

Date: _____
Copy of D/L: _____
Copy of SS/card _____

Email address: _____
Email address: _____
Central District free credit counseling:
<http://www.consumerbankruptcy counseling.info/>

Debtor

Spouse

AKA: _____

AKA: _____

Social Security Number: _____

Home phone: _____

Work phone: _____

Street address of debtor (no post office box)

County of Residence: _____

Mailing address of debtor (if different from above)

Prior Bankruptcy Case(s):

Location Filed: _____

Location Filed: _____

Case Number: _____

Case Number: _____

Chapter _____

Chapter _____

Date filed: _____

Date filed: _____

**Pending Bankruptcy Case(s) Filed by any Spouse,
Partner, or Affiliate of the Debtor:**

Name of Debtor _____

Name of Debtor _____

Relationship _____

Relationship _____

Case Number _____

Case Number _____

Chapter _____

Chapter _____

Date filed _____

Date filed _____

1. INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS:

PERIOD	SOURCE	Debtor Amount	Spouse Amount
CURRENT YEAR (to date)	_____	_____	_____
PRIOR YEAR	_____	_____	_____
YEAR BEFORE LAST	_____	_____	_____

2. INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF A BUSINESS:

(State amount of income received by you other than from employment or operation of a business---for instance, alimony, child support, distributions from retirement funds, pension funds, lottery winnings in excess of \$500, gifts or assistance you have received from family or friends.)

PERIOD	SOURCE	DEBTOR AMOUNT	SPOUSE AMOUNT
CURRENT YEAR (to date)	_____	_____	_____
PRIOR YEAR	_____	_____	_____
YEAR BEFORE LAST	_____	_____	_____

3. PAYMENTS TO CREDITORS

a. List all payments on LOANS, INSTALLMENT PURCHASES OF GOODS OR SERVICES, and any other debts, totaling more than \$600, made to any one creditor with the last 90 days. Include the name and address of the recipient, the date of payment, amount paid, and the amount still owed.

b. List all payments made within 1 year immediately preceding this case to or for the benefit of creditors who are or were relatives (list the name and address of the creditor, the relationship of that creditor to you, date of payment, amount paid, and amount still owing.

4. LAWSUITS, LEVIES, GARNISHMENTS AND ATTACHMENTS

a. List all lawsuits to which either of you was a party within the one year preceding the filing of this bankruptcy case.

(1) Caption of lawsuit: _____

Type of Lawsuit: _____ Case Number: _____

Status of lawsuit or disposition: _____

Court name: _____ Court location: _____:

(2) Caption of lawsuit: _____

Type of Lawsuit: _____ Case Number: _____

Status of lawsuit or disposition: _____

Court name: _____ Court location: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

4. b. (lawsuits, etc., continued) Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** preceding this bankruptcy case.

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF THE PROPERTY
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5. REPOSSESSIONS, 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 year** immediately preceding this bankruptcy case

NAME AND ADDRESS OF THE CREDITOR OR SELLER	DATE OF THE REPOSSESSION, SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF THE PROPERTY
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6. ASSIGNMENTS AND RECEIVERSHIPS

a. Describe any assignment of property for the benefit of creditors made with the past **120 days** (list the name and address of all assignees, date of the assignment, and the terms of the assignment.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding this bankruptcy case (list the name and address of the custodian; the name and location of the court involved—and the case title, case number, date of the applicable order, and description and value of the property involved.

7. GIFTS—List all gifts or charitable contributions made within **2 years** immediately preceding this bankruptcy case except

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO YOU IF ANY	DATE THE GIFT WAS MADE	DESCRIPTION AND VALUE OF GIFT
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8. LOSSES---List all losses from fire, theft, other casualty, or gambling within **one year** immediately preceding this bankruptcy case (list a description of and the value of the property, description of the circumstances, and whether loss was covered by insurance [in whole, or party], and the date of loss.

