

# BANKRUPTCY WORKSHEETS

**NAME:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**CHAPTER 7** \_\_\_\_\_ **CHAPTER 13** \_\_\_\_\_ **PAID:** \_\_\_\_\_

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## GENERAL INFORMATION

The information you are asked to provide is required to prepare a formal Bankruptcy Petition. All questions must be answered completely and correctly. Your worksheets must have accurate information. If you omit information or require changes and it is necessary to amend your bankruptcy petition, an additional charge will be made. It is important that you complete this form so that it is readable.

It is especially important that you provide all the information required for all creditors, i.e. the creditor's name, address, zip code, account number, and amounts due. Also include information if the account has been turned over to a collection agency or attorney.

Please remember that I am not an attorney and therefore cannot offer any legal advice. If you have any questions regarding your bankruptcy, please contact an attorney for legal advice. You can also go on the internet and google "DISTRICT OF ARIZONA BANKRUPTCY COURT" and that will take you directly to the Arizona Bankruptcy Court website. They have very good information for Debtors filing on their own and this information will probably answer many of your questions.

**PRIORITY CREDITORS**

1. Do you owe wages, salaries, commissions, vacation pay, severance and/or sick leave to any of your employees, not exceeding \$2,000.00 to each, earned within 90 days of today's date or cessation of your business?     YES     NO
2. Do you owe any contributions to your employees' benefit plans for services rendered within 180 days of today's date or the cessation of your business?     YES     NO
3. Do you owe any money to farmers?     YES     NO
4. Do you owe any money to fisherman?     YES     NO
5. Do you owe any individual money deposited for purchase, lease or rental of property or services for personal, family or household use, that were delivered or provided?     YES     NO
6. Have you filed federal and state income tax returns for the last 7 years:     YES     NO  
 IF YOU HAVE NOT FILED RETURNS, WHAT YEARS HAVE YOU NOT FILED AND HOW MUCH DO YOU OWE (APPROXIMATELY) FOR EACH YEAR?

IRS:    Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_    Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_  
           Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_    Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_  
           Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_    Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_

STATE: (Specify):    Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_    Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_  
                                   Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_    Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_  
                                   Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_    Year \_\_\_\_\_ Owe: \$ \_\_\_\_\_

7. Have you received tax refunds this year?     YES     NO  
 IRS:                    \$ \_\_\_\_\_                    Date received: \_\_\_\_\_  
 STATE:                \$ \_\_\_\_\_                    Date received: \_\_\_\_\_
8. Do you expect to receive a tax refund for the upcoming tax year?     YES     NO  
 STATE:                \$ \_\_\_\_\_                    IRS:    \$ \_\_\_\_\_

**PLEASE NOTE THAT YOU MUST BE CURRENT ON ALL OF YOUR STATE AND FEDERAL INCOME TAX RETURN FILINGS BY THE TIME OF YOUR 341a HEARING.**

**\*\*\*\*\* CREDITOR INFORMATION \*\*\*\*\***

Name of Creditor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Account No: \_\_\_\_\_

Purpose of Debt:  
 Cash loan  
 Credit card  
 Medical  
 To Purchase: \_\_\_\_\_  
 Home mortgage - Address: \_\_\_\_\_  
 Auto loan - Vehicle: \_\_\_\_\_  
 Other \_\_\_\_\_

Is this debt SECURED \_\_\_\_\_ or UNSECURED \_\_\_\_\_? Do you want to:  
 Surrender the collateral  
 Reaffirm the debt  
 Redeem the collateral for: \$ \_\_\_\_\_  
FAIR MARKET VALUE: \$ \_\_\_\_\_

Total Amount Owed: \$ \_\_\_\_\_

Have you been contacted by an attorney or collection agency for this debt?  
 YES  NO. If Yes, provide

Monthly payment: \$ \_\_\_\_\_  
Number of payments behind: \_\_\_\_\_  
Interest rate: \_\_\_\_\_ %  
Date debt incurred: \_\_\_\_\_

Name of Agency or Attorney: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Husband's separate debt \_\_\_\_\_  
Wife's Separate debt: \_\_\_\_\_  
Joint Debt: \_\_\_\_\_  
Other Co-Debtor: \_\_\_\_\_  
Name, Address, Relationship to You

## PROPERTY AND EXEMPTIONS

You MUST LIST ALL PROPERTY that you own that is in your possession and/or under your control.. Do NOT list property held by you for another person. This question will be asked later in these worksheets.

**EXEMPTIONS:** Under the law, certain things you own are “exempt from process”, which means that no one can legally take this property from you (although there are some limited exceptions) If you are filing bankruptcy under Chapter 7, you are able to retain all EXEMPT PROPERTY that you own outright up to a certain value, and there is not a loan obligation against the property and the property is not listed as collateral on a security agreement with one of your creditors.

Any property that does not fall within the exemption limits is considered “NON-EXEMPT” and you may have to surrender it to your Trustee or redeem it for its market value, at your option.

1. **REAL PROPERTY (Real Estate):** (Equity EXEMPT up to a maximum of \$100,000.00)

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

City, County, State, Zip: \_\_\_\_\_

Do you reside there? \_\_\_\_\_ YES \_\_\_\_\_ NO

What is the market value of the property: \$ \_\_\_\_\_

What do you owe on the property: \$ \_\_\_\_\_ \$ \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

2. **MOBILE HOME AND OWN THE LAND (Real Estate):** (Equity EXEMPT up to a maximum of \$100,000.00)

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

City, County, State, Zip: \_\_\_\_\_

Do you reside there? \_\_\_\_\_ YES \_\_\_\_\_ NO

What is the market value of the property: \$ \_\_\_\_\_

What do you owe on the property: \$ \_\_\_\_\_ \$ \_\_\_\_\_

DESCRIPTION: Year \_\_\_\_\_ Make \_\_\_\_\_

Size (e.g. 24x60) \_\_\_\_\_ ID NO> \_\_\_\_\_

3. **OTHER REAL ESTATE:** Do you own or have part interest in any other real estate anywhere?

