BANKRUPTCY WORKBOOK

INSTRUCTIONS: Once your fees are paid in full, please answer these questions carefully. The information you give us will be used to compile the schedules the Court requires to have your bankruptcy case approved. Your answers will determine what will be on your bankruptcy petition.

Where space permits, answer the questions on this questionnaire. However, do not let the size of the space available determine the extent of your response. If additional space is necessary, use a separate sheet. A question asking for a date, or when something happened, can usually be answered with the month and year only. A question asking for an address must include the ZIP code, along with a complete street or post office box address.

Remember, these questions must be answered fully and accurately. Do NOT leave any questions unanswered. If you absolutely cannot remember, find out, or guess with reasonable accuracy, answer "Unknown". If you believe the question does not apply to your circumstances, answer "N/A". The effort you expend will help determine how quickly your bankruptcy can be filed and how complete your discharge will be.

When you have completed the packet, you may email it to in PDF form or upload and share a dropbox link. Alternatively, you may drop your paperwork off at the front desk with the receptionist at th office. No appointment is needed to drop off the workbook and supporting documents.

The office is open Monday – Thursday 8:00 a.m. – 5:00 p.m. and on Fridays we are open from 8:00 a.m. – 4:00 p.m. We are closed most major Holidays.

CREDIT COUNSELING COURSE

You may take the credit counseling class as you are working on this packet or after you have dropped off the paperwork. Please email us a copy of the certificate. We do not need a physical copy. Visit www.bothcourses.com. The attorney code is Please choose

SIGNING APPOINTMENT

After you drop off your packet and take your class, we will call you when we are ready to schedule the signing appointment. The signing appointment takes approximately two hours. Please indicate your preference for the signing appointment.

___ Office. Time of Appointment: □ Morning □ Afternoon □ Flexible

___ Office Time of Appointment: □ Morning □ Afternoon □ Flexible

___ Flexible to come to Time of Appointment: □ Morning □ Afternoon □ Flexible

Please provide a copy of the following items with your completed workbook:

☐ 1. **Driver's license and social security card**. If you have lost/misplaced your social security card, please visit the nearest social security office to obtain another card. You are required to show your physical card at a later time during your case. You may still turn in your workbook while you are waiting on your new card to arrive. You may email a jpeg image of these items.

☐ 2. **ALL Paystubs received in the last 6 months from each employer** (If married, this is required from both spouses even if your spouse is not filing). If you run your own business, you must provide profit & loss statements. Please call our office if you need a form to create the profit & loss statements. We cannot request income records on your behalf.

☐ 3. **Tax Returns for the last 2 years.** Please be sure your copy has both pages of Form 1040 and any schedules if this applies to you. If you are unable to locate your tax returns, please obtain a copy of your tax ***account*** transcript from IRS. You should also request a tax ***account*** transcript for any years for which you owe the IRS.

☐ 4. **Bank statements** for all bank accounts for the previous 6 months. This is not required for non-filing spouse.

☐ 5. **Creditor statements/invoices/collection notices.** Please attach a copy of your statements from creditors, collection agencies, or attorneys. There is space in this workbook to handwrite in creditor information if you do not have statements. **If you are attaching statements, you do not need to fill out the creditor section of this workbook since we will be obtaining the information from the actual statement.** Please do not submit copies of invoices for your normal monthly expenses such as water, electric, phone unless you are adding them to the bankruptcy.

☐ 6. **Credit Counseling certificate.** Visit www.bothcourses.com. The attorney code is Please choosr Once you are finished with the course, you may just forward the email you receive with the link to the certificate.

☐ 7. **Retirement statement** (401K, Annuity, IRA, 403B, TRS, pension, etc.). Please submit most recent copy. If you do not have a copy, please contact your HR department to learn how you can obtain one.

☐ 8. **Bankruptcy Rights & Duties packet.** Please read the packet, initial next to each line where indicated, and sign the last page. Call our office if you have not received your copy.

