TABLE _____ USED VAL \$ _____ <input type="checkbox"/> END TABLES _____ USED VAL \$ _____ <input type="checkbox"/> SOFA TABLES _____ USED VAL \$ _____ <input type="checkbox"/> KITCHEN TABLE / CHAIRS _____ USED VAL \$ _____ <input type="checkbox"/> DINING TABLE / CHAIRS _____ USED VAL \$ _____ <input type="checkbox"/> CHINA CABINET _____ USED VAL \$ _____	<input type="checkbox"/> REFRIGERATOR / FREEZER _____ USED VAL \$ _____ <input type="checkbox"/> FREEZER _____ USED VAL \$ _____ <input type="checkbox"/> STOVE / RANGE _____ USED VAL \$ _____ <input type="checkbox"/> MICROWAVE _____ USED VAL \$ _____ <input type="checkbox"/> DISH WASHER _____ USED VAL \$ _____ <input type="checkbox"/> WASHING MACHINE _____ USED VAL \$ _____ <input type="checkbox"/> CLOTHES DRYER _____ USED VAL \$ _____ <input type="checkbox"/> DISHES / FLATWARE _____ USED VAL \$ _____ <input type="checkbox"/> CHINA / SILVERWARE _____ USED VAL \$ _____ <input type="checkbox"/> POTS / PANS / COOKWARE _____ USED VAL \$ _____ <input type="checkbox"/> BED (QUANTITY) _____ USED VAL \$ _____ <input type="checkbox"/> DRESSER(S) / NIGHTSTAND(S) _____ USED VAL \$ _____ <input type="checkbox"/> LAMPS / ACCESSORIES _____ USED VAL \$ _____ <input type="checkbox"/> TELEPHONE _____ USED VAL \$ _____ <input type="checkbox"/> CELLULAR TELEPHONES _____ USED VAL \$ _____ <input type="checkbox"/> LAWNMOWER _____ USED VAL \$ _____ <input type="checkbox"/> YARD /LANDSCAPING TOOLS _____ USED VAL \$ _____ <input type="checkbox"/> OTHER _____ USED VAL \$ _____							
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TOTAL USED VALUE											
\$											

