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**BANKRUPTCY INTAKE FORM**

Date of initial consultation \_\_\_\_\_ Fee for services rendered \_\_\_\_\_  
Subsequent consultations \_\_\_\_\_ Court filing fee \_\_\_\_\_  
Chapter (7, 11, 12, 13) \_\_\_\_\_ Additional fees \_\_\_\_\_  
Exemptions \_\_\_\_\_ Filing: Jointly \_\_\_\_\_ Individually \_\_\_\_\_

Name of Debtor \_\_\_\_\_ SS# \_\_\_\_\_  
(First, Middle Initial, Last)  
Other names used in the past 6 years? \_\_\_\_\_

Present address \_\_\_\_\_  
\_\_\_\_\_

Mailing address (if different) \_\_\_\_\_  
\_\_\_\_\_

Home telephone \_\_\_\_\_  
Business telephone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Cell (Joint Debtor) \_\_\_\_\_  
Email Address \_\_\_\_\_

Name of Spouse (Joint Debtor) \_\_\_\_\_ SS# \_\_\_\_\_

Other names used in the past 6 years? \_\_\_\_\_

Present address \_\_\_\_\_  
\_\_\_\_\_

Mailing address (if different) \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU FILED A PREVIOUS BANKRUPTCY? YES \_\_\_ NO \_\_\_  
Date filed \_\_\_\_\_ Case number \_\_\_\_\_  
Case still pending? \_\_\_\_\_ If no, disposition \_\_\_\_\_  
Location \_\_\_\_\_

HAS YOUR PRESENT OR FORMER SPOUSE EVER FILED A BANKRUPTCY? YES \_\_\_ NO \_\_\_  
Date filed \_\_\_\_\_ Case number \_\_\_\_\_  
Case still pending? \_\_\_\_\_ If no, disposition \_\_\_\_\_  
Location \_\_\_\_\_

**Do you own a Home? If yes, please complete the following:**

Description and location of property: \_\_\_\_\_  
Address: \_\_\_\_\_

Is this your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
How is property held? Husband \_\_\_\_\_ Wife \_\_\_\_\_ Jointly \_\_\_\_\_  
Other (Please Specify) \_\_\_\_\_

What is the current Market Value? \_\_\_\_\_

**First Mortgage**

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Account # \_\_\_\_\_  
Date Incurred (Month/Year) \_\_\_\_\_

What is the principal balance? \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Includes Property Taxes? (Y/N) \_\_\_\_\_ Includes Homeowner's Insurance? (Y/N) \_\_\_\_\_  
Have you missed any mortgage payments? \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
Amount of Arrears/Outstanding Debt \_\_\_\_\_ Mortgagor(s) \_\_\_\_\_  
Name, address and telephone number of attorney for Mortgage Company, if any \_\_\_\_\_

**Second Mortgage/Home Equity Loan/Home Equity Line of Credit**

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Account # \_\_\_\_\_  
Date Incurred (Month/Year) \_\_\_\_\_

What is the principal balance? \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Have you missed any mortgage payments? \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
Amount of Arrears/Outstanding Debt \_\_\_\_\_ Borrower(s) \_\_\_\_\_  
Name, address and telephone number of attorney for Mortgage Company, if any \_\_\_\_\_

**Any Other Mortgages**

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Account # \_\_\_\_\_  
Date Incurred (Month/Year) \_\_\_\_\_

What is the principal balance? \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Have you missed any mortgage payments? \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
Amount of Arrears/Outstanding Debt \_\_\_\_\_ Obligor(s) \_\_\_\_\_  
Name, address and telephone number of attorney for Mortgage Company, if any \_\_\_\_\_