☐ 9. **Automobile insurance declaration page.** Please do not submit a copy of the insurance ID card. The declaration page is a summary of your personal auto policy.

☐ 10. **Property insurance declaration page for your personal residence** if you have a mortgage. No copy is required if you are renting.

☐ 11. **Tax appraisal statement** for any land or home you own or are buying.

☐ 12. **Family court orders** including child support orders and spousal support orders. Please attach documentation regarding child support arrears if applicable.

CLIENT INFORMATION

PRIMARY DEBTOR		
Full Name (as it appears on DL):		
Date of birth:	SSN:	State SS was issued:
Other names used in last 6 years:		□ aka □ fka □ dba □ fdba
Other names used in last 6 years:		□ aka □ fka □ dba □ fdba
Cell #:	Work #:	Home #:
Email Address: *Please note that this email address will be used to email you case documents.*		
Marital Status: □ Single □ Divorced □ Married □ Separated □ Widowed □ Life Partner		
SPOUSE/JOINT DEBTOR		
Full Name (as it appears on DL):		
Date of birth:	SSN:	State SS was issued:
Other names used in last 6 years:		□ aka □ fka □ dba □ fdba
Other names used in last 6 years:		□ aka □ fka □ dba □ fdba
Cell #:	Work #:	Home #:
Email Address: *Please note that this email address will be used to email you case documents.*		
Marital Status: □ Single □ Divorced □ Married □ Separated □ Widowed □ Life Partner		

CLIENT ADDRESS		
Address:		
City/State:	Zip code:	County:
Have you lived at your current address for at least the past 6 months? □ Yes □ No		
Mailing address if different than above:		
City/State:	Zip code:	County:
Have you lived at your current address for at least the past 6 months? □ Yes □ No		
Emergency Contact. Only to be used when we are unable to reach you at nay of the above contacts. Discretion will be used.		
Name:		
Relationship:	Phone number:	
Email Address:		

DEPENDENTS

DEPENDENTS. List all children or family members living in your household who depend on you for food and shelter.		
□ NONE		
Dependent Age:	Relationship:	Does dependent live at home? □ Yes □ No
Dependent Age:	Relationship:	Does dependent live at home? □ Yes □ No
Dependent Age:	Relationship:	Does dependent live at home? □ Yes □ No
Dependent Age:	Relationship:	Does dependent live at home? □ Yes □ No
Dependent Age:	Relationship:	Does dependent live at home? □ Yes □ No
Dependent Age:	Relationship:	Does dependent live at home? □ Yes □ No

HOUSEHOLD INCOME (Schedule I)

PRIMARY DEBTOR OCCUPATION			
Employer Name:		Length of Employment:	
Payroll Address:	City:	State:	Zip:
Title:	Paid: □ Weekly □ Monthly □ Bi-Weekly □ Semi-Monthly		
SECOND JOB			
Employer Name:		Length of Employment:	
Payroll Address:	City:	State:	Zip:
Title:	Paid: □ Weekly □ Monthly □ Bi-Weekly □ Semi-Monthly		
JOINT DEBTOR OCCUPATION			
Employer Name:		Length of Employment:	
Payroll Address:	City:	State:	Zip:
Title:	Paid: □ Weekly □ Monthly □ Bi-Weekly □ Semi-Monthly		
SECOND JOB			
Employer Name:		Length of Employment:	
Payroll Address:	City:	State:	Zip:
Title:	Paid: □ Weekly □ Monthly □ Bi-Weekly □ Semi-Monthly		

OTHER MONTHLY INCOME	Primary Debtor	Joint Debtor
Pension/Retirement	$	$
Child Support	$	S
Social Security	$	$

Roommate/Family contribution	$	$
Unemployment Compensation	$	$
Government Assistance	$	$
Foster Care Program	$	$
Real Property	$	$
Interests & Dividends	$	$
Roommate/Family contribution (Include unmarried partner, members of household, dependents, roommates, other friends/relatives that help contribute toward the household expenses.)	$	$
Other:	$	$
Do you expect an increase/decrease in income in the next 12 months?		

