

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

BANKRUPTCY QUESTIONNAIRE

1. The attorney is Thomas J. Atwood.
2. For questions on the questionnaire, please call Mr. Atwood's legal assistant, Sheri, at (509) 943-4681 or email scraven@akwalaw.com.
3. Bankruptcy retainers must be paid by **CASH, CASHIER'S CHECK, or MONEY ORDER** only. The exact amount is required.
4. After you have completed the questionnaire, collected the documentation requested, and have the cash retainer, please call to make an appointment with Sheri.

CHAPTER 7 RETAINERS

Consumer: \$1,200 (\$335.00 filing fee + \$865.00 legal fee)

Business¹: \$2,000 - \$5,500 (includes \$335 filing fee)

CHAPTER 13 RETAINERS

\$1,200 down. Then, either a Flat Fee of \$3,000-\$4,000 paid through the plan **or** Estimated Fees based on hourly charges, as determined by client and attorney prior to filing.

Note: The amount down includes the filing fee of \$335 and a portion of the legal fees, the remainder to be paid through Chapter 13 Plan payments.

¹ Businesses include Sole Proprietorship, Partnership, Corporation, or Limited Liability Company

GENERAL INFORMATION

- ☐ CONSUMER DEBT: ☐ Individual ☐ Joint (with spouse)
☐ BUSINESS DEBT: ☐ LLC ☐ Corporation ☐ Partnership ☐ Sole Proprietor

If filing a Consumer Bankruptcy, are your debts more than 50% business or non-consumer debts?

☐ Yes ☐ No

1. Name: _____
aka/dba: _____
Soc. Sec. # _____ Tax ID # _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Length of Time at Residence: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Mailing Address (if different from above): _____

2. Name: _____
aka/dba: _____
Soc. Sec. # _____ Tax ID # _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Length of Time at Residence: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Mailing Address (if different from above): _____

PRIOR BANKRUPTCY FILINGS

Date Filed: _____ Years Elapsed: _____
Case No. _____ State/District: _____

PENDING BANKRUPTCY CASE FILED BY SPOUSE, PARTNER OR AFFILIATE

Debtor Name: _____ Relationship: _____
Date Filed: _____ Case No. _____
State/District: _____

* The Bankruptcy Court will confirm your social security number. If you do not have a valid social security number, please inform your attorney prior to filing the bankruptcy case in order to avoid potential prosecution.

SPOUSE AND FORMER SPOUSE(S)

If not filing jointly, please list the name and address of debtor's spouse and of any former spouse who resides or resided with debtor in the last 8 years.

Name: _____ ☐ Spouse ☐ Former Spouse

Address: _____

Name: _____ ☐ Spouse ☐ Former Spouse

Address: _____

I. PROPERTY

- a. In this section, list all property of any kind owned by you, both real and personal property. List the fair market value (what you could sell it for) for each item.
- b. Please note that 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 for the property to protect it from being taken by the bankruptcy court to pay your bills.
- c. 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 real property after the expiration of a lease or life estate).

1. REAL PROPERTY

Real Property: Street Address: _____
_____ County: _____

Market Value of Property: _____

Real Property: Street Address: _____
_____ County: _____

Market Value of Property: _____

2. VEHICLES (Cars, Vans, Trucks, Motorcycles, SUVs, and Tractors)

Make: _____ **Model:** _____ **Year:** _____

Mileage: _____ **Current Value:** _____

Other Info about the Vehicle: _____

Make: _____ **Model:** _____ **Year:** _____

Mileage: _____ **Current Value:** _____

Other Info about the Vehicle: _____

Make: _____ **Model:** _____ **Year:** _____

Mileage: _____ **Current Value:** _____

Other Info about the Vehicle: _____

3. OTHER VEHICLES (Watercraft, Aircraft, Recreational, Other Vehicles, and Accessories)

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Type of Vehicle: _____
 Make: _____ Model: _____ Year: _____
 Mileage: _____ Current Value: _____
 Other Info about the Vehicle: _____

Type of Vehicle: _____
 Make: _____ Model: _____ Year: _____
 Mileage: _____ Current Value: _____
 Other Info about the Vehicle: _____

4. MOBILE HOMES AND TRAILERS (If you own the land, list it under 1. Real Property)

Make: _____ Model: _____ Year: _____
 Current Value: \$ _____ Other Information: _____

5. HOUSEHOLD GOODS AND FURNISHINGS

Please **DESCRIBE THE ITEMS** and list the current value—the amount you would get for it if you sold it today.

Livingroom Furniture: _____	\$ _____
Kitchen Furniture: _____	\$ _____
Kitchen Appliances: _____	\$ _____
Kitchenware: _____	\$ _____
Master Bedroom Furniture: _____	\$ _____
Children's Bedroom Furniture: _____	\$ _____
Electronics (<i>Describe</i>): _____	\$ _____
Collectibles of Value(<i>Describe</i>): _____	\$ _____
Hobby/Sports Equipment(<i>Describe</i>): _____	\$ _____
Firearms: _____	\$ _____
Clothing: _____	\$ _____
Jewelry(<i>Describe</i>): _____	\$ _____
Animals (Non-Farm) (<i>Describe</i>): _____	\$ _____
Other(<i>Describe</i>): _____	\$ _____
Other(<i>Describe</i>): _____	\$ _____
Other(<i>Describe</i>): _____	\$ _____

6. FINANCIAL ASSETS

WARNING: If you have money on deposit at a bank where you also have a debt (i.e. loan, Visa card, etc.), close that account after your checks have cleared and open a new account at a bank where you have no debts. Otherwise the first bank has the right to take money from your account to satisfy the debt without notice.