Do you own any other real property? \_\_\_\_\_

**PERSONAL PROPERTY INFORMATION**

<b><u>TYPE OF PROPERTY</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>MARKET VALUE</u></b>	
1. Cash on hand		_____	
2. Deposits:			
Account Type	Bank Name	Last 4 of Acct No.	Balance Acct Holder
Savings account	_____	_____	_____
Checking account	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
3. Security deposits held by landlord, public utilities, or others.	_____	_____	
4. Household Goods & Furnishings	_____	_____	
5. Books, Pictures, Collectibles	_____	_____	
6. Wearing Apparel	_____	_____	
7. Furs & Jewelry	_____	_____	
8. Firearms, sports, photographic, or other hobby equipment.	_____	_____	
9. Life Insurance Policies:			
Name of Company	_____	Name of Company	_____
Whole life OR Term	_____	Whole life OR Term	_____
Cash surrender value	_____	Cash surrender value	_____
Policy Holder	_____	Policy Holder	_____
10. Annuities			
Provider/Service		Value	Holder
_____		_____	_____
_____		_____	_____
11. Education Savings Accounts (Education IRA/Coverdell ESA/529 Plans)			
Provider/Service		Value	Holder
_____		_____	_____
_____		_____	_____
12. IRA, 401(k), 403(b), ERISA, Keogh, or other Pension/Profit Sharing plan. Please specify:			
Provider/Service - Type of Retirement Plan		Value	Holder
_____		_____	_____
_____		_____	_____
_____		_____	_____

**TYPE OF PROPERTY**

**DESCRIPTION**

**MARKET VALUE**

13&14. Do you have any interests in incorporated, unincorporated, partnerships or any kind of business venture? If so, please specify and approximate the value of such interest.

Company Name \_\_\_\_\_  
Percent Ownership \_\_\_\_\_ Owner(s) \_\_\_\_\_

Company Name \_\_\_\_\_  
Percent Ownership \_\_\_\_\_ Owner(s) \_\_\_\_\_

Company Name \_\_\_\_\_  
Percent Ownership \_\_\_\_\_ Owner(s) \_\_\_\_\_

13. Stocks – Provide names \_\_\_\_\_  
of stock(s) & number of \_\_\_\_\_  
shares or name of the \_\_\_\_\_  
brokerage account(s) \_\_\_\_\_

15. Government or Corporate Bonds \_\_\_\_\_

16. Accounts receivable \_\_\_\_\_  
\_\_\_\_\_

17. Alimony, maintenance or child support \_\_\_\_\_  
to which **you** are entitled arrears. \_\_\_\_\_

18. Are you anticipating an income tax refund? Y \_\_\_ N \_\_\_ IRS \_\_\_\_\_  
NYS \_\_\_\_\_

Do you receive money from any other source?  
\_\_\_\_\_

19. Equitable or future interests, life estates, and rights and powers exercisable for your benefit other than those listed on page 2 as real property.  
\_\_\_\_\_

20. Contingent and non-contingent interest in estate of a decedent, death benefit plan, life insurance policy or trust.  
\_\_\_\_\_

21. Other contingent and unliquidated claims of any nature, including tax refunds, counter-claims of the debtor, and rights to setoff claims.  
\_\_\_\_\_

22. Patents, copyrights, and other intellectual property.  
\_\_\_\_\_

23. Licenses, franchises, and other general intangibles.  
\_\_\_\_\_

24. Customer Lists  
\_\_\_\_\_

25. Autos, trucks, etc.

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

Is this car subject to a lien \_\_\_\_\_ lease agreement \_\_\_\_\_ Balance/Lease end date \_\_\_\_\_

Autos, trucks, etc.

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

Is this car subject to a lien \_\_\_\_\_ lease agreement \_\_\_\_\_ Balance/Lease end date \_\_\_\_\_

Autos, trucks, etc.

Make: \_\_\_\_\_ KBB Value: \_\_\_\_\_

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Mileage: \_\_\_\_\_

Is this car subject to a lien \_\_\_\_\_ lease agreement \_\_\_\_\_ Balance/Lease end date \_\_\_\_\_

26. Boats, motors, etc.

Make: \_\_\_\_\_ NADA Value \_\_\_\_\_

Year \_\_\_\_\_ Model: \_\_\_\_\_

Subject to a lien? \_\_\_\_\_ lease agreement? \_\_\_\_\_ Balance/Lease End Date \_\_\_\_\_

27. Aircraft and accessories

\_\_\_\_\_

28. Office equipment, furnishings, and supplies

\_\_\_\_\_

29. Machinery, fixtures, equipment and supplies

\_\_\_\_\_

30. Inventory

\_\_\_\_\_

31. Animals

\_\_\_\_\_

32. Crops, growing or harvested

\_\_\_\_\_

33. Farming equipment and implements

\_\_\_\_\_

34. Farm supplies, chemicals, and feed

\_\_\_\_\_

35. Other personal property of any kind not already listed such as timeshare, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU OWN A CAR? IF YES, COMPLETE THE FOLLOWING**