9. 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 bankruptcy or preparation of a bankruptcy petition within **one year** immediately preceding this case (list the name and address of the payee, the date of payment, amount of money paid, and a description of the services provided).

10. OTHER TRANSFERS—List all other property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding this case. (includes new secured or collateralized loans, sale of partial or whole interest)

Name and address of person to whom you transferred	What is relationship between you and transferee?	Date you transferred cash or property	Describe the property you transferred (type, model, year)	Give your estimate of fair market value at time of transfer	What did you receive in exchange for the transfer?

11. 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 year** immediately preceding this bankruptcy case. Include checking, savings, other financial accounts, CD's, shares or share accounts, credit unions, pension funds, IRAs, cooperatives, associations, etc.

NAME AND ADDRESS OF INSTITUTION OR BANK	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF CLOSING
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12. SAFE DEPOSIT BOXES—List each safe deposit box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding this case.

NAME AND ADDRESS OF BANK OR OTHER DESPOSITARY	NAME AND ADDRESS OF AUTHORIZED PERSONS	DESCRIPTION OF CONTENTS OF BOX	DATE OF TRANSFER OR SURRENDER
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13. SETOFFS—List all setoffs or claims you have back against any creditor of yours, including any bank, or setoffs you have made against the same within 90 days of this bankruptcy case (list the name and address of the creditor, the date the setoff was made, and the amount.)

14. PROPERTY HELD FOR ANOTHER PERSON—List all property owned by another person that the debtor holds or controls (list the name and address of the owner, and a description and value of the property, as well as its current location).

15. PRIOR ADDRESSES OF THE DEBTOR—If the debtor has moved within the two years immediately preceding this bankruptcy case, and list all premises which the debtor occupied during that period and vacated prior to this case. If a joint petition is filed, report any other separate address for either spouse.

DATE OF OCCUPANCY	ADDRESS (Include full street address and zip code)	NAME USED AT TIME
___/___ TO NOW		
___/___ TO ___/___		
___/___ TO ___/___		
___/___ TO ___/___		

16. CREDIT CARD ACCOUNTS ISSUED FROM A BANK OR FINANCIAL INSTITUTION—

List all checking or savings account information where the account is located at a bank or financial institution that has also issued you a credit card that you will be listing as one of your accounts to be discharged.

17. DO YOU HAVE DIRECT DEPOSIT OF YOUR EMPLOYMENT OR OTHER INCOME CHECK? yes _____ no _____

18. DO YOU HAVE ANY TAXING AUTHORITIES OR AGENCIES MAKING CLAIMS AGAINST YOU? yes _____ no _____ IF SO, PLEASE SPECIFY BELOW.

NAME OF TAX AGENCY	TAX YEAR INVOLVED	CLAIMED AMOUNT DUE OR NATURE OF DISPUTE	BRIEFLY DESCRIBE CONTACT OR COMMUNICATION YOU HAVE HAD (letter, phone calls)

19. PLEASE IDENTIFY ANY SPOUSES YOU HAVE HAD IN THE PAST 8 YEARS:

Name: _____

Address: _____

Date / end of marriage: _____

REAL ESTATE / REAL PROPERTY-copy and complete additional pages if needed

List all real estate or property in which you have any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which you have a life estate. Include any property in which you hold rights and powers exercisable for you. LIST HOUSE (RESIDENCES OR OTHER HOMES); LAND; TIMESHARES; AND ANY OTHER REAL PROPERTY.

