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ON: \_\_\_\_\_

CHAPTER 7 WORKSHEET

BEFORE YOU BEGIN FILLING OUT THIS WORKSHEET, PLEASE TAKE A COUPLE OF MINUTES TO READ THIS COVER SHEET. IT OUTLINES WHAT YOU NEED TO BRING WITH YOU WHEN YOU RETURN THE WORKSHEET TO OUR OFFICE AND MAY ANSWER SOME GENERAL QUESTIONS.

1. YOU MUST COMPLETE THIS WORKSHEET. The information you give us on this worksheet is the only information that will be in your bankruptcy.
2. BANKRUPTCY LAW REQUIRES THAT YOU LIST ALL OF YOUR CREDITORS. You must provide the creditor's name and complete mailing address (with zip code). If you fail to list a creditor, that debt may not be discharged. Additional attorney's fees will be charged to add forgotten creditors after your case has been filed with the Court. **YOU SHOULD STOP USING YOUR CREDIT CARDS NOW!**
3. LISTING A DEBT DOES NOT NECESSARILY MEAN IT WILL BE DISCHARGED. There are certain kinds of debts that cannot be discharged, such as student loans, support payments, and many taxes. THEY STILL MUST BE LISTED ON YOUR WORKSHEET. The attorney will advise you whether they can be discharged.
4. IF YOU WISH TO KEEP YOUR HOUSE OR CAR OR ANY OTHER SECURED PROPERTY, YOU MAY DO SO BY CONTINUING TO MAKE YOUR REGULAR PAYMENT. It may also be necessary for you to sign a Reaffirmation Agreement with that particular creditor after your case has been filed. Discuss this option with the attorney, but remember that YOU STILL MUST LIST THE DEBT.
5. IT IS IMPORTANT THAT WE KNOW WHAT YOUR MONTHLY INCOME AND EXPENSES ARE TO AVOID ANY POTENTIAL PROBLEMS. Be sure to list all of your regular monthly expenses. If there are expenses that are paid at intervals other than monthly, try to average them on a monthly basis. Do your best to estimate a monthly amount to cover overall costs for items you may not pay for every month. List all miscellaneous expenses - these can add up!
6. IT IS IMPORTANT THAT YOU ACCURATELY COMPLETE THE TWO PROPERTY PAGES. This allows us to properly assess your assets and determine whether or not there may be a problem with your keeping the real and personal property that you have. REMEMBER THAT IF THE ATTORNEY DOES NOT KNOW ABOUT CERTAIN PROPERTY, HE MAY NOT BE ABLE TO PROTECT IT. You should use garage sale value to determine the value for your property, rather than replacement or purchase value.
7. When you have completed your worksheet and are ready to return it, please gather the following documents and bring them with you so that we may copy them for our file. These documents will be needed for your hearing and it is easier to locate them now rather than at the last minute. It also allows the attorney the opportunity to verify that the information you have given him is accurate. Once again, this avoids potential problems with the trustee and additional hearings. You will need to provide the following:

- \_\_\_\_ A. COPIES OF RECENT PAY STUBS FOR YOU AND YOUR SPOUSE. (LAST 6 MONTHS)
- \_\_\_\_ B. PROOF OF ANY OTHER SOURCES OF INCOME FOR YOU OR YOUR SPOUSE (SOCIAL SECURITY, DISABILITY, UNEMPLOYMENT, CHILD OR SPOUSAL SUPPORT).
- \_\_\_\_ C. IF YOU ARE SELF-EMPLOYED, PROFIT AND LOSS STATEMENTS FOR YOUR BUSINESS (AT LEAST THE LAST 6 MONTHS)
- \_\_\_\_ D. WRITTEN VERIFICATION/STATEMENT SHOWING BALANCE OWING ON MORTGAGE LOANS.
- \_\_\_\_ E. PROOF OF HOMEOWNERS' INSURANCE.
- \_\_\_\_ F. COPY OF FORECLOSURE NOTICE OR TRUSTEE SALE IF APPLICABLE.
- \_\_\_\_ G. WRITTEN VERIFICATION/STATEMENT SHOWING THE BALANCE OWING FOR ANY VEHICLE WITH A LOAN
- \_\_\_\_ H. COPIES OF REGISTRATIONS & PROOF OF INSURANCE (DECLARATION PAGE, NOT THE INSURANCE CARD) FOR ALL VEHICLES.
- \_\_\_\_ I. COPY OF RECENT STATEMENT(S) FOR IRA/401K OR OTHER RETIRMENT ACCOUNTS.
- \_\_\_\_ J. FEDERAL TAX RETURNS FOR MOST RECENT TAX YEAR.
- \_\_\_\_ K. Is there a Homestead on your residence? \_\_\_\_\_ If yes, provide a copy.
- \_\_\_\_ L. OTHER: \_\_\_\_\_

BEGIN SAVING YOUR BANK STATEMENTS. When We Are Ready to File Your Case You Will Need to Provide Copies of the Statements for all bank accounts for the month we file and 2 months prior. WE DON'T NEED THEM NOW.

ONLY UPON REQUEST OF THE ATTORNEY: Bring in copy of grant deed (or copy of legal description-title insurance policy or trust deed, previously filed Homestead Declaration) .

