

Client Questionnaire for Non-Business Debtor

This information will be used in preparing your bankruptcy petition which is submitted to the court under oath. You must be accurate and forthcoming. Please answer each question completely. If it does not pertain to you mark N/A.

Section 1 – Basic Information

Part A – Name and Address

Name: _____
Last First Middle

Have you used any other names in the past eight years? No Yes List other names: _____

Telephone Number Home: _____ Work: _____

Social Security Number: _____ - _____ - _____

Driver's License No: _____ Exp. Date: _____ D/O/B: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

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

Have you lived at this address for at least 730 days (2 years)? No Yes

If you answered no to either of the questions above, please list your previous address:

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Dates of occupancy: _____

If you have a different mailing address, please list:

Mailing Address: _____ City: _____

State: _____ Zip: _____

Part B – Name and Address of Spouse (if filing jointly)

Name: _____
Last First Middle

Have you used any other names in the past eight years? No Yes List other names: _____

Telephone Number Home: _____ Work: _____

Social Security Number: _____ - _____ - _____

Driver's License No: _____ Exp. Date: _____ D/O/B: _____

Address (if different from above address): _____

City: _____ State: _____ Zip: _____

County: _____

Part C – Prior/Pending Bankruptcy Cases

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

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

Case Number: _____ Date filed: _____ What chapter: _____

What is the name of the attorney that handled the case? _____

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

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

Case Number: _____ Date filed: _____ Judge: _____

In which state and district was the case filed? _____

Exhibit "C" to the Voluntary Petition

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

Debtors Who Reside as Tenants of Residential Property

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

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2 – Property

Part A – Real Estate

List all real estate which you own or are a joint owner of, even if you still owe money on the property:

Address: _____ City: _____

State: _____ Zip: _____ Assessed value: _____

Description of property: _____

Who owns this property? Husband Wife Joint Community Your % of ownership: _____

Mortgage holder: _____

Address: _____ City: _____

State: _____ Zip: _____ Date incurred: _____

Balance owing: _____ Interest rate: _____ Monthly payment: _____

Are taxes/insurance included? Yes No If no, how much for taxes/insurance? _____

How much in arrears: _____ Number of payments behind: _____

Are you in foreclosure? Yes No If so, list attorney handling the foreclosure: _____

Are you the only person listed on the mortgage? No Yes If no, who else: _____

Are you the only person listed on the deed? No Yes If no, who else: _____

Is there a second mortgage on this property? No Yes

Address: _____ City: _____

State: _____ Zip: _____ Assessed value: _____

Description of property: _____

Who owns this property? Husband Wife Joint Community Your % of ownership: _____

Mortgage holder: _____

Address: _____ City: _____

State: _____ Zip: _____ Date incurred: _____

Balance owing: _____ Interest rate: _____ Monthly payment: _____

Are taxes/insurance included? Yes No If no, how much for taxes/insurance? _____

How much in arrears: _____ Number of payments behind: _____

Are you in foreclosure? Yes No If so, list attorney handling the foreclosure: _____

Are you the only person listed on the mortgage? No Yes If no, who else: _____

Are you the only person listed on the deed? No Yes If no, who else: _____

Part B – Personal Property

Indicate whether you own any property in each category below. If you do, please fill in the information requested. Use replacement value – basically what you would value it secondhand, not the original purchase price. Please list a location if the property is not at your primary residence.

1. Cash on hand? Yes No

Value: _____ Husband/Wife/Joint/Community Ownership: _____

2. Bank accounts? (checking, savings, CD's, other) Yes No

Type of account: _____

Amount in account: _____ Husband/Wife/Joint/Community: _____

Name of institution: _____ Address: _____

City: _____ State: _____ Zip: _____

Type of account: _____

Amount in account: _____ Husband/Wife/Joint/Community: _____

Name of institution: _____ Address: _____

City: _____ State: _____ Zip: _____

3. Security deposits (utility company, landlord)? Yes No

Description/value: _____ Husband/Wife/Joint/Community: _____

Name of deposit holder: _____ Address: _____

City: _____ State: _____ Zip: _____

4. Household goods – please list items in each room and give total value of items listed

Living room/family room/ den – items: _____

_____ Value: _____

Dining room – items: _____

_____ Value: _____

Bedrooms – items: _____

_____ Value: _____

Kitchen – items: _____

_____ Value: _____

Other rooms (hallways, bathrooms, garages, attics, basements, sheds, laundry rooms, etc) – items:

