

APPENDIX H

CHAPTER 13
BANKRUPTCY QUESTIONNAIRE

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BANKRUPTCY QUESTIONNAIRE

WARNING:

Our job is to help you get the fantastic protection and relief you deserve under the Federal Bankruptcy laws. Your job is to provide us with information that is both complete and truthful.

We will use the information you provide to prepare the Official Court forms necessary to get your case filed. Failure to provide information which is as complete and accurate as possible will delay the filing of your case and may constitute a Federal crime.

HOW TO FILL OUT THE QUESTIONNAIRE:

- [] Can you read and write O.K.? If not, please let us know so that we can provide extra assistance.
- [] Please fill out this questionnaire as best you can. (Note: If you have the need, we can help you fill out this questionnaire, but there would be an extra charge of \$100.00 for this level of service.)
- [] **Please use a pen.** Do not use a pencil.
- [] If you need extra space for an answer, feel free to write on a separate page of paper and attach it. (Please do not write on the back of the paperwork.)
- [] If you are filing a case with your spouse (a joint filing), please make sure you provide answers for both you and your spouse. (For a joint filing, please fill in Husband's information in Debtor column, and Wife's information in the Spouse column.)
- [] **PLEASE WRITE NEATLY, SO WE CAN READ YOUR ANSWERS.**
- [] Please answer each and every question, and fill in each blank.
- [] If your answer is "**No**" or "**None**", write "No" or "None" in the blank.
- [] If an item does not apply to you, simply write "**Not Applicable**" or "N/A" in the space provided.
- [] If you do not know exact dates or exact amounts, put in the best answer you can. **WE WILL NEED EXACT PAYOFF OF THOSE DEBTS HIGHLIGHTED ON ATTACHED DEBT SHEET**
- [] If you are not sure how to answer a question, answer it as best you can. If you simply do not understand a question, write "**Don't understand**" or "???" in the blank.
- [] Make a list of any questions you have about the information requested in this Questionnaire. When you come back into our office, we will try to answer your questions.

FOR OFFICE USE

NAME OF PERSON WHO DOES BB: _____

VERY, VERY IMPORTANT:

WHEN YOU RETURN WITH YOUR QUESTIONNAIRE FILLED OUT, PLEASE BRING THE FOLLOWING ITEMS WITH YOU:

- [] Your next payment in the amount of at least \$_____.
- [] Proof Of Income During The Past 6 Months: Please provide us any and all documents, including for instance **paycheck stubs**, to show what you earned in the last 6 months. And, please save up every new paycheck stub (or other evidence of income, if any) that comes into your hands. We need all of your paycheck stubs (or other evidence of what you have earned), **right up to the day we file your case.** So, don't throw any of them away. Save them for us and, every time you come in, bring in and give us whatever you have saved up. **CLIENTS IN THE MILITARY**: Please provide LES's instead of paycheck stubs. If need be, you can get them off the official Mypay system online at www.dod.mil/dfas/mypay, using your social security & pin numbers.
- [] Proof Of Future Income: This is very important: Also, please keep, and supply to us, all paycheck stubs and other evidence of income you receive, from all jobs, from now on, until your bankruptcy case is filed. Every time you come into our office, please bring with you all these documents you have saved up since the last time you came in to see us. After your case is filed, this will no longer be necessary.

Why? There are 2 reasons: (1) We need to keep updating you on what is known as the "Means Test". To do this, we need to keep up-to-date on all your income in the 6 months before your case is filed. Therefore, every month that passes, before your case is filed, becomes one of the 6 months we need to take into account, and (2) When we file your case, we need to file with the Court officials a copy of all paycheck stubs or other evidence of income you have received from your employers in the 60 days before filing. Therefore, it is important that you save up, and do not throw away, these documents. We need them.
- [] Bills and Collection Letters: Bring in every bill, letter and document from your creditors, collection agencies, and attorneys, including the entire document: top, bottom, front and back. Please don't throw away any of these documents. We need them. Also, as you receive new ones in the mail, start saving them to give to us, at least up to the time when we get your case filed. (If possible, if you have not already thrown them away, we need to see at least the last 2 months worth of these documents.) Then, every time you come into our office, please bring with you all the documents you have received and saved up since the last time you came in. After your case is filed, this will no longer be necessary.
- [] All your coupon books. (Including all houses and motor vehicles coupon books please)
- [] All agreements for the purchase or lease of cars, trucks, motorcycles and other vehicles.
- [] All vehicle registrations (or titles) AND all vehicle insurance policies (Including the Declaration Page).
- [] All other contracts and agreements with your creditors.
- [] All tax notices, for all types of taxes (Including: Income, Sales, Employee Withholding, & Property Taxes)
- [] Your Federal and State income tax returns for the last four (4) years. (Chapter 7: Only Need Last Year Filed)
- [] All Court papers you have received.
- [] All papers, if any, concerning prior bankruptcy cases you have filed.

[] **Social Security Card.** (If you can't find it, please provide other documents which show your Soc. Sec. No.)

PERSONAL INFORMATION

	Debtor	Spouse
What is your full name? (Include First, Middle & Last Name)		
Your gender (circle correct answer)	Male Female	Male Female
What is your Social Security No. ?		
List all other names you have used, or been known by, in the last 6 years?		
What is the physical address where you live? (Include City, State and Zip)		
Do you have a different mailing address?	Yes No	Yes No
If so, what is it?		
What County do you live in?		
What is your driver's license number? (WE NEED COPY OF DRIVER'S LICENSE)		
INFORMATION ABOUT PRIOR BANKRUPTCIES		
Have you filed for bankruptcy (Chapter 7,13,11 or 12) in the last 8 years? If so:	Yes No	Yes No
How many times did you file?		
Where did you file?		
What was the case number?		
When did you file?		
Did you get your bankruptcy "Discharge" in each case?	Yes No	Yes No
Was your case dismissed (kicked out of court) in the last 12 months?	Yes No	Yes No
Are any of these cases still pending right now?	Yes No	Yes No

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Note To Staff: Under new law, getting information about prior bankruptcy filings has become a lot more important. Regardless of the answer, please log onto Pacer nationally and use the client's social security numbers to check for prior bankruptcy cases.