SCHEDULE A | REAL PROPERTY

Your Homestead: □ Keep (□ Current on payments □ Behind on payments) □ Surrender			
Address:	City:	State:	Zip Code:
County:	Current Value of Debtor's Interest: $		□ Unknown
□ Single Family Home □ Land □ Timeshare □ Manufactured Home or Mobile Home □ Other			
Other real property Information: □ Keep (□ Current on payments □ Behind on payments) □ Surrender			
Address:	City:	State:	Zip Code:
County:	Current Value of Debtor's Interest: $		□ Unknown
□ Single Family Home □ Land □ Timeshare □ Manufactured Home or Mobile Home □ Other			

Schedule B | PERSONAL PROPERTY

Motor Vehicles (cars, etc.)

Year:	Make:	Model:	Mileage:
Year:	Make:	Model:	Mileage:
Year:	Make:	Model:	Mileage:
Year:	Make:	Model:	Mileage:

Water/Aircraft, Motor Homes, Rec. veh. & access.

Year:	Make:	Model:	Description of property:
Year:	Make:	Model:	Description of property:
Year:	Make:	Model:	Description of property:

Household goods & furnishings (Value of property if sold at garage sale/craigslist.)

Stove	**$**	**Bedroom furniture**	**$**
Microwave	**$**	**Lawn furniture**	**$**
Refrigerator/Freezer	**$**	**Dining room furniture:**	**$**
Dishwasher	**$**	**Household tools**	**$**
Washing machine	**$**	**Dishware/silverware**	**$**
Dryer	**$**	**Antiques**	**$**
Livingroom furniture	**$**		**$**

Electronics

Television(s)	**$**	**Stereo**	**$**
DVD Player	**$**	**Computer/laptops**	**$**
Other:	**$**	**Other:**	**$**
Other:	**$**	**Other:**	**$**

Collectibles of Value (Books, art, records, stamps, coins, etc.)

	$		**$**
	$		**$**
	$		**$**

Equipment for sports and hobbies

	$		**$**
	$		**$**
	$		**$**

Firearms

	$		**$**
	$		**$**
	$		**$**

Other

Clothing:	Value:
Jewelry:	Value:
Animals/Pets	Value:

Cash on Hand	$
Checking/Savings Account, CD, etc:	
Bank: □ Checking □ Savings □ Other ______________	Account Number: Balance:
Bank: □ Checking □ Savings □ Other ______________	Account Number: Balance:
Bank: □ Checking □ Savings □ Other ______________	Account Number: Balance:
Bank: □ Checking □ Savings □ Other ______________	Account Number: Balance:
Bank: □ Checking □ Savings □ Other ______________	Account Number: Balance:
Bank: □ Checking □ Savings □ Other ______________	Account Number: Balance:
Bank: □ Checking □ Savings □ Other ______________	Account Number: Balance:
Bank: □ Checking □ Savings □ Other ______________	Account Number: Balance:
Bank: □ Checking □ Savings □ Other ______________	Account Number: Balance:

Bonds, Mutual Funds, or Publicly Traded Stocks:	
	Value:
	Value:
Non-Public Traded Stock & Interest in Business:	
% of Ownership:	Value:
% of Ownership:	Value:
Retirement or pension accounts (401K, Pension Plan, IRA, Retirement, Keogh):	
	Value:

	Value:
	Value:
	Value:
Security Deposits (Landlords, Electric, Gas, Telephone, Water, Rental Unit)	
	Value:
	Value:
	Value:
Annuities:	
	Value:
	Value:
Interests in an education IRA:	
	Value:
Tax Refunds owed to you:	
Year:	Value:
Year:	
People or entities that owe you money:	
	Value:
	Value:
Marital Property Settlement you are or may be entitled to:	
	Value:
	Value:
Interests in partnerships or joint ventures:	
	Value:
	Value:
Interests in insurance policies:	
	Value:
	Value:
Any interest in property due you from someone who died:	
	Value:
	Value:

Claims vs. third parties, even if no demand:	
Office Equipment, furnishings, supplies:	
	Value:
	Value:
	Value:
	Value:

Business-related Property:	
	Value:
	Value:
	Value:
	Value:
Farm Animals:	
	Value:
	Value:
	Value:
	Value:
Any other property of any kind not already listed:	
	Value:
	Value:
	Value:
	Value:

I do certify that I have listed all real personal, and business property that I currently own, to the best of my knowledge.

