

**OFFICE USE ONLY:**

ATTORNEY:  Jan Armstrong  Tom Atwood

CHAPTER:  7  13

DATE PAID: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

RUSH BEING GARNISHED: \_\_\_\_\_

RUSH HOME FORECLOSURE: \_\_\_\_\_

**ARMSTRONG, KLYM, WAITE, ATWOOD & JAMESON, P.S.**

**660 Swift Blvd., Suite A**

**Richland, WA 99352**

## **BANKRUPTCY QUESTIONNAIRE**

**IF YOU DO NOT UNDERSTAND ANY OF THE QUESTIONS, PLEASE CALL THE  
LEGAL ASSISTANT FOR YOUR ATTORNEY:**

**SHERI - (Chapter 7 & 13 Bankruptcy - Thomas Atwood) Email: [scraven@akwalaw.com](mailto:scraven@akwalaw.com)**

**Phone: (509) 943-4681 Fax: (509) 946-3949**

### **CHAPTER 7 RETAINERS**

**Consumer: \$1,200 [\$335 filing fee + \$865 legal fee]**

**Business\*: \$2,000 - \$5,500 [including \$335 filing fee]**

**\*Individual Sole Proprietorship, Partnership, Corporation or LLC**

### **CHAPTER 13 RETAINERS**

**Consumer: \$1,200\*\***

**Primarily Criminal/Criminal Traffic Fines and/or Traffic Infractions: \$2,000\*\*\***

**Sole Proprietor Business: \$1,500 - \$3,500\*\*\***

**The above amounts include the filing fee of \$310 and a portion of the estimated legal fees,  
the remainder of which will be paid from the Chapter 13 Plan payments**

**\*\*charged at hourly rate, estimated minimum fee \$3,000 - \$5,000**

**\*\*\*charged at hourly rate, estimated minimum fee \$4,000 - \$6,000**

**THE ABOVE RATES ARE SUBJECT TO CHANGE IF RETAINER IS NOT PAID  
WITHIN 90 DAYS OF INITIAL CONSULTATION WITH ATTORNEY**

**ALL BANKRUPTCY RETAINERS BY  
CASH ONLY**

**(Exact Amount Required)**

**RETAINER DUE AT TIME OF APPOINTMENT WITH ASSISTANT**

**WHEN QUESTIONNAIRE IS COMPLETED YOU MUST MAKE AN APPOINTMENT  
TO SEE THE LEGAL ASSISTANT FOR YOUR ATTORNEY LISTED ABOVE.**

## PERSONAL INFORMATION

List below information about the person or entity filing the bankruptcy.

Is the bankruptcy being filed for:

**Consumer:**  (Individual  or Joint for Husband & Wife )

**Business:**  (Partnership  or Corporation )

If filing a consumer bankruptcy, do you assert that your debts are more than 50% business or non-consumer debts?  YES  NO

List here the bankrupt's full name(s), including any business names and all names used during the last eight (8) years.

(1) Name: \_\_\_\_\_  
aka/dba: \_\_\_\_\_  
SS#/Tax ID #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
County of residence: \_\_\_\_\_  
Length of time at residence: \_\_\_\_\_  
Mailing Address (if different from above address): \_\_\_\_\_  
Phone #: \_\_\_\_\_

(2) Spouse's Name: \_\_\_\_\_  
aka/dba: \_\_\_\_\_  
SS#/Tax ID #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
County of residence: \_\_\_\_\_  
Mailing Address (if different from above address): \_\_\_\_\_  
Length of time at residence: \_\_\_\_\_

**\*NOTE: The bankruptcy court will check your Social Security number against the records held by the Social Security Administration. If you do not have a valid Social Security number, then you need to inform the attorney prior to filing the bankruptcy case. You can be criminally prosecuted for using a false Social Security Number.**

### **BANKRUPTCIES YOU HAVE FILED DURING THE LAST EIGHT (8) YEARS:**

Where was bankruptcy filed- (State/District): \_\_\_\_\_  
Case Number of bankruptcy: \_\_\_\_\_ Date filed: \_\_\_\_\_

### **PENDING RELATED BANKRUPTCY CASES:**

Debtor(s) Name: \_\_\_\_\_  
Case Number of Bankruptcy: \_\_\_\_\_ Date filed: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
State/District: \_\_\_\_\_ Judge: \_\_\_\_\_

# SECURED CLAIMS

List here all debts owed which are secured debts. A secured debt is one where you put up collateral which the creditor can repossess if you fail to make payments. If you have a secured debt on your home, please also list any governmental agency which guaranteed the loan (e.g. Veterans administration (VA), Federal Housing Administration (FHA). List as well any representative of the creditor such as an attorney or collection agency. Because we must tell the court whether you will reaffirm the debt or surrender (return) the collateral to the creditor, please circle the appropriate answer after each debt. It is possible to avoid a lien if the money borrowed was not used to buy the personal property and such property is held primarily for personal, family or household use.

**IF A SECURED CREDITOR HAS PROVIDED TO YOU WITHIN 90 DAYS OF YOUR BANKRUPTCY FILING AN ADDRESS AT WHICH SUCH CREDITOR REQUESTS TO RECEIVE CORRESPONDENCE, THEN YOU MUST PROVIDE THAT ADDRESS ALONG WITH ALL OTHER ADDRESSES FROM THE CREDITOR.**

**PLEASE ADVISE IF ANY OF THE COLLATERAL LISTED HAS BEEN REFIANCED, OR IF YOU HAVE REACHED AN AGREEMENT TO DEFER PAYMENTS ON ANY COLLATERAL. IF SO, PLEASE PROVIDE COPY OF ORIGINAL CONTRACT, AS WELL.**

**IF YOUR PROPERTY IS OWNED BY A TRUST PLEASE ADVISE YOUR ATTORNEY IMMEDIATELY**

1. **\*\*PLEASE PROVIDE THE CONTRACT AND CURRENT STATEMENT WHICH INDICATES THE BALANCE OWED ON THIS ACCOUNT\*\***

Property Description: \_\_\_\_\_  
Creditors Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Date Incurred: \_\_\_\_\_  
Representative: (Attorney or Collection Agency): \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Amount of Claim Owed: \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Date of Loan Payoff: \_\_\_\_\_  
Are you behind on payments?  YES  NO If yes, how much? \_\_\_\_\_  
Was the debt incurred prior to marriage?  YES  NO  
If yes, then which spouse owes the debt?  Husband  Wife  
Co-debtor's Name & Address: \_\_\_\_\_  
Intention: Do you wish to:  Reaffirm  Surrender

