

**Client Questionnaire**  
**Section 1 - Basic Information**

**Part A. Name and Address**

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

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

***If yes, please list other names used:***

Have you used any business names or Employer Identification Numbers (EIN) in the last 8 years?

***If yes, please list business names and/or EINs used:***

Telephone Numbers\Email address:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

If you have a different mailing address, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Marital Status:  Never Married  Married and living together  Widowed

Married and living apart  Divorced

**Part B. Name and Address of Spouse**

If you are filing jointly with your spouse, fill in the following information about your spouse:

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

Has your spouse used any other names in the past 8 years?  No  Yes

***If yes, please list other names used:***

Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?

***If yes, please list business names and/or EINs used:***

Telephone Numbers\Email address:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If your spouse lives at a different address, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Has your spouse lived at this address for at least 180 days?  No  Yes

Has your spouse 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 spouse's previous address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Part C. Prior and/or Pending Bankruptcy Cases

Have you filed a bankruptcy case in the last 8 years?  No  Yes

**If yes**, in which district of which state was the case filed? \_\_\_\_\_

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

Date Filed: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

Was the case dismissed (you did not complete the bankruptcy)?  No  Yes

If so, what date was it dismissed? \_\_\_\_\_

Are any bankruptcy cases pending or being filed by your spouse, a business partner, or an affiliate?  No  Yes

**If yes**, name of debtor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Date Filed: \_\_\_\_\_

District (If known): \_\_\_\_\_

### Part D. Debtors Who Reside as Tenants of Residential Property

Do you have an eviction pending against you?  No  Yes

**If yes**, please provide your landlord's name and address:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Part E. Business Owned as a Sole Proprietor

Are you the sole proprietor of a full- or part-time business?

**If yes**, please provide the name and location of the business:

Name of business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of business:

**Part F. Hazardous Property or Property That Needs Immediate Attention**

Do you own or have any property that needs immediate attention or that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  No  Yes

**If yes**, please describe the hazard:

If immediate attention is needed, why is it needed?

Where is the property? Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2 - Property (Schedule A/B)

Separately list and describe assets in each category below. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. If more space is needed, attach a separate page to this questionnaire.

### Part A. Residence, Building, Land, Other Real Estate

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	Estimated Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	If you are not the only owner: Please enter the % of the property you own.	Office Use Only Exemptions?
<p>Address:</p>  <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p>	<p>Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p>  <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		
<p>Address:</p>  <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other</p>	<p>Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p>  <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		

**Part B. Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Other Vehicles**

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only <i>Exemptions?</i>
Vehicle #1	<input type="checkbox"/> No  <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____  Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #2	<input type="checkbox"/> No  <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____  Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #3	<input type="checkbox"/> No  <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____  Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Watercraft/Aircraft/Motor Homes/ATVs/Other ( <i>list year, make, and model</i> )	<input type="checkbox"/> No  <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

**Part C. Personal and Household Items**

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only <i>Exemptions?</i>
Household Goods and Furnishings ( <i>Major appliances, furniture, linens, china, kitchenware, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Electronics ( <i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Collectibles of value ( <i>art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Sports, photo, exercise, and other hobby equipment; musical instruments	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Firearms, ammunition, and related equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Clothing ( <i>everyday clothes, furs, leather coats, designer wear, shoes, accessories</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Pets/non-farm animals	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Health aids and all other household items not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

**Part D. Financial Assets**

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Cash ( <i>spare change/money in your purse or wallet, cash not in accounts</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #1 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #2 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Savings account #1 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Savings account #2 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Certificate of deposit ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #1 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #2 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #3 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #4 ( <i>list name(s) on account, bank name, and account number</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Bonds, mutual funds, and publicly traded stocks	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Non-publicly traded stocks and interests in businesses, corporations, LLCs, partnerships, and joint ventures ( <i>list % of ownership</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	



Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Government and corporate bonds and instruments (including U.S. Savings Bonds)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #1 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #2 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #3 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Security deposits (typically with landlord or utility) (list holder)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Prepayments (prepaid rent, layaway, gift cards, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Annuities (list company)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Education IRA, Sec. 529 or Sec. 530 account, state tuition plan	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Trusts, life estates, future, and equitable interests in property or assets	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Patents, copyrights, trademarks, trade secrets, and other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Licenses, franchises, and other general intangibles	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Tax refunds owed to you ( <i>list years due</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Alimony and child support	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other amounts someone owes you ( <i>unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Cash value of insurance policies ( <i>whole or universal life, health, disability, HSA, etc.</i> ) ( <i>list insurance company and beneficiary</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only <i>Exemptions?</i>
Inheritances, estate distributions, and death benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Personal injury claims or awards	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Lawsuits or claims against anyone for anything	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
All other claims or rights to sue someone	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Any other financial asset not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

**Part G. Miscellaneous**

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only <i>Exemptions?</i>
All other property of any kind not previously listed	<input type="checkbox"/> No  <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

### Section 3 - Debts (Schedule D/E/F)

#### Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or mortgage	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
car loans	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Who owes the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

Car loans	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p>	<p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>If yes</b>, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
Other property loans	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p>	<p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>If yes</b>, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	

**Part B. Credit Card Debts**

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:     3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:	Who incurred the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:     3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:	Who incurred the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

Department store credit card debts	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>If yes, please provide name and address:</b></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
Department store credit card debts	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>If yes, please provide name and address:</b></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	