PAYDAY TYPE LOANS: If you have given any company a post-dated check for a loan, then close your account or the company may present that check for payment after the bankruptcy is filed.

a. **CASH ON HAND:** _____

b. **BANK ACCOUNTS:**

Bank/Credit Union Name: _____

Location: _____

☐ Checking ☐ Savings ☐ Certificates of Deposit ☐ Brokerage

Account Number: _____ Account Balance: _____

Bank/Credit Union Name: _____

Location: _____

☐ Checking ☐ Savings ☐ Certificates of Deposit ☐ Brokerage

Account Number: _____ Account Balance: _____

Bank/Credit Union Name: _____

Location: _____

☐ Checking ☐ Savings ☐ Certificates of Deposit ☐ Brokerage

Account Number: _____ Account Balance: _____

Bank/Credit Union Name: _____

Location: _____

☐ Checking ☐ Savings ☐ Certificates of Deposit ☐ Brokerage

Account Number: _____ Account Balance: _____

Bank/Credit Union Name: _____

Location: _____

☐ Checking ☐ Savings ☐ Certificates of Deposit ☐ Brokerage

Account Number: _____ Account Balance: _____

Bank/Credit Union Name: _____

Location: _____

☐ Checking ☐ Savings ☐ Certificates of Deposit ☐ Brokerage

Account Number: _____ Account Balance: _____

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c. BOND FUNDS, MUTUAL FUNDS, OR STOCKS PUBLICLY TRADED

Institution or Issuer Name: _____

Location: _____

Account Number: _____ Account Balance: _____

Institution or Issuer Name: _____

Location: _____

Account Number: _____ Account Balance: _____

d. BUSINESS INTERESTS, NON-PUBLICLY TRADED STOCK, LLC, PARTNERSHIP, JOINT VENTURE

Name of Entity: _____

Location: _____

Percent Ownership: _____ Current Value: _____

Name of Entity: _____

Location: _____

Percent Ownership: _____ Current Value: \$ _____

e. BONDS: GOVERNMENT AND CORPORATE, OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS

Name of Institution: _____

Current Value: _____

Name of Institution: _____

Current Value: _____

f. RETIREMENT OR PENSION ACCOUNTS

Issuer Name: _____

Type of Account: ☐ 401K ☐ 403B ☐ IRA ☐ ERISA ☐ Keogh
☐ Pension ☐ Profit Sharing ☐ Other _____

Account No. _____ Current Value: _____

Issuer Name: _____

Type of Account: ☐ 401K ☐ 403B ☐ IRA ☐ ERISA ☐ Keogh
☐ Pension ☐ Profit Sharing ☐ Other _____

Account No. _____ Current Value: _____

g. SECURITY DEPOSITS, PREPAYMENTS (e.g., Pubic Utilities, Telephone, Landlord, etc.)

Name of Institution: _____

Current Value: _____

Name of Institution: _____

Current Value: _____

h. ANNUITIES

Name of Institution: _____

Description: _____ Current Value: _____

Name of Institution: _____

Description: _____ Current Value: _____

i. EDUCATION IRA, ABLE PROGRAM, STATE TUITION PROGRAM

Name of Institution: _____

Description: _____ Current Value: _____

Name of Institution: _____

Description: _____ Current Value: _____

j. 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.

Name of Estate or Trust: _____

Describe: _____ Current Value: _____

Name of Estate or Trust: _____

Describe: _____ Current Value: _____

k. INTERESTS IN LIVING TRUSTS CREATED BY DEBTOR: If you have transferred any real or personal property into a trust at any time, please list such property.

Name of Estate or Trust: _____

Describe: _____ Current Value: _____

Name of Estate or Trust: _____

Describe: _____ Current Value: _____

l. INTELLECTUAL PROPERTY, PATENTS, COPYRIGHTS, TRADEMARKS, TRADE SECRETS

Give Specific Information: _____

Current Value: _____

m. LICENSES, FRANCHISES, AND OTHER GENERAL INTANGIBLES

Give Specific Information: _____

Current Value: _____

n. TAX REFUNDS OWED TO YOU

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? \$ _____

o. DOMESTIC SUPPORT OBLIGATIONS OWED TO YOU

Type of Support: ☐ Child Support ☐ Alimony ☐ Maintenance

☐ Divorce Settlement ☐ Property Settlement ☐ Other

Describe: _____

Amount per month: \$ _____ Lump Sum: \$ _____

p. OTHER AMOUNTS OWED TO DEBTOR (e.g., promissory notes, agreements)

Give Specific Information: _____

Amount Owed: \$ _____

q. INSURANCE POLICY INTERESTS²

Insurance Policy Name: _____

Beneficiary Name: _____

Policy Number: _____

Current Value: \$ _____

r. DECEDENT PROPERTY DUE DEBTOR (Property from someone who has died.)

Describe the property: _____

Current Value: \$ _____

² Any life insurance proceeds or other death benefits due to you on the date 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.