2. **\*\*PLEASE PROVIDE THE CONTRACT AND CURRENT STATEMENT WHICH INDICATES THE BALANCE OWED ON THIS ACCOUNT\*\***

Property Description: \_\_\_\_\_  
Creditors Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Date Incurred: \_\_\_\_\_  
Representative: (Attorney or Collection Agency): \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Amount of Claim Owed: \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Date of Loan Payoff: \_\_\_\_\_  
Are you behind on payments?  YES  NO If yes, how much? \_\_\_\_\_  
Was the debt incurred prior to marriage?  YES  NO  
If yes, then which spouse owes the debt?  Husband  Wife  
Co-debtor's Name & Address: \_\_\_\_\_  
Intention: Do you wish to:  Reaffirm  Surrender

3. **\*\*PLEASE PROVIDE THE CONTRACT AND CURRENT STATEMENT WHICH INDICATES THE BALANCE OWED ON THIS ACCOUNT\*\***

Property Description: \_\_\_\_\_  
Creditors Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Date Incurred: \_\_\_\_\_  
Representative: (Attorney or Collection Agency): \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Amount of Claim Owed: \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Date of Loan Payoff: \_\_\_\_\_  
Are you behind on payments?  YES  NO If yes, how much? \_\_\_\_\_  
Was the debt incurred prior to marriage?  YES  NO  
If yes, then which spouse owes the debt?  Husband  Wife  
Co-debtor's Name & Address: \_\_\_\_\_  
Intention: Do you wish to:  Reaffirm  Surrender

4. **\*\*PLEASE PROVIDE THE CONTRACT AND CURRENT STATEMENT WHICH INDICATES THE BALANCE OWED ON THIS ACCOUNT\*\***

Property Description: \_\_\_\_\_  
Creditors Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Date Incurred: \_\_\_\_\_  
Representative: (Attorney or Collection Agency): \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Amount of Claim Owed: \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Date of Loan Payoff: \_\_\_\_\_  
Are you behind on payments?  YES  NO If yes, how much? \_\_\_\_\_  
Was the debt incurred prior to marriage?  YES  NO  
If yes, then which spouse owes the debt?  Husband  Wife  
Co-debtor's Name & Address: \_\_\_\_\_  
Intention: Do you wish to:  Reaffirm  Surrender

5. **\*\*PLEASE PROVIDE THE CONTRACT AND CURRENT STATEMENT WHICH INDICATES THE BALANCE OWED ON THIS ACCOUNT\*\***

Property Description: \_\_\_\_\_  
Creditors Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Date Incurred: \_\_\_\_\_  
Representative: (Attorney or Collection Agency): \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Amount of Claim Owed: \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Date of Loan Payoff: \_\_\_\_\_  
Are you behind on payments?  YES  NO If yes, how much? \_\_\_\_\_  
Was the debt incurred prior to marriage?  YES  NO  
If yes, then which spouse owes the debt?  Husband  Wife  
Co-debtor's Name & Address: \_\_\_\_\_  
Intention: Do you wish to:  Reaffirm  Surrender

## STUDENT LOANS

Student Loans are presumptively not discharged in any type of bankruptcy. Student loans may be discharged if an Adversary Proceeding is brought and the court decides that payment of the student loan debt would be an undue hardship on the debtor. An Adversary Proceeding is a separate lawsuit and requires an additional retainer.

1. Creditors Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Date Incurred: \_\_\_\_\_  
Representative: (Attorney or Collection Agency): \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Amount of Claim Owed: \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Date of Loan Payoff: \_\_\_\_\_  
Are you behind on payments? \_\_\_\_\_ If yes, how much? \_\_\_\_\_  
Was the debt incurred prior to marriage?  YES  NO  
If yes, then which spouse owes the debt?  Husband  Wife  
Co-debtor's Name & Address: \_\_\_\_\_  
\_\_\_\_\_
  
2. Creditors Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Date Incurred: \_\_\_\_\_  
Representative: (Attorney or Collection Agency): \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Amount of Claim Owed: \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Date of Loan Payoff: \_\_\_\_\_  
Are you behind on payments? \_\_\_\_\_ If yes, how much? \_\_\_\_\_  
Was the debt incurred prior to marriage?  YES  NO  
If yes, then which spouse owes the debt?  Husband  Wife  
Co-debtor's Name & Address: \_\_\_\_\_  
\_\_\_\_\_
  
3. Creditors Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Date Incurred: \_\_\_\_\_  
Representative: (Attorney or Collection Agency): \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Amount of Claim Owed: \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Date of Loan Payoff: \_\_\_\_\_  
Are you behind on payments? \_\_\_\_\_ If yes, how much? \_\_\_\_\_  
Was the debt incurred prior to marriage?  YES  NO  
If yes, then which spouse owes the debt?  Husband  Wife  
Co-debtor's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

# PROPERTY

List here all property of any kind owned by you, both real and personal property. **Also give the fair market value (what you could sell it for) for each item.** Do not list assessed values, or original cost or replacement cost. If your interest is less than a full ownership interest (someone else has an ownership interest in the property), please list that below the item. If the property is located somewhere other than at your home, then please list the location.

**NOTE:** Failure to reveal property ownership to the bankruptcy court may result in losing your right to the property and/or your right to claim an exemption in the property to protect it from being taken by the bankruptcy to pay your bills.

1. **REAL PROPERTY** – Street Address: \_\_\_\_\_

Market Value of Property: \$ \_\_\_\_\_

**REAL PROPERTY** – Street Address: \_\_\_\_\_

Market Value of Property: \$ \_\_\_\_\_

**Note:** Interests in Real Property include life estates (your right to reside on the real property for life) and remainder interests (your right to possession of the real property after the expiration of a lease or life estate).