_____ Value: _____

Other items not already listed: _____ Value: _____

5. Books, pictures, art objects, collectibles? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

6. Clothing

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

7. Furs and jewelry? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

8. Firearms; sports, photographic or hobby equipment? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

9. Interest in insurance policies? Yes No

Company name: _____ Refund value: _____

Cancellation value: _____ Husband/Wife/Joint/Community: _____

10. Annuities? Yes No

Company name: _____

Value: _____ Husband/Wife/Joint/Community: _____

11. Interests in an education IRA? Yes No

Company name: _____

Value: _____ Husband/Wife/Joint/Community: _____

12. Interests in pensions, retirement accounts, or profit sharing plans? Yes No

Description: _____ Value: _____

Company name: _____ Husband/Wife/Joint/Community: _____

Description: _____ Value: _____

Company name: _____ Husband/Wife/Joint/Community: _____

13. Stock and interests in incorporated/unincorporated business? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

14. Interests in partnerships/joint ventures? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

15. Bonds? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

16. Accounts receivable? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

17. Alimony/family support to which you are entitled? Yes No

Description: _____ Value: _____

18. Other liquidated debts owed to you, including tax refunds? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

19. Equitable or future interests or life estates? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

20. Interests in estate of decedent or life insurance plan or trust? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

21. Other contingent/unliquidated claims, including tax refunds, counterclaims? Yes No

Company name: _____

Value: _____ Husband/Wife/Joint/Community: _____

22. Patents, copyrights, other intellectual property? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

23. Licenses, franchises? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

24. Customer list or other compilation? Yes No

Description: _____

Value: _____ Husband/Wife/Joint/Community: _____

25. Automobiles, trucks, trailers, motorcycles? Yes No

Year, make, model, mileage, options, etc: _____

NADA value: _____ Husband/Wife/Joint/Community: _____

Lender name: _____ Address: _____

City: _____ State: _____ Zip: _____ NADA value: _____

Balance owing: _____ Monthly payment: _____ Interest rate: _____

Year, make, model, mileage, options, etc: _____

NADA value: _____ Husband/Wife/Joint/Community: _____

Lender name: _____ Address: _____

City: _____ State: _____ Zip: _____ NADA value: _____

Balance owing: _____ Monthly payment: _____ Interest rate: _____

REQUIRED: Lease Remaining: _____ Arrearage: _____ Payments to Begin(Month, year): _____

26. Boats, motors, and accessories? Yes No

Year, make, model, mileage, options, etc: _____

NADA value: _____ Husband/Wife/Joint/Community: _____

Lender name: _____ Address: _____

City: _____ State: _____ Zip: _____

Balance owing: _____ Monthly payment: _____ Interest rate: _____

27. Aircraft and accessories? Yes No

Year, make, model, mileage, options, etc: _____

NADA value: _____ Husband/Wife/Joint/Community: _____

Lender name: _____ Address: _____

City: _____ State: _____ Zip: _____

Balance owing: _____ Monthly payment: _____ Interest rate: _____

28. Office equipment, supplies? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

29. Machinery, fixtures, etc. for business? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

30. Inventory? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

31. Animals? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

32. Crops – growing or harvested? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

33. Farming equipment or implements? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

34. Farm Supplies, chemicals, feed? Yes No

Description/location: _____

Value: _____ Husband/Wife/Joint/Community: _____

35. Other personal property of any kind not listed? Yes No

Description/location: _____ Value: _____

Section 3 – Debts

List all debts that you owe, including creditors that claim you owe them:

1. Home loans/mortgages? Yes No Do you dispute the debt? Yes No

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Interest rate: _____

Husband/Wife/Joint: _____ # of payments remaining: _____

Required: Surrender or reaffirm: _____

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Interest rate: _____

Husband/Wife/Joint: _____ # of payments remaining: _____

Surrender or reaffirm: _____

2. Car loans? Yes No Do you dispute the debt? Yes No

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Interest rate: _____

Husband/Wife/Joint: _____ Surrender or reaffirm: _____

Was this loan originally for the purchase of the vehicle or was the vehicle used as collateral for another type of loan? _____