(1)DESCRIPTION AND LOCATION OF THE PROPERTY	What is the nature of your interest? →	
	Title: Husband, Wife, Joint or Community →	
	Current Market Value of the Property →	
County: _____	Amount of secured claim and monthly payment →	
Do you own 100% interest?	yes	no
Has property been appraised?	yes	no
Is FHA, VA, HUD involved in financing?	*Identify which in secured financing section.	
(2)DESCRIPTION AND LOCATION OF THE PROPERTY	What is the nature of your interest? →	
	Title: Husband, Wife, Joint or Community →	
	Current Market Value of the Property →	
County: _____	Amount of secured claim and monthly payment	
Do you own 100% interest?	yes	no
Has property been appraised?	yes	no
Is FHA, VA, HUD involved in financing?	*Identify which in secured financing section.	
(3)DESCRIPTION AND LOCATION OF THE PROPERTY	What is the nature of your interest? →	
	Title: Husband, Wife, Joint or Community →	
	Current Market Value of the Property →	
County: _____	Amount of secured claim and monthly payment	
Do you own 100% interest?	yes	no
Has property been appraised?	yes	no
Is FHA, VA, HUD involved in financing?	*Identify which in secured financing section.	
(4)DESCRIPTION AND LOCATION OF THE PROPERTY	What is the nature of your interest? →	
	Title: Husband, Wife, Joint or Community →	
	Current Market Value of the Property →	
County: _____	Amount of secured claim →	
Do you own 100% interest?	yes	no
Has property been appraised?	yes	no
Is FHA, VA, HUD involved in financing?	*Identify which in secured financing section.	

PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the "NONE" column. If additional space is needed in any category, attach a separate sheet. If the debtor is married, state whether husband, wife or both own the property in the noted column.

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF THE PROPERTY	HUSBAND WIFE JOINT	CURRENT MARKET VALUE OF YOUR INTEREST IN THE PROPERTY
1. Cash on hand				
2. Checking, savings, or other financial accounts, CD's, shares, savings & loan, thrift, credit unions, etc.				
3. Household goods and furnishings; include audio, video and computer equipment				
5. Books, pictures & other art objects, antiques, stamps, coin, record, tape, compact disc, & other collections or collectibles				
6. Wearing apparel				
7. Furs and jewelry				
8. Firearms, sports, photographic and other hobby equipment				
9. Interests in insurance policies. Name of insurance company, address, policy number and surrender value				
10. Annuities, itemize by issuer, address, contract number, and value				

TYPE OF PROPERTY	NO NE	DESCRIPTION AND LOCATION OF THE PROPERTY	HUSBAND WIFE JOINT	CURRENT MARKET VALUE OF YOUR INTEREST IN THE PROPERTY
11. Interest in IRA, Keogh, or other pension or profit sharing plans. Identify 401(k) plans even though excluded from bankruptcy. Identify by name of administrator, address, and account number				
12. Stock and interest in incorporated and unincorporated business. Itemize all.				
13. Interest in partnerships or joint ventures				
14. Government & corporate bonds, & other negotiable & nonnegotiable instruments				
15. Accounts receivable				
16. Alimony, maintenance, support & property settlements to which the debtor is or may be entitled. Give details.				
17. Other liquidated debts owing to debtor. Include tax refunds and give details.				
18. Equitable or future interests, life estates & rights or powers exercisable for the benefit of the debtor other than those listed in the schedule of real property.				

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF THE PROPERTY	HUSBAND WIFE JOINT	CURRENT MARKET VALUE OF YOUR INTEREST IN THE PROPERTY
19. Contingent & noncontingent interest in the estate of a decedent, death benefit plan, life insurance or trust				
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor and rights to setoff claims. Give details of each.				
21. Patents, copyrights, and other intellectual property. Give details.				
22. Licenses, franchises, & other general intangibles.				
23. Autos, trucks, trailers, and other vehicles. Identify by make, model, amount of mileage, upgrades, or need for repairs.				
24. Boats, motors and accessories				
25. Aircraft and accessories				
26. Office equipment, furnishings, and supplies				

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF THE PROPERTY	HUSBAND WIFE JOINT	CURRENT MARKET VALUE OF YOUR INTEREST IN THE PROPERTY
27. Machinery, fixtures, equipment and supplies in a business				
28. Inventory (itemize and attach list)				
29. Animals, livestock				
30. Crops, growing or harvested. Give details and include locations.				
31. Farming equipments and implements				
32. Farm supplies, chemicals and feed				
33. Any other personal property of any kind not already listed. Itemize and give details.				