YOUR TELEPHONE NUMBERS / eMAIL

	Debtor	Spouse
<p>IMPORTANT: We need to know all possible telephone numbers where you can be reached so that we will always be able to contact you, especially in case of a deadline. For your information, if we need to contact you at work or a friend or relative's house, we will just leave a name and number for you to call. To protect your confidentiality, we will not discuss your case with anyone without your permission.</p>		
Home:	()	()
Best time to call		
Work:	()	()
Best time to call		
Work(alternate):	()	()
Best time to call		
Pager or Beeper:	()	()
Best time to call		
Mobile or Cell Phone:	()	()
Best time to call		
Fax Number:	()	()
Best time to call		
Relative's House:	()	()
Relationship to you?		
Friend's House:	()	()
Other:()	()	()
Other:()	()	()
<p>Is there any other information we need to know to help us get in touch with you?</p> <p style="text-align: center;">If so, please explain here:</p> <p>Email Address (Home):</p> <p>Email Address (Work):</p>	<p>Yes No</p>	<p>Yes No</p>

STATEMENT OF FINANCIAL AFFAIRS

	Debtor	Spouse
1. INCOME FROM EMPLOYMENT OR BUSINESS		
Before taxes, how much have you earned from your job so far this year? '09	\$ as of _____(date)	\$ as of _____(date)
How about last year? '08	\$	\$
How about the year before last? '07	\$	\$
2. INCOME FROM OTHER SOURCES		
Have you received any income from other sources this year? If so: Supply sources and amounts:	Yes No	Yes No
	Source: _____ Amount: \$ _____	Source: _____ Amount: \$ _____
	Source: _____ Amount: \$ _____	Source: _____ Amount: \$ _____
How about last year? If so: Supply sources and amounts:	Yes No	Yes No
	Source: _____ Amount: \$ _____	Source: _____ Amount: \$ _____
	Source: _____ Amount: \$ _____	Source: _____ Amount: \$ _____
How about the year before last? If so: Supply sources and amounts:	Yes No	Yes No
	Source: _____ Amount: \$ _____	Source: _____ Amount: \$ _____
	Source: _____ Amount: \$ _____	Source: _____ Amount: \$ _____
<p><u>Helpful Note:</u> "Sources" of other income means such things as: (1) Alimony, (2) Interest income, (3) Dividends, (4) Workers Compensation benefits, (5) Disability benefits, (6) Social Security benefits, (7) Pension and retirement benefits, (8) Rent, or (9) Government assistance.</p>		

3a. PAYMENTS TO CREDITORS

Other than payments on your normal monthly bills, have you paid any creditor more than \$600.00 in the last 90 days?

Yes No

Yes No

If so, please explain:

Name of creditor: _____
Amount paid: \$ _____
Date(s) paid: _____

Name of creditor: _____
Amount paid: \$ _____
Date(s) paid: _____

Note to client(s):

Please remember that a creditor is anyone you owe money to. This also includes creditors whom you pay alimony or child support. This also includes payments you make to a credit counseling agency.

Note To Staff: Under new law, this concerns cases where the debts are mainly non-business related. If the debts are mostly business related debts, the threshold is \$5,000, not \$600.00

Name of creditor: _____
Amount paid: \$ _____
Date(s) paid: _____

Name of creditor: _____
Amount paid: \$ _____
Date(s) paid: _____

Name of creditor: _____
Amount paid: \$ _____
Date(s) paid: _____

Name of creditor: _____
Amount paid: \$ _____
Date(s) paid: _____

Name of creditor: _____
Amount paid: \$ _____
Date(s) paid: _____

Name of creditor: _____
Amount paid: \$ _____
Date(s) paid: _____

3c. PAYMENTS TO CREDITORS WHO WERE INSIDERS

(1) If you owed money to a relative or friend, have you made any payments of more than \$200.00 in the **last 12 months**?

Yes No

Yes No

If so, please explain **and** provide names, addresses, relationship, dates & amounts paid, & balance still owing

(2) If you own a part of any businesses, have you made any payments to those businesses in the last 12 months?

Yes No

Yes No

If so, please explain and provide names & addresses of businesses

4a. SUITS AND ADMINISTRATIVE PROCEEDINGS

(3) Have you sued anyone or been involved in any claims, lawsuits or litigation in the last 12 months?

Yes No

Yes No

<p>If so, please explain in detail:</p> <p>(Also, please give us all the Court papers.)</p>		
<p>(2) Has anyone taken out any Court papers against you or sued you in the last 12 months?</p> <p><u>Also</u>, have you been involved in any administrative proceedings or other claims of any kind in the last 12 months?</p> <p>If you answer "yes" to either of these questions, please explain:</p> <p>(Also, please give us <u>all</u> of the Court and Administrative papers.)</p> <p>In each case or proceeding, please tell us what happened?</p>	<p>Yes No</p>	<p>Yes No</p>
	<p>Yes No</p>	<p>Yes No</p>
<p>(3) Is any of your property in foreclosure now? That is, have Court papers been filed starting foreclosure against you?</p> <p>If so, please give us all the Court papers.</p>	<p>Yes No</p>	<p>Yes No</p>
<p>(4) Have you been separated or divorced in the last 2 years?</p> <p>If so, please give us a copy of all the Court papers.</p>	<p>Yes No</p>	<p>Yes No</p>
<p>Are there any Court Orders or Separation Agreements which require you to pay some of the debts from the marriage?</p> <p>If so, please give us a copy of these documents.</p>	<p>Yes No</p>	<p>Yes No</p>

4b. ATTACHED, GARNISHED & SEIZED PROPERTY

(1) Has anyone garnished your wages in the last 12 months?	Yes No	Yes No
If so, who garnished your wages? When was it done? How much money was taken?	_____ _____	_____ _____
(2) Has anyone gone after (levied) your bank account in the last 12 months?	Yes No	Yes No
If so, who did it, when it was done and how much money was taken?		
(3) Has anyone tied up (attached) any of your property in the last 12 months?	Yes No	Yes No
If so, who did it, when was it done and what was property was tied up?		
(4) Has any of your property been taken (seized) by the Sheriff in the last 12 months?	Yes No	Yes No
If so, which creditor was involved and what property was taken?		

5. REPOSSESSIONS, FORECLOSURES AND RETURNS

Has any creditor taken back or repossessed any of your property in the last 12 months?	Yes No	Yes No
If so, please provide details:	Name & Address of Creditor: _____ _____ Describe property: _____ Date taken: _____ Approx. Value: \$ _____	Name & Address of Creditor: _____ _____ Describe property: _____ Date taken: _____ Approx. Value: \$ _____
	Name & Address of Creditor: _____ _____ Describe property:	Name & Address of Creditor: _____ _____ Describe property:

	_____ Date taken: _____ Approx. Value: \$ _____	_____ Date taken: _____ Approx. Value: \$ _____
Did you lose your house or land or any other property at a foreclosure sale in the last 12 months? If so, please explain:	_____ Yes No Name & Address of Creditor: _____ _____ Describe property: _____ Date of sale: _____ Approx. Value: \$ _____	_____ Yes No Name & Address of Creditor: _____ _____ Describe property: _____ Date of sale: _____ Approx. Value: \$ _____
Have you turned in or returned any property to a creditor in the last 12 months? If so, please explain:	_____ Yes No Name & Address of Creditor: _____ _____ Describe the property: _____ Date returned: _____ Approx. Value: \$ _____	_____ Yes No Name & Address of Creditor: _____ _____ Describe the property: _____ Date returned: _____ Approx. Value: \$ _____
6a. ASSIGNMENTS AND RECEIVERSHIPS		
Have you been involved in anything called an " assignment for benefit of creditors " in the last 120 days? If so, please explain:	_____ Yes No	_____ Yes No
6b. PROPERTIES IN RECEIVERSHIP		
Has any of your property been in the hands of a custodian, receiver or Court appointed official in the last 12 months? If so, please explain:	_____ Yes No	_____ Yes No
7. GIFTS & CHARITABLE CONTRIBUTIONS		

<p>Have you made any <u>gifts</u> of money or other property in the last 12 months?</p>	<p>Yes No</p>	<p>Yes No</p>
<p>If so, for each gift, tell us: (1) To whom it was given, (2) How person was related to you, (3) What was given, (4) When it was given, and (5) Why it was given: Helpful Note: Don't include: Birthday and Christmas gifts (less than \$200 per person)</p>	<p>Given to: _____ Address: _____ _____ Relationship to you: _____ What was given: _____ When given: _____ Why given: _____ Given to: _____ Address: _____ _____ Relationship to you: _____ What was given: _____ When given: _____ Why given: _____</p>	<p>Given to: _____ Address: _____ _____ Relationship to you: _____ What was given: _____ When given: _____ Why given: _____ Given to: _____ Address: _____ _____ Relationship to you: _____ What was given: _____ When given: _____ Why given: _____</p>
<p>Have you made any <u>charitable contributions</u> to your church or <u>elsewhere</u> in the last 12 months?</p> <p>If so, tell us: (1) To whom it was given, (2) How the person or organization is related to you, (3) What was given and its value, (4) When it was given.</p> <p>Here is an example: Given to: My church Relationship to you: None What was given: Description: Money Value: \$1,200 When: 1/03 to 12/03</p>	<p>Yes No</p> <p>Given to: _____ Address: _____ _____ Relationship to you: _____ What was given: Description: _____ Value: \$ _____ When: _____</p> <p>Given to: _____ Address: _____ _____ Relationship to you: _____ What was given: Description: _____ Value: \$ _____ When: _____</p>	<p>Yes No</p> <p>Given to: _____ Address: _____ _____ Relationship to you: _____ What was given: Description: _____ Value: \$ _____ When: _____</p> <p>Given to: _____ Address: _____ _____ Relationship to you: _____ What was given: Description: _____ Value: \$ _____ When: _____</p>
<p>8. LOSSES</p>		
<p>Have you lost any property in a fire in the last 12 months?</p> <p>If so, provide date of loss, what was lost & value of items. If there was insurance, provide name & address of ins. co., how</p>	<p>Yes No</p>	<p>Yes No</p>

much was paid, & what the money was used for.		
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Has any of your property been stolen or damaged in the last 12 months? If so, provide date of loss, what was lost & value of items. If there was insurance, provide name & address of ins. co., how much was paid, & what the money was used for.	Yes No	Yes No

Have you lost any money from gambling in the last 12 months? If so, please explain:	Yes No	Yes No

9. PAYMENTS RELATING TO DEBT COUNSELING OR BANKRUPTCY

Other than our office, have you paid anyone in the last 12 months to give you advise on handling your debts or to help you file bankruptcy? If so, please provide this information:	Yes No	Yes No
	Person's Name & Address _____ _____ Amt. Paid \$ _____ Date: _____ How Paid? [<input type="checkbox"/>] Money [<input type="checkbox"/>] Other: _____	Person's Name & Address _____ _____ Amt. Paid \$ _____ Date: _____ How Paid? [<input type="checkbox"/>] Money [<input type="checkbox"/>] Other: _____

10. OTHER TRANSFERS

Have you transferred or sold any of your property to anyone in the last 24 months ? If so, please provide this information: Note To Staff: For cases filed after 10/17/2006 , the new law requires we look back 2 years, instead of 1 year.	Yes No	Yes No
	Describe the property: _____ Date of transfer: _____ Value received:\$ _____ Name and address of person it was transferred to: _____ _____ Relationship to you: _____	Describe the property: _____ Date of transfer: _____ Value received:\$ _____ Name and address of person it was transferred to: _____ _____ Relationship to you: _____

Have you: (1) Given anyone a lien or mortgage on <u>any of your property</u> OR (2) Refinanced any mortgages in the last 24 months ?	Yes No	Yes No
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If so, please provide this information:	Describe the property: _____ Date lien given: _____ Value received:\$ _____ Name and address of person given lien: _____ _____ Relationship to you: _____ Describe the property: _____ Date lien given: _____ Value received:\$ _____ Name and address of person given lien: _____ _____ Relationship to you: _____	Describe the property: _____ Date lien given: _____ Value received:\$ _____ Name and address of person given lien: _____ _____ Relationship to you: _____ Describe the property: _____ Date lien given: _____ Value received:\$ _____ Name and address of person given lien: _____ _____ Relationship to you: _____
Have you given anyone the title to a motor vehicle, mobile home or other property in the last 12 months?	Yes No	Yes No
If so, please explain:		
Helpful Note: If you are in business, you do not have to list transfers of property made in the ordinary course of your business.		
Have you or your spouse transferred any property within the last 10 years into any sort of trust or similar device for which you or your spouse are a beneficiary?	Yes No	Yes No
If so, please explain:		
11. CLOSED FINANCIAL ACCOUNTS		
Have you closed or transferred to anyone else any bank accounts in the last 12 months?	Yes No	Yes No
If so, please give details:	Date closed: _____ Bank name: _____	Date closed: _____ Bank name: _____

	Address: _____ _____	Address: _____ _____
Have you closed out, sold or transferred any certificates of deposit (CD's) or other financial instruments or accounts in the last 12 months?	Yes No	Yes No
If so, for each closeout, please provide this information:	Name of Bank: _____ Type of Acct: _____ Date Closed: _____ Amt. in acct. when closed: \$ _____	Name of Bank: _____ Type of Acct: _____ Date Closed: _____ Amt. in acct. when closed: \$ _____
	Name of Bank: _____ Type of Acct: _____ Date Closed: _____ Amt. in acct. when closed: \$ _____	Name of Bank: _____ Type of Acct: _____ Date Closed: _____ Amt. in acct. when closed: \$ _____

12. SAFE DEPOSIT BOXES

Have you had a safe deposit box in the last 12 months?	Yes No	Yes No
If so: Where is/was it? (Name of Bank & Address)		
Did you close it?	Yes No	Yes No
When did you close it?		
What did (or do) you keep in the box?		
Who else has/had access to it?		