- s. **LAWSUITS OR CLAIMS AGAINST A THIRD PARTY³** (e.g., personal injury claims, loss of property, loss of job, or other injuries of any nature).

Case Caption: _____

Case No.: _____

Nature of Case: _____

t. **FARM ANIMALS**

Describe the animals: _____

Current Value: \$ _____

u. **ANY OTHER PROPERTY OF ANY KIND NOT LISTED ABOVE**

Describe the property: _____

Current Value: \$ _____

II. CREDITORS WHO HAVE CLAIMS SECURED BY PROPERTY

- List all creditors who have claims secured by property. A secured debt is a debt that is linked to property that the creditor can repossess if payments are not made.
- If you have a secured loan on your home, please also list any governmental agency which guaranteed the loan (e.g. Veterans administration (VA), Federal Housing Administration (FHA)).
- List any representative of the creditor such as an attorney or collection agency. After each secured debt, select whether you will reaffirm the debt (continue paying the loan in order to keep the property) or surrender (return) the property to the creditor.
- Please provide a current statement and the contract for each secured debt.

Creditor Name: _____

Address: _____

Account No. _____ Date Incurred: _____

Description of Property: _____

Claim Amount: \$ _____ Current Market Value: \$ _____

Collection Agency: _____

Address: _____

Account No. _____

Name/Address of Co-Debtor(s): _____

☐ SURRENDER ☐ RETAIN Are you behind on payments? ☐ YES ☐ NO

³ Failure to list such claims will subject you to losing your right to make the claim against the party and collect any recovery.

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Description of Property: _____
Claim Amount: \$ _____ Current Market Value: \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Name/Address of Co-Debtor(s): _____
☐ SURRENDER ☐ RETAIN Are you behind on payments? ☐ YES ☐ NO

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Description of Property: _____
Claim Amount: \$ _____ Current Market Value: \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Name/Address of Co-Debtor(s): _____
☐ SURRENDER ☐ RETAIN Are you behind on payments? ☐ YES ☐ NO

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Description of Property: _____
Claim Amount: \$ _____ Current Market Value: \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Name/Address of Co-Debtor(s): _____
☐ SURRENDER ☐ RETAIN Are you behind on payments? ☐ YES ☐ NO

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Description of Property: _____
Claim Amount: \$ _____ Current Market Value: \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Name/Address of Co-Debtor(s): _____
☐ SURRENDER ☐ RETAIN Are you behind on payments? ☐ YES ☐ NO

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Description of Property: _____
Claim Amount: \$ _____ Current Market Value: \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Name/Address of Co-Debtor(s): _____
☐ SURRENDER ☐ RETAIN Are you behind on payments? ☐ YES ☐ NO

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Description of Property: _____
Claim Amount: \$ _____ Current Market Value: \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Name/Address of Co-Debtor(s): _____
☐ SURRENDER ☐ RETAIN Are you behind on payments? ☐ YES ☐ NO

III. STUDENT LOANS

Student Loans are presumptively not discharged in bankruptcy. They may be discharged if an Adversary Proceeding is brought and the court determines that payment of the debt would be an undue hardship. An Adversary Proceeding is a separate lawsuit and requires an additional retainer.

Creditor Name: _____
Address: _____
Account No. _____ **Date Incurred:** _____
Claim Amount: \$ _____ **Monthly Payment:** \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Debt Incurred before marriage? ☐ YES ☐ NO **Who's loan?** ☐ Husband ☐ Wife
Name/Address of Co-Signer(s): _____

Creditor Name: _____
Address: _____
Account No. _____ **Date Incurred:** _____
Claim Amount: \$ _____ **Monthly Payment:** \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Debt Incurred before marriage? ☐ YES ☐ NO **Who's loan?** ☐ Husband ☐ Wife
Name/Address of Co-Signer(s): _____

Creditor Name: _____
Address: _____
Account No. _____ **Date Incurred:** _____
Claim Amount: \$ _____ **Monthly Payment:** \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Debt Incurred before marriage? ☐ YES ☐ NO **Who's loan?** ☐ Husband ☐ Wife
Name/Address of Co-Signer(s): _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: \$ _____ Monthly Payment: \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Debt Incurred before marriage? ☐ YES ☐ NO Who's loan? ☐ Husband ☐ Wife
Name/Address of Co-Signer(s): _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: \$ _____ Monthly Payment: \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Debt Incurred before marriage? ☐ YES ☐ NO Who's loan? ☐ Husband ☐ Wife
Name/Address of Co-Signer(s): _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: \$ _____ Monthly Payment: \$ _____
Collection Agency: _____
Address: _____
Account No. _____
Debt Incurred before marriage? ☐ YES ☐ NO Who's loan? ☐ Husband ☐ Wife
Name/Address of Co-Signer(s): _____

IV. PRIORITY CLAIMS

1. DO YOU CURRENTLY HAVE ANY UNPAID TAXES⁴? ☐ YES ☐ NO

a. FEDERAL Income Tax Claims

Department Name and Address: _____

Year of Claim: _____ Amount of Claim: _____

Department Name and Address: _____

Year of Claim: _____ Amount of Claim: _____

Department Name and Address: _____

Year of Claim: _____ Amount of Claim: _____

b. FEDERAL Withholding Claims (941 Taxes)