5	BOOKS, PICTURES AND OTHER ART OBJECTS (PLEASE LIST ALL BOOKS, PICTURES, ART OBJECTS, CDs, RECORDS, TAPES, COLLECTIBLES, ETC.) <input type="checkbox"/> NONE <input type="checkbox"/> BOOKS <input type="checkbox"/> FAMILY PICTURES <input type="checkbox"/> ART OBJECTS <input type="checkbox"/> COMPACT DISCS <input type="checkbox"/> DVDs <input type="checkbox"/> RECORDS <input type="checkbox"/> TAPES <input type="checkbox"/> COLLECTIBLES <input type="checkbox"/> OTHER _____ DESCRIBE AND VALUE THE ABOVE _____ \$ _____
6	CLOTHING / WEARING APPAREL (INCLUDE COATS, SHOES, HATS, ETC.) <input type="checkbox"/> NONE TOTAL NUMBER OF ADULTS: _____ TOTAL YARD SALE VALUE \$ _____ TOTAL NUMBER OF CHILDREN: _____ TOTAL YARD SALE VALUE \$ _____ \$ _____
7	FURS AND JEWELRY (PLEASE INCLUDE WEDDING RINGS, COSTUME JEWELRY AND WATCHES – CHECK ITEMS, DESCRIBE AND INDICATE USED VALUE) <input type="checkbox"/> NONE <input type="checkbox"/> WEDDING RINGS <input type="checkbox"/> RINGS <input type="checkbox"/> WATCHES <input type="checkbox"/> EARRINGS <input type="checkbox"/> NECKLACES <input type="checkbox"/> BRACELETS <input type="checkbox"/> PENDANTS <input type="checkbox"/> COSTUME JEWELRY DESCRIBE AND VALUE THE ABOVE _____ \$ _____
8	FIREARMS AND SPORTS, PHOTOGRAPHIC AND OTHER HOBBY EQUIPMENT (CHECK ITEMS, DESCRIBE AND INDICATE USED VALUE): <input type="checkbox"/> NONE <input type="checkbox"/> FIREARMS <input type="checkbox"/> CAMERA <input type="checkbox"/> CAMCORDER <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ DESCRIBE AND VALUE THE ABOVE _____ \$ _____
9	LIFE INSURANCE POLICIES (PROVIDE THE NAME OF THE INSURANCE COMPANY AND THE CASH SURRENDER VALUE, IF ANY): <input type="checkbox"/> NONE <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE / UNIVERSAL COMPANY: _____ CASH VALUE \$ _____ WHO DOES THIS POLICY INSURE? <input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE BENEFICIARIES: _____ <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE / UNIVERSAL COMPANY: _____ CASH VALUE \$ _____ WHO DOES THIS POLICY INSURE? <input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE BENEFICIARIES: _____ \$ _____
10	ANNUITIES (PROVIDE THE NAME OF THE ISSUER AND VALUE): <input type="checkbox"/> NONE COMPANY: _____ CASH VALUE \$ _____ COMPANY: _____ CASH VALUE \$ _____ \$ _____
11	INTEREST IN EDUCATION IRA OR STATE TUITION PLAN (PLEASE LIST NAME OF COMPANY AND CURRENT VALUE): <input type="checkbox"/> NONE COMPANY: _____ CASH VALUE \$ _____ COMPANY: _____ CASH VALUE \$ _____ \$ _____
12	INTEREST IN PENSION, RETIREMENT OR PROFIT SHARING PLAN (INCLUDE TYPE OF PLAN, DESCRIBE, AND PROVIDE CURRENT BALANCE): <input type="checkbox"/> NONE <input type="checkbox"/> HUSBAND <input type="checkbox"/> IRA <input type="checkbox"/> PENSION <input type="checkbox"/> WIFE <input type="checkbox"/> 401(K) <input type="checkbox"/> OTHER: _____ DESCRIPTION: _____ CURRENT VALUE \$ _____ <input type="checkbox"/> HUSBAND <input type="checkbox"/> IRA <input type="checkbox"/> PENSION <input type="checkbox"/> WIFE <input type="checkbox"/> 401(K) <input type="checkbox"/> OTHER: _____ DESCRIPTION: _____ CURRENT VALUE \$ _____ \$ _____
13	STOCKS AND INTEREST IN BUSINESSES (PLEASE LIST COMPANY AND NUMBER OF SHARES): <input type="checkbox"/> NONE COMPANY: _____ SHARES: _____ CASH VALUE \$ _____ COMPANY: _____ SHARES: _____ CASH VALUE \$ _____ DESCRIBE ANY OTHER INTEREST IN ANY BUSINESS: _____ \$ _____
14	INTEREST IN PARTNERSHIPS OR JOINT VENTURES (PLEASE LIST ANY INTEREST YOU HAVE IN ANY PARTNERSHIP / JOINT VENTURE): <input type="checkbox"/> NONE <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE OWNERSHIP (JOINT INTEREST) IN ANY PROPERTY WITH ANOTHER PERSON? EXPLAIN: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU OWN OR ARE YOU BUYING A TIME-SHARE IN A VACATION PROPERTY / RESORT? EXPLAIN: _____ \$ _____
15	GOVERNMENT OR CORPORATE BONDS (PROVIDE THE NAME OF THE ISSUER AND VALUE): <input type="checkbox"/> NONE ISSUER: _____ CASH VALUE \$ _____ ISSUER: _____ CASH VALUE \$ _____ \$ _____
16	ACCOUNTS RECEIVABLE (PLEASE DESCRIBE AND INCLUDE CURRENT VALUE): <input type="checkbox"/> NONE DESCRIBE: _____ CASH VALUE \$ _____ \$ _____
17	ALIMONY, MAINTENANCE, SUPPORT AND PROPERTY SETTLEMENTS YOU ARE DUE (PLEASE LIST ALL TO WHICH YOU ARE ENTITLED): <input type="checkbox"/> NONE NAME OF EX-SPOUSE / PAYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL AMOUNT OWED YOU: \$ _____ DATE STARTED: _____ WHERE WAS CASE FILED? _____ \$ _____