Year, make, model, and style of car \_\_\_\_\_  
Kelley Blue Book Used Car Private Party Market Value \_\_\_\_\_  
Is this car owned by husband, wife, jointly or other party, please specify. \_\_\_\_\_

Is this vehicle subject to a lien \_\_\_\_\_ or lease \_\_\_\_\_

Name of lender \_\_\_\_\_

Address \_\_\_\_\_

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

If lien, principal balance due \_\_\_\_\_

If lease, when did lease begin? \_\_\_\_\_ When does it end (mm/yyyy)? \_\_\_\_\_

What are the monthly payments? \_\_\_\_\_ Past Due Amount \_\_\_\_\_

Have you missed any payments? \_\_\_\_\_ If yes how many? \_\_\_\_\_

Are there any other persons who are co-obligors on the above? If so please state.

Name and address \_\_\_\_\_

**DO YOU OWN A SECOND CAR? IF YES, COMPLETE BELOW:**

Year, make, model, and style of car \_\_\_\_\_  
Kelley Blue Book Used Car Private Party Market Value \_\_\_\_\_  
Is this car owned by husband, wife, jointly or other party, please specify. \_\_\_\_\_

Is this vehicle subject to a lien \_\_\_\_\_ or lease \_\_\_\_\_

Name of lender \_\_\_\_\_

Address \_\_\_\_\_

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

If lien, principal balance due \_\_\_\_\_

If lease, when did lease begin? \_\_\_\_\_ When does it end (mm/yyyy)? \_\_\_\_\_

What are the monthly payments? \_\_\_\_\_ Past Due Amount \_\_\_\_\_

Have you missed any payments? \_\_\_\_\_ If yes how many? \_\_\_\_\_

Are there any other persons who are co-obligors on the above? If so please state.

Name and address \_\_\_\_\_

**DO YOU OWN A THIRD CAR OR BOAT? IF YES, COMPLETE BELOW:**

Year, make and model of car \_\_\_\_\_  
Kelley Blue Book Used Car Private Party/NADA Guide Market Value Is \_\_\_\_\_  
this car owned by husband, wife, jointly or other party, please specify. \_\_\_\_\_

Is this vehicle subject to a lien \_\_\_\_\_ or lease \_\_\_\_\_

Name of lender \_\_\_\_\_

Address \_\_\_\_\_

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

If lien, principal balance due \_\_\_\_\_

If lease, when did lease begin? \_\_\_\_\_ When does it end (mm/yyyy)? \_\_\_\_\_

What are the monthly payments? \_\_\_\_\_ Past Due Amount \_\_\_\_\_

**DO YOU OWE TAXES OR PENALTIES TO GOVERNMENTAL UNITS**

Government Agency Owed (ex. IRS, NYS) \_\_\_\_\_  
Address (If local government) \_\_\_\_\_  
\_\_\_\_\_  
Type of Claim (ex. Income Tax, Property Tax) \_\_\_\_\_  
Year(s) Debt Incurred \_\_\_\_\_  
Responsible Party (ex. Husband, Wife, Joint) \_\_\_\_\_  
Amount Owed \_\_\_\_\_

Government Agency Owed (ex. IRS, NYS) \_\_\_\_\_  
Address (If local government) \_\_\_\_\_  
\_\_\_\_\_  
Type of Claim (ex. Income Tax, Property Tax) \_\_\_\_\_  
Year(s) Debt Incurred \_\_\_\_\_  
Responsible Party (ex. Husband, Wife, Joint) \_\_\_\_\_  
Amount Owed \_\_\_\_\_

**DO YOU HAVE DOMESTIC SUPPORT OBLIGATIONS (ALIMONY, MAINTENANCE OR CHILD SUPPORT)**

Party Owed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Type of Claim (ex. Child Support, Maintenance) \_\_\_\_\_  
Year(s) Debt Incurred \_\_\_\_\_  
Monthly Amount Owed \_\_\_\_\_  
Past Due Amount Owed \_\_\_\_\_