\*\*\*\*\*  
FOR OFFICE USE ONLY:            CHAPTER 7            MINIMUM RETAINER:            \$ \_\_\_\_\_  
Attorney's Fee:                    \$ \_\_\_\_\_  
Court's Filing Fee: \$ 299.00    Cash or Money Order prior to filing.  
Copy/postage Costs: \$ 25.00  
Credit Counseling: \$ BY CLIENT  
Total:                                \$ \_\_\_\_\_    FULL AMOUNT MUST BE PAID PRIOR TO FILING

DEBTOR NAME

(List the husband first if husband and wife are filing jointly)

FULL NAME: \_\_\_\_\_

OTHER NAMES USED WITHIN LAST 8 YEARS (including business names) Identify if a business is still operational (dba) or formerly doing business as (fdba)

SOCIAL SECURITY NO.: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): \_\_\_\_\_

Bankruptcies filed during the last 8 years:

City/State Where Filed: \_\_\_\_\_

Case No.: \_\_\_\_\_ Was it Chapter 7 or 13 \_\_\_\_\_

Date Filed: \_\_\_\_\_ Discharged or Dismissed: Circle one

CO-DEBTOR NAME

(Wife's information if husband and wife are filing jointly)

FULL NAME: \_\_\_\_\_

OTHER NAMES USED WITHIN LAST 8 YEARS (maiden name, former married name, business name, Identify if a business is still operational (dba) or formerly doing business as (fdba)

SOCIAL SECURITY NO.: \_\_\_\_\_

STREET ADDRESS (if different than husband): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): \_\_\_\_\_

Bankruptcies filed during the last 8 years (list if other than listed above):

City/State Where Filed: \_\_\_\_\_

Case No.: \_\_\_\_\_ Was it Chapter 7 or 13 \_\_\_\_\_

Date Filed: \_\_\_\_\_ Discharged or Dismissed: Circle one

The client(s) hereby acknowledge(s) that it is his/her/their responsibility to fully disclose to the attorney all of the information requested in this Worksheet and that the information listed herein is true and correct to the best of my/our belief.

DATED: \_\_\_\_\_ Client \_\_\_\_\_ Client

PROPERTY/ASSETS

Exemptions: FOR ATTORNEY USE ONLY 703 \_\_\_\_\_ 704 \_\_\_\_\_ SP WAIVER \_\_\_\_\_

List Address of all real property that you own  
Specify type of real property listed above (residence, rental, vacant lot, mobile home):

Property No. 1 \_\_\_\_\_ Value \_\_\_\_\_  
Property No. 2 \_\_\_\_\_ \_\_\_\_\_

Cash (\$ in your possession, not on deposit in a bank account) \_\_\_\_\_

Bank Accounts: (List name of bank, type of account,  
and amount on deposit)

\_\_\_\_\_ checking or savings (circle one) \_\_\_\_\_  
\_\_\_\_\_ checking or savings (circle one) \_\_\_\_\_  
\_\_\_\_\_ checking or savings (circle one) \_\_\_\_\_  
\_\_\_\_\_ checking or savings (circle one) \_\_\_\_\_

Security Deposits (Rental, Utility, etc.) \_\_\_\_\_

=====

ESTIMATE SWAP MEET/GARAGE SALE VALUE FOR HOUSEHOLD GOODS, BOOKS, AND WEARING APPAREL. DO NOT USE REPLACEMENT VALUE.

<u>ASSET</u>	<u>VALUE</u>
Household Goods & Furniture _____ (including computer equipment, unless used for business)	_____
Books, Art, Collections _____	_____
Wearing Apparel _____	_____
Jewelry _____	_____
Firearms and sports, photographic, hobby equipment _____	_____
Cash Value in Insurance Policies _____ (amount you can borrow against a policy)	_____
Annuities _____	_____
Retirement, pension or profit sharing plans (husband)	_____
Bank or Institution holding account: _____ Type (Circle One) <u>IRA, 401K, PERS, TSP, OTHER</u>	
Retirement, pension or profit sharing plans (wife)	_____
Bank or Institution holding account: _____ Type (Circle One) <u>IRA, 401K, PERS, TSP, OTHER</u>	



THE FOLLOWING ARE SOME QUESTIONS THAT WILL BE ASKED OF YOU IN COURT. BE SURE TO ANSWER THEM TRUTHFULLY.

Have you charged more than \$500.00 on any one credit card in the last 3 months? Have you taken more than \$750.00 in cash advances on any one credit card in the last 2 months? If no, check here: \_\_\_\_\_ If yes, list below:

<u>Credit Card</u>	<u>Cash Advances Date</u>	<u>Purchase Dates</u>
_____	_____	_____
_____	_____	_____

Have you charged more than \$5,000.00 to any one creditor in the last 12 months? Yes No If yes, identify creditor: \_\_\_\_\_

Do you owe money to any creditor with whom you have a checking or savings account? If so, identify creditor: \_\_\_\_\_.

IT IS GENERALLY OUR RECOMMENDATION THAT YOU CLOSE THIS ACCOUNT PRIOR TO FILING TO AVOID POTENTIAL SETOFFS.

Do you have any rights to sue any person or entity? No \_\_\_\_\_ If yes:

Name of person: \_\_\_\_\_ Amount of Suit: \$ \_\_\_\_\_

Type of lawsuit: \_\_\_\_\_ Has suit been filed? \_\_\_\_\_

Are you entitled to receive a death benefit under a will or insurance policy for someone who has died? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you the beneficiary, trustee or trustor of a trust? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you now or have you had in the past year any interest in offshore accounts, i.e., accounts outside the borders of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you refinanced any property within the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had an insurance claim denied? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you transferred or sold any property to any third party in the last four years in which you did not receive full value for the the asset transferred? Yes \_\_\_\_\_ No \_\_\_\_\_

SECURED DEBTS

MORTGAGE - IF YOU DON'T OWN A HOUSE, SKIP THIS PAGE.