SECURED CREDITORS-REAL ESTATE/PROPERTY/List all residences, land, time shares, mobile homes, and any real property in the name of the debtor(s). All addresses must include the zip code. Make copies of this sheet if more than one page is needed. Re-insert that extra sheet into this section upon completion.

1st Trust Deed		Date Account/Loan opened: _____	Balance: \$ _____
Name: _____		Monthly payment: _____	
Address: _____ _____ _____		# of payments late: _____	Arrearages: \$ _____
		FHA loan: yes no	Market value: \$ _____
		Title 1 loan: yes no	
Account/Loan Number: _____		HUD: yes no	Is debt for? (circle one)
		VA loan: yes no	Husband/Wife/Joint
2nd Trust Deed		Date Account/Loan opened: _____	Balance: \$ _____
Name: _____		Monthly payment: _____	
Address: _____ _____ _____		# of payments late: _____	Arrearages: \$ _____
		FHA loan: yes no	Market value: \$ _____
		Title 1 loan: yes no	
Account/Loan Number: _____		HUD: yes no	Is debt for? (circle one)
		VA loan: yes no	Husband/Wife/Joint
3rd Trust Deed		Date Account/Loan opened: _____	Balance: \$ _____
Name: _____		Monthly payment: _____	
Address: _____ _____ _____		# of payments late: _____	Arrearages: \$ _____
		FHA loan: yes no	Market value: \$ _____
		Title 1 loan: yes no	
Account/Loan Number: _____		HUD: yes no	Is debt for? (circle one)
		VA loan: yes no	Husband/Wife/Joint

SECURED CREDITORS-REAL ESTATE/PROPERTY/List all residences, land, time shares, mobile homes, and any real property in the name of the debtor(s). All addresses must include the zip code. Make copies of this sheet if more than one page is needed. Re-insert that extra sheet into this section upon completion. (Continued from prior page.)

Other liens: Name: _____ Address: _____ _____ _____ Account/Loan Number: _____	Date Account/Loan opened: _____	Balance: \$ _____
	Monthly payment: _____	Arrearages: \$ _____
	# of payments late: _____	Market value: \$ _____
	FHA loan: yes no	Is debt for? (circle one)
	Title 1 loan: yes no	Husband/Wife/Joint
	HUD: yes no	
	VA loan: yes no	
Other liens: Name: _____ Address: _____ _____ _____ Account/Loan Number: _____	Date Account/Loan opened: _____	Balance: \$ _____
	Monthly payment: _____	Arrearages: \$ _____
	# of payments late: _____	Market value:\$ _____
	FHA loan: yes no	Is debt for? (circle one)
	Title 1 loan: yes no	Husband/Wife/Joint
	HUD: yes no	
	VA loan: yes no	
Other liens: Name: _____ Address: _____ _____ _____ Account/Loan Number: _____	Date Account/Loan opened: _____	Balance: \$ _____
	Monthly payment: _____	Arrearages:\$ _____
	# of payments late: _____	Market value:\$ _____
	FHA loan: yes no	Is debt for? (circle one)
	Title 1 loan: yes no	Husband/Wife/Joint
	HUD: yes no	
	VA loan: yes no	

SECURED CREDITORS---ALL OTHER DEBTS/ List all other secured items including property, automobiles, motorcycles, trucks, boats, watercraft, furniture, jewelry, appliances, electronic equipment (TVs, VCRs, camcorders, stereo equipment, etc.), and any other secured debts.