Department Name and Address: _____

Year of Claim: _____ Amount of Claim: _____

c. FEDERAL Unemployment Claims (940)

IRS Address: _____

Year of Claim: _____ Amount of Claim: _____

d. Other FEDERAL Tax Claims

IRS Address: _____

Year of Claim: _____ Amount of Claim: _____

Nature of the Claim: _____

e. STATE Income Tax Claims

State Name and Address: _____

Year of Claim: _____ Amount of Claim: _____

⁴ Please provide copies of documentation you have regarding tax claims.

f. STATE Department of Revenue Tax Claims

State Name and Address: _____

Year of Claim: _____ Amount of Claim: _____

g. STATE Employment Tax Claims

State Name and Address: _____

Year of Claim: _____ Amount of Claim: _____

h. STATE Worker's Compensation Tax Claims

State Name and Address: _____

Year of Claim: _____ Amount of Claim: _____

i. Other STATE Tax Claims

State Name and Address: _____

Year of Claim: _____ Amount of Claim: _____

Nature of the Claim: _____

IV. TRAFFIC INFRACTIONS, CRIMINAL TRAFFIC FINES, CRIMINAL FINES

For each ticket, please provide the name of the Court, date of ticket, and ticket number. If the ticket has been assigned to a collection agency, please list the 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.

Court Name: _____

Mailing Address: _____

Collection Agency: _____

Mailing Address: _____

Account No. _____ **Ticket date:** _____

Reason for Ticket, e.g., DUI, No Insurance, etc.: _____

Court Name: _____
Mailing Address: _____
Collection Agency: _____
Mailing Address: _____
Account No. _____ Ticket date: _____
Reason for Ticket, e.g., DUI, No Insurance, etc.: _____

Court Name: _____
Mailing Address: _____
Collection Agency: _____
Mailing Address: _____
Account No. _____ Ticket date: _____
Reason for Ticket, e.g., DUI, No Insurance, etc.: _____

Court Name: _____
Mailing Address: _____
Collection Agency: _____
Mailing Address: _____
Account No. _____ Ticket date: _____
Reason for Ticket, e.g., DUI, No Insurance, etc.: _____

Court Name: _____
Mailing Address: _____
Collection Agency: _____
Mailing Address: _____
Account No. _____ Ticket date: _____
Reason for Ticket, e.g., DUI, No Insurance, etc.: _____

V. CREDITORS WHO HAVE UNSECURED CLAIMS

- An unsecured debt does not have collateral securing it, such as credit cards and medical bills. List ALL debts owed. If you do not list a debt, it may not be discharged in your bankruptcy case.
- List any collection agency or representative of the creditor, the address, and their account number.
- Examples for Description are: credit card debt, medical bill, non-sufficient funds, etc.
- If you have an ex-spouse who was ordered by the court to pay a debt, please list that debt. If your ex-spouse may make a claim against you for failure to pay a debt, please list your ex-spouse as a creditor.
- If anyone else has assumed a loan that was originally yours and that loan has not been paid in full, please list it in this section.

Creditor Name: _____
Address: _____
Account No. _____ **Date Incurred:** _____
Claim Amount: _____ **Description:** _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ **Date Incurred:** _____
Claim Amount: _____ **Description:** _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ **Date Incurred:** _____
Claim Amount: _____ **Description:** _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____

Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____

Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____

Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____

Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____

Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____

Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

Creditor Name: _____
Address: _____
Account No. _____ Date Incurred: _____
Claim Amount: _____ Description: _____
Collection Agency: _____
Address: _____
Account No. _____
Co-Debtors Name/Address: _____

VI. EXECUTORY CONTRACTS & UNEXPIRED LEASES

Name and Address of Other Party: _____

Date Signed: _____

Description and Terms: _____

Co-Debtor Name/Address: _____

Name and Address of Other Party: _____

Date Signed: _____

Description and Terms: _____

Co-Debtor Name/Address: _____

Name and Address of Other Party: _____

Date Signed: _____

Description and Terms: _____

Co-Debtor Name/Address: _____

VII. EMPLOYMENT AND INCOME INFORMATION

Debtor 1

Employed ☐ Unemployed ☐ How Long Employed? _____

Occupation: _____

Employer Name: _____

Employer Address: _____

—

Debtor 2 (Spouse)

Employed ☐ Unemployed ☐ How Long Employed? _____

Occupation: _____

Employer Name: _____

Employer Address: _____

—

Please provide documentation of all income or monies received by your household during the last six months. Include all income received from any source to support your household, e.g., employment income, business income, spousal maintenance, child support, state or federal aid, gifts, educational income, payments from roommates or dependents (16 or older), and the last six months payroll from significant others contributing to your household.