Is there a Cal Vet loan on this property? \_\_\_\_\_ a V.A. loan? \_\_\_\_\_  
Is there any other government agency loan on your property? \_\_\_\_\_  
Has a Notice of Default been filed? \_\_\_\_\_ If yes, when filed? \_\_\_\_\_  
Is there a foreclosure sale scheduled? \_\_\_\_\_ Date: \_\_\_\_\_

PROPERTY NO.1: ADDRESS \_\_\_\_\_

1st Mortgage on Property No.1: When did you originally buy this property? \_\_\_\_\_

Is it your intention to keep this property? \_\_\_\_\_

Creditor Name/Address/Acct #                      Foreclosure Co./Collection Agent:  
1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Loan Date: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_

Date of Last payment: \_\_\_\_\_ Total Amount of Arrearage: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Delinquent Property taxes: Amount: \_\_\_\_\_ Tax Year(s): \_\_\_\_\_

2nd Mortgage on Property No.1:

Creditor Name/Address/Acct #                      Foreclosure Co./Collection Agent:  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Loan Date: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_

Date of Last payment: \_\_\_\_\_ Total Amount of Arrearage: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

3rd TD on Mortgage on Property No.1:

Creditor Name/Address/Acct #

Foreclosure Co./Collection Agent:

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Loan Date: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_

Date of Last payment made: \_\_\_\_\_ Delinquent Amount: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

4. HOA NAME AND ADDRESS PROPERTY NO. 1 Collection Agent:

\_\_\_\_\_  
\_\_\_\_\_

Monthly payment: \_\_\_\_\_ Delinquent Amount: \_\_\_\_\_

MORTGAGE - IF YOU DON'T OWN A SECOND PROPERTYE, SKIP THIS PAGE.

Is there a Cal Vet loan on this property? \_\_\_\_\_ a V.A. loan?\_\_\_\_\_
Is there any other government agency loan on your property? \_\_\_\_\_
Has a Notice of Default been filed?\_\_\_\_\_ If yes, when filed?\_\_\_\_\_
Is there a foreclosure sale scheduled?\_\_\_\_\_ Date:\_\_\_\_\_

PROPERTY NO.2: ADDRESS \_\_\_\_\_

1st Mortgage on Property No.2: When did you originally buy this property? \_\_\_\_\_

Is it your intention to keep this property? \_\_\_\_\_

Creditor Name/Address/Acct # Foreclosure Co./Collection Agent:

5. \_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_ Loan Date:\_\_\_\_\_ Monthly payment:\_\_\_\_\_

Fair Market Value:\_\_\_\_\_ Amount of Debt:\_\_\_\_\_

Date of Last payment:\_\_\_\_\_ Total Amount of Arrearage:\_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Delinquent Property taxes: Amount:\_\_\_\_\_ Tax Year(s):\_\_\_\_\_

2nd Mortgage on Property No.2:

Creditor Name/Address/Acct # Foreclosure Co./Collection Agent:

6. \_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_ Loan Date:\_\_\_\_\_ Monthly payment:\_\_\_\_\_

Fair Market Value:\_\_\_\_\_ Amount of Debt:\_\_\_\_\_

Date of Last payment:\_\_\_\_\_ Total Amount of Arrearage:\_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

3rd TD on Mortgage on Property No.2:

Creditor Name/Address/Acct #

Foreclosure Co./Collection Agent:

7. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Loan Date: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_

Date of Last payment made: \_\_\_\_\_ Delinquent Amount: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

8. HOA NAME AND ADDRESS PROPERTY NO.2 Collection Agent:

\_\_\_\_\_  
\_\_\_\_\_

Monthly payment: \_\_\_\_\_ Delinquent Amount: \_\_\_\_\_

VEHICLE LOANS/LEASES

Creditor Name/Address/Acct #      Creditor's Rep: (Attorney or Coll. Agency)

1. \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ DO YOU WANT TO KEEP THIS VEHICLE? \_\_\_\_\_

Year/Make of Vehicle: \_\_\_\_\_ Market Value: \_\_\_\_\_

Loan or lease? \_\_\_\_\_ Balance of Loan: \_\_\_\_\_

Date of loan/lease \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Amount of Missed Payments: \_\_\_\_\_ # of payments left: \_\_\_\_\_

Is there a co-signor on this loan? (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #      Creditor's Rep: (Attorney or Coll. Agency)

2. \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ DO YOU WANT TO KEEP THIS VEHICLE? \_\_\_\_\_

Year/Make of Vehicle: \_\_\_\_\_ Market Value: \_\_\_\_\_

Loan or lease? \_\_\_\_\_ Balance of Loan: \_\_\_\_\_

Date of loan/lease \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Amount of Missed Payments: \_\_\_\_\_ # of payments left: \_\_\_\_\_

Is there a co-signor on this loan? (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #      Creditor's Rep: (Attorney or Coll. Agency)

3. \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ DO YOU WANT TO KEEP THIS VEHICLE? \_\_\_\_\_