<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Please circle choice:</p> <p>Is the debt for: Husband / wife / joint</p>	<p>Account Number: _____</p> <p>Date opened: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p>	<p>Balance: _____</p> <p>\$ _____</p> <p># of payments late: _____</p> <p>_____</p> <p>Market value of property: _____</p> <p>\$ _____</p>
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Please circle choice:</p> <p>Is the debt for: Husband / wife / joint</p>	<p>Account Number: _____</p> <p>Date opened: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p>	<p>Balance: _____</p> <p>\$ _____</p> <p># of payments late: _____</p> <p>_____</p> <p>Market value of property: _____</p> <p>\$ _____</p>
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Please circle choice:</p> <p>Is the debt for: Husband / wife / joint</p>	<p>Account Number: _____</p> <p>Date opened: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p>	<p>Balance: _____</p> <p>\$ _____</p> <p># of payments late: _____</p> <p>_____</p> <p>Market value of property: _____</p> <p>\$ _____</p>

SECURED CREDITORS---ALL OTHER DEBTS/ (continued)

Name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Please circle choice: Is the debt for: Husband / wife / joint	Account Number: _____ Date opened: _____ Description: _____ _____ _____	Balance: _____ \$ _____ # of payments late: _____ Market value of property: _____ \$ _____
Name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Please circle choice: Is the debt for: Husband / wife / joint	Account Number: _____ Date opened: _____ Description: _____ _____ _____	Balance: _____ \$ _____ # of payments late: _____ Market value of property: _____ \$ _____
Name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Please circle choice: Is the debt for: Husband / wife / joint	Account Number: _____ Date opened: _____ Description: _____ _____ _____	Balance: _____ \$ _____ # of payments late: _____ Market value of property: _____ \$ _____

UNSECURED CREDITORS—AND ALL DEBTS NOT PREVIOUSLY LISTED—List all unsecured debts including credit card accounts, medical/dental bills, garnishments, lawsuits, student loans and subscriptions, unpaid utility bills, delinquent loan demands. ANY COLLECTION AGENCY MUST BE LISTED SEPARATELY ALONG WITH THE ORIGINAL CREDITOR, AND ALL REQUIRED INFORMATION.

<p>Name of creditor: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Account #: _____</p> <p>Description: _____</p> <p>Collection agency: yes no</p> <p>Collecting for: _____</p>	<p>H, W, J</p> <p>Date account opened: _____</p> <p>Balance: _____</p> <p>Date last used: _____</p> <p>Amount of last usage: \$ _____</p>
<p>Name of creditor: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Account #: _____</p> <p>Description: _____</p> <p>Collection agency: yes no</p> <p>Collecting for: _____</p>	<p>H, W, J</p> <p>Date account opened: _____</p> <p>Balance: _____</p> <p>Date last used: _____</p> <p>Amount of last usage: \$ _____</p>
<p>Name of creditor: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Account #: _____</p> <p>Description: _____</p> <p>Collection agency: yes no</p> <p>Collecting for: _____</p>	<p>H, W, J</p> <p>Date account opened: _____</p> <p>Balance: _____</p> <p>Date last used: _____</p> <p>Amount of last usage: \$ _____</p>
<p>Name of creditor: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Account #: _____</p> <p>Description: _____</p> <p>Collection agency: yes no</p> <p>Collecting for: _____</p>	<p>H, W, J</p> <p>Date account opened: _____</p> <p>Balance: _____</p> <p>Date last used: _____</p> <p>Amount of last usage: \$ _____</p>

UNSECURED CREDITORS—(CONTINUED FROM PRIOR PAGE):