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Have you received in the last six months:

Debtor 1	Average Amount Received Per Month
☐ Income from a business	\$ _____
☐ Investment Income	\$ _____
☐ Income from Real Property	\$ _____
☐ Retirement Income	\$ _____
☐ Income from Rental Property	\$ _____
☐ Social Security Income	\$ _____
☐ Spousal Maintenance	\$ _____
☐ Child Support	\$ _____
☐ State Assistance	\$ _____
☐ Federal Assistance	\$ _____
☐ Unemployment Compensation	\$ _____
☐ Other Monthly Income	\$ _____

Debtor 2 (Spouse)	Average Amount Received Per Month
☐ Income from a business	\$ _____
☐ Investment Income	\$ _____
☐ Income from Real Property	\$ _____
☐ Retirement Income	\$ _____
☐ Income from Rental Property	\$ _____
☐ Social Security Income	\$ _____
☐ Spousal Maintenance	\$ _____
☐ Child Support	\$ _____
☐ State Assistance	\$ _____
☐ Federal Assistance	\$ _____
☐ Unemployment Compensation	\$ _____
☐ Other Monthly Income	\$ _____

Do you expect your income to change by more than 10% in the next six months? If so, please explain: _____.

A. DOMESTIC SUPPORT

1. Do you RECEIVE Domestic Support? ☐ YES ☐ NO If you checked "YES," please complete 2 and/or 3:

2. SPOUSAL MAINTENANCE (Received):

Name of Payer: _____

Mailing Address: _____

If payments are routed through a state agency, please provide the following:

State Agency: _____

Mailing Address: _____

Monthly Payment Amount: \$ _____

3. CHILD SUPPORT (Received)

Name of Payer: _____

Mailing Address: _____

If payments are routed through a state agency, please provide the following:

State Agency: _____

Mailing Address: _____

Monthly Payment Amount: \$ _____

VIII. EXPENSES

DEPENDENTS LIVING AT HOME? ☐ YES ☐ NO

List any dependents that currently live in your home:

<u>Relationship</u>	<u>Age</u>	<u>Child Support RECEIVED?</u>
_____	_____	☐ YES ☐ NO \$ _____
_____	_____	☐ YES ☐ NO \$ _____
_____	_____	☐ YES ☐ NO \$ _____
_____	_____	☐ YES ☐ NO \$ _____
_____	_____	☐ YES ☐ NO \$ _____

1. Do you PAY Domestic Support? ☐ YES ☐ NO If you checked "YES," please complete 5 and/or 6:

2. SPOUSAL MAINTENANCE (Paid out by you):

Name of Payee: _____

Mailing Address: _____

If payments are routed through a state agency, please provide the following:

State Agency: _____

Mailing Address: _____

Monthly Payment Amount: \$ _____

3. CHILD SUPPORT (Paid out by you):

Name of Child: _____

Mailing Address: _____

If payments are routed through a state agency, please provide the following:

State Agency: _____

Mailing Address: _____

Monthly Payment Amount: \$ _____

Name of Child: _____

Mailing Address: _____

If payments are routed through a state agency, please provide the following:

State Agency: _____

Mailing Address: _____

Monthly Payment Amount: \$ _____

Name of Child: _____

Mailing Address: _____

If payments are routed through a state agency, please provide the following:

State Agency: _____

Mailing Address: _____

Monthly Payment Amount: \$ _____

Name of Child: _____

Mailing Address: _____

If payments are routed through a state agency, please provide the following:

State Agency: _____

Mailing Address: _____

Monthly Payment Amount: \$ _____

Name of Child: _____

Mailing Address: _____

If payments are routed through a state agency, please provide the following:

State Agency: _____

Mailing Address: _____

Monthly Payment Amount: \$ _____

Name of Child: _____

Mailing Address: _____

If payments are routed through a state agency, please provide the following:

State Agency: _____

Mailing Address: _____

Monthly Payment Amount: \$ _____

4. MONTHLY LIVING EXPENSES

	Debtor 1	(If living apart) Debtor 2
Mortgage or Rental Payment:	\$ _____	\$ _____
Taxes included in mortgage? ☐ YES ☐ No	_____	_____
Insurance included in mortgage? ☐ YES ☐ No	_____	_____
Property, Homeowner, or Renter Insurance:	_____	_____
Home maintenance, repair, and upkeep expenses:	_____	_____
Homeowner Association or Condominium Dues:	_____	_____
Additional mortgage payments (e.g., home equity loan):	_____	_____
Electricity, Heat, Natural Gas:	_____	_____
Water, Sewer, Garbage Collection:	_____	_____
Telephone, Cell Phone, Internet, Satellite, & Cable:	_____	_____
Other Utilities: _____	_____	_____
Food & Housekeeping Supplies:	_____	_____
Childcare and Child's Education Costs:	_____	_____
Clothing, Laundry & Dry Cleaning Costs:	_____	_____
Personal Care Products and Services:	_____	_____
Medical and Dental Expenses:	_____	_____
Transportation (include gas, maintenance, bus fare (but not payments):	_____	_____
Entertainment, clubs, recreation, newspapers, magazines & books:	_____	_____
Charitable Contributions and Religious Donations	_____	_____
Insurance not deducted from wages:		
Life Insurance:	_____	_____
Health Insurance:	_____	_____
Vehicle Insurance:	_____	_____

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Other Insurance: _____

Taxes not included in wages: _____

Other Taxes: _____

Car Payment (Vehicle 1): _____

Car Payment (Vehicle 2): _____

Car Payment (Vehicle 3): _____

Other Installment or Lease Payments: _____

Alimony, Maintenance and Support Payments:
(not deducted from pay) _____

Other Support Payments:
(to support others who do not live with you) _____

Other Real Property Expenses:

 Mortgages on other property: _____

 Real Estate Taxes: _____

 Property, Homeowner's, or Renter's Insurance: _____

 Maintenance, Repair or Upkeep Expenses: _____

 Homeowner's Association or Condominium Dues: _____

Other Expenses: _____

5. Do you expect an increase or decrease in income within one year after this form is filed?
☐ YES ☐ NO. If "yes," please explain:

6. Provide the expenses for support of elderly chronically ill or disabled members of your household or immediate family who are unable to pay such expenses themselves:

7. Provide information regarding any regular contributions to a health savings plan:

8. Provide information regarding expenses to maintain safety from domestic violence:

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9. Provide information regarding school expenses for each child under 18, up to \$1,500 per year:

IX. FINANCIAL AFFAIRS

- a. **PRIOR ADDRESSES:** List all the places you have lived in the past three (3) years. Do not list your current address.

1. Address: _____

Date you moved in: _____ Date you moved out: _____

2. Address: _____

Date you moved in: _____ Date you moved out: _____

3. Address: _____

Date you moved in: _____ Date you moved out: _____

- b. **PAYMENTS TO ORDINARY CREDITORS:** If you have made any payment over \$600 to any creditor in the last 90 days, please list the following information.

1. Name of Creditor: _____

Address of Creditor: _____

Payment Amounts: _____

Dates Paid: _____

Balance Owed: _____

Payment for: ☐ Mortgage ☐ Vehicle ☐ Other: _____

2. Name of Creditor: _____

Address of Creditor: _____

Payment Amounts: _____

Dates Paid: _____

Balance Owed: _____

Payment for: ☐ Mortgage ☐ Vehicle ☐ Other: _____

- c. **PAYMENTS TO INSIDERS.** Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider, e.g., family member, friend, business associate?

1. Name of Insider: _____
Address of Creditor: _____
Dates of Payment: _____
Amount Paid: _____
Amount Still Owed: _____
Reason for Payment: _____

- d. **PAYMENTS BENEFITTING INSIDERS.** Within 1 year before you filed for 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.

1. Name of Insider: _____
Address of Creditor: _____
Dates of Payment: _____
Amount Paid: _____
Amount Still Owed: _____
Reason for Payment: _____

- e. **LAWSUITS, COURT ACTION, OR ADMINISTRATIVE PROCEEDING.**

1. Case Title: _____
Case Number: _____
Nature of the Case: _____
Court Name: _____
Court Address: _____
Status of the Case: ☐ Pending ☐ On Appeal ☐ Concluded ☐ N/A

2. Case Title: _____
Case Number: _____
Nature of the Case: _____
Court Name: _____
Court Address: _____
Status of the Case: ☐ Pending ☐ On Appeal ☐ Concluded ☐ N/A

3. Case Title: _____
Case Number: _____
Nature of the Case: _____
Court Name: _____
Court Address: _____
Status of the Case: ☐ Pending ☐ On Appeal ☐ Concluded ☐ N/A

4. Case Title: _____
Case Number: _____
Nature of the Case: _____
Court Name: _____
Court Address: _____
Status of the Case: ☐ Pending ☐ On Appeal ☐ Concluded ☐ N/A

f. PROPERTY REPOSSESSED, FORECLOSED, GARNISHED, ATTACHED, SEIZED, OR LEVIED (1 YEAR)

1. Creditor: _____
Address: _____
Description of Property: _____
☐ Repossessed ☐ Foreclosed ☐ Garnished ☐ Attached, Seized, or Levied
Date: _____ Value of Property: _____

2. Creditor: _____
Address: _____
Description of Property: _____
☐ Repossessed ☐ Foreclosed ☐ Garnished ☐ Attached, Seized, or Levied
Date: _____ Value of Property: _____

g. CREDITOR SETOFF OR REFUSAL TO MAKE PAYMENTS (90 DAYS)

Within 90 days before you filed for 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?

1. Creditor: _____
Address: _____
Describe the Action the Creditor took: _____
Amount: \$ _____ Last 4 Digits of Account No.: _____

2. Creditor: _____
Address: _____
Describe the Action the Creditor took: _____
Amount: \$ _____ Last 4 Digits of Account No.: _____

h. ASSIGNMENT OF PROPERTY FOR THE BENEFIT OF CREDITORS

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

☐ NO ☐ YES

i. GIFTS. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

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

1. Recipient: _____
Address: _____
Relationship to Debtor (if any): _____
Description of Gift: _____
Dates you gave the gift(s): _____
Value of gift(s): _____

2. Recipient: _____
Address: _____
Relationship to Debtor (if any): _____
Description of Gift: _____
Dates you gave the gift(s): _____
Value of gift(s): _____

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- j. **CHARITABLE CONTRIBUTIONS (2 YEARS).** 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?