_____ _____

Date Debtor

_____ _____

Date Joint Debtor

Executory Contracts (Schedule G)

Please fill this section out if you are renting an apartment/house, business property, furniture, or vehicle)

Name of Company/Person:	Address:
Terms: $ □ month/□week	Is contract in default?
Buyout Option:	No. of payments remaining:
Type of contract: □ Residential Lease □ Vehicle Lease □ Equipment Lease	□ Business Property Lease □ Other
Do you wish to continue under this contract? □ Yes □ No	

Name of Company/Person:	Address:
Terms: $ □ month/□week	Is contract in default?
Buyout Option:	No. of payments remaining:
Type of contract: □ Residential Lease □ Vehicle Lease □ Equipment Lease	□ Business Property Lease □ Other
Do you wish to continue under this contract? □ Yes □ No	

Monthly Expenses (Schedule J)

DO NOT LIST ANY AMOUNTS DEDUCTED FROM YOUR EMPLOYER

RESIDENCE:	
House payment or rent (include lot rental)	$
Real Estate Taxes	$
Insurance on Residence	$
Home Maintenance	$
HOA/Condo Dues	$
Home Equity Loans, etc.	$
UTILITES:	
Electric, heat, natural gas	$
Water, sewer, garbage	$
Phone, Internet	$
Cable (or streaming services)	$
Food, housekeeping supplies	$
Childcare, children's education	$
Clothing, laundry, dry cleaning	$
Personal care products/services	$
Out of pocket Medical and Dental (Do not list what is deducted from your paycheck.)	$
Transportation (gas, repairs)	$
Entertainment	$
Charitable contributions	$
INSURANCE (Do not list amounts deducted from paycheck.)	
Life	$
Health	$
Vehicle	$
Other	$
VEHICLE PAYMENTS	
Car Payment	**$**
Describe Property:	
Car Payment	**$**
Describe Property:	
Car Payment	**$**
Describe Property:	
OTHER PERSONAL EXPENSES	
Student loans	$
Storage Unit	$
Gym Membership	$
IRS	$
Furniture	$
Support of others not at home	$
Other	$
Other	$

Statement of Financial Affairs

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form.

EACH QUESTION MUST BE ANSWERED. IF THE ANSWER TO ANY QUESTION IS "NONE" OR THE QUESTION IS NOT APPLICABLE, WRITE "NONE" OR "NOT APPLICABLE" IN THE ANSWER BOX.

1. Marital Status

*** This question is answered on a different page of this workbook.***

2. During the last three years, have you lived anywhere other than where you live now?

Address:		
City/State:	Zip code:	County:
Dates you lived at this address:		Names Used:
Address:		
City/State:	Zip code:	County:
Dates you lived at this address:		Names Used:
Address:		
City/State:	Zip code:	County:
Dates you lived at this address:		Names Used:
Address:		
City/State:	Zip code:	County:
Dates you lived at this address:		Names Used:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

Name of spouse, former spouse, or legal equivalent:		
Address:		
City/State:	Zip code:	Community State: Year Divorced:
Name of spouse, former spouse, or legal equivalent:		
Address:		
City/State:	Zip code:	Community State: Year Divorced:
Name of spouse, former spouse, or legal equivalent:		
Address:		
City/State:	Zip code:	Community State: Year Divorced:

Name of spouse, former spouse, or legal equivalent:		
Address:		
City/State:	Zip code:	Community State: Year Divorced:

4. Income from Employment or operating business.

Debtor	Joint Debtor
YTD:	YTD:
2018:	2018:
2017:	2017:

5. Did you receive any other income during this year or the two previous calendar years?
Examples: Alimony, child support, social security benefits, unemployment, other public benefit payments, pensions, rental income, interest, dividends, money collected from lawsuits, royalties, and gambling/lottery winnings.)