Name of creditor: _____ Address: _____ City: _____ State: _____ Zip: _____ Account #: _____ Description: _____ Collection agency: yes no Collecting for: _____	H, W, J Date account opened: _____ Balance: _____ Date last used: _____ Amount of last usage: \$ _____
Name of creditor: _____ Address: _____ City: _____ State: _____ Zip: _____ Account #: _____ Description: _____ Collection agency: yes no Collecting for: _____	H, W, J Date account opened: _____ Balance: _____ Date last used: _____ Amount of last usage: \$ _____
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Name of creditor: _____ Address: _____ City: _____ State: _____ Zip: _____ Account #: _____ Description: _____ Collection agency: yes no Collecting for: _____	H, W, J Date account opened: _____ Balance: _____ Date last used: _____ Amount of last usage: \$ _____
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UNSECURED CREDITORS—(CONTINUED FROM PRIOR PAGE):

Name of creditor: _____ Address: _____ City: _____ State: _____ Zip: _____ Account #: _____ Description: _____ Collection agency: yes no Collecting for: _____	H, W, J Date account opened: _____ Balance: _____ Date last used: _____ Amount of last usage: \$ _____
Name of creditor: _____ Address: _____ City: _____ State: _____ Zip: _____ Account #: _____ Description: _____ Collection agency: yes no Collecting for: _____	H, W, J Date account opened: _____ Balance: _____ Date last used: _____ Amount of last usage: \$ _____
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Name of creditor: _____ Address: _____ City: _____ State: _____ Zip: _____ Account #: _____ Description: _____ Collection agency: yes no Collecting for: _____	H, W, J Date account opened: _____ Balance: _____ Date last used: _____ Amount of last usage: \$ _____

SIGNATURE:

I/WE have completed this form and provided a complete list of ALL CREDITORS (including any and all private parties) and to the best of my/our knowledge know the list to be true and correct.

Dated: _____ **Signed:** _____
Dated: _____ **Signed:** _____

MARITAL STATUS	DEPENDENTS OF DEBTOR AND SPOUSE		AGE	RELATIONSHIP
	DEBTOR		SPOUSE	
OCCUPATION				
EMPLOYER NAME				
HOW LONG EMPLOYED				
EMPLOYER ADDRESS				
INCOME	DEBTOR	SPOUSE	OFFICE USE ONLY	
Monthly gross wages				
Commissions/tips				
Estimate mthly overtime				
Subtotal: gross wages				
DEDUCTIONS:				
A. payroll taxes and Social Security				
B. insurances				
C. Union dues				
D. Other (specify): 1. _____ 2. _____				
Subtotal of deductions:				
Total take home pay: (wages less deductions)				
OTHER INCOME FROM:				
A. operation of business				
B. inc. from real estate				
C. interest, dividends				
D. Alimony/support				
E. Social Security or gov't assistance (specify) _____				
F. Pension/retirement				
G. Other income (specify) _____				
Subtotal of other income:				
Total monthly income				

INCOME ANALYSIS—MEANS TEST

Using a typical “check stub” or “wage statement” please explain in your own words each of the symbols and/or their meaning that appear as deductions from your gross pay, salary or commissions:

SYMBOL OR LETTERS	DESCRIPTION

INCOME ANALYSIS—MEANS TEST-PAST 6 MONTHS

Please provide the information requested in the caption for each of the numbered months with the first month commencing last month:

1-last month	Gross pay	Net pay	Fed w/h	CA w/h	Social Security	Medicare	CA-disability	Other-describe
2								
3								
4								
5								
6								

INCOME ANALYSIS—MEANS TEST-miscellaneous questions:

Please answer each of the following questions with respect to your budget. Y=yes, N=no

In the past 6 months:

1. Have you had any tax refunds? _____ If so, how much? _____
2. Have you borrowed against any insurance, annuity, real estate or other personal property? _____
3. Have you taken a distribution from and IRA, Keogh, Roth, or other pension account? _____
4. Have you had any dependents, or other members of your household contribute some or all of their income, Social Security or disability payments to the household to help with expenses or as part of an agreement? _____

Generally speaking:

5. Are you providing care, upkeep or support for anyone in or outside of your household? _____
6. Do you have income from rental property or other investments or businesses? _____