18	OTHER LIQUIDATED DEBTS INCLUDING TAX REFUNDS (PLEASE LIST ALL REFUNDS YOU ARE EXPECTING, INCLUDING BACK PAY, COMMISSIONS, ETC.): <input type="checkbox"/> NONE TAX REFUND / ITEM: _____ CASH VALUE: \$ _____ DUE DATE: _____ ARE YOU OWED BACK WAGES, COMMISSIONS OR VACATION PAY FROM YOUR CURRENT OR PREVIOUS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____								\$ _____		
19	EQUITABLE OR FUTURE INTERESTS, LIFE ESTATES (PLEASE LIST ALL): <input type="checkbox"/> NONE ARE YOU THE BENEFICIARY OF A EITHER REVOCABLE OR IRREVOCABLE TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY OTHER INTEREST IN ANY ESTATE THAT YOU CAN EXERCISE FOR YOUR BENEFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____								\$ _____		
20	INTERESTS IN THE ESTATE OF A DECEDENT OR LIFE INSURANCE OR TRUST (PLEASE LIST ALL): <input type="checkbox"/> NONE HAVE YOU INHERITED ANYTHING OR DO YOU EXPECT TO INHERIT ANYTHING IN THE NEXT 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU RECEIVED OR DO YOU EXPECT TO RECEIVE PROCEEDS FROM A LIFE INSURANCE CLAIM IN THE NEXT 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____								\$ _____		
21	OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF ANY NATURE (PLEASE LIST ANY CLAIM NOT NOTED ABOVE): <input type="checkbox"/> NONE ARE YOU A PLAINTIFF IN A LAWSUIT OR DO YOU HAVE THE RIGHT TO RECEIVE ANY MONEY IN ANY COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU BEEN INJURED IN AN ACCIDENT WHERE YOU CAN SUE AND RECOVER MONEY DAMAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU BEEN INVOLVED IN A WORK INJURY WHERE YOU MISSED TIME FROM WORK OR WHERE YOU VISITED A PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____								\$ _____		
22	PATENTS, COPYRIGHTS AND OTHER INTELLECTUAL PROPERTY - APPLIED OR ISSUED (PLEASE LIST AND DESCRIBE): <input type="checkbox"/> NONE EXPLAIN: _____								\$ _____		
23	LICENSES, FRANCHISES AND OTHER GENERAL INTANGIBLES (PLEASE LIST AND DESCRIBE): <input type="checkbox"/> NONE EXPLAIN: _____								\$ _____		
24	CUSTOMER LISTS OR OTHER COMPILATIONS (PLEASE LIST ANY CUSTOMER LISTS OR OTHER LISTS CONTAINING PERSONALLY IDENTIFIABLE INFORMATION): EXPLAIN: _____								\$ _____		
AUTOMOBILES, TRUCKS, TRAILERS AND ACCESSORIES (PLEASE COMPLETE AND BE AS DETAILED AS POSSIBLE - EXAMPLE '04 HONDA SHOULD BE: 2004 HONDA ACCORD LX)											
VEHICLE 1	YEAR		MAKE		MODEL		SUB-MODEL				
	MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER				
	IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO				IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:				
	CREDITOR		ADDRESS			CITY		STATE		ZIP CODE	
	ACCOUNT NO.		DATE OF LOAN:		WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		INTEREST RATE	TOTAL BALANCE DUE: \$	MONTHLY PAYMENT: \$ /MO
	VEHICLE 2	YEAR		MAKE		MODEL		SUB-MODEL			
MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER					
IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO				IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:					
CREDITOR		ADDRESS			CITY		STATE		ZIP CODE		
ACCOUNT NO.		DATE OF LOAN:		WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		INTEREST RATE	TOTAL BALANCE DUE: \$	MONTHLY PAYMENT: \$ /MO	
VEHICLE 3		YEAR		MAKE		MODEL		SUB-MODEL			
	MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER				
	IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO				IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:				
	CREDITOR		ADDRESS			CITY		STATE		ZIP CODE	
	ACCOUNT NO.		DATE OF LOAN:		WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		INTEREST RATE	TOTAL BALANCE DUE: \$	MONTHLY PAYMENT: \$ /MO

26	BOATS, MOTORS AND ACCESSORIES (PLEASE LIST ALL): <input type="checkbox"/> NONE YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____ YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____	\$ _____
27	AIRCRAFT AND ACCESSORIES (PLEASE LIST ALL): <input type="checkbox"/> NONE YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____	\$ _____
28	OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES (PLEASE LIST ALL): <input type="checkbox"/> NONE DESCRIPTION: _____ USED VALUE: \$ _____ DESCRIPTION: _____ USED VALUE: \$ _____	\$ _____
29	MACHINERY, FIXTURES, EQUIPMENT, AND SUPPLIES USED IN BUSINESS (PLEASE LIST ALL): <input type="checkbox"/> NONE DESCRIPTION: _____ USED VALUE: \$ _____ DESCRIPTION: _____ USED VALUE: \$ _____	\$ _____
30	INVENTORY (PLEASE LIST ANY): <input type="checkbox"/> NONE DESCRIPTION: _____ VALUE: \$ _____	\$ _____
31	ANIMALS (PLEASE LIST ANY): <input type="checkbox"/> NONE FAMILY PETS - TYPE OF ANIMALS: _____ OTHER ANIMALS OR LIVESTOCK: _____	\$ _____
32	CROPS - GROWING OR HARVESTED (PLEASE LIST AND GIVE PARTICULARS): <input type="checkbox"/> NONE _____	\$ _____
33	FARMING EQUIPMENT AND IMPLEMENTS (PLEASE LIST ANY): <input type="checkbox"/> NONE _____	\$ _____
34	FARM SUPPLIES, CHEMICALS AND FEED (PLEASE LIST ANY): <input type="checkbox"/> NONE _____	\$ _____
35	OTHER PERSONAL PROPERTY NOT ALREADY LISTED (PLEASE LIST ANY): <input type="checkbox"/> NONE _____ _____	\$ _____