Year	Debtor		Joint Debtor	
2019	Source:	$	Source:	$
	Source:	$	Source:	$
2018	Source:	$	Source:	$
	Source:	$	Source:	$
2017	Source:	$	Source:	$
	Source:	$	Source:	$

6. Payments to certain creditors during the 90 days before you filed bankruptcy
List below each creditor to whom you paid a total of $600 or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations.

Creditor Name:		
Address:		
City/State:	Zip code:	Type of account:
Total paid:	Amount still owed:	
Creditor Name:		
Address:		
City/State:	Zip code:	Type of account:
Total paid:	Amount still owed:	
Creditor Name:		
Address:		
City/State:	Zip code:	Type of account:
Total paid:	Amount still owed:	

7. Within 1 year before you filed bankruptcy, did you make a payment on a debt you owed anyone who was an insider? (Include payments for domestic support obligations, such as child support & alimony. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any management agent, including one for a business you operate as a sole proprietor.)

Insider's Name:		
Address:		
City/State:	Zip code:	Reason for payment:
Total paid:	Amount still owed:	
Insider's Name:		
Address:		
City/State:	Zip code:	Reason for payment:
Total paid:	Amount still owed:	

8. Within 1 year before you filed bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? (Include payments on debts guaranteed or cosigned by an insider.)

Insider's Name:	
Address:	
City/State:	Zip code:
Total paid:	Amount still owed:
Reason for payment (include creditor's name):	
Insider's Name:	
Address:	
City/State:	Zip code:
Total paid:	Amount still owed:
Reason for payment (include creditor's name):	

9. Within 1 year before you filed bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? (List all matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.)

Case Title	
Case Number:	Nature of case:
Court Name:	
Status of case: □ Pending □ On Appeal □ Concluded	
Case Title	
Case Number:	Nature of case:
Court Name:	
Status of case: □ Pending □ On Appeal □ Concluded	

10. Within 1 year before you filed bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Creditor Name:		
Address:		
City/State:	Zip code:	Date:
Describe Property:		Value of Property:
Explain what happened: □ Property was repossessed □ Property was foreclosed □ Property was garnished □ Property was attached, seized, or levied		

Creditor Name:		
Address:		
City/State:	Zip code:	Date:
Describe Property:		Value of Property:
Explain what happened: □ Property was repossessed □ Property was foreclosed □ Property was garnished □ Property was attached, seized, or levied		

11. Within 90 days before you filed bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Creditor Name:		
Address:		
City/State:	Zip code:	Date Action was taken:
Account Number:		Amount:
Describe Action the creditor took:		

Creditor Name:		
Address:		
City/State:	Zip code:	Date Action was taken:
Account Number:		Amount:
Describe Action the creditor took:		

12. Property in Possession | Within 1 year before you filed bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

□ Yes □ No

13. Gifts to Persons | Within 2 years before you filed bankruptcy, did you give any gifts with a total value of more than $600 per person?

Person to whom you gave the gift:		
Address:		
City/State:	Zip code:	Relationship to you:
Date you gave gift(s):	Value:	
Describe the gifts:		

14. Gifts to Charities | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than $600 to any charity?

Charity's Name:	
Address:	
City/State:	Zip code:
Date(s) you contributed:	Value:
Describe what you contributed:	

15. Losses due to theft, fire, other disaster, or gambling | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

Describe the property you lost and how the loss occurred:	
Date of your loss:	Value of property lost:
Describe any insurance coverage for the loss. Include the amount that insurance has paid. List pending insurance claims.	