13. SET OFFS

Has any bank taken money out of your account to pay a debt with that bank in the last 90 days?	Yes No	Yes No
If so, please explain:		
Within the last 90 days, has any other creditor refused to return something you owned, or refused to pay you money owed to you, because you owed money to that creditor?	Yes No	Yes No

If so, please explain:		
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14. PROPERTY HELD FOR ANOTHER PERSON

Do you have any property in your possession or control that really belongs to someone else?	Yes No	Yes No
If so, this is important. Please explain:		
Is your name listed on the title to any property or accounts that really belong to someone else?	Yes No	Yes No
If so, this is important. Please explain:		
NOTE: Please provide us a copy of all the documents that you have in your possession.		

15. PRIOR ADDRESSES OF DEBTOR

Have you lived anywhere else in the last 3 years?	Yes No	Yes No
If so, where (Include City, State and Zip) and when:	_____	_____
	From _____ to _____	From _____ to _____
	_____	_____
	From _____ to _____	From _____ to _____
	_____	_____
	From _____ to _____	From _____ to _____
If so, what name(s) did you use at that those other addresses?		

16. SPOUSES AND FORMER SPOUSES FROM COMMUNITY PROPERTY STATES

Have you resided in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin within the last 6 years?	Yes No	Yes No
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If "yes", were you married at the time?	Yes No	Yes No
If "yes" to both, set forth the name of the spouse or ex-spouse that lived with you in any such State:		
17. ENVIRONMENTAL INFORMATION		
Have you ever received a notice from a government unit that you may be liable for a violation of any Environmental Law?	s No	s No
o, we need the following: Site name and address, name and address of the governmental unit, dale of the notice, environmental law involved:		
Have you ever served notice on a governmental unit regarding the release of a Hazardous Material?	s No	s No
o, we need the following: Site name and address, name and address of the governmental unit, date of the notice, environmental law involved:		
Were you ever involved in any official proceedings concerning any Environmental Law?	s No	s No
o, we need the following: Name and address of the governmental unit involved, the docket number, and the status or disposition of the matter:		
to 25. BUSINESSES		
PORTANT: How many businesses have you been involved in OR owned a part of in the last 6 years (other than just as an employee)?		
STRUCTIONS: For each business, fill in a complete set of the "BUSINESS QUESTIONS" that follow. If the answer is "None", skip to page 18 and continue.		

BUSINESS QUESTIONS

SUPPLEMENT TO BANKRUPTCY QUESTIONNAIRE FOR DEBTOR INVOLVED IN ANY BUSINESS AT ANY TIME WITHIN LAST 6 YEARS

NOTE: If you have been involved in any businesses (other than just as an employee) **within the last six(6) years**, you need to answer the following questions. **These questions must be answered for each such business. If you were involved in more than one business, please make a copy of these business questions to fill out for each business.**

Questions 1 to 15 were included in the Bankruptcy Questionnaire you filled out.

	Debtor	Creditor
NATURE, LOCATION AND NAME OF BUSINESS		
What is the name of the business?		
Did you own part of the business?	Yes No	Yes No
If so, what percentage of the business do/did you own?		
What type of business is/was it?		
Is it a sole-proprietorship, a partnership or a corporation?		
What is/was your role in the business (owner, partner, officer, shareholder, director, manager)?		
Does/did the business have a separate Tax ID #s?	Yes No	Yes No
If so, what is/was the Tax ID #?		
What is/was the mailing address of the business?		
During what period of time has/did the business operate?	From: _____ To: _____	From: _____ To: _____
Was the business a "single asset real estate" business?	Yes No	Yes No

c. BOOKKEEPERS AND ACCOUNTANTS

Who kept or supervised the keeping of the books and records?	Name: _____ Address: _____ _____	Name: _____ Address: _____ _____
Was there anyone else, like an accountant, involved? If so, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Address: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Address: _____ _____

d. AUDITORS

Has anyone audited the books and records of the business(es) in the last 6 years? If so, who?	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Address: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Address: _____ _____
Has anyone prepared a financial statement for the business(es) in the last 6 years? If so, who?	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Address: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Address: _____ _____

e. POSSESSORS OF THE BOOKS OF ACCOUNT

Who is in possession of the books and records of the business?	Name: _____ Address: _____ _____	Name: _____ Address: _____ _____
Are any of the books and records missing? If so, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

f. FINANCIAL STATEMENTS

Has a financial statement for the business issued to anyone within the last 6 years? If so, to whom:	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Address: _____ _____ Name: _____ Address: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Address: _____ _____ Name: _____ Address: _____ _____
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20a. INVENTORIES

Have any inventories been taken of the business property? If so:	Yes No	Yes No
When were the last 2 inventories taken?		
Who supervised the taking of the inventory?	Name: _____ Address: _____	Name: _____ Address: _____
What was the value of the property inventoried?		
What basis was used for placing a value on the inventory?	Cost - Market Other: _____	Cost - Market Other: _____

20b. RECORDS OF INVENTORIES

What is the name and address of the person who has possession of the inventory records?	Name: _____ Address: _____	Name: _____ Address: _____
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EMPLOYEE WITHHOLDING TAXES (IRS forms 940 & 941 / Also corresponding State tax forms)

Did/does your business, at any time, have 1 or more employees? (NOTE: Including you, if a corporation) If so:	Yes No	Yes No
Have you filed ALL required employee IRS and State WITHHOLDING Tax returns for ALL years you in business?	Yes No	Yes No
How much do you owe in <u>due or overdue</u> withholding taxes?	\$ _____	\$ _____
Do you have the bills you received for the overdue taxes? (If so, please bring them in with you.)	Yes No	Yes No

SALES TAXES

Did/does your business, at any time, sell things? If so:	Yes No	Yes No
Have you filed ALL required SALES Tax returns for ALL years you in business?	Yes No	Yes No
How much do you owe in <u>due or overdue</u> SALES Tax?	\$ _____	\$ _____

Do you have the bills you received for the overdue taxes? (If so, please bring them in with you.)	Yes No	Yes No
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NOTES TO LAW OFFICE STAFF:

- (1) When client is an individual debtor, only questions "18" to "20" need to be answered.
- (2) If the business was sole proprietorship, list the name (as a "d.b.a.") and the Tax ID # of the business in Menu H.
- (3) If our client is a partnership or corporation, as opposed to an individual, we will also have to fill in answers to questions "21" to "25" of the Statement of Affairs. If this is the case, see an attorney for help.