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Interest rate: _____

Husband/Wife/Joint: _____ Surrender or reaffirm: _____

Was this loan originally for the purchase of the vehicle or was the vehicle used as collateral for another type of loan? _____

3. Unpaid taxes? Yes No Do you dispute the debt? Yes No

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____

Account number: _____ Balance owing: _____ Tax year: _____

4. Student loans? Yes No Do you dispute the debt? Yes No
Creditor's name: _____ Address: _____
City: _____ State: _____ Zip: _____ Date incurred: _____
Account number: _____ Balance owing: _____ Interest rate: _____
Husband/Wife/Joint: _____ Current Payment: _____

5. Other bank loans? Yes No Do you dispute the debt? Yes No
Creditor's name: _____ Address: _____
City: _____ State: _____ Zip: _____ Date incurred: _____
Account number: _____ Balance owing: _____ Interest rate: _____
Husband/Wife/Joint: _____ # of payments remaining: _____
If secured, list collateral: _____ Surrender or reaffirm: _____

6. Personal loans? Yes No Do you dispute the debt? Yes No
Creditor's name: _____ Address: _____
City: _____ State: _____ Zip: _____ Date incurred: _____
Account number: _____ Balance owing: _____ Interest rate: _____
Husband/Wife/Joint: _____ # of payments remaining: _____
If secured, list collateral: _____ Surrender or reaffirm: _____

7. Unpaid medical bills? Yes No Do you dispute the debt? Yes No
Creditor's name: _____ Address: _____
City: _____ State: _____ Zip: _____ Date incurred: _____
Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

Creditor's name: _____ Address: _____
City: _____ State: _____ Zip: _____ Date incurred: _____
Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

Creditor's name: _____ Address: _____
City: _____ State: _____ Zip: _____ Date incurred: _____
Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

Creditor's name: _____ Address: _____
City: _____ State: _____ Zip: _____ Date incurred: _____
Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

8. Credit Cards? Yes No

Do you dispute the debt? Yes No

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Husband/Wife/Joint: _____

9. Unpaid rent and/or service fees? Yes No

Do you dispute the debt? Yes No

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Interest rate: _____

Husband/Wife/Joint: _____ # of payments remaining: _____

10. Unpaid alimony or child support? Yes No

Payee's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Case number: _____ Balance owing: _____ Is DHR involved? Yes No

11. Buy Here Pay Here loans/payday loans/cash advances? Yes No

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Interest rate: _____

Husband/Wife/Joint: _____ If secured, list collateral: _____

12. All other unpaid debts/bills? Yes No

Creditor's name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date incurred: _____

Account number: _____ Balance owing: _____ Interest rate: _____

Husband/Wife/Joint: _____ If secured, list collateral: _____

Section 4 – Unexpired Leases and Contracts

List any leases or contracts that are still current that you are a party to. This includes residential leases, car leases, business leases, and service or business contracts (ex. Cellular telephone contracts).

1. Leases and/or contracts? Yes No

Nature and description: _____ Expiration date: _____

Name of party/company: _____ Address: _____

City: _____ State: _____ Zip: _____

Reaffirm: _____ (Yes/No)

Section 5 – Current Income

Marital status: Married Single Divorced Separated Widowed Common law

Do you have any dependents? Yes No If so, please list:

Age: ____ Relationship to you: _____ Age: ____ Relationship to you: _____

Age: ____ Relationship to you: _____ Age: ____ Relationship to you: _____

Age: ____ Relationship to you: _____ Age: ____ Relationship to you: _____

Part A – Debtor's Income

1. What is your occupation? _____ Length of employment: _____

2. Employer's name: _____ Address: _____

City: _____ State: _____ Zip: _____

3. How often are you paid? Weekly Bi-weekly Twice a month Once a month

Monthly gross pay (before taxes/deductions): _____ Overtime: _____

Taxes and social security: _____ Insurance: _____

Union dues: _____ Other deductions: _____

4. Do you receive income from business operations outside of your regular paycheck? What is the business and how much do you receive per month? _____

5. Do you receive income from real estate property? If so, how much per month? _____

6. Do you receive interest or dividends? If so, how much per month? _____

7. Do you receive alimony or family support payments for your use or for the care of your dependents? If so, what form of support how much per month? _____

8. Do you receive social security, food stamps, or other forms of monetary government assistance? If so, what form of assistance and how much per month? _____