2. **CASH ON HAND:** \$ \_\_\_\_\_

3. **BANK ACCOUNTS:**

**ACCOUNT #1:** Name and Address of Bank \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

Amount in Account: \$ \_\_\_\_\_

**ACCOUNT #2:** Name and Address of Bank \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

Amount in Account: \$ \_\_\_\_\_

**ACCOUNT #3:** Name and Address of Bank \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

Amount in Account: \$ \_\_\_\_\_

4. **SECURITY DEPOSITS** (i.e. Public Utilities/Telephone/Landlords, etc.): \_\_\_\_\_

5. **CLOTHING** (List a total value for all family clothing): \_\_\_\_\_

6. **HOUSEHOLD GOODS, SUPPLIES, FURNISHINGS & ELECTRONICS**

Please list property separately with fair market values for each item. PLEASE COMBINE SMALLER APPLIANCES AND ITEMS INTO GROUPS IF THE VALUE OF THE PROPERTY IN THE GROUP IS LESS THAN \$500. (KITCHENWARE; LINENS; DÉCOR; ETC.)

**ALL PROPERTY MUST BE LISTED AT FAIR MARKET VALUE.**

In the event of an insurance claim, marriage dissolution action, or any other property dispute, the assets and values of assets listed below may be taken into consideration. If you fail to list property or to correctly value property in your bankruptcy it may affect you in other pending or future matters including being judicially estopped from collecting on future insurance claims or establishing property values in a dissolution action if such property is not correctly listed in your bankruptcy schedules.

(i.e. Couch \$100; Kitchenware \$50; Refrigerator \$125; etc.) \_\_\_\_\_  
\_\_\_\_\_  
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7. **ANTIQUES & COLLECTIBLES:** \_\_\_\_\_  
\_\_\_\_\_

8. **JEWELRY: Wedding Rings:** \_\_\_\_\_  
**Other Jewelry:** \_\_\_\_\_

9. **FIRE ARMS & SPORTS EQUIPMENT:** \_\_\_\_\_  
\_\_\_\_\_

10. **LIFE INSURANCE POLICIES** (List name of company, amount to be paid on death, and any cash surrender value if the policy were terminated now): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Any life insurance proceeds or other death benefits due to you on the date of your bankruptcy case is filed or that you become entitled to receive within 180 days thereafter is an asset of the bankruptcy estate and must be reported.**

11. **ANNUITIES:** \_\_\_\_\_

12. **INTERESTS IN IRA, 401k, ERISA, KEOGH, OR OTHER PENSION OR PROFIT SHARING PLANS** (List name of company and value): \_\_\_\_\_

13. **STOCKS:** \_\_\_\_\_

14. **BONDS:** \_\_\_\_\_

15. **DOMESTIC SUPPORT OBLIGATIONS OWED TO YOU** (Spousal Maintenance, Alimony, Child Support and/or Property Settlements): \_\_\_\_\_

16. **TAX REFUNDS OWED TO YOU** (include year and amount): \_\_\_\_\_

**Have you filed your tax return for the current year?**  YES  NO

**Do you expect to receive a tax refund in the near future?**  YES  NO

**If yes, how much do you expect to receive?** \_\_\_\_\_

17. **PERSONAL INJURY CLAIMS AGAINST OTHER PARTIES** Examples include car accidents or workplace injuries. (List the name and address of the liable party, their insurance company, their attorney [if any], and your attorney [if any]): \_\_\_\_\_

**NOTE: You may be eligible for compensation under the Energy Employees occupational Illness Compensation Program Act if you work or did work in the nuclear industry and you contracted cancer or certain other diseases. You may be eligible under the Act for compensation if you were related to a worker who is deceased and contracted cancer or certain other diseases. FAILURE TO LIST SUCH CLAIMS WILL SUBJECT YOU TO LOSING YOUR RIGHT TO MAKE THE CLAIM AGAINST THE PARTY AND COLLECT ANY RECOVERY.**

18. **PENDING OR POTENTIAL LAWSUITS OR CLAIMS YOU HAVE AGAINST ANOTHER PERSON FOR LOSS OF PROPERTY, JOB LOSS, OR OTHER INJURIES OF ANY NATURE** (List the name and address of the liable party, their insurance company, their attorney [if any], and your attorney [if any]): \_\_\_\_\_

**FAILURE TO LIST SUCH CLAIMS WILL SUBJECT YOU TO LOSING YOUR RIGHT TO MAKE THE CLAIM AGAINST THE PARTY AND COLLECT ANY RECOVERY.**

19. **PROMISSORY NOTES OR OTHER DEBTS OWED TO YOU:** \_\_\_\_\_

20. **INTERESTS IN ESTATES OR TRUSTS OF OTHER PEOPLE:** (If you are a named beneficiary in a deceased person's estate or trust, then you may have a vested interest in the property even if it has not been distributed. **Provide a copy of the will or trust in which you have the interest.**): \_\_\_\_\_

**Provide a copy of the will or trust in which you have the interest.**

**NOTE: Any interest acquired in an estate within 180 days after the date your chapter 7 bankruptcy case is filed or at any time during your chapter 13 bankruptcy case becomes an asset of your bankruptcy estate and must be reported to the bankruptcy court.**



21. **INTERESTS IN LIVING TRUSTS CREATED BY DEBTOR:** If you have transferred any of your real property or personal property into a trust at any time, then please list such property and provide a copy of the trust in which you have interest: \_\_\_\_\_  
\_\_\_\_\_
22. **OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF EVERY NATURE:** \_\_\_\_\_
23. **AUTOMOBILES AND OTHER VEHICLES** – (List Make, Model, Year and N.A.D.A. Value of each vehicle, and list the date purchased): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \*\*Please provide a print out of the N.A.D.A. value for each vehicle and a copy of the title and/or registration\*\***
24. **MOBILE HOMES AND TRAILERS (List under real property if you own the land):** \_\_\_\_\_
- \*\*Please provide a print out of the fair market value for each item listed and a copy of the title and/or registration\*\***
25. **BOATS, MOTORS, AND BOAT ACCESSORIES:** \_\_\_\_\_
- \*\*Please provide a print out of the fair market value for each item listed and a copy of the title and/or registration\*\***
26. **PETS:** \_\_\_\_\_
27. **ANY OTHER PROPERTY OF ANY KIND NOT LISTED ABOVE:** (Put value on each item listed): \_\_\_\_\_