YOUR UNEXPIRED LEASES AND CONTRACTS					
PLEASE LIST ALL CURRENT LEASES AND CONTRACTS SUCH AS: RESIDENTIAL LEASES (LANDLORD), SERVICE OR BUSINESS CONTRACTS, CELL PHONES, LAWN SERVICE, PEST CONTROL, ETC.					
RESIDENTIAL LEASE (LANDLORD)	NAME		ADDRESS		
	CITY		STATE	ZIP CODE	
	MONTHLY PAYMENT	DATE LEASE BEGAN	DATE SCHEDULED TO END		DO YOU WISH TO KEEP THIS LEASE?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE YOU BEHIND ON YOUR RENT PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES YOUR LANDLORD HOLD A JUDGMENT AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER LEASE OR CONTRACT	NAME		ADDRESS		
	CITY		STATE	ZIP CODE	
	MONTHLY PAYMENT	DATE LEASE / CONTRACT BEGAN	DATE SCHEDULED TO END		KEEP THIS LEASE / CONTRACT?
					<input type="checkbox"/> YES <input type="checkbox"/> NO

6

YOUR PRIORITY DEBTS (TAXES AND CHILD SUPPORT)

WERE YOU REQUIRED TO FILE FEDERAL INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU FILED FEDERAL INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WERE YOU REQUIRED TO FILE STATE INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
HAVE YOU FILED STATE INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
DO YOU OWE MONEY TO THE IRS OR TO ANY STATE OR LOCAL TAXING AUTHORITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE COMPLETE BELOW:						
	YEAR(S)	TYPE OF TAX (1040, 940, 941, ETC.)	BALANCE DUE	HAVE TAXES BEEN ASSESSED?	HAVE TAX LIENS BEEN FILED?	WHOSE DEBT?
INTERNAL REVENUE SERVICE			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE
STATE OF _____			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE
STATE OF _____			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE
ARE YOU CURRENTLY PROVIDING ANY FINANCIAL SUPPORT FOR CHILDREN NOT LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE GO TO "YOUR DEPENDANTS"						
DO YOU MAKE PAYMENTS TO AN INDIVIDUAL OR TO A STATE / LOCAL CHILD WELFARE AGENCY? <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> STATE / LOCAL CHILD WELFARE AGENCY						
ARE YOU CURRENT ON YOUR CHILD SUPPORT OBLIGATIONS OR ARE YOU BEHIND IN PAYMENTS? <input type="checkbox"/> CURRENT <input type="checkbox"/> BEHIND IN PAYMENTS						
IF PAYMENTS MADE DIRECTLY TO AN INDIVIDUAL, SKIP STATE OR LOCAL CHILD WELFARE AUTHORITY SECTION. OTHERWISE, COMPLETE BOTH SECTIONS.						
INDIVIDUAL (PARENT OF CHILD)						
NAME OF PARENT				ADDRESS OF PARENT		
CITY				STATE	ZIP CODE	
TOTAL AMOUNT OWED:		YEAR BEGAN	IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
\$			IF YES, PLEASE PROVIDE THE CASE NUMBER: _____			
			IF YES, PLEASE PROVIDE THE DISTRICT AND THE STATE WHERE CASE WAS FILED: _____			
STATE / LOCAL CHILD WELFARE AGENCY						
NAME OF AGENCY				ADDRESS OF AGENCY		
CITY				STATE	ZIP CODE	
TOTAL AMOUNT OWED:		YEAR BEGAN	IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
\$			IF YES, PLEASE PROVIDE THE CASE NUMBER: _____			
			IF YES, PLEASE PROVIDE THE STATE AND DISTRICT WHERE CASE WAS FILED: _____			

YOUR DEPENDENTS

DO YOU HAVE ANY CHILDREN / DEPENDENTS LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE BELOW:			
	NAME	AGE	RELATIONSHIP
1			
2			
3			
4			
5			