16. Payments related to seeking bankruptcy or preparing a bankruptcy petition.

*** We will fill in this information for you.***

17. Payments to anyone who promised to help you deal with creditors/make payments. | Within 1 year before you filed bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Person who was paid:
Address:

City/State:	Zip code:
Date payment/transfer was made:	Amount of payment:
Description and value	

18. Transfers of property other than in the ordinary course of business or financial affairs.| Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? (Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property.) Do not include gifts and transfers that you have already listed on this statement.

Person who received the transfer:		
Address:		
City/State:	Zip code:	Relationship to you:
Date transfer was made:		
Describe any property or payments received or debts paid in exchange:		
Description and value of property transferred:		

19. Transfers of property to a self-settled trust or similar device. | Within 10 years before you filed bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

Name of Trust:
Date transfer was made:
Description and value of property transferred:

20. Closed Financial Accounts or Instruments. | Within 1 year before you filed bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? (Include checking, savings, money market, other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.)

Name of Financial Institution:		
Address:		
City/State:	Zip code:	Account Number:
Date account was closed, sold, moved or transferred:		
Last balance before closing or transfer:		
Type of account or instrument: □ Checking □ Saving □ Money Market □ Brokerage □ Other _____		

Name of Financial Institution:		
Address:		
City/State:	Zip code:	Account Number:
Date account was closed, sold, moved or transferred:		
Last balance before closing or transfer:		
Type of account or instrument: □ Checking □ Saving □ Money Market □ Brokerage □ Other _____		

Name of Financial Institution:		
Address:		
City/State:	Zip code:	Account Number:
Date account was closed, sold, moved or transferred:		
Last balance before closing or transfer:		
Type of account or instrument: □ Checking □ Saving □ Money Market □ Brokerage □ Other _____		

21. Safe deposit boxes. | Do you now have or did you have within 1 year before you filed bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

Name of Financial Institution:		
Address:		
City/State:	Zip code:	
Describe the contents:		
□ Check this box if debtor still has the safe deposit box or other depository		
Who else had access to it?		
Address:		
City/State:	Zip code:	

22. Storage Units | Have you stored property in a storage unit or other place than your home within 1 year before you filed bankruptcy?

Name of Storage Facility:		
Address:		
City/State:	Zip code:	

Describe the contents:		
□ Check this box if debtor still has the storage unit		
Who else has or had access to it?		
Address:		
City/State:	Zip code:	

23. Property held for another person | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

Owners Name:		
Address:		
City/State:	Zip code:	Value:
Describe the contents:		
Where is the property?		
Address:		
City/State:	Zip code:	

24. Environmental Information: Received notice from governmental unit | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

Name of site:		
Address:		
City/State:	Zip code:	Date of notice:
Environmental law, if you know it:		
Governmental Unit:		
Address:		
City/State:	Zip code:	

25. Environmental Information: Provided notice to governmental unit | Have you notified any governmental unit of any release of hazardous material?

Name of site:		
Address:		
City/State:	Zip code:	Date of notice:
Environmental law, if you know it:		

Governmental Unit:		
Address:		
City/State:	Zip code:	

26. Environmental Information: Judicial or Administrative proceedings | Have you been a party in any judicial or any administrative proceeding under any environmental law? Include settlements and orders.

Case Title	
Case Number:	Nature of case:
Court Name:	
Status of case: □ Pending □ On Appeal □ Concluded	

27. Businesses or connections to businesses | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

Check all that apply:
□ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
□ A member of a limited liability company (LLC) or limited liability partnership (LLP)
□ A partner in a partnership
□ An officer, director, or managing executive of a corporation
□ An owner of at least 5% of the voting or equity securities of a corporation

Business Name:		
Address:		
City/State:	Zip code:	EIN (if applicable):
Describe the nature of the business:		
Name of accountant or bookkeeper:		
Dates businesses existed:		

28. Financial statements provided to anyone about your businesses | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

□ No

□ Yes. Name of business: _____. Statement(s) were provided to:

Name:		
Address:		
City/State:	Zip code:	Date Issued:

Creditors

The will run a credit report for each debtor and import the creditors.