## **BUSINESS INTERESTS AND PROPERTY**

**Note:** The following questions need to be completed only if you own an interest in a business

1. **INTERESTS IN BUSINESSES:** - (Include sole proprietorships, partnership, corporations, associations and limited liability companies. List name of business, the percentage (%) interest you own in business, and value of that interest: \_\_\_\_\_  
\_\_\_\_\_
2. **BUSINESS OFFICE EQUIPMENT, FURNISHINGS, AND SUPPLIES:** (Personal computers and household office equipment should be listed under Household Goods-only equipment used in a business should be listed here): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. **BUSINESS MACHINERY, FIXTURES, EQUIPMENT, AND SUPPLIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **BUSINESS INVENTORY:** \_\_\_\_\_  
\_\_\_\_\_
5. **BUSINESS ACCOUNTS RECEIVABLE:** (Please provide an itemized attached list of names, addresses and amounts owed to you): \_\_\_\_\_  
\_\_\_\_\_
6. **PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY:** \_\_\_\_\_  
\_\_\_\_\_
7. **LICENSES AND FRANCHISES:** \_\_\_\_\_  
\_\_\_\_\_
8. **CROPS – GROWING OR HARVESTED:** \_\_\_\_\_
9. **FARMING EQUIPMENT AND IMPLEMENTS** – (Value of each piece of equipment): \_\_\_\_\_  
\_\_\_\_\_
10. **FARM SUPPLIES, CHEMICALS, AND FEED:** \_\_\_\_\_  
\_\_\_\_\_
11. **ANY OTHER PROPERTY OF ANY KIND NOT LISTED ABOVE:** (Put value on each item listed): \_\_\_\_\_  
\_\_\_\_\_

## **PRIORITY CLAIMS**

List here all debts you owe to: any government for taxes [real property taxes should be listed as a secured claim]; to a former spouse for back due spousal maintenance or alimony, a spouse for back due child support; or to employees for wages or benefit plans. For each also give us the name and mailing address of any representative (attorney, collection agency, or other) representing the creditor.

**Note:** Please provide copies of all supporting documents showing the date, nature and amount of priority claims. Please also note if the claims are owed only by the husband or the wife.

**IF A PRIORITY CREDITOR HAS PROVIDED TO YOU WITHIN 90 DAYS OF YOUR BANKRUPTCY FILING AN ADDRESS AT WHICH SUCH CREDITOR REQUESTS TO RECEIVE CORRESPONDENCE, THEN YOU MUCH PROVIDE THAT ADDRESS ALONG WITH ALL OTHER ADDRESSES FROM THE CREDITOR.**

**DO YOU CURRENTLY HAVE ANY UNPAID TAXES?**  YES  NO

**If you answered yes, please complete the following:**

### **FEDERAL INCOME TAX CLAIMS:**

Year of Claim: _____	Amount of Claim \$ _____
Year of Claim: _____	Amount of Claim \$ _____
Year of Claim: _____	Amount of Claim \$ _____
Year of Claim: _____	Amount of Claim \$ _____

**FEDERAL WITHHOLDING CLAIMS (941 TAXES):**

Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_

**FEDERAL UNEMPLOYMENT CLAIMS (940):**

Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_

**OTHER FEDERAL TAX CLAIMS:**

Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_

**STATE INCOME TAX CLAIMS:**

Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_

**STATE DEPARTMENT OF REVENUE TAX CLAIMS:**

In Washington this could be sales tax or business ad operations tax claims:

Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_

**STATE EMPLOYMENT TAX CLAIMS:**

Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_

**STATE WORKERS COMPENSATION TAX CLAIMS:**

Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_

**OTHER STATE TAX CLAIMS:**

Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_  
Year of Claim: \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_

**PLEASE PROVIDE COPIES OF ALL DOCUMENTATION RECEIVED FROM EACH STATE REGARDING ANY OF THESE CLAIMS AND THE TAXING AGENCY'S NAME AND FULL MAILING ADDRESS.**

# DOMESTIC SUPPORT OBLIGATIONS

**DO YOU RECEIVE ANY DOMESTIC SUPPORT:    YES    NO**

**If you answered yes, please complete the following:**

**SPOUSAL MAINTENANCE:**

Name of Creditor: \_\_\_\_\_

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

**If this debt is being collected by a State agency, then please provide the following:**

Name of State Agency: \_\_\_\_\_

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

Amount of Claim: \_\_\_\_\_

**CHILD SUPPORT:**

Name of Creditor: \_\_\_\_\_

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

**If this debt is being collected by a State agency, then please provide the following:**

Name of State Agency: \_\_\_\_\_

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

Amount of Claim: \_\_\_\_\_

**PROVIDE COPY OF THE AGREEMENT OR COURT ORDER THAT SETS THE AMOUNT OF THE DOMESTIC SUPPORT OBLIGATION AND ANY DOCUMENTS SHOWING PAST DUE BALANCES. PLEASE NOTE WHICH SPOUSE OWES THE CLAIM.**

## CRIMINAL TRAFFIC FINES/CRIMINAL FINES/TRAFFIC INFRACTIONS

**PLEASE OBTAIN THE FOLLOWING DOCUMENTS:**

1. **Driving Abstract (available at the Department of Licensing for a fee)**
2. **Defendant History (available at most District Courts – including the amount owed on the fine or infraction; ask for main defendant history and defendant history showing balances owed)**

Using the information provided by these documents, list each ticket below. Provide the name and address of the Court, the date of the ticket, and the ticket number. If the ticket has been assigned to a collection agency, make sure you list collection agency. **Criminal fines, criminal traffic fines and traffic infractions are not discharged in Chapter 7 cases. Traffic infractions are discharged in Chapter 13 cases. Any criminal fines and criminal traffic fines that are not paid in full in a Chapter 13 are not discharged.**

1. Court Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Collection Agency: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Amount of Ticket: \$ \_\_\_\_\_ Ticket Number: \_\_\_\_\_  
Acct. No. for Collection Agency.: \_\_\_\_\_ Year ticket occurred: \_\_\_\_\_  
Reason for Ticket - (example: DUI, DWLS, NO INSURANCE, etc.) \_\_\_\_\_