**Are You A Party To Any Lease Agreements For Apartments, Storage, Equipment Or Other**

Other Party \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Description of Property (Storage, Timeshare, Apartment) \_\_\_\_\_  
Amount of Monthly Payment \_\_\_\_\_  
Date of Contract/Lease (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_  
Intent: Assume \_\_\_\_\_ OR Reject \_\_\_\_\_  
Account Number \_\_\_\_\_  
Additional Notes on Terms of Contract/Lease: \_\_\_\_\_  
\_\_\_\_\_

Other Party \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Description of Property (Storage, Timeshare, Apartment) \_\_\_\_\_  
Amount of Monthly Payment \_\_\_\_\_  
Date of Contract/Lease (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_  
Intent: Assume \_\_\_\_\_ OR Reject \_\_\_\_\_  
Account Number \_\_\_\_\_  
Additional Notes on Terms of Contract/Lease: \_\_\_\_\_  
\_\_\_\_\_

Name of Creditor \_\_\_\_\_  
Address \_\_\_\_\_  
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Zip \_\_\_\_\_  
Account# \_\_\_\_\_  
Balance Due \_\_\_\_\_  
Account Holder \_\_\_\_\_  
Co-Debtor \_\_\_\_\_  
Collection Agency or Attorney: \_\_\_\_\_  
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If extra room is needed to list creditors, please attach separate sheet.

**PERSONAL INCOME & EXPENSE INFORMATION**

Are you Married? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_ Single? \_\_\_\_\_ Widowed? \_\_\_\_\_

Your age \_\_\_\_\_ Age of Co-debtor \_\_\_\_\_

List all dependents:

<i>Name</i>	<i>Age</i>	<i>Live Together?(Y/N)</i>	<i>Relationship</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HUSBAND:**

What is your occupation or job title? \_\_\_\_\_

Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long with employer? \_\_\_\_\_

**WIFE:**

What is your occupation or job title? \_\_\_\_\_

Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long with employer? \_\_\_\_\_

**2<sup>ND</sup> EMPLOYER:**                      Husband    \_\_\_\_\_                      Wife    \_\_\_\_\_

What is your occupation or job title? \_\_\_\_\_

Name and address of employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long with employer? \_\_\_\_\_

*Do you have any other sources of income in the past year? (If so, please explain in detail)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME** *Include each spouse's regardless of whether filing or not*

**HUSBAND**

**WIFE**

How often are you paid?  
(Weekly, Bi-weekly, Semi-Monthly, Monthly, Sporadically)

\_\_\_\_\_

\_\_\_\_\_

**PER PAY PERIOD**

**Gross Wages**

*Deductions:*

Payroll Taxes

Retirement/Pension

Retirement Loans

Medical/Dental/Vision

Domestic Support Obligations

Union Dues

Life Insurance

Other (specify) \_\_\_\_\_

**Net Take Home Pay**

\_\_\_\_\_

\_\_\_\_\_

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**PER MONTH**

Income from operation of business

*Business Expenses*

Rental Income

*Rental Expenses*

Interest and dividends received

Alimony/Maintenance/Child Support payments received

Unemployment Compensation

Social Security or other government assistance

Pension or retirement income

Other monthly income (specify) \_\_\_\_\_

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**2<sup>ND</sup> Employer**

How often are you paid?

**Gross Wages**

*Deductions:*

Payroll Taxes

Retirement/Pension

Retirement Loans

Medical/Dental/Vision

Domestic Support Obligations

Union Dues

Life Insurance

Other (specify) \_\_\_\_\_

**Net Take Home Pay**

**PER PAY PERIOD**

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Is your employment subject to seasonal changes? If yes, give details below.

\_\_\_\_\_  
\_\_\_\_\_

Describe any increase or decrease of more 10% in any of the above categories anticipated, occur within the year following the filing of your bankruptcy petition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MONTHLY EXPENDITURES**

*If this is a joint petition and the debtors maintain separate households, please indicate the separate expenses for each debtor. Include **both** Husband & Wife's expenses regardless of whether filing or not.*