Please attach a copy of your creditor statements if you have them. You do not need to contact creditors for copies of statements. You will have an opportunity to review the list of creditors in your petition and let us know if you see creditors missing.

You may handwrite in creditor information below if you do not have statements.

Please list SECURED and PRIORITY creditors first, followed by UNSECURED creditors.
If additional space is needed, please provide the same information on a separate page.

What is a *secured debt*? A secured debt is a debt which has collateral or security in the form of property. Houses, land, cars, large appliances and furniture are all examples of secured debts if they have not already been paid off.

What is a *priority debt*? A priority debt is a tax or administrative debt. Monies owed to the Internal Revenue Service, child support arrearages, and other taxing authorities are the best examples of priority debt. If past due child support is owed, you must provide the name and address of the agency and the recipient. However, there are many circumstances where the IRS could also be a secured (if they have a lien on property) or even an unsecured debt (if the debt is too old).

What is an *unsecured debt*? Unsecured creditors do not have any collateral to secure payment of your debt. Examples include most credit cards, medical bills, and signature loans.

DOMESTIC SUPPORT OBLIGATION

Please list here the name of the recipient(s) of any child support or alimony you are obligated to pay even if you are current on your payments. If there are more than one recipient, please copy this page and complete it for each recipient. We must have the actual address of the recipient, not the address for the Payment Center.

Recipient Name:	
Address:	
Date of most recent order:	Are you current on your payments? □ Yes □ No
Court Case No. or Division of Family Support Case No.:	

PLEASE DO NOT HAND WRITE IN CREDITOR INFORMATION THAT SHOWS UP ON YOUR CREDIT REPORT.

Creditor Name and Address	**Whose Debt?**	**Date Incurred**	
	☐ Husband ☐ Wife ☐ Joint ☐ Community	**Amount Owed**	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	
Account No.:	**Co-Debtors (if any)**		
Description of Collateral (if any)	*Please provide the name and address for each co-debtor*		
Nature of lien (if secured); Nature of debt (if no collateral)	☐ Back or additional pages used.		
Attorney or Staff use only: ☐ Secured ☐ Priority ☐ Special ☐ Unsecured			
☐ Direct pay starting: _____ ☐ In Plan at **_____ %**	☐ Retain Collateral ☐ Surrender Collateral ☐ Redeem Collateral ☐ Reaffirm Debt		
Remarks:			

Creditor Name and Address	**Whose Debt?**	**Date Incurred**	
	☐ Husband ☐ Wife ☐ Joint ☐ Community	**Amount Owed**	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	
Account No.:	**Co-Debtors (if any)**		
Description of Collateral (if any)	*Please provide the name and address for each co-debtor*		
Nature of lien (if secured); Nature of debt (if no collateral)	☐ Back or additional pages used.		
Attorney or Staff use only: ☐ Secured ☐ Priority ☐ Special ☐ Unsecured			
☐ Direct pay starting: _____ ☐ In Plan at **_____ %**	☐ Retain Collateral ☐ Surrender Collateral ☐ Redeem Collateral ☐ Reaffirm Debt		
Remarks:			

Creditor Name and Address	Whose Debt?	Date Incurred	
	☐ Husband ☐ Wife ☐ Joint ☐ Community	**Amount Owed**	
		Value of Collateral	
		Contract Interest	%
		Contract Pmt.	
Account No.:	**Co-Debtors (if any)**		
Description of Collateral (if any)	*Please provide the name and address for each co-debtor*		
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☐ Direct pay starting: _____ ☐ In Plan at **_____ %**	☐ Retain Collateral ☐ Surrender Collateral ☐ Redeem Collateral ☐ Reaffirm Debt		
Remarks:			

Creditor Name and Address	Whose Debt?	Date Incurred	
	☐ Husband ☐ Wife ☐ Joint ☐ Community	**Amount Owed**	
		Value of Collateral	
		Contract Interest	%
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Creditor Name and Address	Whose Debt?	Date Incurred	
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