\*\*\*\*\*

2. Court Name: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Collection Agency: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Amount of Ticket: \$ \_\_\_\_\_ Ticket Number: \_\_\_\_\_  
 Acct. No. for Collection Agency.: \_\_\_\_\_ Year ticket occurred: \_\_\_\_\_  
 Reason for Ticket - (example: DUI, DWLS, NO INSURANCE, etc.) \_\_\_\_\_  
 \*\*\*\*\*
3. Court Name: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Collection Agency: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Amount of Ticket: \$ \_\_\_\_\_ Ticket Number: \_\_\_\_\_  
 Acct. No. for Collection Agency.: \_\_\_\_\_ Year ticket occurred: \_\_\_\_\_  
 Reason for Ticket - (example: DUI, DWLS, NO INSURANCE, etc.) \_\_\_\_\_  
 \*\*\*\*\*
4. Court Name: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Collection Agency: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Amount of Ticket: \$ \_\_\_\_\_ Ticket Number: \_\_\_\_\_  
 Acct. No. for Collection Agency.: \_\_\_\_\_ Year ticket occurred: \_\_\_\_\_  
 Reason for Ticket - (example: DUI, DWLS, NO INSURANCE, etc.) \_\_\_\_\_  
 \*\*\*\*\*
5. Court Name: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Collection Agency: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Amount of Ticket: \$ \_\_\_\_\_ Ticket Number: \_\_\_\_\_  
 Acct. No. for Collection Agency.: \_\_\_\_\_ Year ticket occurred: \_\_\_\_\_  
 Reason for Ticket - (example: DUI, DWLS, NO INSURANCE, etc.) \_\_\_\_\_  
 \*\*\*\*\*
6. Court Name: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Collection Agency: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Amount of Ticket: \$ \_\_\_\_\_ Ticket Number: \_\_\_\_\_  
 Acct. No. for Collection Agency.: \_\_\_\_\_ Year ticket occurred: \_\_\_\_\_  
 Reason for Ticket - (example: DUI, DWLS, NO INSURANCE, etc.) \_\_\_\_\_  
 \*\*\*\*\*
7. Court Name: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Collection Agency: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Amount of Ticket: \$ \_\_\_\_\_ Ticket Number: \_\_\_\_\_  
 Acct. No. for Collection Agency.: \_\_\_\_\_ Year ticket occurred: \_\_\_\_\_  
 Reason for Ticket - (example: DUI, DWLS, NO INSURANCE, etc.) \_\_\_\_\_  
 \*\*\*\*\*

# UNSECURED CLAIMS

List all unsecured claims or debts you owe. An unsecured claim or debt is any debt which does not have collateral securing it or is not a priority claim. Be sure to list all claims or debts owed. If you do not list a debt, the debt may not be discharged in your bankruptcy case. Make sure you list any debt which you may now have or may later have a responsibility to pay. Common items missed by debtors include debts which a divorced spouse was ordered to pay by the court and a loan in which someone else assumed your debt (such as someone assuming your house loan or car loan). If your ex-spouse may make a claim against you for failure to pay a debt, you should list your ex-spouse as a creditor here. If you have ever assumed someone else's loan and the loan has not been paid in full, you should list that person as well as the bank or lending institution. If someone else has ever assumed a loan of yours and the loan has not been paid in full, be sure to list the bank or lending institution. Also be sure to list as a representative any attorney or collection agency representing the creditor. **When listing the creditor address, please provide us with the correspondence or inquires address instead of the billing address. Providing the billing address may not ensure proper notification.**

1. **Creditor's Name:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number (for original creditor): \_\_\_\_\_  
Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
Co-debtor(s) Name & Address: \_\_\_\_\_  
Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
\*\*\*\*\*
2. **Creditor's Name:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number (for original creditor): \_\_\_\_\_  
Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
Co-debtor(s) Name & Address: \_\_\_\_\_  
Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
\*\*\*\*\*
3. **Creditor's Name:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number (for original creditor): \_\_\_\_\_  
Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
Co-debtor(s) Name & Address: \_\_\_\_\_  
Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
\*\*\*\*\*
4. **Creditor's Name:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number (for original creditor): \_\_\_\_\_  
Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
Co-debtor(s) Name & Address: \_\_\_\_\_  
Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
\*\*\*\*\*
5. **Creditor's Name:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Account Number (for original creditor): \_\_\_\_\_  
Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
Co-debtor(s) Name & Address: \_\_\_\_\_  
Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_

6. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
7. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
8. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
9. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
10. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
11. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_

12. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
13. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
14. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
15. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
16. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
17. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_



18. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
19. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
20. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
21. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
22. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
23. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_

24. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
25. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
26. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
27. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
28. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
29. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_

30. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
31. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
32. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
33. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
34. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_  
 \*\*\*\*\*
35. **Creditor's Name:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
**Collection Agency or Attorney:** \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Account Number (for original creditor): \_\_\_\_\_  
 Amount of Claim: \$ \_\_\_\_\_ Year incurred: \_\_\_\_\_  
 Co-debtor(s) Name & Address: \_\_\_\_\_  
 Reason for Claim - (i.e. medical, credit card purchases, NSF checks) \_\_\_\_\_

**CONTRACTS & LEASES**

1. Creditor's Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Agreement Type: \_\_\_\_\_  
Date Agreement Signed: \_\_\_\_\_  
Property Listed on Agreement: \_\_\_\_\_  
Terms of Agreement: \_\_\_\_\_

\*\*\*\*\*

2. Creditor's Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Agreement Type: \_\_\_\_\_  
Date Agreement Signed: \_\_\_\_\_  
Property Listed on Agreement: \_\_\_\_\_  
Terms of Agreement: \_\_\_\_\_

\*\*\*\*\*

3. Creditor's Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Agreement Type: \_\_\_\_\_  
Date Agreement Signed: \_\_\_\_\_  
Property Listed on Agreement: \_\_\_\_\_  
Terms of Agreement: \_\_\_\_\_

\*\*\*\*\*

4. Creditor's Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Agreement Type: \_\_\_\_\_  
Date Agreement Signed: \_\_\_\_\_  
Property Listed on Agreement: \_\_\_\_\_  
Terms of Agreement: \_\_\_\_\_

\*\*\*\*\*

5. Creditor's Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Agreement Type: \_\_\_\_\_  
Date Agreement Signed: \_\_\_\_\_  
Property Listed on Agreement: \_\_\_\_\_  
Terms of Agreement: \_\_\_\_\_