Year/Make of Vehicle: \_\_\_\_\_ Market Value: \_\_\_\_\_

Loan or lease? \_\_\_\_\_ Balance of Loan: \_\_\_\_\_

Date of loan/lease \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Amount of Missed Payments: \_\_\_\_\_ # of payments left: \_\_\_\_\_

Is there a co-signor on this loan? (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #      Creditor's Rep: (Attorney or Coll. Agency)

4. \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ DO YOU WANT TO KEEP THIS VEHICLE? \_\_\_\_\_

Year/Make of Vehicle: \_\_\_\_\_ Market Value: \_\_\_\_\_

Loan or lease? \_\_\_\_\_ Balance of Loan: \_\_\_\_\_

Date of loan/lease \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Amount of Missed Payments: \_\_\_\_\_ # of payments left: \_\_\_\_\_

Is there a co-signor on this loan? (Name & Address): \_\_\_\_\_

OTHER SECURED DEBTS

SOME EXAMPLES OF SECURED DEBTS ARE FURNITURE, TOOLS, APPLIANCES, STEREOS, JEWELRY, ETC.)

Creditor Name/Address/Acct #                      Creditor's Rep: (Attorney or Coll. Agency)  
1. \_\_\_\_\_                      Name: \_\_\_\_\_  
\_\_\_\_\_                      Address: \_\_\_\_\_  
\_\_\_\_\_                      DO YOU WANT TO KEEP THIS MERCHANDISE? \_\_\_\_\_

Descrip. of Property: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_ Monthly pmt: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #                      Creditor's Rep: (Attorney or Coll. Agency)  
2. \_\_\_\_\_                      Name: \_\_\_\_\_  
\_\_\_\_\_                      Address: \_\_\_\_\_  
\_\_\_\_\_                      DO YOU WANT TO KEEP THIS MERCHANDISE? \_\_\_\_\_

Descrip. of Property: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_ Monthly pmt: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

CHILD SUPPORT OBLIGATIONS (Fill out even if you are current):

Are you obligated to pay child support or spousal support pursuant to a court order, property settlement agreement or other government unit?

AGENCY COLLECTING ON BEHALF OF (NAME OF CHILD): \_\_\_\_\_

\_\_\_\_\_                      Child's or custodial parent's address:  
\_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

Amount of Delinquency, if any: \_\_\_\_\_

Does your child support payment come our of your paycheck?    Yes    No    (Circle One)

CHILD SUPPORT: CHILD SUPPORT IS NEVER DISCHARGEABLE. CURRENT SUPPORT MAY CONTINUE TO BE LEVIED FROM YOUR PAY. DELINQUENT SUPPORT MUST BE PAID AS A PRIORITY DEBT.

IMPORTANT NOTE: Please initial that you have read and understood above: \_\_\_\_\_

TAXES OWED

FEDERAL TAXES:

INTERNAL REVENUE SERVICE:

Income tax: For Tax year(s) \_\_\_\_\_ \$ \_\_\_\_\_

It is a requirement that all tax returns be filed. If the returns were filed, when? \_\_\_\_\_

If the returns have not been filed, when do you expect for them to be filed? \_\_\_\_\_

Employer taxes: For Tax year(s) \_\_\_\_\_ \$ \_\_\_\_\_

STATE TAXES:

CALIFORNIA FRANCHIS TAX BOARD:

Income tax: For Tax year(s) \_\_\_\_\_ \$ \_\_\_\_\_

It is a requirement that all tax returns be filed. If the returns were filed, when? \_\_\_\_\_

If the returns have not been filed, when do you expect for them to be filed? \_\_\_\_\_

Employer tax: \$ \_\_\_\_\_ Tax year(s) \_\_\_\_\_

Employer taxes: For Tax year(s) \_\_\_\_\_ \$ \_\_\_\_\_

EDD: For Tax year(s) \_\_\_\_\_ \$ \_\_\_\_\_

Board of Equalization: For Tax year(s) \_\_\_\_\_ \$ \_\_\_\_\_

TAXES OWING TO ANY OTHER STATE:

<u>Name/Address</u>	<u>Type of Tax</u>	<u>Tax Year(s)</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attorney notes RE tax dischargeability: \_\_\_\_\_

TAXES: ALL TAXES MUST BE LISTED IN YOUR BANKRUPTCY; HOWEVER, UNLESS THEY ARE SPECIFICALLY IDENTIFIED BY THE ATTORNEY AS DISCHARGEABLE, YOU WILL REMAIN RESPONSIBLE FOR YOUR TAXES. PLEASE DISCUSS ANY TAX QUESTIONS WITH THE ATTORNEY.

IMPORTANT NOTE: Please initial that you have read and understood above: \_\_\_\_\_

LIST ALL LAWSUITS IN WHICH A JUDGMENT HAS BEEN OBTAINED AGAINST YOU OR IN WHICH A JUDGMENT AGAINST YOU COULD RESULT.