9. Do you receive retirement or pension money? If so, how much per month? _____

10. Do you have any other sources of income not listed? _____

Part A – Joint Debtor's Income

1. What is your occupation? _____ Length of employment: _____

2. Employer's name: _____ Address: _____

City: _____ State: _____ Zip: _____

3. How often are you paid? Weekly Bi-weekly Twice a month Once a month

Monthly gross pay (before taxes/deductions): _____ Overtime: _____

Taxes and social security: _____ Insurance: _____

Union dues: _____ Other deductions: _____

4. Do you receive income from business operations outside of your regular paycheck? What is the business and how much do you receive per month? _____
5. Do you receive income from real estate property? If so, how much per month? _____
6. Do you receive interest or dividends? If so, how much per month? _____
7. Do you receive alimony or family support payments for your use or for the care of your dependents? If so, what form of support how much per month? _____
8. Do you receive social security, food stamps, or other forms of monetary government assistance? If so, what form of assistance and how much per month? _____
9. Do you receive retirement or pension money? If so, how much per month? _____
10. Do you have any other sources of income not listed? _____

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain: _____

Section 5A – Current Monthly Income

Fill in your monthly income by completing the chart below beginning with last month and working back.

	LAST MONTH	2 MOS. AGO	3 MOS. AGO	4 MOS. AGO	5 MOS. AGO	6 MOS. AGO
Gross wages						
Spouse's Gross Wages						
Net Income from business Gross Income less expenses						
Rental or real property Inc - Gross income less expenses						
Interest, dividends or royalties						
Pension and retirement (<i>NOT Social Security</i>)						
Regular contributions from others (including child support)						
Unemployment compensation						
Social Security Income						
Other (please specify)						

Section 6 – Current Expenses

Do you and your spouse maintain separate households? No Yes If so, fill one out for each of you.

Please list how much you pay each month for each of the following (*not including payroll deductions*):

- | | |
|--|---|
| 1. Rent or home mortgage | \$ _____ |
| Does this include taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes | Does this include insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. Electricity and heating | \$ _____ |
| 3. Water and sewage | \$ _____ |
| 4. Home phone/cell phone service | \$ _____ |
| 5. Other Utility bills (ex – internet, garbage, cable) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 6. Home maintenance (general upkeep/repairs) | \$ _____ |
| 7. Food (specify if getting food stamp assistance) | \$ _____ |
| 8. Clothing | \$ _____ |
| 9. Laundry and dry cleaning | \$ _____ |
| 10. Medical and dental (out of pocket expenses) | \$ _____ |
| 11. Transportation (gasoline, parking, maintenance) | \$ _____ |
| 12. Entertainment and subscriptions | \$ _____ |
| 13. Charitable contributions | \$ _____ |
| 14. Insurance | |
| Homeowners/Renters insurance | \$ _____ |
| Health insurance (not deducted from paycheck) | \$ _____ |
| Disability insurance | \$ _____ |
| Auto insurance | \$ _____ |
| Life insurance | \$ _____ |
| 15. Taxes not deducted from paycheck | \$ _____ |
| 16. Installment payments (car, furniture, etc) – Specify | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 17. Alimony, maintenance, support paid to others | \$ _____ |
| 18. Payments for support of dependents not living at home | \$ _____ |
| 19. Expenses from operation of business | \$ _____ |
| Additional Expenses | |
| 20. Payroll expenses not already listed _____ | \$ _____ |
| 21. Court ordered payments _____ | \$ _____ |
| 22. Education necessary to maintain employment | \$ _____ |
| 23. Education for physically/mentally challenged child | \$ _____ |
| 24. Childcare | \$ _____ |
| 25. Health savings accounts | \$ _____ |
| 26. Care for elderly, chronically ill, or disabled family members | \$ _____ |
| 27. Protection from family violence | \$ _____ |
| 28. Education expenses for minor children under 18 | \$ _____ |
| 29. Non-mandatory contributions to retirement accounts
(including loan repayment) | \$ _____ |
| 30. Other expenses not previously listed | \$ _____ |
| _____ | \$ _____ |