YOUR MONTHLY INCOME

	DEBTOR	SPOUSE
EMPLOYER'S NAME		
EMPLOYER'S STREET ADDRESS		
EMPLOYER'S CITY, STATE, ZIP CODE		
OCCUPATION		
HOW LONG HAVE YOU BEEN THERE?		
PAY FREQUENCY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY
GROSS PAY PER PAY PERIOD		
ESTIMATED OVERTIME PER PAY PERIOD		
.....SUBTOTAL		
TAXES (FICA, STATE, SOCIAL SECURITY, MEDICARE)		
MEDICAL, DENTAL AND LIFE INSURANCE		
UNION DUES		
PENSION / RETIREMENT DEDUCTIONS		
PENSION / RETIREMENT LOAN REPAYMENTS		
CREDIT UNION DEDUCTION		
CHILD SUPPORT DEDUCTION		
.....NET PAY		
REGULAR INCOME FROM OPERATION OF BUSINESS		
INCOME FROM RENTAL PROPERTIES		
REGULAR INTEREST AND/OR DIVIDENDS		
ALIMONY / CHILD SUPPORT / MAINTENANCE INCOME		
SOCIAL SECURITY INCOME		
PUBLIC AID / FOOD STAMPS		
PENSION / RETIREMENT INCOME		
UNEMPLOYMENT COMPENSATION		
CONTRIBUTIONS TO HOUSEHOLD EXPENSES		
OTHER: _____		
OTHER: _____		
.....TOTAL		
DO YOU EXPECT ANY INCREASE OR DECREASE IN INCOME OF 10% OR MORE OVER THE NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:		

YOUR MONTHLY EXPENSES

EXPENSE LIST		DEBTOR OR JOINT EXPENSES	SPOUSE, IF RESIDING SEPARATELY
RENT PAYMENT		\$	\$
MORTGAGE PAYMENT		\$	\$
SECOND MORTGAGE PAYMENT		\$	\$
ARE REAL ESTATE TAXES INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
IS HOME INSURANCE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
LOT RENTAL (MOBILE HOME)		\$	\$
ELECTRICITY BILL (MONTHLY)		\$	\$
NATURAL GAS BILL / HEATING OIL / PROPANE (MONTHLY)		\$	\$
WATER & SEWER (MONTHLY)		\$	\$
GARBAGE PICKUP (MONTHLY)		\$	\$
TELEPHONE BILL (MONTHLY)		\$	\$
CABLE BILL (MONTHLY)		\$	\$
HOME MAINTENANCE / REPAIRS (MONTHLY)		\$	\$
FOOD / GROCERIES (MONTHLY)		\$	\$
CLOTHING (MONTHLY)		\$	\$
LAUNDRY / DRY CLEANING (MONTHLY)		\$	\$
MEDICAL & DENTAL EXPENSES (MONTHLY)		\$	\$
GASOLINE (MONTHLY)		\$	\$
OTHER TRANSPORTATION (BUS/TRAIN) (MONTHLY)		\$	\$
RECREATION / ENTERTAINMENT (MONTHLY)		\$	\$
CHARITABLE CONTRIBUTIONS (MONTHLY)		\$	\$
LIFE INSURANCE (MONTHLY)		\$	\$
HEALTH INSURANCE (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
AUTOMOBILE INSURANCE (MONTHLY)		\$	\$
TAXES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
UNION DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
PROFESSIONAL DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
VEHICLE PAYMENT #1		\$	\$
VEHICLE PAYMENT #2		\$	\$
OTHER INSTALLMENT PAYMENT		\$	\$
CELLULAR TELEPHONE		\$	\$
ALIMONY PAID		\$	\$
CHILD SUPPORT PAID (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
REGULAR BUSINESS EXPENSES		\$	\$
AUTO REPAIRS / MAINTENANCE (MONTHLY AVERAGE)		\$	\$
HAIRCUTS / PERSONAL CARE		\$	\$
CHILD CARE / DAY CARE / BABYSITTING		\$	\$
SCHOOL BUS EXPENSES		\$	\$
SCHOOL LUNCH EXPENSES		\$	\$
COLLEGE TUITION		\$	\$
STUDENT LOAN PAYMENTS (MONTHLY)		\$	\$
OTHER: _____		\$	\$
OTHER: _____		\$	\$

YOUR MEANS TEST INFORMATION

☐ CHECK THIS BOX IF THE MEANS TEST DOES NOT APPLY TO YOU – MEANING YOU ARE A DISABLED VETERAN WITH DEBTS INCURRED PRIMARILY DURING ACTIVE DUTY OR HOMELAND DEFENSE.