1. Case Title: \_\_\_\_\_ V. \_\_\_\_\_ Case Number: \_\_\_\_\_

Name of Creditor (Suing Party): \_\_\_\_\_

Address of Creditor or Representative (Attorney for Suing Party):

\_\_\_\_\_

\_\_\_\_\_

Amount of Suit: \$ \_\_\_\_\_ Date \_\_\_\_\_

Is there a Judgment? \_\_\_\_\_ Was an Abstract Recorded? \_\_\_\_\_

2. Case Title: \_\_\_\_\_ V. \_\_\_\_\_ Case Number: \_\_\_\_\_

Name of Creditor (Suing Party): \_\_\_\_\_

Address of Creditor or Representative (Attorney for Suing Party):

\_\_\_\_\_

\_\_\_\_\_

Amount of Suit: \$ \_\_\_\_\_ Date \_\_\_\_\_

Is there a Judgment? \_\_\_\_\_ Was an Abstract Recorded? \_\_\_\_\_

3. Case Title: \_\_\_\_\_ V. \_\_\_\_\_ Case Number: \_\_\_\_\_

Name of Creditor (Suing Party): \_\_\_\_\_

Address of Creditor or Representative (Attorney for Suing Party):

\_\_\_\_\_

\_\_\_\_\_

Amount of Suit: \$ \_\_\_\_\_ Date \_\_\_\_\_

Is there a Judgment? \_\_\_\_\_ Was an Abstract Recorded? \_\_\_\_\_

STUDENT LOANS - YOURS OR IF YOU HAVE COSIGNED FOR SOMEONE ELSE'S - LIST THEM BELOW:

Creditor Name/Address/Acct#

Collection Agent/Attorney Name & Address

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Loan: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_ Deferred? \_\_\_\_\_

Creditor Name/Address/Acct#

Collection Agent/Attorney Name & Address

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Loan: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_ Deferred? \_\_\_\_\_

FEDERALLY INSURED STUDENT LOANS ARE NOT DISCHARGEABLE. THEY MUST BE LISTED IN YOUR BANKRUPTCY, BUT IT IS YOUR RESPONSIBILITY TO MAKE PAYMENT ARRANGEMENTS AT THE CONCLUSION OF YOUR BANKRUPTCY. IF YOU ARE FILING A CHAPTER 13, PLEASE BE AWARE THAT THERE MAY BE A BALANCE FOR INTEREST REMAINING ON YOUR STUDENT LOAN AT THE CONCLUSION OF YOUR CASE.

IMPORTANT NOTE: Please initial that you have read and understood above: \_\_\_\_\_

UNSECURED DEBTS

LIST ALL UNSECURED DEBTS, INCLUDING CREDIT CARDS, PERSONAL LOANS, MEDICAL BILLS, NSF CHECKS, NON-CURRENT PHONE AND UTILITY BILLS. DO NOT LIST YOUR LAST STATEMENT DATE WHERE WE ASK FOR "DATE." PLEASE INDICATE THE DATE OF A LOAN OR ONE-TIME PURCHASE, OR ESTIMATE THE TIME PERIOD IN WHICH YOU CHARGED THE BALANCE YOU NOW OWE ON AN ACCOUNT OR WHEN THE ACCOUNT LAST HAD A ZERO BALANCE. IDENTIFY IF THIS IS A BALANCE TRANSFER.

Creditor Name/Address/Acct #

Collection Agent/Attorney:

1. \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

2. \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, nsfer: \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

3. \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

4. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

5. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

6. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

7. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

8. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

9. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

10. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

11. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

12. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

13. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

14. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

Creditor Name/Address/Acct #

Collection Agent/Attorney:

15. \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Amount of Debt: \$ \_\_\_\_\_

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other \_\_\_\_\_

Year balance was last "Zero": \_\_\_\_\_ Year last used: \_\_\_\_\_

Co-debtor (Name & Address): \_\_\_\_\_

**IF YOU HAVE MORE CREDITORS, ATTACH EXTRA PAGES WITH THE SAME INFORMATION.**

MONTHLY INCOME

Marital Status:

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced (MO/YR final) \_\_\_\_\_

Debtor (or single debtor)

Spouse

Name of Employer: \_\_\_\_\_

\_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

How Long Employed: \_\_\_\_\_

\_\_\_\_\_

Work Phone Number: \_\_\_\_\_

\_\_\_\_\_

Dependents:

Relationship  
(son/daughter/parent)

Age

Relationship  
(son/daughter/parent)

Age

1 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

4 \_\_\_\_\_

\_\_\_\_\_

How many of the dependants listed above do you claim on your tax return? \_\_\_\_\_

How often are you paid? (check one)  
Weekly \_\_\_\_\_  
Every 2 Weeks \_\_\_\_\_  
2/Month \_\_\_\_\_  
Monthly \_\_\_\_\_

Debtor

Wife

Gross paycheck per pay period: \_\_\_\_\_

\_\_\_\_\_

Take Home Pay Per Pay Period: \_\_\_\_\_

\_\_\_\_\_

PAYROLL DEDUCTIONS PER CHECK:

Taxes and Social Security \_\_\_\_\_

\_\_\_\_\_

Insurance (Medical/dental) \_\_\_\_\_

\_\_\_\_\_

Union Dues \_\_\_\_\_

\_\_\_\_\_

Current Child Support Deducted \_\_\_\_\_

\_\_\_\_\_

Retirement \_\_\_\_\_

\_\_\_\_\_

Loan Repayment \_\_\_\_\_

\_\_\_\_\_

Other (Describe): \_\_\_\_\_

\_\_\_\_\_

Take Home Pay Per Pay Period: \_\_\_\_\_

\_\_\_\_\_

Take Home Pay Per Pay Period: \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INCOME

Self-Employment Income (monthly avg) \_\_\_\_\_

Child Support/Alimony Received: \_\_\_\_\_

SS Retirement: \_\_\_\_\_

SS Disability: \_\_\_\_\_

VA Disability: \_\_\_\_\_

Other Retirement from: \_\_\_\_\_

Unemployment/WC \_\_\_\_\_

PT/Second Job: \_\_\_\_\_

Rental Income/Contribution \_\_\_\_\_

MONTHLY TOTALS: \_\_\_\_\_

FOR ATTORNEY ONLY:

Combined Monthly Net Income: \_\_\_\_\_

Less Expenses: \_\_\_\_\_

Net Disposable Income: \_\_\_\_\_

PLEASE LIST AND IDENTIFY ANY UNUSUAL DEDUCTIONS FROM YOUR PAYCHECKS. THIS WILL HELP US IN DETERMINING WHICH DEDUCTIONS CAN BE USED TO ACCURATELY CALCULATE YOUR INCOME.