7. Does any member of your household have special needs either physical, mental, medical? _____
8. Are you making payments on any past loans from retirement or pension funds or plans or insurance policies? _____
9. Do you anticipate any reductions or disruptions in any household income in the near future? _____
10. Do you believe that you or your household has any "special" or "exceptional" circumstances that should be considered when evaluating your budget? _____
11. Are you providing supporting for any young adult while they are attending a college or university full time?
12. Are you receiving child or spousal support? _____
13. Are you paying or obligated to pay spousal or child support? _____
14. Are you paying or obligated to pay on any tax plans? _____
15. Are you paying or obligated to pay on any past student loans? _____
16. Are you paying or obligated to pay on any student or other type of loan as an obligated party or co-signor because the primary signator to the loan is ill or disabled? _____
17. Can you produce written evidence of any religious tithing obligation? _____
18. Are you having a direct deduction from your salary or wage checks made for purposes of a savings account? _____
19. Are you having a direct deduction from your salary or wage checks made for purposes of retirement ? _____
20. Have you listed or identified all leasing contracts? _____
21. Do you pay for private schooling for any children under age 18? _____
22. Do you pay for childcare? _____
23. Are any of the debts that you have listed, secured or unsecured, partially or wholly, associated with any businesses you have owned or operated in the past or present? _____. If so, please mark each debt that you think is a business related debt, in part or fully, with the letter "B" next to it in the table.
24. Have you filed a current tax year return? _____
25. Have you filed a current tax year return for your corporation? _____
26. Have you filed any requests for extrenson for filing any tax returns? _____
27. To your knowledge, are you involved in any lawsuits alleging fraud, malicious or intended injury, or intoxication while driving that has caused injury to someone? _____

Document checklist:

Retainer agreement
 2 months wage statements
 Most recent tax return
 Self-employed, other than sole proprietorship: most recent entity tax return including K-1
 Credit counseling literature
 Credit report authorization and release
 Checking account statements, 12 months—personal, business
 Corporate/entity records – Articles, bylaws, minutes, operating agreement

Expenses—If debtor’s spouse maintains a separate household, YOU MUST COMPLETE A SEPARATE SCHEDULE OF EXPENSES LABELED “SPOUSE’S EXPENSES”			
			OFFICE USE ONLY
1	Rent or home mortgage payment (include lot rental for mobile home)		
	Are real estate taxes included? yes no		
	Is property insurance included? yes no		
2	Utilities		
	2a. electricity and heating fuel		
	2b. water and sewer		
	2c. telephone including page, cellular		
	2d. other (TV, water delivery, alarm, please specify:		
3.	Home maintenance & repair		
4.	Food		
5.	Clothing		
6.	Laundrying and dry cleaning		
7.	Medical, dental, optical		
8.	Transportation (gas, registration, maintenance—do not include car payment)		
9.	Recreation/entertainment/newspaper etc.		
10.	charitable contributions/tithing (specify)		
11.	Insurances (not deducted from wages nor included in house payments):		
	11a. Homeowner’s or Renter’s		
	11b. Life		
	11c. Health/medical/dental/optical		
	11d. Auto		
	11e. Other (Specify: _____)		
12.	Taxes (not deducted from wages or included in house payments)		
	12a. Tax payment plan		
	12b. Specify other: _____		
13.	Installment payments (for Chapter 13 cases, what is not included in the plan):		
	13a. Auto _____		
	13b. Other _____		
	13c. Other _____		
14.	Alimony, maintenance, support outgoing Specify: _____		
15.	Payments for support of additional dependents (dependents not living at your home ONLY)		
16	Regular expenses from Operation of business (YOU MUST HAVE AVAILABLE AN INCOME/EXPENSE OR PROFIT/LOSS STATEMENT FOR ATTACHING)		
17.	OTHER EXPENSE:		
18.	OTHER EXPENSE:		
19.	OTHER EXPENSE:		
20.	TOTAL MONTHLY EXPENSES:		