EXECUTORY CONTRACTS

Schedule G

Executory contracts include **leases** and outstanding **contracts in progress** (where there is something someone must do other than merely paying money). Good examples are: (1) Apartment or house leases, (2) Business property leases, (3) Equipment leases, (4) Vehicle leases, (5) Contracts for the purchase or sale of real estate (that is where the deed to the property has not been handed over), (6) Spa memberships, (7) Rent-to-own contracts, and (8) Service contracts.

	Debtor	Spouse
Do you have any leases or other executory contracts?	Yes No	Yes No
If so, please fill in the following for each one you have, and <u>bring in the contract for each</u> .		

Other Party to Contract:	Address of Other Party to Contract:
Type: Residential Lease Real Estate Contract Business Prop. Lease Equipment Lease Vehicle Lease Spa Membership Rent-To-Own Service Contract	Terms: Buyout Option, if any: Beginning Date:
Description of property involved:	Debtor's Interest: Lessor Lessee Purchaser Seller Agent Other:
Debtor's Intention(check one): [] Assume (Means keep it). [] Reject (Means get out of it)	

Other Party to Contract:	Address of Other Party to Contract:
Type: Residential Lease Real Estate Contract Business Prop. Lease Equipment Lease Vehicle Lease Spa Membership Rent-To-Own Service Contract	Terms: Buyout Option, if any: Beginning Date:
Description of property involved:	Debtor's Interest: Lessor Lessee Purchaser Seller Agent Other:
Debtor's Intention(check one): [] Assume (Means keep it). [] Reject (Means get out of it)	

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Other Party to Contract:	Address of Other Party to Contract:
Type: Residential Lease Real Estate Contract Business Prop. Lease Equipment Lease Vehicle Lease Spa Membership Rent-To-Own Service Contract	Terms: Buyout Option, if any: Beginning Date:
Description of property involved:	Debtor's Interest: Lessor Lessee Purchaser Seller Agent Other:
Debtor's Intention(check one): [] Assume (Means keep it). [] Reject (Means get out of it)	

YOUR PROPERTY

Schedule: A, B, & C

WE NEED TO MAKE SURE THAT WE HAVE A LIST OF EVERYTHING YOU OWN AND ITS APPROXIMATE VALUE.

As you know, you filled out a "Property" form when you came in for your initial interview. You have been given a copy of this "Property" form with this Questionnaire. Please take a second to review it.

	Debtor	Spouse
Does the "Property" form contain a list of everything you own?	Yes No	Yes No
If not, what other property, of any type you can think of, do you own and what is it worth. That is: What could you sell it for?	Item: _____ Value: _____ Item: _____ Value: _____ Item: _____ Value: _____ Item: _____ Value: _____	Item: _____ Value: _____ Item: _____ Value: _____ Item: _____ Value: _____ Item: _____ Value: _____
Is there something listed on the "Property" form you do not really own? If so, what?	Yes No	Yes No
Have you bought or sold any property, motor vehicles or other possessions since you filled out the "Property" form (exclude household goods)? If you bought something , what did you buy and what did you pay for it?	Yes No Item: _____ Cost: _____ Item: _____ Cost: _____ Item: _____ Cost: _____	Yes No Item: _____ Cost: _____ Item: _____ Cost: _____ Item: _____ Cost: _____
If you sold something, what did you sell and how much did you get for it?	Item: _____ Price: _____ Item: _____	Item: _____ Price: _____ Item: _____

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	Price: _____ Item: _____ Price: _____	Price: _____ Item: _____ Price: _____
--	--	--

<p>Do you have any Personal Injury or Worker's Compensation claims against anyone?</p> <p>If so, please explain:</p>	<p>Yes No</p>	<p>Yes No</p>
<p>Do you have any other types of claims against anyone?</p> <p>If so, please explain:</p>	<p>Yes No</p>	<p>Yes No</p>
<p>How much money do you presently have in cash?</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p>How much money do you presently have in the bank or credit union?</p> <p>Note: What we really need to know is how much money you will have in bank and credit union accounts, as of the date we are going to file your case with the Court.</p> <p>Further Note: Please include information about <u>all types of accounts</u> you have OR that your name is on.</p>	<p>\$ _____ Name of bank or credit union: _____ Type of account: _____</p> <p>\$ _____ Name of bank or credit union: _____ Type of account: _____</p> <p>\$ _____ Name of bank or credit union: _____ Type of account: _____</p>	<p>\$ _____ Name of bank or credit union: _____ Type of account: _____</p> <p>\$ _____ Name of bank or credit union: _____ Type of account: _____</p> <p>\$ _____ Name of bank or credit union: _____ Type of account: _____</p>
<p>Do you have any other types of accounts, such as brokerage accounts, annuities, or mutual funds?</p> <p>If so, please explain, in detail: Note: Use the back of this page, if you need more space for your answer:</p>	<p>Yes No</p>	<p>Yes No</p>
<p>What about security deposits with public utilities, telephone companies, landlords, and others?</p> <p>If so, please explain:</p>	<p>Yes No</p> <p>Amount: \$ _____ Type: _____</p> <p>Amount: \$ _____ Type: _____</p>	<p>Yes No</p> <p>Amount: \$ _____ Type: _____</p> <p>Amount: \$ _____ Type: _____</p>
<p><u>Retirement Accounts:</u></p>	<p>Yes No</p>	<p>Yes No</p>

<p>Do you have any interest in any type of retirement plan?</p>		
<p>If so, please explain, and bring in a current statement with the amount & type of account listed on it?</p> <p>Note: We are talking about accounts, such as IRAs, Keogh, ERISA, Profit Sharing plans, ESOPs, 401K accounts, 457 accounts or 403B accounts.</p>	<p>Type of plan: _____ Amount: \$ _____ Are you vested? _____</p> <p>Type of plan: _____ Amount: \$ _____ Are you vested? _____</p>	<p>Type of plan: _____ Amount: \$ _____ Are you vested? _____</p> <p>Type of plan: _____ Amount: \$ _____ Are you vested? _____</p>
<p>Let's Double Check. Do you have any of the following?</p> <p>(1) Stocks or Bonds or Mutual Funds: If so, please explain:</p> <p>(2) Money owed to you: If so, please explain:</p>	<p>Yes No</p> <p>Yes No</p>	<p>Yes No</p> <p>Yes No</p>
<p>(3) Interests in partnerships or joint ventures: If so, please explain:</p> <p>(4) Alimony owed to you: If so, please explain:</p>	<p>Yes No</p> <p>Yes No</p>	<p>Yes No</p> <p>Yes No</p>
<p>(5) Marital settlements <u>still owed</u> to you: If so, please explain:</p> <p>(6) Tax refunds <u>still owed</u> to you: If so, please explain:</p>	<p>Yes No</p> <p>Yes No</p> <p><u>Federal:</u> How much? \$ _____ For what years? _____</p> <p><u>State:</u></p>	<p>Yes No</p> <p>Yes No</p> <p><u>Federal:</u> How much? \$ _____ For what years? _____</p> <p><u>State:</u></p>

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Which State? _____	Which State? _____
How much? \$ _____	How much? \$ _____
For what years? _____	For what years? _____

(7) Inheritance or "heir" property <u>still</u> <u>owed to you or owned by you:</u>	Yes No	Yes No
	If so, please explain:	

HOUSEHOLD GOODS

For Schedule C: Add up for inputting onto program

Please fill out the following for items you have. Please use YARD SALE VALUE.