**ESTIMATED MONTHLY EXPENSES (Do not include credit card debts)**

Mortgage 1st TD: \_\_\_\_\_

2nd TD: \_\_\_\_\_

or

Rent \_\_\_\_\_

Are your real estate taxes included in your mortgage payment? \_\_\_\_\_ No \_\_\_\_\_ Yes

Is your homeowner's insurance paid in your mortgage payment? \_\_\_\_\_ No \_\_\_\_\_ Yes

Electricity & Heating Fuel \_\_\_\_\_

Water/Sewer \_\_\_\_\_

Phone \_\_\_\_\_

Cable TV (indicate if combined with phone or internet) \_\_\_\_\_

Other Utilities  
cell\_\_\_\_\_, trash\_\_\_\_\_, internet\_\_\_\_\_, pager\_\_\_\_\_

Home Maintenance:  
HOA fees, if applicable\_\_\_\_\_ pool/yard service \_\_\_\_\_

Food \_\_\_\_\_

Clothing \_\_\_\_\_

Laundry & Cleaning \_\_\_\_\_

Medical/Dental/Drug expenses not covered by insurance \_\_\_\_\_

Transportation (gas, DMV, repairs) \_\_\_\_\_

Recreation, clubs, newspaper, magazines, gym membership) \_\_\_\_\_

Religious/Charitable Contributions \_\_\_\_\_

Renter's or Homeowner's insurance (if not in mortgage) \_\_\_\_\_

Life insurance(if not deducted from pay) \_\_\_\_\_

Health insurance(if not deducted from pay) \_\_\_\_\_

Auto Insurance \_\_\_\_\_

Other Insurance not deducted from pay  
Specify type (dental, liability, add'l health) \_\_\_\_\_

Taxes:(income tax if self-employed; property tax  
if not included in mortgage) \_\_\_\_\_

Auto Installment Payments \_\_\_\_\_

\_\_\_\_\_

Other Installments (student loans, reaffirmations): \_\_\_\_\_

Alimony and/or support (If not levied from pay) \_\_\_\_\_

Payment to dependents not living at home  
(child in college, elderly parent) \_\_\_\_\_

Child Care: \_\_\_\_\_

Suggested possible miscellaneous expenses

pet expenses (number and type of pet) \_\_\_\_\_

haircuts, postage, parking \_\_\_\_\_

children's activities, allowances \_\_\_\_\_

work-related expenses (DO NOT LIST BUSINESS EXPENSES  
THAT ARE ON YOUR P&L) \_\_\_\_\_

uniforms required by your work \_\_\_\_\_

rental property expenses: (mortgage, property taxes) \_\_\_\_\_

\_\_\_\_\_

TOTAL EXPENSES: \_\_\_\_\_

STATEMENT OF FINANCIAL AFFAIRS - DON'T STOP NOW! KEEP GOING!

1. STATE GROSS AMOUNT OF INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS IF SELF-EMPLOYED:

	<u>HUSBAND</u> (or single client)	<u>WIFE</u>
Year to Date:	_____	_____
Last Year:	_____	_____
Year Before:	_____	_____
Source:	Employment/Self Employment)	Employment/Self Employment)

2. OTHER INCOME: STATE AMOUNT OF INCOME RECEIVED OTHER THAN EMPLOYMENT:  
(SSI; unemployment; disability; support; retirement) Identify source below

	<u>HUSBAND</u> (or single client)	<u>WIFE</u>
Year to Date:	_____	_____
Last Year:	_____	_____
Year Before:	_____	_____
Source:	_____	_____

3a. LIST ALL PAYMENTS OVER \$600.00 MADE TO ANY CREDITOR WITHIN PAST 90 DAYS

	Mortgage 1/	Mortgage 2	/Auto 1	/	Auto 2	/	Other
Creditor:	_____						
Address:	_____						
Amount Paid:	_____						
Payment Dates:	_____						
Amount Owning:	_____						

b. LIST ALL PAYMENTS WITHIN PAST YEAR TO CREDITORS WHO ARE RELATIVES OR BUSINESS ASSOCIATES

Creditor:	_____	Relationship:	_____
Address:	_____		
Amount Paid:	_____		
Payment Dates:	_____		
Amount Still Owning:	_____		

4a. LIST ALL LAWSUITS WHICH DEBTOR IS OR WAS A PARTY WITHIN PAST YEAR (INCLUDING DIVORCE)

(a) Case Title: \_\_\_\_\_  
Case Number: \_\_\_\_\_

Court Location: SMALL CLAIMS; FAMILY; SUPERIOR CT; ARBITRATION  
(CIRCLE ONE) SAN DIEGO; EL CAJON; SOUTH BAY; NORTH COUNTY; OTHER