Section 7 – Statement of Financial Affairs

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

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

1. A. Income from employment or operation of business

State your total gross income for this current year to date: \$ _____

Type of income (employment or business): _____

State your total gross income for last year (Jan 1 – Dec 31): \$ _____

Type of income (employment or business): _____

State your total gross income 2 years ago (Jan 1 – Dec 31): \$ _____

Type of income (employment or business): _____

B. Spouse's Income from employment or operation of business

State your total gross income for this current year to date: \$ _____

Type of income (employment or business): _____

State your total gross income for last year (Jan 1 – Dec 31): \$ _____

Type of income (employment or business): _____

State your total gross income 2 years ago (Jan 1 – Dec 31): \$ _____

Type of income (employment or business): _____

2. A. Income other than listed above (ex - SSI, disability, unemployment)

State your total gross non-employment income for this current year to date: \$ _____

NONE Type of non-employment income: _____

State your total gross non-employment income for last year : \$ _____

NONE Type of non-employment income: _____

B. Spouse's Income other than listed above (ex - SSI, disability, unemployment)

State your total gross non-employment income for this current year to date: \$ _____

NONE Type of non-employment income: _____

State your total gross non-employment income for last year : \$ _____

NONE Type of non-employment income: _____

3. A. Payments to creditors

NONE List all payments on loans, installment purchases of goods/services, and other debts totaling more than \$600.00 to any single creditor within 90 days preceding the commencement of this case. Specify if the payments were made on account of a domestic support obligation or that were made as part of an alternative repayment plan.

Creditors Name: _____ Address: _____

Dates of payments: _____ Amount paid: _____ Amount owing: _____

NONE *If your debts are not primarily consumer debts (ex – business debts), list each payment or transfer totaling more than \$5,475.00 to any creditor within 90 days preceding the commencement of this case.*

Creditors Name: _____ Address: _____

Dates of payments: _____ Amount paid: _____ Amount owing: _____

NONE List all payments made within 1 year preceding the commencement of this case to or for the benefit of “insiders” (relatives; corporations, affiliates, or business partners)

Creditors Name: _____ Address: _____

Dates of payments: _____ Amount paid: _____ Amount owing: _____

4. Lawsuits, executions, garnishments, and attachments

NONE List all suits and administrative proceedings that you are, or were, a party to within 1 year preceding the filing of this case. (Use back of page if more than one)

Caption and case number: _____ Type of case: _____

Court and location: _____ Status: _____

NONE Describe all property that has been garnished, seized or attached under any legal or equitable process within 1 year preceding the commencement of this case.

Name of person/company for whom the property was seized: _____

Date of seizure: _____ Description and value of property: _____

5. Repossessions, foreclosures, and returns

NONE List all property that has been repossessed by the creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within 1 year preceding the commencement of this case.

Creditor name: _____ Address: _____

Date of action: _____ Description and value of property: _____

6. Assignments and receiverships

NONE Describe any assignment of property for the benefit of creditors made within 120 days preceding the commencement of this case.

Assignee name: _____ Address: _____

Date of assignment: _____ Terms: _____

NONE List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year preceding the commencement of this case.

Custodian name: _____ Address: _____

Caption and case number: _____ Court and location: _____

Date of Order: _____ Description and value of property: _____

7. Gifts

NONE List all gifts/contributions made within 1 year preceding the commencement of this case except ordinary gifts to family totaling less than \$200.00/person and contributions totaling less than \$100.00/recipient.

Recipient name: _____ Date: _____

Address: _____ Relationship: _____ Value: _____

8. Losses

NONE List all losses from fire, theft, gambling or other casualty within 1 year preceding the commencement of this case or since the commencement of this case.

Description and value of property: _____

Date of loss: _____ Amount covered by insurance, if any: _____

Description of circumstances: _____

9. Payments related to debt counselling or bankruptcy

NONE List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within 1 year preceding the commencement of the case. *Do not include payments made to this firm for this case.*

Name of payee: _____ Address: _____

Date of payment: _____ Name of payer, if not you: _____

Description and value of property/amount of money paid: _____

10. Other transfers (including sale of your property)

NONE List all property transferred, other than property transferred in your ordinary course of business or financial affairs, either absolutely or as a security within 2 years preceding the commencement of this case.

Transferee name: _____ Address: _____

Relationship to you: _____ Date of Transfer: _____

Description/value of property: _____

NONE List all property you transferred within 10 years preceding the commencement of this case to a self-settled trust or a similar device of which you are a beneficiary.

Name of Trust or similar device: _____ Date of transfer: _____

Description and value of property or interest: _____

11. Closed financial accounts

NONE List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within 1 year immediately preceding the commencement of this case.