Clothing and Personal	\$	Lawn Furniture	\$
Kitchen Appliances	\$	Television	\$
Stove / Microwave	\$	Stereos and Radios	\$
Refrigerator	\$	VCR's	\$
Freezer	\$	Musical Instruments	\$
Washing Machine	\$	Piano or Organ	\$
Dryer	\$	Air Conditioner	\$
China	\$	Paintings/Art	\$
Silver	\$	Lawn Mower	\$
Jewelry (Pawn shop value)	\$	Yard Tools / Other Tools	\$
Living Room Furniture	\$	Crops	\$
Den Furniture	\$	Recreational Equipment	\$
Bedroom Furniture	\$	Computer equipment	\$
Dining Room Furniture	\$	Other:	\$
		TOTAL:	\$

HOUSEHOLD INFORMATION

BUDGET - Schedule: I

YOUR MARITAL STATUS: MARRIED SINGLE DIVORCED SEPARATED WIDOWED

If divorced or separated, what was the approximate date of the divorce or separation: _____

DEPENDENTS WHO LIVE IN YOUR HOME

Please tell us about all children and other people who live with you, whom you help to support financially. If you received any money to help support any of these people, please tell us how much money you receive for each such person each month:

Name	Age	Relationship To You	Amount of Money You Receive Each Month For This Person

DEPENDENTS WHO DO NOT LIVE WITH YOU

Do you pay any child support or alimony, or help to support any other family members not living with you? If so, please fill in the following:

Name	Age	Relationship To You	Amount of Money You Pay Out Each Month For This Person

TELL US ABOUT OTHER PEOPLE WHO ALSO LIVE WITH YOU

Name	Age	Relationship To You	Amount of Money You Receive Each Month From This Person

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MONTHLY INCOME FROM WORKING FOR SOMEONE ELSE

BUDGET - Schedule: I

Debtor

- For each job: (1) Fill out a box and
(2) Attach all Pay Stubs that you have or can find for the last 6 months.
(MILITARY: We need EOM LES)**

Main Job:

Employer:	How often do you get paid: (circle one) Weekly Once a Month
Employer's address:	Every 2 weeks on (day of the week) Twice a Month on the (date) and (date)
	How many hours of work can you count on each week?
Occupation:	Do you get overtime? Yes No
How long have you worked there:	If so, how much overtime can you count on each week?

Second Job:

Employer:	How often do you get paid: (circle one) Weekly Once a Month
Employer's address:	Every 2 weeks on (day of the week) Twice a Month on the (date) and (date)
	How many hours of work can you count on each week?
Occupation:	Do you get overtime? Yes No

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How long have you worked there:	If so, how much overtime can you count on each week?

Third Job:

Employer:	How often do you get paid: (circle one) Weekly Once a Month
Employer's address:	Every 2 weeks on (day of the week)
	Twice a Month on the (date) and (date)
	How many hours of work can you count on each week?
Occupation:	Do you get overtime? Yes No
How long have you worked there:	If so, how much overtime can you count on each week?

Spouse --For each job your spouse has (even if your spouse is not filing):

(1) Fill in a box and

(2) Attach all Pay Stubs you have or can find for the last 6 months.

(MILITARY: We need your EOM LES)

Spouse's Main Job:

Employer:	How often do you get paid: (circle one) Weekly Once a Month
Employer's address:	Every 2 weeks on (day of the week)
	Twice a Month on the (date) and (date)
Occupation:	How many hours of work can you count on each week?
	Do you get overtime? Yes No
How long have you worked there:	If so, how much overtime can you count on each week?

Spouse's Second Job:

Employer:	How often do you get paid: (circle one) Weekly Once a Month
Employer's address:	Every 2 weeks on (day of the week)
	Twice a Month on the (date) and (date)
Occupation:	How many hours of work can you count on each week?
	Do you get overtime? Yes No
How long have you worked there:	If so, how much overtime can you count on each week?

Spouse's Third Job:

Employer:	How often do you get paid: (circle one) Weekly Once a Month
Employer's address:	Every 2 weeks on (day of the week)
	Twice a Month on the (date) and (date)
Occupation:	How many hours of work can you count on each week?
	Do you get overtime? Yes No
How long have you worked there:	If so, how much overtime can you count on each week?

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you worked there:

you count on each week?

OTHER MONTHLY INCOME

BUDGET - Schedule: I

WE NEED TO KNOW ABOUT ANY AND ALL OTHER INCOME YOU HAVE, IF ANY, IN ADDITION TO YOUR REGULAR JOB. PLEASE REMEMBER THAT WE NEED THIS FIGURED OUT ON A MONTHLY BASIS.

	Debtor	Spouse
Do you have income from any of the following sources?	Yes No	Yes No
Regular Income from Business, Profession or Farm: (Net income after business expenses and taxes)	\$ _____	_____
Income from Real Property:	\$ _____	_____
Interest and Dividends:	\$ _____	_____
Pension or Retirement Income:	\$ _____	_____
Alimony Received:	\$ _____	_____
Social Security/ Assistance -- Explain: _____	\$ _____	_____
Child Support Received:	\$ _____	_____
Disability Plans or Insurance:	\$ _____	_____
Gifts from relatives and friends not living with you:	\$ _____	_____
Sales Commissions:	\$ _____	_____
Income from roommates that you can count on:	\$ _____	_____
Income from other family members who live with you:	\$ _____	_____
Income from live-in boyfriends or girlfriends:	\$ _____	_____
Income from any kind of <u>annuity</u> or <u>trust</u> or <u>inheritance</u> :	\$ _____	_____
Other Monthly Income B Explain: _____	\$ _____	_____

	Debtor	Spouse
EXPECTED INCREASES OR DECREASES IN YOUR INCOME IN NEXT 12 MONTHS:		
Do you expect any increase in your income by more than 10% in the next 12 months?	Yes No	Yes No
If so, please explain:		
Do you expect any decrease in your income in the next 12 months?	Yes No	Yes No
If so, please explain:		
PROSPECTIVE VEHICLE PURCHASE:		
Thinking of your future, do you need to start saving money to either buy	Yes No	Yes No

another vehicle or replace the one you have?		
--	--	--

MONTHLY LIVING EXPENSES

BUDGET - Schedule: J

INSTRUCTIONS: Fill in all of your normal living expenses for your household. If the expense is not paid monthly, figure out approximately how much the expense would be if you did pay it on a monthly basis.