Type of Case: CIVIL SUIT FOR \$; DIVORCE; SUPPORT; WORKERS COMP; UD

Suit Status: PENDING; JUDGMENT RENDERED

(b) Case Title: \_\_\_\_\_

Case Number: \_\_\_\_\_

Court Location: SMALL CLAIMS; FAMILY; SUPERIOR CT; ARBITRATION  
(CIRCLE ONE) SAN DIEGO; EL CAJON; SOUTH BAY; NORTH COUNTY; OTHER

Type of Case: CIVIL SUIT FOR \$; DIVORCE; SUPPORT; WORKERS COMP; UD

Suit Status: PENDING; JUDGMENT RENDERED

b. DESCRIBE ALL PROPERTY THAT HAS BEEN ATTACHED, GARNISHED OR SEIZED WITHIN PAST YEAR

Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Seizure Date: \_\_\_\_\_

Property Description: WAGES; BANK ACCOUNT; OTHER

Value: \_\_\_\_\_

5. LIST ALL PROPERTY THAT HAS BEEN REPOSSESSED, SOLD AT A FORECLOSURE SALE, OR RETURNED TO THE SELLER WITHIN THE PAST YEAR

1. Creditor/Seller: \_\_\_\_\_

Address: \_\_\_\_\_

Property Description: \_\_\_\_\_

Value: \_\_\_\_\_ Date: \_\_\_\_\_

2. Creditor/Seller: \_\_\_\_\_

Address: \_\_\_\_\_

Property Description: \_\_\_\_\_

Value: \_\_\_\_\_ Date: \_\_\_\_\_

6a. HAVE YOU "GIVEN" ANY OF YOUR PROPERTY TO ANY CREDITOR IN THE PAST 120 DAYS?

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Terms: \_\_\_\_\_

b. LIST ALL PROPERTY IN HANDS OF ANY RECEIVER OR COURT-APPOINTED OFFICIAL WITHIN THE PAST YEAR

Receiver/Official: \_\_\_\_\_  
Address: \_\_\_\_\_ Court: \_\_\_\_\_  
Case Title: \_\_\_\_\_ Case No: \_\_\_\_\_  
Date of Order: \_\_\_\_\_  
Property Description: \_\_\_\_\_ Value: \_\_\_\_\_

7. LIST ALL CASH OR CHARITABLE CONTRIBUTION OVER \$200.00 MADE WITHIN PAST YEAR (not regular Xmas/Birthday Gifts)

Recipient: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Debtor: \_\_\_\_\_ Date of gift: \_\_\_\_\_  
Description: \_\_\_\_\_ Value: \_\_\_\_\_

8. LIST ALL LOSSES FROM FIRE, THEFT OR GAMBLING WITHIN THE PAST YEAR

Property: \_\_\_\_\_ Value: \_\_\_\_\_  
Circumstances: \_\_\_\_\_  
Insurance Coverage? \_\_\_\_\_ Date of loss: \_\_\_\_\_

9. PAYMENTS MADE TO ANY ATTORNEY (OTHER THAN LOCKHART & BRITTON) FOR DEBT CONSULTATION WITHIN THE LAST YEAR:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_

10a. LIST ANY PROPERTY SOLD OR TRANSFERRED WITHIN THE PAST TWO YEARS

1) Transferee Name and Address: \_\_\_\_\_  
Relationship to Debtor: \_\_\_\_\_ Date Sold: \_\_\_\_\_  
Property Description: \_\_\_\_\_ Sale Price: \_\_\_\_\_  
Net Proceeds: \_\_\_\_\_  
2) Transferee Name and Address: \_\_\_\_\_  
Relationship to Debtor: \_\_\_\_\_ Date Sold: \_\_\_\_\_  
Property Description: \_\_\_\_\_ Sale Price: \_\_\_\_\_  
Net Proceeds: \_\_\_\_\_

10b. DO YOU HAVE A FAMILY TRUST? YES NO (CIRCLE ONE)

Are you a beneficiary of this trust? Yes No

Have you transferred property into that trust in the last 10 years? Yes No

1. Date of transfer: \_\_\_\_\_

Property Description: \_\_\_\_\_ Value: \_\_\_\_\_

2. Date of transfer: \_\_\_\_\_

Property Description: \_\_\_\_\_ Value: \_\_\_\_\_

11. LIST ALL BANK OR OTHER FINANCIAL ACCOUNTS CLOSED WITHIN THE PAST YEAR

1. Bank/Credit Union: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Final Balance: \_\_\_\_\_ Date Closed: \_\_\_\_\_

2. Bank/Credit Union: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Final Balance: \_\_\_\_\_ Date Closed: \_\_\_\_\_

12. LIST ANY SAFE DEPOSIT BOXES YOU HAVE OR HAD WITHIN THE PAST YEAR

Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Access: Debtor; Spouse; Other: \_\_\_\_\_ Still open? \_\_\_\_\_

Contents (Describe if other than documents): \_\_\_\_\_

13. LIST SETOFFS WITHIN THE PAST 90 DAYS. HAS ANY CREDITOR OR TAXING AGENCY TAKEN MONEY FROM YOUR ACCOUNT WITHOUT A COURT ORDER?