1. Recipient: _____
Address: _____
Describe the Contribution: _____

Dates you contributed: _____
Value of contribution: _____

2. Recipient: _____
Address: _____
Describe the Contribution: _____

Dates you contributed: _____
Value of contribution: _____

k. **LOSSES FROM THEFT, FIRE, OTHER DISASTER, OR GAMBLING (1 YEAR)**

1. Describe the property and how the loss occurred: _____

Describe any insurance coverage: _____

Date(s) of Loss: _____ Value of Lost Property: \$ _____

2. Describe the property and how the loss occurred: _____

Describe any insurance coverage: _____

Date(s) of Loss: _____ Value of Lost Property: \$ _____

l. **PAYMENTS RELATED TO BANKRUPTCY (1 YEAR).**

1. Recipient: _____
Address: _____
Email or Website: _____
Describe the Transaction: _____

Date Payment Made: _____ Payment Amount: \$ _____

2. Recipient: _____
Address: _____
Email or Website: _____
Describe the Transaction: _____

Date Payment Made: _____ Payment Amount: \$ _____

m. PAYMENTS FOR HELP DEALING WITH CREDITORS (1 YEAR).

Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you with your creditors?

1. Recipient: _____
Address: _____
Describe the Transaction: _____

Date Payment Made: _____ Payment Amount: \$ _____

2. Recipient: _____
Address: _____
Describe the Transaction: _____

Date Payment Made: _____ Payment Amount: \$ _____

n. PROPERTY TRANSFERS OUTSIDE THE NORMAL COURSE OF BUSINESS (2 YEARS).

Within 2 years before filing bankruptcy, did you sell, trade, or transfer any property to anyone, other than property transferred in the ordinary course of business or financial affairs?

Include both outright transfers and transfers made as security (such as granting a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

1. Recipient: _____
Address: _____
Relationship to Debtor (if any): _____
Description and Value of Property Transferred: _____

Date of Transfer: _____

2. Recipient: _____
Address: _____
Relationship to Debtor (if any): _____
Description and Value of Property Transferred: _____

Date of Transfer: _____

o. SELF-SETTLED TRUSTS OF WHICH THE DEBTOR IS A BENEFICIARY (10 YEARS).

Within 10 years before you filed for 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: _____
Description and Value of Property Transferred: _____

Date of Transfer: _____

p. CLOSED FINANCIAL ACCOUNTS (1 YEAR).

Within 1 year before you filed for 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, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, and other financial institutions.

1. Institution: _____
Address: _____
Last 4 digits of Account No.: _____
Date Account was closed or transferred: _____
Last balance before closing: _____

Institution: _____
Address: _____
Last 4 digits of Account No.: _____
Date Account was closed or transferred: _____
Last balance before closing: _____

3. Institution: _____
Address: _____
Last 4 digits of Account No.: _____
Date Account was closed or transferred: _____
Last balance before closing: _____

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q. SAFE DEPOSIT BOXES.

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

Institution: _____

Address: _____

Names and addresses of those with access to box or depository: _____

Describe the Contents: _____

Do you still have it? ☐ YES ☐ NO

r. PROPERTY STORED IN PLACE OTHER THAN DEBTOR'S HOME (1 YEAR).

Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

Storage Facility: _____

Address: _____

Names and addresses of those with access to the storage facility: _____

Describe the Contents: _____

Do you still have it? ☐ YES ☐ NO

s. PROPERTY HELD FOR ANOTHER PERSON

Include any property you borrowed from, are storing for, or hold in trust for someone.

Owner: _____

Address: _____

Address where property is located: _____

Describe the property: _____

Value of the property: \$ _____

t. NOTICE OF LIABILITY UNDER ENVIRONMENTAL LAW.

Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

Site: _____

Address of site: _____

Governmental Unit and Address: _____

Environmental Law Referenced (if you know it): _____

Date of Notice: _____

u. NOTICE OF HAZARDOUS MATERIAL RELEASE.

Complete the information requested for 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.

Site: _____

Address of site: _____

Governmental Unit and Address: _____

Environmental Law Referenced (if you know it): _____

Date of Notice: _____

v. JUDICIAL OR ADMINISTRATIVE PROCEEDING UNDER ANY ENVIRONMENTAL LAW.

Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

1. Case Title: _____

Case Number: _____

Nature of the Case: _____

Court Name: _____

Court Address: _____

Status of the Case: ☐ Pending ☐ On Appeal ☐ Concluded ☐ N/A

w. OWNERSHIP OR CONNECTIONS TO A BUSINESS (4 YEARS)

- 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.

1. Business: _____
Address: _____
Nature of the business: _____
Accountant/Bookkeeper Name: _____
Employer Identification No.: _____
Dates businesses existed: From: _____ to _____
☐ Part-Time Business ☐ Full-Time Business
Are you a Sole Proprietor? ☐ YES ☐ NO

2. Business: _____
Address: _____
Nature of the business: _____
Accountant/Bookkeeper Name: _____
Employer Identification No.: _____
Dates businesses existed: From: _____ to _____
☐ Part-Time Business ☐ Full-Time Business
Are you a Sole Proprietor? ☐ YES ☐ NO

x. PARTIES TO WHOM FINANCIAL STATEMENT WAS GIVEN (2 YEARS).

1. Name: _____
Address: _____
Date Issued: _____

2. Name: _____
Address: _____
Date Issued: _____

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****DO NOT COMPLETE THE FOLLOWING SECTION IF FILING AS AN INDIVIDUAL****

X. FINANCIAL AFFAIRS PERTAINING TO BUSINESS FILINGS.

A. GROSS REVENUE FROM BUSINESS (LAST 2 YEARS).

Year: _____ \$ _____

Year: _____ \$ _____

B. NON-BUSINESS REVENUE (LAST 2 YEARS).

Include revenue regardless of whether that revenue is taxable. Non-business income may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include gross revenue from Section A above.