		<b>PER MONTH</b>
Rent ___ or Mortgage ___ Payment		_____
Real Estate Taxes	Included? Yes: _____ No: _____	_____
Homeowner's or Renter's Insurance	Included? Yes: _____ No: _____	_____
Home Maintenance (lawn care, pool, snow removal, repairs, etc.)		_____
Homeowner's Association or Condominium Dues		_____
Second Mortgage Payment		_____
Other Mortgage Payments		_____
Utilities:		
Electricity & Heat		_____
Water, Sewer, Garbage		_____
Telephone, Internet, Cable/Satellite		_____
Cell Phone		_____
Alarm		_____
Other - Specify: _____		_____
Food and Housekeeping Supplies		_____
Childcare		_____
Children's Education Costs		_____
Clothing, Laundry and Dry Cleaning		_____
Personal Care Products, Haircuts & Grooming		_____
Medical & Dental Expenses (co-pays, prescriptions, glasses, etc.)		_____
Transportation (gas, maintenance, bus/train, parking) <i>Not Car Payments</i>		_____
Recreation & Entertainment		_____
Charitable contributions		_____
Life Insurance ( <i>not deducted from wages</i> )		_____
Health Insurance ( <i>not deducted from wages</i> )		_____
Auto Insurance ( <i>not deducted from wages</i> )		_____
Other Insurance -Specify: _____		_____
Taxes: ( <i>not deducted from wages or included in monthly home mortgage payments</i> )		
Specify: _____		_____
Monthly car payment vehicle 1		_____
Monthly car payment vehicle 2		_____
Other installment payments _____		_____
Alimony/maintenance/support paid to others ( <i>not deducted from pay</i> )		_____
Payments for support of dependents not living with you		_____
Mortgages on Other Property		
Real Estate Taxes	Included? Yes: _____ No: _____	_____
Homeowner's or Renter's Insurance	Included? Yes: _____ No: _____	_____
Home Maintenance (lawn care, pool, snow removal, repairs, etc.)		_____
Homeowner's Association or Condominium Dues		_____
Other miscellaneous expenses:		
Pet & Vet Expenses		_____
Cigarettes		_____
Student Loans		_____
Timeshare Maintenance		_____
Total Minimum Payments on Non-Filing Spouse's Credit Cards		_____
Other _____		_____

**STATEMENT OF FINANCIAL AFFAIRS**

Please complete the following information as accurately as possible. Where necessary, please include dates and the names and addresses of individuals or firms.

1. What was your gross income from employment or operation of business for the current year-to-date and two (2) years prior? Include co-debtor income if joint petition.

Debtor:	Current Yr: _____	Last Year _____	2 Years Ago _____
Co-Debtor:	Current Yr: _____	Last Year _____	2 Years Ago _____

2. Income other than from employment or operation of business.

Specify:

Debtor:	Current Yr: _____	Last Year _____	2 Years Ago _____
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Specify:

Co-Debtor:	Current Yr: _____	Last Year _____	2 Years Ago _____
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3a. List payments to creditors made within the past ninety (90) days, exceeding \$600.00.

(Do not include payments for mortgages, car loans or lease agreements)

Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____

3c. List all payments made within one year immediately preceding the commencement of this case to, or for the benefit of creditors who were insiders or family members.

Creditor	_____	Date	_____	Amount	_____
Creditor	_____	Date	_____	Amount	_____

4a. List all suits to which the debtor is or was a party to within one year immediately preceding the filing of this petition.

Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____
Creditor	_____	Case #	_____	Court	_____

4b. Describe all property which has been attached, garnished, or seized in the past year.

Creditor	_____	Date	_____	Description/Value	_____
Creditor	_____	Date	_____	Description/Value	_____
Creditor	_____	Date	_____	Description/Value	_____

5. List all property that has been repossessed by a creditor, sold at foreclosure sale, or transferred to the seller in the past year.

Creditor \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_  
Creditor \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_  
Creditor \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_

6a. Describe any assignment of property for the benefit of creditors made within 120 days prior to the filing of this petition.

Assignee \_\_\_\_\_ Date \_\_\_\_\_ Terms \_\_\_\_\_  
Assignee \_\_\_\_\_ Date \_\_\_\_\_ Terms \_\_\_\_\_

6b. List all property which has been in the hands of a custodian, receiver, or -courtappointed official, within one year prior to the filing of this petition.

Name \_\_\_\_\_ Court \_\_\_\_\_ Case Title & Number \_\_\_\_\_  
Date of Order \_\_\_\_\_ Description/Value \_\_\_\_\_  
Name \_\_\_\_\_ Court \_\_\_\_\_ Case Title & Number \_\_\_\_\_  
Date of Order \_\_\_\_\_ Description/Value \_\_\_\_\_

7. List all gifts or charitable contributions made within one year prior except ordinary and usual gifts to family members aggregating less than 200.00.