Creditor: \_\_\_\_\_ Address: \_\_\_\_\_

Setoff Date: \_\_\_\_\_ Amount: \_\_\_\_\_

14. LIST PROPERTY OWNED BY ANOTHER PERSON THAT IS IN POSSESSION OF DEBTOR (i.e. are you using someone else's car)

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Property Description: \_\_\_\_\_ Value: \_\_\_\_\_

Location of property if not at Debtor's residence: \_\_\_\_\_

15. LIST YOUR PRIOR ADDRESSES FOR THE PAST THREE YEARS.

Address: \_\_\_\_\_

Name(s) On lease or loan if other than Debtor and/or spouse \_\_\_\_\_

Dates you lived here: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) On lease or loan if other than Debtor and/or spouse \_\_\_\_\_

Dates you lived here: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) On lease or loan if other than Debtor and/or spouse \_\_\_\_\_

Dates you lived here: \_\_\_\_\_

16. NAME OF ALL SPOUSES WITHIN THE LAST 8 YEARS. (DO NOT LIST SPOUSE FILING WITH YOU)

\_\_\_\_\_

IF YOU ARE SELF-EMPLOYED OR FILING UNDER A BUSINESS NAME:

1. Business Name:\_\_\_\_\_ Address:\_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Business started/ended:\_\_\_\_\_

Any other owners or operators of this business?\_\_\_\_\_

IRS Tax ID#\_\_\_\_\_ State ID #\_\_\_\_\_

Name & Address of Bookkeeper or Accountant:\_\_\_\_\_

Any records unavailable?\_\_\_\_\_

2. Business Name:\_\_\_\_\_ Address:\_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Business started/ended:\_\_\_\_\_

Any other owners or operators of this business?\_\_\_\_\_

IRS Tax ID#\_\_\_\_\_ State ID #\_\_\_\_\_

Name & Address of Bookkeeper or Accountant:\_\_\_\_\_

Any records unavailable?\_\_\_\_\_

ENVIRONMENTAL INFORMATION. For the purpose of this question, the following definitions apply:

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

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

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

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable or in violation of an Environmental Law.

Indicate the governmental unit, the date of the notice and, if known, the Environmental Law.

Site Name and Address                      Governmental Unit                      Date                      Law

b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material.

Site Name and Address                      Governmental Unit                      Date                      Law

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which you are or were a party.

Government Unit                      Docket Number                      Status/Disposition

LIST ALL FIRMS OR INDIVIDUALS WHO HAVE AUDITED BOOKS AND RECORDS OF DEBTOR OR HAS PREPARED A FINANCIAL STATEMENT OF THE DEBTOR

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Dates: \_\_\_\_\_

LIST ALL FIRMS OR INDIVIDUALS WHO ARE IN POSSESSION OF BOOKS OF ACCOUNT OF DEBTOR. IF BOOKS ARE UNAVAILABLE, EXPLAIN

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Unavailable Records: \_\_\_\_\_

LIST ALL FINANCIAL INSTITUTIONS, CREDITORS, AND OTHER PARTIES TO WHOM A FINANCIAL STATEMENT WAS ISSUED WITHIN THE PAST TWO YEARS

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date Statement Issued: \_\_\_\_\_

LIST THE DATES OF THE LAST TWO INVENTORIES TAKEN OF YOUR PROPERTY, THE NAME OF THE PERSON WHO SUPERVISED THE TAKING OF EACH INVENTORY, AND THE DOLLAR AMOUNT AND BASIS OF EACH INVENTORY

Last Inventory Date: \_\_\_\_\_ Prior Inventory Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Inventory Value: \_\_\_\_\_ Inventory Value: \_\_\_\_\_

Valuation Basis: \_\_\_\_\_ Valuation Basis: \_\_\_\_\_

LIST THE NAME AND ADDRESS OF THE PERSON HAVING POSSESSION OF THE RECORDS OF EACH OF THE LAST TWO INVENTORIES REPORTED ABOVE.

Last Inventory Date: \_\_\_\_\_ Prior Inventory Date: \_\_\_\_\_

Custodian of Records: \_\_\_\_\_ Custodian of Records: \_\_\_\_\_

IF THE DEBTOR IS A PARTNERSHIP, LIST THE NATURE AND PERCENTAGE OF PARTNERSHIP INTEREST OF EACH MEMBER OF THE PARTNERSHIP

Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Interest: \_\_\_\_\_

Percentage Ownership: \_\_\_\_\_

IF THE DEBTOR IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS OF THE CORPORATION, AND EACH STOCKHOLDER WHO DIRECTLY OR INDIRECTLY OWNS, CONTROLS, OR HOLDS 5 PERCENT OR MORE OF THE VOTING SECURITIES OF THE CORPORATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Percentage Ownership: \_\_\_\_\_

IF THE DEBTOR IS A PARTNERSHIP, LIST EACH MEMBER WHO WITHDREW FROM THE PARTNERSHIP WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

IF THE DEBTOR IS A CORPORATION, LIST ALL OFFICERS OR DIRECTORS WHOSE RELATIONSHIP WITH THE CORPORATION TERMINATED WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Termination Date: \_\_\_\_\_

IF THE DEBTOR IS A PARTNERSHIP OR CORPORATION, LIST ALL WITHDRAWALS OR DISTRIBUTIONS CREDITED OR GIVEN TO AN INSIDER, INCLUDING COMPENSATION IN ANY FORM, BONUSES, LOANS, STOCK REDEMPTIONS, OPTIONS EXERCISED AND ANY OTHER PERQUISITE DURING ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE

Insider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Debtor: \_\_\_\_\_

Purpose of Withdrawal: \_\_\_\_\_

Date: \_\_\_\_\_ or Amount: \_\_\_\_\_