Monthly Amount	Type of Expense
	Home: Rent/ Home Mortgages/ Mobile Home payment (include lot rent, if any)
	Home: Homeowner's Association Dues
	Utilities:
	Home Electricity / Gas / Heating Oil
	Water and Sewer / Garbage pickup
	Home Phone (Land Line)
	Cell Phones
	Cable & Satellite (Not including charge for Internet)
	Internet service
	Home Security Alarm System
	Home Maintenance (needed repairs & upkeep)
	Laundry & Dry Cleaning Outside Home
	Clothing / Shoes & Clothing Accessories
	Religious / Tithing / Charitable Contributions
	Medical & Dental Expenses (Amounts NOT paid by insurance or health savings acct)
	Food & Household Items:
	Food & Grocery Store Items (Number of people being fed: _____)
	Extra Food (Prescribed or required special dietary needs)
	Food: Away from home
	Food: School Lunches for Kids
	Recreation/Clubs/Entertainment/Newspapers/Magazines/Alcohol/Tobacco
	Transportation (Including Cost of Gas/Vehicle Repairs &/Upkeep/Cab or Bus Fare)
	Insurance:
	Property Insurance on home (Is it included in house payment? Yes No)
	Renter's Insurance
	Car/Truck Insurance (Number of vehicles insured: _____)
	Term Life Insurance (The kind with NO cash value)
	Whole Life Insurance (The kind with cash value)
	Disability Insurance
	Health & Dental (Other than insurance deducted from wages)

Monthly Amount	Type of Expense
	Taxes (Other than taxes deducted from wages):
	Real Property Taxes (Is it included in house payment? Yes No)
	Personal Property Taxes (On vehicles, mobile homes, business equip.)
	Income Taxes: Overdue For Last 3 Tax Years
	Income Taxes: Overdue For Tax Years <u>More Than 3 Years Ago.</u>
	Withholding or Sales taxes: Current <u>or</u> Overdue (From a business)
	Current "Estimated" Income Taxes (If your are in your own business)
	Installment payments: (Purchases & Leases)
	Motor Vehicle 1 (Year/Make/Model: _____)
	(Purchase or Lease? _____)
	(How many months left to pay on it? _____)
	Motor Vehicle 1 (Credit Union "cross-collateral" obligation payment, if any)
	Motor Vehicle 2 (Year/Make/Model: _____)
	(Purchase or Lease? _____)
	(How many months left to pay on it? _____)
	Motor Vehicle 2 (Credit Union "cross-collateral" obligation payment, if any)
	Motor Vehicle 3 (Year/Make/Model: _____)
	(Purchase or Lease? _____)
	(How many months left to pay on it? _____)
	(Why needed/Who uses it? _____)
	Motor Vehicle 3 (Credit Union "cross-collateral" obligation payment, if any)
	Motor Vehicle 4 (Year/Make/Model: _____)
	(Purchase or Lease? _____)
	(How many months left to pay on it? _____)
	(Why needed/Who uses it? _____)
	Motor Vehicle 5 (Year/Make/Model: _____)
	(Purchase or Lease? _____)
	(How many months left to pay on it? _____)
	(Why needed/Who uses it? _____)
	Furniture store: (_____)
	Appliance store: (_____)
	Jewelry store: (_____)
	Jewelry store: (_____)
	Boat/4-Wheeler/Camper/Other recreational vehicles
	Tax Liens to pay

	Other Necessary Expenses (Describe:)
	Other Necessary Expenses (Describe:)
	TOTAL MONTHLY EXPENSES

	Debtor	Spouse
EXPECTED INCREASE <u>OR</u> DECREASE IN YOUR EXPENSES IN NEXT 12 MONTHS:		
Have you listed above every expense you can think of?	Yes No	Yes No
To the best of your knowledge, is there going to be any big change in your expenses in the next 12 months?	Yes No	Yes No
If so, please explain:		

(Please continue on next page)

YOUR DEBTS

IMPORTANT: THIS IS PERHAPS THE MOST IMPORTANT PART OF YOUR PAPERWORK. WE NEED TO KNOW ABOUT EVERY DEBT YOU HAVE. We need every bill, letter & document that you have in your possession received from your creditors, collection agencies & attorneys, including the entire document, top, bottom, front and back. Just give it all to us.

As you know, you filled out a form called "**DEBTS**" when you came in for your initial interview. You have been given a copy of this "DEBTS" form with this Questionnaire.

Please take a second to review it. Then answer the following questions:

	Debtor	Spouse
Does the "DEBTS" form (that you filled out in our office) contain a list of every debt you have?	Yes No	Yes No
<p style="text-align: center;">If not, what debts are missing?</p> <p style="text-align: center;">For example: (1) Debts you forgot to list, (2) New debts since you came to see us, or even (3) Claims against you that you dispute.</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p>
Have you paid off the full amount on any of the debts you listed on the "DEBTS" form?	Yes No	Yes No
If so, which ones?	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
Have you left out any debts on purpose?	Yes No	Yes No
If so, please explain:		

HELPFUL HINT: Keep thinking: Is there anyone else that claims or might claim you owe them money? If so, add them to the list above. Make sure you have thought of everything, even if you dispute it. This is the time to get rid of all potential claims against you.

DOUBLE-CHECKING FOR OTHER POSSIBLE DEBTS & PROBLEMS

- CREDIT UNIONS **Yes No** Do you have any loans with a credit union?
- TIMESHARES **Yes No** Do you have a timeshare?
- CAMPGROUNDS **Yes No** What about campground memberships?
- LEASES **Yes No** Do you have any leases on motor vehicles, buildings or equipment?
- SPA MEMBERSHIPS **Yes No** What about spa or exercise club memberships?
- MEDICAL BILLS **Yes No** How about medical bills that might not get paid by insurance?
- EX-SPOUSES **Yes No** Does your ex-spouse have any claims against you, for instance a claim of equitable distribution?
- CHILD SUPPORT or **Yes No** Are you required to pay any child support or alimony?
ALIMONY **Yes No** If so, how much? \$_____ per week / month
If so, who are you supposed to make your payments to?

PROCESSOR:
(Add to Schedule E) -----

Name: _____
Mailing Address: _____

Phone Number: () _____ - _____

Yes No Are you required to pay child support or alimony to anyone else?
If so, how much? \$_____ per week / month
If so, who are you supposed to make payments to?