\*\*\*\*\*

# **FAMILY AND OCCUPATION INFORMATION**

**Marital Status:**    **MARRIED**    **SINGLE**    **SEPARATED**

**INDIVIDUAL DEBTOR**

**SPOUSE**

Occupation:		
Employer:		
How Long:		
Address:		
City & State:		
Zip Code:		

**DEPENDENTS LIVING AT HOME?**    **YES**    **NO**

**List any dependents that currently live in your home:**

Name of Dependent:	Age:	Relationship:	Child Support Ordered/ Actually Received
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

**DO YOU PAY CHILD SUPPORT FOR ANYONE?**    **YES**    **NO**

**List any dependents that do not live with you and indicate if you pay support:**

Name of Child:	Age:	Relationship:	Child Support Paid
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

# INCOME INFORMATION

## 1. ALL INCOME OR MONIES RECEIVED IN THE LAST 6 MONTHS

**Provide copies of:** all monies received by your household during the prior **6 month period**. This amount includes taxable income and non-taxable income. This amount also includes all other payment received from any source to support your household, such as employment income, business income, interest income, domestic support (spousal maintenance/child support), state or federal aid of any nature (WIC, Food Stamps, etc.), gifts, educational income, payments from roommates, payments from dependents (16 or older), and last 6 months payroll from significant others.

**\*If there is another person living with the debtor providing income to support the household, then the income and expenses of that person must be listed.**

Additional information regarding income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **BUSINESS INCOME (previous 180 days):**

Regular Monthly Income from Business. . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

### **BUSINESS EXPENSES:**

Regular Monthly Expenses from Business . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Note: You must provide us with an attached, itemized list of monthly business income and monthly business expenses**

### **OTHER INCOME(during previous 180 days):**

Income from Real Property . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

Interest and Dividends . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

Pension or Retirement Income . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

Alimony Received . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

Child Support Received. . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

Social Security Received . . SSI . . . . SSD. . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

Assistance EXPLAIN: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Gifts to Support Family. . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_

Any Other Monthly Income: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**ITEMIZE INCOME CHANGES OF MORE THAN 10% EXPECTED IN THE NEXT 12 MONTHS:** \_\_\_\_\_

## MONTHLY LIVING EXPENSE INFORMATION

**Note: If spouses are living apart, then please itemize living expenses separately, otherwise please list combined living expenses under debtor column.**

	<u>DEBTOR</u>	<u>SPOUSE</u>
Rent/Mortgage/Lot-Rental . . . . .	\$ _____	\$ _____
Taxes included in Mortgage? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Insurance included in Mortgage? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Electricity and Heating Fuel . . . . .	\$ _____	\$ _____
Water and Sewer . . . . .	\$ _____	\$ _____
Telephone . . . . .	\$ _____	\$ _____
Garbage . . . . .	\$ _____	\$ _____
Cable . . . . .	\$ _____	\$ _____
Internet . . . . .		
Other Monthly Utilities: _____	\$ _____	\$ _____
Home Maintenance (i.e. home repairs, yard work)	\$ _____	\$ _____
Food . . . . .	\$ _____	\$ _____
Clothing . . . . .	\$ _____	\$ _____
Laundry & Dry Cleaning . . . . .	\$ _____	\$ _____
Medical and Dental Expenses . . . . .	\$ _____	\$ _____
Transportation (i.e. gas & oil changes). . . . .	\$ _____	\$ _____
Recreation, Clubs & Entertain., Newspapers, etc.	\$ _____	\$ _____
Charitable Contributions . . . . .	\$ _____	\$ _____
Life Insurance . . . . .	\$ _____	\$ _____
Health Insurance . . . . .	\$ _____	\$ _____
Auto Insurance . . . . .	\$ _____	\$ _____
Home Insurance (If not included in mtg. payment)	\$ _____	\$ _____
Renter's Insurance . . . . .	\$ _____	\$ _____
Other Insurance: _____	\$ _____	\$ _____
Describe Taxes not included with mortgage or payroll: _____	\$ _____	\$ _____
Auto Installment Payments . . . . .	\$ _____	\$ _____
Auto Installment Payments (2 <sup>nd</sup> auto payment)	\$ _____	\$ _____
Auto Installment Payments (3 <sup>rd</sup> auto payment)	\$ _____	\$ _____
Other Installments (debts intend to reaffirm)	\$ _____	\$ _____
_____	\$ _____	\$ _____
Spousal Maintenance or Alimony . . . . .	\$ _____	\$ _____
Child Support* (not including back support). . .	\$ _____	\$ _____
Child Care . . . . .	\$ _____	\$ _____
Other Miscellaneous Expense: _____	\$ _____	\$ _____

1. Provide the actual reasonable and necessary expenses for support of elderly chronically ill or disabled members of your household or immediate family who are unable to pay such expenses themselves: \_\_\_\_\_
  
2. Provide information regarding any regular contributions to a health savings plan: \_\_\_\_\_
  
3. Provide information regarding expenses to maintain safety from domestic violence: \_\_\_\_\_
  
4. Provide information regarding school expenses for each child under 18, up to \$1,500 per year: \_\_\_\_\_

**TAX RETURNS**

**ARE YOU REQUIRED TO FILE TAXES?  YES  NO**

If you answered yes, please provide the following:

**CHAPTER 7: Please provide copies of tax returns for the previous 2 years.**

**CHAPTER 13: Please provide copies of tax returns for the previous 4 years.**

**PAYMENT TO CREDITORS**

List all payments on loans, installments purchases or goods or services, and other debts, totaling more than \$600.00 to any creditor, made **within 90 days** immediately preceding the commencement of this case.

1. Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount paid per month: \$ \_\_\_\_\_  
Dates payments made: \_\_\_\_\_  
Balance owed: \_\_\_\_\_

\*\*\*\*\*

2. Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount paid per month: \$ \_\_\_\_\_  
Dates payments made: \_\_\_\_\_  
Balance owed: \_\_\_\_\_

\*\*\*\*\*

3. Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount paid per month: \$ \_\_\_\_\_  
Dates payments made: \_\_\_\_\_  
Balance owed: \_\_\_\_\_

**PAYMENTS TO INSIDERS**

List all payments made within 1 years immediately preceding the petition filing in this case to or for the benefit of the creditors who are insiders. (Insiders for individuals are creditors who are relatives, partnership or corporation. Insiders for a corporation or LLC are directors, officers, persons in control or relatives of such persons).