Year: _____ Source: _____ \$ _____

Year: _____ Source: _____ \$ _____

Year: _____ Source: _____ \$ _____

Year: _____ Source: _____ \$ _____

C. ASSIGNMENTS AND RECEIVERSHIPS (1 YEAR).

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

1. Creditor: _____

Address: _____

Description of Property: _____

Value of Property: _____ Case Number: _____

Case Title: _____

Date of Order: _____

Court Name: _____

Court Address: _____

D. COLLECTION OF CUSTOMER PERSONALLY IDENTIFIABLE INFORMATION

Does the debtor collect and retain personally identifiable information of customers? If so, state the nature of the information collected and retained.

☐ YES ☐ NO

Nature of Information Collected: _____.

**E. EMPLOYEE PARTICIPATION IN PENSION OR PROFIT-SHARING PLAN
(6 YEARS).**

Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit? ☐ YES ☐ NO If YES:

Is Debtor the Plan Administrator? ☐ YES ☐ NO

Has the Plan been terminated? ☐ YES ☐ NO

Name of Plan: _____

EIN of Plan: _____

**F. OWNERSHIP, PARTNERSHIP, MEMBERSHIP, OR CONTROL OF BUSINESS
(6 YEARS).**

1. Business: _____
Address: _____
Nature of the business: _____
Accountant/Bookkeeper Name: _____
Employer Identification No. _____
Dates businesses existed From: _____ to _____.
☐ Part-Time Business ☐ Full-Time Business
Are you a Sole Proprietor? ☐ YES ☐ NO

2. Business: _____
Address: _____
Nature of the business: _____
Accountant/Bookkeeper Name: _____
Employer Identification No. _____
Dates businesses existed From: _____ to _____.
☐ Part-Time Business ☐ Full-Time Business
Are you a Sole Proprietor? ☐ YES ☐ NO

G. BOOKS, RECORDS, AND FINANCIAL STATEMENTS

**1. ACCOUNTANTS AND BOOKKEEPERS WHO MAINTAINED DEBTOR'S
BOOKS AND RECORDS WITHIN 2 YEARS OF FILING THIS CASE.**

Name: _____

Address: _____

Dates of Service: _____

Name: _____

Address: _____

Dates of Service: _____

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2. FIRMS/INDIVIDUALS WHO HAVE AUDITED BOOKS (2 YEARS).

Name: _____

Address: _____

Dates of Service: _____

Name: _____

Address: _____

Dates of Service: _____

3. FIRMS/INDIVIDUALS POSSESSING BOOKS OF ACCOUNT AND RECORDS.

Name: _____

Address: _____

Dates of Service: _____

Name: _____

Address: _____

Dates of Service: _____

4. PARTIES TO WHOM A FINANCIAL STATEMENT WAS ISSUED (2 YEARS)

Name: _____

Address: _____

Dates of Service: _____

Name: _____

Address: _____

Dates of Service: _____

H. INVENTORIES (2 YEARS)

Have any inventories of the debtor's property been taken within 2 years before filing this case? Give the details about the two most recent inventories.

Name of Supervisor: _____ **Date of Inventory:** _____

Dollar Amount and Basis (Cost or Retail): _____

Name of Possessor: _____

Address: _____

Name of Supervisor: _____ **Date of Inventory:** _____

Dollar Amount and Basis (Cost or Retail): _____

Name of Possessor: _____

Address: _____

I. CURRENT OFFICERS, DIRECTORS, MEMBERS, PARTNERS, AND SHAREHOLDERS

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1. Name: _____
Address: _____
Position and Nature of Interest: _____
% of Interest: _____

2. Name: _____
Address: _____
Position and Nature of Interest: _____
% of Interest: _____

3. Name: _____
Address: _____
Position and Nature of Interest: _____
% of Interest: _____

4. Name: _____
Address: _____
Position and Nature of Interest: _____
% of Interest: _____

J. FORMER OFFICERS, DIRECTORS, MEMBERS, PARTNERS, AND SHAREHOLDERS (1 YEAR).

1. Name: _____
Address: _____
Position and Nature of Interest: _____
% of Interest: _____

2. Name: _____
Address: _____
Position and Nature of Interest: _____
% of Interest: _____

K. INSIDER PAYMENTS, DISTRIBUTIONS, OR WITHDRAWALS (1 YEAR)

1. Recipient: _____
Address: _____
Relationship to Debtor: _____
Amount or Description and Value: _____
Dates: _____
Reason for Providing: _____

2. Recipient: _____
Address: _____
Relationship to Debtor: _____
Amount or Description and Value: _____
Dates: _____
Reason for Providing: _____

3. Recipient: _____
Address: _____
Relationship to Debtor: _____
Amount or Description and Value: _____
Dates: _____
Reason for Providing: _____

4. Recipient: _____
Address: _____
Relationship to Debtor: _____
Amount or Description and Value: _____
Dates: _____
Reason for Providing: _____

L. MEMBERSHIP IN CONSOLIDATED GROUP FOR TAX PURPOSES (6 YEARS).

Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Name of Parent Co.: _____ EIN: _____

M. CONTRIBUTIONS TO PENSION FUND (6 YEARS).

Name of Pension Fund: _____ EIN: _____