(Add to Schedule E) -----

Name: _____
Mailing Address: _____

Phone Number: () _____ - _____

Yes No Overdue or past-due payments: Do you owe any overdue or past-due child support or alimony?
If so, what is the total amount overdue or past-due? \$_____
If so, who do you owe it to?

(Add to Schedule E) -----

Name: _____
Mailing Address: _____

Phone Number: () _____ - _____

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Yes No Have you made any arrangements to pay the overdue or past-due amount? If so, please explain: _____

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STORE ACCOUNTS.	Yes	No	Do you owe any money on a store account?
BANK OVERDRAFT.	Yes	No	Do you have any overdraft protection (check protection) debts?
FURNITURE.	Yes	No	Do you owe money on the purchase of furniture?
DEBTS TAKEN OVER.	Yes	No	Is your name on the debt taken over by an ex-spouse or friend, such as a credit card or house loan?
ASSUMED DEBTS.	Yes	No	Is your name still on a debt taken over by someone else? That is, a debt where someone assumed your loan or simply took over your payments?
CREDIT REPORT.	Yes	No	Is it possible that there are any other debts listed on your credit report?
RETURNED ITEMS.	Yes	No	Did you return to a creditor something you bought thinking that the balance would be cancelled?
OLD REPOSSESSIONS.	Yes	No	Were there any repossessions or foreclosures in the past that might lead to deficiency claims against you?
FHA or VA.	Yes	No	Was a house or mobile home you lost covered by a loan guaranteed by FHA or VA?
GUARANTEES			
	Yes	No	Is your present home covered by a FHA or VA guarantee?
CO-SIGNERS.	Yes	No	Did you happen to co-sign or guarantee a loan for someone else ?
	Yes	No	Did anyone co-sign or guarantee on a debt for you ?
			Note: Not including your spouse, if your spouse is filing with you.
CAR ACCIDENTS.	Yes	No	Do you have any claims against you because of a car accident?
CONTINGENT	Yes	No	Do you have some contract or obligation such that if something does not work out right, you will owe some money?
OBLIGATIONS			
TAXES.	Yes	No	Do you owe any taxes?
	Yes	No	Are there any tax returns you did not file that you were supposed to?
	Yes	No	If so, will you owe any taxes on those tax returns?
AAFES, ESPRIT, AER, . . .	Yes	No	Do you owe any money through any of these
RED CROSS.....			military related organizations?

SOCIAL SECURITY..... Yes No Are you being billed for any overpayments by the Social Security Administration?

MILITARY Yes No Do you owe money to the Department of Defense or other government agency for overpayments regarding your service in the military?
OVERPAYMENTS

Note: If you are still in the military or are receiving military disability, you cannot get rid of your obligation to pay back "advance" pay that you received.

PAY-DAY LOANS Yes No Do you have any unpaid pay-day loans?

Note: These loans are dischargeable in bankruptcy. If you have one or more of these, let us know whether you gave a post-dated check or whether you gave the pay-day lender authorization to take money out of your bank account.

LIFE INSURANCE Yes No Do you own any Acash value@ life insurance? That is, do you own any life insurance that you could cash in while you are alive, if you wanted to? Note: This does NOT include what is called TERM LIFE insurance. If "Yes", we need to know the current "Cash Value", the name of the life insurance company, the policy #, and the Beneficiary names, ages and relationship to you.

INHERITANCE..... Yes No Do you have a right to an inheritance or a right to any heir property OR HEIR PROPERTY because someone died?

401K LOANS Yes No Do you have any 401k loans to re-pay?

FRIENDS AND Yes No Have you **paid back** any friends or relatives more than **\$300** in the RELATIVES..... last **12 months**?
If so, please explain: _____

Yes No Have you **given away** to friends or relatives anything **worth more than \$300** in the last **48 months**?
If so, please explain: _____

Yes No Have you **given** any friends or relatives a **lien or mortgage** on anything you own in the last **48 months**?
If so, please explain: _____

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TAX REFUND LOAN **Yes** **No**

Did you take out a loan against your income tax refund this year?
If so, has it been paid off yet? **Yes** **No**

If not, who did you take out the loan with? _____

PLEASE FILL OUT THE FOLLOWING FORM
FOR EVERY DEBT YOU HAVE OR MIGHT HAVE

****Please fill out these debt squares in the same order as debts are listed on your "DEBTS" form****
Attach latest bill or statement for each debt to page.

Name of Creditor:	Amount of Debt?	Monthly Payment?	How Many Months Are You Behind?
Mailing Address: (Include Zip code)	Account Number:		
What kind of debt is this:	When was this debt incurred? From: To: (Years)		
<u>Documentation</u> : Did you attach all the bills, coupon books, collection letters, agreements, and Court papers you have for this debt? Yes No If not, why not? _____	<u>Collateral</u> : Did you list any <u>collateral</u> for this debt? Yes No What is the collateral? _____ If the collateral is a motor vehicle, when was it bought? _____ Who owns the collateral? _____ Do you still have the collateral? Yes No If not, what happened to it? _____ How much is the collateral worth? \$ _____ Do you want to keep the collateral? Yes No Do you want to keep the collateral even if you have to keep paying this debt? Yes No		
<u>Co-Signers</u> : Did anyone sign with you on this debt? Yes No Name and Address of Co-signer: _____ Relationship to you: _____ Do you care if the creditor goes after the Co-signer for payment? Yes No Please Explain: _____	How much of this debt was incurred in the last 90 days? \$ _____ ** THIS MUST BE ANSWERED **		

Name of Creditor:	Amount of Debt?	Monthly Payment?	How Many Months Are You Behind?
Mailing Address: (Include Zip code)	Account Number:		
What kind of debt is this:	When was this debt incurred? From: To: (Years)		
<u>Documentation</u> : Did you attach all the bills, coupon books, collection letters, agreements, and Court papers you have for this debt? Yes No If not, why not? _____	<u>Collateral</u> : Did you list any <u>collateral</u> for this debt? Yes No What is the collateral? _____ If the collateral is a motor vehicle, when was it bought? _____ Who owns the collateral? _____ Do you still have the collateral? Yes No If not, what happened to it? _____ How much is the collateral worth? \$ _____ Do you want to keep the collateral? Yes No Do you want to keep the collateral even if you have to keep paying this debt? Yes No		
<u>Co-Signers</u> : Did anyone sign with you on this debt? Yes No Name and Address of Co-signer: _____ Relationship to you: _____ Do you care if the creditor goes after the Co-signer for payment? Yes No Please Explain: _____	How much of this debt was incurred in the last 90 days? \$ _____ ** THIS MUST BE ANSWERED **		