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Debtor: \_\_\_\_\_  
Amount paid per month: \$ \_\_\_\_\_  
Dates payments made: \_\_\_\_\_  
Balance owed: \_\_\_\_\_



# **LAWSUITS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS**

List all suits to which the debtor is or was a party within one (1) year immediately preceding the filing of this bankruptcy case.

1. Case Title: \_\_\_\_\_  
Case #: \_\_\_\_\_  
Court and County Location: \_\_\_\_\_  
Nature of Proceeding: \_\_\_\_\_  
Suit Status: \_\_\_\_\_  
Garnishments (provide all amounts garnished within 90 days): \_\_\_\_\_
  
2. Case Title: \_\_\_\_\_  
Case #: \_\_\_\_\_  
Court and County Location: \_\_\_\_\_  
Nature of Proceeding: \_\_\_\_\_  
Suit Status: \_\_\_\_\_  
Garnishments (provide all amounts garnished within 90 days): \_\_\_\_\_
  
3. Case Title: \_\_\_\_\_  
Case #: \_\_\_\_\_  
Court and County Location: \_\_\_\_\_  
Nature of Proceeding: \_\_\_\_\_  
Suit Status: \_\_\_\_\_  
Garnishments (provide all amounts garnished within 90 days): \_\_\_\_\_

## **JUDGMENTS**

If you own **real property**, list all judgments entered against you for the past **twenty (20) years**. (Please provide copies of all judgments).

1. Case Title: \_\_\_\_\_  
Case #: \_\_\_\_\_  
Court and County Location: \_\_\_\_\_  
Date Judgment Entered: \_\_\_\_\_  
Amount of Judgment: \_\_\_\_\_  
Date Judgment Satisfied: \_\_\_\_\_
  
2. Case Title: \_\_\_\_\_  
Case #: \_\_\_\_\_  
Court and County Location: \_\_\_\_\_  
Date Judgment Entered: \_\_\_\_\_  
Amount of Judgment: \_\_\_\_\_  
Date Judgment Satisfied: \_\_\_\_\_

## REPOSSESSION, FORECLOSURES AND RETURNS

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one (1) year immediately preceding the commencement of this case.

**Have you had any repossessed or foreclosed property in the last year? YES NO**

**If you answered yes, please complete the following:**

Creditor or Seller's name: \_\_\_\_\_

Address of Creditor or Seller: \_\_\_\_\_

Date property repossessed: \_\_\_\_\_

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

Value of Property: \_\_\_\_\_

Creditor or Seller's name: \_\_\_\_\_

Address of Creditor or Seller: \_\_\_\_\_

Date property repossessed: \_\_\_\_\_

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

Value of Property: \_\_\_\_\_

Creditor or Seller's name: \_\_\_\_\_

Address of Creditor or Seller: \_\_\_\_\_

Date property repossessed: \_\_\_\_\_

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

Value of Property: \_\_\_\_\_

## GIFTS

List all gifts or charitable contributions made within two (2) years immediately preceding the commencement of this case except ordinary and usual gifts to family members totaling less than \$200.00 in value per individual family member and charitable contributions aggregating totaling less than \$100.00 per recipient.

**Note: Any property gifted away is subject to being reclaimed by the bankruptcy trustee during your bankruptcy. Do not under any circumstances make gifts of property after you see your bankruptcy attorney.**

Recipient: \_\_\_\_\_

Recipient's Address: \_\_\_\_\_

Relationship of recipient to debtor: \_\_\_\_\_

Date gift made: \_\_\_\_\_

Description & Value of Gift: \_\_\_\_\_

## LOSSES

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case.

Property lost: \_\_\_\_\_

Value of property lost: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

How was the property lost: \_\_\_\_\_

Insurance Coverage Amount: \$ \_\_\_\_\_

**PAYMENTS RELATED TO DEBT COUNSELING OR  
BANKRUPTCY**

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one (1) year immediately preceding the commencement of this case. **Include the payment for the Debtor's Counseling class that you must complete before filing your bankruptcy.**

1. Name person or agency you paid: \_\_\_\_\_  
Address of agency or person: \_\_\_\_\_  
Date of payment: \_\_\_\_\_  
Name of person paying: \_\_\_\_\_  
Payment amount or value of property: \_\_\_\_\_
  
2. Name person or agency you paid: \_\_\_\_\_  
Address of agency or person: \_\_\_\_\_  
Date of payment: \_\_\_\_\_  
Name of person paying: \_\_\_\_\_  
Payment amount or value of property: \_\_\_\_\_

**OTHER TRANSFERS**

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as a security within four (4) years immediately preceding the commencement of this case.

**Have you transferred any property in the last 4 years?  YES  NO**

**If you answered yes, please complete the following:**

Name of person property transferred to: \_\_\_\_\_  
Relationship to debtor: \_\_\_\_\_  
Date transfer was made: \_\_\_\_\_  
Property that was transferred: \_\_\_\_\_  
Value of property transferred: \_\_\_\_\_

Name of person property transferred to: \_\_\_\_\_  
Relationship to debtor: \_\_\_\_\_  
Date transfer was made: \_\_\_\_\_  
Property that was transferred: \_\_\_\_\_  
Value of property transferred: \_\_\_\_\_

Name of person property transferred to: \_\_\_\_\_  
Relationship to debtor: \_\_\_\_\_  
Date transfer was made: \_\_\_\_\_  
Property that was transferred: \_\_\_\_\_  
Value of property transferred: \_\_\_\_\_

## CLOSED FINANCIAL ACCOUNTS

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one (1) year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions.

Name of Institution or Bank: \_\_\_\_\_  
Address of Institution or Bank: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account number(s): \_\_\_\_\_  
Balance at date of closing: \$ \_\_\_\_\_ Date account closed: \_\_\_\_\_

## SAFE DEPOSIT BOXES

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case.

Name of Institution or Bank: \_\_\_\_\_  
Address of Institution or Bank: \_\_\_\_\_  
Person with access: \_\_\_\_\_  
Address of person with access: \_\_\_\_\_  
Contents on box: \_\_\_\_\_  
Surrender Date: \_\_\_\_\_

## SETOFFS

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case.