PLEASE PROVIDE THE TOTAL AMOUNT OF EARNED INCOME RECEIVED, BEFORE TAX DEDUCTIONS, AND FROM ALL SOURCES FOR THE CURRENT MONTH AND THE LAST (5) MONTHS - THIS IS NOT NET (TAKE-HOME) PAY BUT GROSS (BEFORE DEDUCTIONS) PAY.

TODAY'S DATE

PLEASE LIST ANY WAGES, SALARIES, TIPS, BONUSES, OVERTIME AND COMMISSIONS:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY INCOME FROM OPERATION OF BUSINESS, PROFESSION OR FARM:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY RENTS AND OTHER PROPERTY INCOME (NOT RENT YOU PAY, BUT RENT PAID TO YOU):

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY INTEREST INCOME, DIVIDENDS AND ROYALTIES:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY PENSION AND/OR RETIREMENT INCOME:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY INCOME FROM OTHERS WHO CONTRIBUTE TO THE HOUSEHOLD EXPENSES WHO ARE NOT FILING WITH YOU:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY UNEMPLOYMENT COMPENSATION:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY INCOME FROM OTHER SOURCES NOT PROVIDED FOR OR MENTIONED ABOVE:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

YOUR FINANCIAL AFFAIRS

QUESTION 1A <input type="checkbox"/> CHECK IF NONE		ANNUAL INCOME FROM EMPLOYMENT		DEBTOR	SPOUSE
PLEASE LIST YOUR GROSS ANNUAL INCOME FROM EMPLOYMENT:		YEAR TO DATE (JAN 1 TO PRESENT)			
		LAST YEAR (JAN 1 TO DEC 31)			
		YEAR BEFORE (JAN 1 TO DEC 31)			

QUESTION 1B <input type="checkbox"/> CHECK IF NONE		ANNUAL INCOME FROM OPERATION OF BUSINESS		DEBTOR	SPOUSE
PLEASE LIST YOUR GROSS ANNUAL INCOME FROM THE OPERATION OF A BUSINESS:		YEAR TO DATE (JAN 1 TO PRESENT)			
		LAST YEAR (JAN 1 TO DEC 31)			
		YEAR BEFORE (JAN 1 TO DEC 31)			

QUESTION 2 <input type="checkbox"/> CHECK IF NONE		ANNUAL INCOME FROM ANY SOURCE OTHER THAN EMPLOYMENT OR OPERATION OF BUSINESS		DEBTOR	SPOUSE
PLEASE LIST YOUR GROSS ANNUAL INCOME FROM ANY SOURCE OTHER THAN FROM EMPLOYMENT OR THE OPERATION OF BUSINESS:		YEAR TO DATE (JAN 1 TO PRESENT)			
		LAST YEAR (JAN 1 TO DEC 31)			
		YEAR BEFORE (JAN 1 TO DEC 31)			

QUESTION 3A <input type="checkbox"/> CHECK IF NONE		CREDITOR		ADDRESS	
LIST ALL PAYMENTS ON LOANS, PURCHASES OF GOODS, AND OTHER DEBTS MORE THAN \$600 TO ANY ONE CREDITOR MADE WITHIN THE PAST 90 DAYS.		CITY		STATE	ZIP CODE
		DATES OF PAYMENT:		AMOUNT OF PAYMENT:	
				BALANCE DUE:	

QUESTION 3B <input type="checkbox"/> CHECK IF NONE		RELATIVE		ADDRESS	
PAYMENTS TO INSIDERS: LIST ALL PAYMENTS MADE TO RELATIVES WITHIN THE LAST 12 MONTHS PRIOR TO THIS FILING.		CITY		STATE	ZIP CODE
		DATES OF PAYMENT:		AMOUNT OF PAYMENT:	
				BALANCE DUE:	
				RELATION:	

QUESTION 4A <input type="checkbox"/> CHECK IF NONE		CAPTION OF SUIT:		CASE NO.:	
LIST ALL LAWSUITS THAT YOU HAVE BEEN A PARTY TO WITHIN THE LAST 12 MONTHS (INCLUDE SUITS AGAINST YOU AS WELL AS SUITS YOU HAVE FILED):		NATURE OF PROCEEDING:		COURT LOCATION:	
		STATUS OR DISPOSITION:			
		CAPTION OF SUIT:		CASE NO.:	
		NATURE OF PROCEEDING:		COURT LOCATION:	
		STATUS OR DISPOSITION:			