Institution name: _____ Acct #/Type of acct: _____

Address: _____ Close/sale date: _____ End balance: _____

12. Safe deposit boxes

NONE List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within 1 year immediately preceding the commencement of this case.

Bank/depository Name: _____ Address: _____

Description of contents: _____ Transfer date, if any: _____

Name/address of all those with access to box/depository: _____

13. Setoffs

NONE List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within 90 days preceding the commencement of this case.

Name of creditor: _____ Setoff date: _____

Address: _____ Setoff amount: _____

14. Property held for another person

NONE List all property that you hold or control that is owned by another person.

Name of owner: _____ Address: _____

Description/ value/location of property: _____

15. Prior address of debtor

NONE If you have moved within the 3 years immediately preceding the commencement of this case, please list all residences during the last three years, excluding your present address.

Address: _____ Dates of residency: _____

Name(s) used during residency: _____

16. Spouses and former spouses

NONE If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the 8-year period preceding the commencement of this case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state. Name of spouse/former spouse: _____

17. Environmental Information

The following definitions apply for this question: "Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, ground water, or other medium, including, but not limited to statutes or regulations regulating the cleanup of these substances, wastes, or material.

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

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

NONE List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law.

Site name/address: _____ Environmental law: _____

Name/address of governmental unit: _____ Notice date: _____

NONE 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/address: _____ Environmental law: _____

Name/address of governmental unit: _____ Notice date: _____

NONE List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party.

Name/address of governmental unit: _____

Docket number: _____ Status: _____

18. Nature, location and name of business

If the debtor is an **individual**, provide the following information for all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the six years preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the 6 years preceding the commencement of this case.

If the debtor is a **partnership**, provide the following information for all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the 6 years preceding the commencement of this case.

If the debtor is a **corporation**, provide the following information for all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the 6 years immediately the commencement of this case.

NONE Business name: _____ Taxpayer ID (EIN): _____

Address: _____ Nature of business: _____

Beginning/end dates of operation: _____

NONE Identify any business listed in response to a the above questions that is "single asset real estate" as defined in 11 U.S.C. § 101.

Name: _____ Address: _____

The following questions are only to be answered if you are a corporation or partnership or if you have been, in the 6 years preceding this case, an officer, director, managing executive, or owner of more than 5 percent of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. Books, records, and financial statements

NONE List all bookkeepers and accountants who, within the 2 years preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

Name: _____ Dates of services: _____

Address: _____

NONE List all firms or individuals who, within the 2 years preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

Name: _____ Dates of services: _____

Address: _____

NONE List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, please explain.

Name: _____ Address: _____

Comments: _____

NONE List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within 2 years preceding the commencement of this case.

Name: _____ Date issued: _____

Address: _____

20. Inventories

NONE 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 bases of each inventory.

Date of inventory: _____ Supervisor: _____

Dollar amount of inventory (specify cost, market, or other basis): _____

Date of inventory: _____ Supervisor: _____

Dollar amount of inventory (specify cost, market, or other basis): _____

NONE List the name and address of the person possessing the records of each of the two inventories reported above.

Name of custodian: _____ Date of inventory: _____

Address of custodian: _____

Name of custodian: _____ Date of inventory: _____

Address of custodian: _____

21. Current partners, officers, directors, and shareholders

NONE If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

Name: _____ Interest: _____

Address: _____ Nature: _____

NONE If your business 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: _____ Interest: _____

Address: _____ Title: _____

22. Former partners, officers, directors and shareholders

NONE If your business is a partnership, list each member who withdrew from the partnership within 1 year immediately preceding the commencement of this case.

Name: _____ Address: _____ Date: _____

NONE If your business 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: _____ Title: _____ Date of termination: _____

23. Withdrawals from a partnership or distributions by a corporation

NONE If your business 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 1 year immediately preceding the commencement of this case.

Recipient name: _____ Address: _____

Purpose of withdrawal: _____ Withdrawal date: _____ Value: _____

24. Tax consolidation group

NONE If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six year period immediately preceding the commencement of this case.

Name of parent corporation: _____ Taxpayer ID: _____

25. Pension funds

NONE If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six year period immediately preceding the commencement of this case.

Name of pension fund: _____ Taxpayer ID: _____

*Please use additional pages if necessary