Creditor's name: \_\_\_\_\_  
Address of creditor: \_\_\_\_\_  
Date of setoff: \_\_\_\_\_  
Amount of setoff: \_\_\_\_\_

### WARNING:

**IF YOU HAVE MONEY ON DEPOSIT AT A BANK WHERE YOU ALSO HAVE A DEBT (i.e. loan, VISA card, ect.), THEN YOU WILL NEED TO CLOSE THAT ACCOUNT AFTER YOUR CHECKS HAVE CLEARED AND OPEN A NEW ACCOUNT AT A BANK WHERE YOU HAVE NO DEBTS. OTHERWISE THE BANK HAS THE RIGHT TO TAKE MONEY FROM YOUR ACCOUNT TO SATISFY THE DEBT.**

### PAYDAY TYPE LOANS:

**IF YOU HAVE GIVEN ANY COMPANY A POST-DATED CHECK FOR A LOAN, THEN YOU WILL ALSO NEED TO CLOSE YOUR ACCOUNT OR THE COMPANY MAY PRESENT THAT CHECK FOR PAYMENT AFTER THE BANKRUPTCY IS FILED.**

## **PROPERTY HELD FOR ANOTHER PERSON**

List all property owned by another person that the debtor holds or controls.

Name of owner of property: \_\_\_\_\_

Address of owner of property: \_\_\_\_\_

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

Value of Property (list each value separately): \_\_\_\_\_

All property not scheduled belongs to: \_\_\_\_\_

## **PRIOR ADDRESS OF DEBTOR(S)**

List all addresses used by you in the past 3 years prior to the petition filing. If you have not lived in the State of Washington during the last two full years, then you will be required to apply the exemption laws of the state you lived in during the 180 days prior to the date 2 years prior to the petition filing date.

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

Name(s) used while living at this address: \_\_\_\_\_

Date started living there: \_\_\_\_\_ Date moved out: \_\_\_\_\_

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

Name(s) used while living at this address: \_\_\_\_\_

Date started living there: \_\_\_\_\_ Date moved out: \_\_\_\_\_

## **SPOUSES AND FORMER SPOUSES**

Identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the last eight (8) years.

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

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

## **ENVIRONMENTAL INFORMATION**

"Environmental Law" means any federal, state, or local statute or regulation pollution, contamination, release of hazardous or toxic substances, wastes or material into the air, land soil, surface water, groundwater, or other medium, including, but not limited to, statues 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 hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant to similar term under and Environmental Law:

List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

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

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

List the name and address of every site for which the debtor provided notice to a governmental unit or a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

## **NATURE, LOCATION AND NAME OF BUSINESS**

**THE FOLLOWING QUESTIONS MUST ONLY BE ANSWERED BY DEBTORS WHO HAVE OPERATED THEIR OWN BUSINESS DURING ANY PORTION OF THE TWO YEARS PRIOR TO THE BANKRUPTCY.**

a. If the debtor is an individual, list the names and address of all businesses in which the debtor was an officer, director, partner, member or managing executive of a corporation, partnership, limited liability company, or was self-employed within the two years immediately preceding the commencement of this case, or in which the debtor owned five percent (5%) or more of the voting power within the two (2) years immediately preceding the commencement of this case.

b. If the debtor is a partnership, corporation or limited liability company, then list the names and addresses of all businesses in which the debtor was a partner or owned five percent (5%) or more of the voting securities, within two (2) years immediately preceding the commencement of this case.

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Date Business Started: \_\_\_\_\_ Date Business Ended: \_\_\_\_\_

## **BOOKS, RECORDS AND FINANCIAL STATEMENTS.**

a. List all bookkeepers and accountants who within the six (6) years immediately preceding the filing of this bankruptcy case kept or supervised keeping of books of accounts and records of the debtor.

Name of Bookkeeper or Accountant: \_\_\_\_\_  
Address of Bookkeeper or Accountant: \_\_\_\_\_  
Dates bookkeeping was done by above: \_\_\_\_\_

b. List all firms or individuals who within the two (2) years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

Name of Auditor: \_\_\_\_\_  
Address of Auditor: \_\_\_\_\_  
Dates audit was done: \_\_\_\_\_

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books or account and records of the debtor. If any of the books of account and records are not available, explain.

Name of person who held records: \_\_\_\_\_  
Address of person who held records: \_\_\_\_\_  
If records unavailable explain why: \_\_\_\_\_

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within two (2) years immediately preceding the commencement of this case by the debtor.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date statement issued: \_\_\_\_\_

## **INVENTORIES**

List the dates of the last two (2) inventories taken of the business property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

Date of Last Inventory Done: \_\_\_\_\_  
Supervised by: \_\_\_\_\_  
Value of Inventory: \_\_\_\_\_  
Value of Inventory Basis on: Cost or Market Value: \_\_\_\_\_

List the name and address of the person having possession of the records of each of the two (2) inventories reported above.

Date last inventory done: \_\_\_\_\_  
Person having possession of records: \_\_\_\_\_  
Address of person have possession of records: \_\_\_\_\_  
Date of prior inventory: \_\_\_\_\_  
Person having possession of records: \_\_\_\_\_  
Address of person: \_\_\_\_\_

**CURRENT PARTNERS, OFFICERS, DIRECTORS,  
SHAREHOLDERS & MEMBERS**

If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership. If the debtor is corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds five percent (5%) or more of the voting securities of the corporation. If the debtor is a limited liability company, then list all managers of the limited liability company, and each member who directly or indirectly owns, controls, or holds five percent (5%) or more of the voting ownership of the limited liability company.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nature of Interest: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nature of Interest: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_

**FORMER PARTNERS, OFFICERS, DIRECTORS,  
SHAREHOLDERS & MEMBERS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Title: \_\_\_\_\_ Termination date: \_\_\_\_\_

**WITHDRAWALS FROM CORPORATION, LIMITED  
LIABILITY COMPANY OR PARTNERSHIP**

List all withdrawals or distributions credited or given to an insider (owner, officer, partner or member), including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other prerequisite during one (1) year immediately preceding the commencement of this case.

Name of Insider: \_\_\_\_\_  
Address of Insider: \_\_\_\_\_  
Relationship to debtor: \_\_\_\_\_  
Purpose of withdrawal: \_\_\_\_\_  
Date of withdrawal: \_\_\_\_\_ Value or amount: \_\_\_\_\_