QUESTION 4B <input type="checkbox"/> CHECK IF NONE		NAME OF CREDITOR:		ADDRESS:	
LIST ALL PROPERTY THAT HAS BEEN ATTACHED, GARNISHED OR SEIZED WITHIN THE LAST 12 MONTHS:		CITY		STATE	ZIP CODE
		DATE OF GARNISHMENT OR SEIZURE:		DESCRIBE AND VALUE WHAT TAKEN:	

QUESTION 5 <input type="checkbox"/> CHECK IF NONE LIST ALL REPOSSESSIONS, FORECLOSURE SALES AND RETURNS WITHIN THE LAST 12 MONTHS:	NAME OF CREDITOR:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DATE OF REPOSSESSION OR FORECLOSURE:		DESCRIBE AND VALUE WHAT TAKEN:	
	NAME OF CREDITOR:		ADDRESS:	
	CITY:		STATE:	CITY:
DATE OF REPOSSESSION OR FORECLOSURE:		DESCRIBE AND VALUE WHAT TAKEN:		
QUESTION 6A <input type="checkbox"/> CHECK IF NONE PLEASE LIST ANY ASSIGNMENT OF PROPERTY FOR THE BENEFIT OF CREDITORS MADE WITHIN 120 DAYS PRIOR TO THIS FILING:	NAME OF CREDITOR:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DATE OF ASSIGNMENT:		TERMS OF ASSIGNMENT:	
QUESTION 6B <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL PROPERTY WHICH HAS BEEN IN THE HANDS OF A CUSTODIAN, RECEIVER, PAWN BROKER OR COURT APPOINTED OFFICIAL WITHIN THE PAST 12 MONTHS:	NAME OF CUSTODIAN:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	CASE TITLE AND NUMBER, IF ANY:	DATE:	DESCRIPTION AND VALUE OF PROPERTY:	
QUESTION 7 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL GIFTS OR CHARITABLE CONTRIBUTIONS MADE WITHIN THE PAST 12 MONTHS. DO NOT LIST USUAL GIFTS TO FAMILY MEMBERS UNLESS OVER \$200 OR CHARITABLE CONTRIBUTIONS LESS THAN \$100:	NAME:		ADDRESS:	
	CITY:		STATE:	ZIP COE:
	RELATIONSHIP TO YOU:		DATE OF GIFT:	
	DESCRIPTION AND VALUE OF GIFT:			
QUESTION 8 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL LOSSES FROM FIRE, THEFT, GAMBLING OR OTHER CASUALTY WITHIN THE LAST 12 MONTHS OR IMMEDIATELY AFTER FILING THIS CASE:	DESCRIPTION AND VALUE OF PROPERTY:			
	DESCRIPTION OF CIRCUMSTANCES RESULTING IN LOSS AND WAS IT COVERED BY INSURANCE?			
	DATE OF LOSS:			
QUESTION 9 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL PAYMENTS YOU MADE OR ANY PROPERTY YOU TRANSFERRED TO ANY PERSON, INCLUDING ATTORNEYS, FOR DEBT COUNSELING OR BANKRUPTCY WITHIN THE PAST 12 MONTHS:	NAME OF PAYEE:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	AMOUNT PAID:	DATE PAID:	NAME OF PERSON WHO PAID, IF NOT YOU:	
QUESTION 10 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL PROPERTY TRANSFERRED EITHER ABSOLUTELY OR AS SECURITY (COLLATERAL) WITHIN THE PAST 2 YEARS:	NAME OF TRANSFEREE:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	RELATIONSHIP TO YOU:	DATE:	DESCRIPTION AND VALUE OF PROPERTY:	

QUESTION 11 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL FINANCIAL (BANK) ACCOUNTS WHICH WERE CLOSED, SOLD, OR TRANSFERRED WITHIN THE PAST 12 MONTHS:	NAME OF BANK:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/> OTHER	ACCOUNT NUMBER:	DATE OF CLOSING	FINAL BALANCE:
	NAME OF BANK:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/> OTHER	ACCOUNT NUMBER:	DATE OF CLOSING	FINAL BALANCE:

QUESTION 12 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ANY SAFE DEPOSIT BOX OR DEPOSITORIES IN WHICH YOU HAVE OR HAVE HAD CASH, SECURITIES OR OTHER VALUABLES IN THE PAST 12 MONTHS:	NAME OF BANK:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DESCRIPTION OF CONTENTS:	DATE OF SURRENDER, IF ANY:	NAME AND ADDRESS OF PERSON WITH ACCESS:	
	NAME OF CREDITOR:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DATE OF SETOFF:	AMOUNT OF SETOFF:		