Cash advances	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>If yes</b>, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
Cash advances	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>If yes</b>, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	

**Part C. Medical Debts**

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Unpaid medical bills	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:    3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Who incurred the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Unpaid medical bills	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:    3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Who incurred the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

**Part D. Tax Debts**

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/ Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:     3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Who incurred the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes  <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Unpaid taxes	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:     3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:			

**Part E. Student Loan Debts**

Please list below all Student Loan debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Student loan	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:     3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Who incurred the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Student loan	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:     3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Who incurred the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

**Part F. Other Debts**

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Please Describe the Type of Debt <i>(e.g. unpaid rent, alimony or child support, service fees, other bank loans, or personal loans.)</i>	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Describe:	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:     3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Who incurred the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes  <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Describe:	1. Amount Owed ( <i>amount of claim</i> ):  2. Creditor Name and Address:     3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Who incurred the debt?  <input type="checkbox"/> Self  <input type="checkbox"/> Spouse  <input type="checkbox"/> Joint  <input type="checkbox"/> Other:  Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes  <b>If yes, please provide name and address:</b>	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

**Section 4 - Unexpired Leases and Contracts (Schedule G)**

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

Description of Lease or Contract	Name and Address of Other Party or Parties	Date Contract Expires	Office Use Only

## Section 5 - Current Income (Schedule I)

### Part A. Debtor's Employer Information

Name and Address of your employer:

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How long have you been employed at this job: \_\_\_\_\_

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

**Second** employer (if applicable):

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

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How long have you been employed at this second job: \_\_\_\_\_

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

Notes: \_\_\_\_\_

### Part B. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

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How long has spouse been employed at this job: \_\_\_\_\_

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

**Second** employer (if applicable):

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

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How long has spouse been employed at this second job: \_\_\_\_\_

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

Notes: \_\_\_\_\_

## Section 6 - Current Expenses (Schedule J)

1. Is this a Joint Filing with your Spouse?

No  Yes

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

Relationship	Age	Who does the dependent live with?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

No  Yes

**Indicate how much you pay for each item each month:**

4. Primary rent or home mortgage: \$ \_\_\_\_\_  
 Does that amount include real estate taxes?  
 No  Yes  
 If **no**, how much do you pay? \$ \_\_\_\_\_  
 Does that amount include property, homeowner's, or renter's insurance?  
 No  Yes  
 If **no**, how much do you pay? \$ \_\_\_\_\_  
 Does that amount include any home maintenance, repair, or upkeep expenses?  
 No  Yes  
 If **no**, how much do you pay? \$ \_\_\_\_\_  
 Does that amount include any homeowner's association or condominium dues?  
 No  Yes  
 If **no**, how much do you pay? \$ \_\_\_\_\_
5. Are there additional mortgage payments? \$ \_\_\_\_\_  
 No  Yes  
 If **yes**, how much do you pay? \_\_\_\_\_
6. Utilities:
- a. Electricity and heating fuel: ..... \$ \_\_\_\_\_
- b. Water and sewer: ..... \$ \_\_\_\_\_
- c. Telephone service/long distance: ..... \$ \_\_\_\_\_
- d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_



	_____	\$	_____
7.	Food and housekeeping supplies .....	\$	_____
8.	Childcare and Children Education Costs .....	\$	_____
9.	Clothing, laundry, and dry cleaning:.....	\$	_____
10.	Personal care products and services: .....	\$	_____
11.	Medical and dental expenses:.....	\$	_____
12.	Transportation (do NOT include car payments):.....	\$	_____
13.	Recreation, entertainment, newspapers, magazines, and books: .....	\$	_____
14.	Charitable contributions and religious donations: .....	\$	_____
15.	Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: <b>(Do not include amounts entered in Line 4 or Line 20)</b>		
	a. Life insurance: .....	\$	_____
	b. Health insurance: .....	\$	_____
	c. Auto insurance:.....	\$	_____
	d. Other insurance ( <i>describe and list monthly amount</i> ):		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
16.	Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
17.	Installment payments for car, furniture, etc. ( <i>Describe</i> ):		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
18.	Alimony, maintenance and support paid to others:.....	\$	_____
19.	Payments for support of additional dependents not living at your home: .....	\$	_____
20.	Other Real Estate Property expenses <b>NOT</b> included with Rent or Home Mortgage Property <b>(Do not include amounts entered in Line 4 or Line 5)</b>		
	a. Mortgage payment on other Real Estate Property	\$	_____
	b. Taxes on other Real Estate Property	\$	_____
	c. Other Real Property, Homeowner's, or Renter's Insurance payments	\$	_____
	d. Home maintenance (including repairs and upkeep)	\$	_____
	e. Homeowner's association or condominium dues	\$	_____

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

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

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

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

**Additional Expenses (707(b) Expenses for Form 122)**

17.	Mandatory payroll deductions not already listed:		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
19.	Court ordered payments not already listed:		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
20.	Education for employment or for a physically or mentally challenged child:.....	\$	_____
21.	Child care (baby sitting, day care, nursery & preschool, etc.): .....	\$	_____
25.	Disability Insurance (if not listed above):.....	\$	_____
	Health Savings Account: .....	\$	_____
26.	Care for elderly, chronically ill or disabled family members: .....	\$	_____
27.	Protection from family violence: .....	\$	_____
29.	Education expense for your children under 18: .....	\$	_____
41. (c13s)	Non-mandatory contributions to retirement accounts (including loan repayments):		
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

# NOTES