Organization \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_  
Organization \_\_\_\_\_ Date \_\_\_\_\_ Description/Value \_\_\_\_\_

8. List all losses from fire, theft, other casualty, or gambling within one year prior to the filing of this petition.

Description/Value \_\_\_\_\_ Date \_\_\_\_\_ Covered by Insurance? Y \_\_\_ N \_\_\_  
Description of Circumstances \_\_\_\_\_  
Description/Value \_\_\_\_\_ Date \_\_\_\_\_ Covered by Insurance? Y \_\_\_ N \_\_\_  
Description of Circumstances \_\_\_\_\_

9. List all payments or property transferred by or on behalf of the debtor to any persons, including this firm or other attorneys for consultation concerning debt consolidation or relief

under the bankruptcy law. Payee \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
Payee \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

10. List all property transferred by debtor within the prior year.

Name of Transferee \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_\_  
Property Transferred \_\_\_\_\_ Value Received \_\_\_\_\_  
Name of Transferee \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_\_  
Property Transferred \_\_\_\_\_ Value Received \_\_\_\_\_  
Name of Transferee \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_\_  
Property Transferred \_\_\_\_\_ Value Received \_\_\_\_\_

11. List all bank accounts which have been closed within the past year (name of bank, type of account, account number, month closed, and closing balance).

Bank \_\_\_\_\_ Account Type \_\_\_\_\_ Account # \_\_\_\_\_ When \_\_\_\_\_ Balance \_\_\_\_\_  
Bank \_\_\_\_\_ Account Type \_\_\_\_\_ Account # \_\_\_\_\_ When \_\_\_\_\_ Balance \_\_\_\_\_  
Bank \_\_\_\_\_ Account Type \_\_\_\_\_ Account # \_\_\_\_\_ When \_\_\_\_\_ Balance \_\_\_\_\_

12. List any safe deposit box, its location and description of contents which you have or had within the past year.

Bank \_\_\_\_\_ Location \_\_\_\_\_ Contents \_\_\_\_\_

13. Has any creditor or bank withdrew money from your bank within the past 90 days without your permission.

Creditor \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

14. List all property owned by another person that you hold or control.

Owner \_\_\_\_\_ Location \_\_\_\_\_ Description/Value \_\_\_\_\_  
Owner \_\_\_\_\_ Location \_\_\_\_\_ Description/Value \_\_\_\_\_

15. If you have moved within the past two (2) years, list the address, duration of residence there and the name used.

Address \_\_\_\_\_ From (Month/Year) \_\_\_\_\_  
\_\_\_\_\_ To (Month/Year) \_\_\_\_\_  
Address \_\_\_\_\_ From (Month/Year) \_\_\_\_\_  
\_\_\_\_\_ To (Month/Year) \_\_\_\_\_

16. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the **eight (8) year period** immediately preceding the commencement of this case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

Name of Spouse \_\_\_\_\_

**IF THE DEBTOR IS OR WAS ENGAGED IN A BUSINESS WITHIN 6 YEARS PRIOR TO THIS DATE OR HAS BEEN ENGAGED IN BUSINESS AS AN OFFICER, DIRECTOR, MANAGING EXECUTIVE OR PERSON IN CONTROL OF A CORPORATION, A PARTNER (OTHER THAN A LIMITED PARTNER), OF A PARTNERSHIP, OR SOLE PROPRIETOR OR SELF-EMPLOYED, CONTINUE AND ANSWER QUESTION 18**

18. Nature, location, and name of business.

- If the debtor is an individual, list the names and addresses of all businesses in which the debtor was involved as a principal.

- If the debtor is a partnership, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

- If the debtor is a corporation, list the names and addresses of all businesses in which the debtor was a partner or owned 5% or more of the voting securities.

Name \_\_\_\_\_ EIN \_\_\_\_\_

Address \_\_\_\_\_

Nature of Business \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending \_\_\_\_\_

Name \_\_\_\_\_ EIN \_\_\_\_\_

Address \_\_\_\_\_

Nature of Business \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending \_\_\_\_\_