QUESTION 13 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL SETOFFS MADE BY ANY CREDITOR (INCLUDING A BANK) AGAINST A DEBT OR DEPOSIT IN THE PAST 90 DAYS:	NAME OF CREDITOR:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DATE OF SETOFF:		AMOUNT OF SETOFF:	
	NAME OF OWNER:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DESCRIPTION AND VALUE OF PROPERTY:		LOCATION OF PROPERTY:	

QUESTION 14 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL PROPERTY OWNED BY ANOTHER PERSON THAT YOU HOLD OR CONTROL:	NAME OF OWNER:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DESCRIPTION AND VALUE OF PROPERTY:		LOCATION OF PROPERTY:	
	ADDRESS:			
	CITY, STATE, ZIP CODE:			
	DATES (FROM - TO):			
	NAMES USED:			

QUESTION 15 <input type="checkbox"/> CHECK IF NONE PLEASE LIST YOUR PRIOR ADDRESSES WHERE YOU HAVE LIVED IN THE LAST 3 YEARS:	ADDRESS:			
	CITY, STATE, ZIP CODE:			
	DATES (FROM - TO):			
	NAMES USED:			

QUESTION 16 <input type="checkbox"/> CHECK IF NONE IF YOU EVER LIVED IN THE STATES LISTED TO THE RIGHT (COMMUNITY PROPERTY STATES), WITHIN THE PAST 8 YEARS, LIST THE NAME OF YOUR SPOUSE OR FORMER SPOUSE AND THE DATE WHEN YOU LIVED IN THE STATE:	<input type="checkbox"/> ALASKA <input type="checkbox"/> ARIZONA <input type="checkbox"/> CALIFORNIA <input type="checkbox"/> IDAHO <input type="checkbox"/> LOUISIANA <input type="checkbox"/> NEVADA <input type="checkbox"/> NEW MEXICO <input type="checkbox"/> PUERTO RICO <input type="checkbox"/> TEXAS <input type="checkbox"/> WASHINGTON <input type="checkbox"/> WISCONSIN			NAME OF SPOUSE OR FORMER SPOUSE: _____ DATE: _____	

QUESTION 17 <input type="checkbox"/> CHECK IF NONE PLEASE LIST NAME AND ADDRESS OF EVERY SITE WHERE YOU MAY HAVE RECEIVED NOTICE THAT YOU WERE IN VIOLATION OF AN ENVIRONMENTAL LAW, OR ANY NOTICES REGARDING HAZARDOUS MATERIALS	NAME:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DATE OF NOTICE:	TYPE OF NOTICE:	GOVERNMENT AGENCY:	

Barbara L. Franklin, Esq.,

CLIENT NAME	DATE
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Creditor Name:	Address:	City:	State:	Zip:	
Account Number:	Dates Used: From	to	Balance Due:		
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney:	Address:	City:	State:	Zip:	

Creditor Name:	Address:	City:	State:	Zip:	
Account Number:	Dates Used: From	to	Balance Due:		
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney:	Address:	City:	State:	Zip:	

Creditor Name:	Address:	City:	State:	Zip:	
Account Number:	Dates Used: From	to	Balance Due:		
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney:	Address:	City:	State:	Zip:	

Creditor Name:	Address:	City:	State:	Zip:	
Account Number:	Dates Used: From	to	Balance Due:		
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney:	Address:	City:	State:	Zip:	

Creditor Name:	Address:	City:	State:	Zip:	
Account Number:	Dates Used: From	to	Balance Due:		
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
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Collection Agency or Attorney:	Address:	City:	State:	Zip:	

Creditor Name:	Address:	City:	State:	Zip:	
Account Number:	Dates Used: From	to	Balance Due:		
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
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Collection Agency or Attorney:	Address:	City:	State:	Zip:	

Barbara L. Franklin, Esq.,

CLIENT NAME

DATE

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Account Number:	Dates Used: From	to	Balance Due:		
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Collection Agency or Attorney:	Address:	City:	State:	Zip:	

Barbara L. Franklin, Esq.,

CLIENT NAME

DATE

Creditor Name:	Address:	City:	State:	Zip:
Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____				
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan <input type="checkbox"/> Student Loan
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Creditor Name:	Address:	City:	State:	Zip:
Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____				
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Collection Agency or Attorney:	Address:	City:	State:	Zip:

Creditor Name:	Address:	City:	State:	Zip:
Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____				
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Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____				
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