\_\_\_\_\_ YES \_\_\_\_\_ NO. If YES, provide the following information:

Location: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_ Amount you owe: \$ \_\_\_\_\_

This property is NOT EXEMPT.

4. **CASH ON HAND.** If you have \$25.00 or less cash on hand, check “Nominal” \_\_\_\_\_. If none, check here: \_\_\_\_\_. If you have more than \$25.00 cash on hand, enter the amount here: \$ \_\_\_\_\_. Cash on hand is NOT EXEMPT.

5. **DEPOSITS OF MONEY IN BANKS, SAVINGS & LOANS, CREDIT UNIONS AND**

**OTHER INSTITUTIONS.** Please list here the amount of money that you have deposited in all of your accounts: \$ \_\_\_\_\_. The individual exemption is \$150.00 for one account. The dual exemption is \$300.00 for a joint filing (husband and wife) and for one or two accounts.

Name of Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Account No: \_\_\_\_\_  
 Type of Acct: \_\_\_\_\_  
 Name on Acct: \_\_\_\_\_

6. **HOUSEHOLD GOODS, SUPPLIES & FURNISHINGS:** Enter the number of each item that you have listed below, and the fair market value (or garage sale value) of that item. The exemption for this property category is \$4,000.00 for an individual and \$8,000.00 for a dual exemption for husband and wife.

Description of Item	Number You Have	Value of Item	Description of Item	Number You Have of Item	Value
Kitchen Table	_____	\$ _____	Dresser	_____	\$ _____
Kitchen Chairs	_____	\$ _____	Clock Radio	_____	\$ _____
Dining Room Table	_____	\$ _____	Family Portraits	_____	\$ _____
Dining Room Chairs	_____	\$ _____	Television Set	_____	\$ _____
Living Room Chairs	_____	\$ _____	Refrigerator	_____	\$ _____
Living Room Sofa(s)	_____	\$ _____	Stereo	_____	\$ _____
Living Room End Tables	_____	\$ _____	Radio	_____	\$ _____
Living Rm. Coffee Table	_____	\$ _____	Washing Machine	_____	\$ _____
Living Room Rug	_____	\$ _____	Dryer	_____	\$ _____
Living Room Lamps	_____	\$ _____	Vacuum Cleaner	_____	\$ _____
Bedroom Lamps	_____	\$ _____	Stove (not built-in)	_____	\$ _____
Beds with Bedding	_____	\$ _____	Oil Paintings	_____	\$ _____

The following property is NON-EXEMPT:

Description of Item	Number You Have	Value of Item	Description of Item	Number You Have of Item	Value
Video Cassette Recorder	_____	\$ _____	Microwave Oven	_____	\$ _____
Telephones	_____	\$ _____	Satellite Dish Antenna	_____	\$ _____
Video Camera	_____	\$ _____	Freezer	_____	\$ _____
Answering Machine	_____	\$ _____	Vanity w. Stool	_____	\$ _____

7. **ITEMIZE BELOW ANY HOUSEHOLD GOODS, SUPPLIES AND FURNISHINGS NOT PREVIOUSLY LISTED:**

Description of Item	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. **BOOKS, PICTURES AND OTHER ART OBJECTS; STAMP, COIN AND OTHER COLLECTIONS:** Do NOT list paintings and pictures that you have previously listed under household furnishings. Books are EXEMPT to \$250.00 (individual) and \$500.00 (dual) Remaining items in this property category are NON-EXEMPT

Description of Item	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

9. **WEARING APPAREL, JEWELRY, FIREARMS, SPORTS EQUIPMENT & OTHER PERSONAL POSSESSION:**

**Wearing Apparel:** This is EXEMPT up to \$500.00 for Individual and \$1,000.00 for Dual (husband and wife). Please list the market value of your wardrobe: \$ \_\_\_\_\_.

**Engagement & Wedding Rings:** This is EXEMPT up to \$1,000.00 for Individual and \$2,000.00 for Dual (husband and wife). Please list the number of rings you have here: \_\_\_\_\_. Please list the TOTAL market value: \$ \_\_\_\_\_.

**Watches:** This is EXEMPT up to \$100.00 for Individual and \$200.00 for Dual (husband and wife). Please list the number of watches you have here: \_\_\_\_\_. Please list the TOTAL market value: \$ \_\_\_\_\_.

One of each item in the following group is EXEMPT to a maximum combined value of \$500.00 for Individual and \$1,000.00 for Dual (husband and wife). Any others and any amount above this limit are NON-EXEMPT. Note: Only one weapon is EXEMPT. Any additional weapons are NON-EXEMPT.

Description of Item	Number You Have	Market Value
Typewriter	_____	\$ _____
Bicycle	_____	\$ _____
Sewing Machine	_____	\$ _____
Family Bible	_____	\$ _____
Lot in burial ground	_____	\$ _____
Shotgun, rifle, pistol	_____	\$ _____

List below any other jewelry, firearms, sports equipment and other personal possessions, including still and movie cameras and other photo equipment. All the property listed below is NON-EXEMPT.

Description of Item	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

10. **AUTOMOBILES, TRUCKS, TRAILERS AND OTHER VEHICLES:** (Do not include

mobile homes). One (1) motor vehicle (including motorcycles) is EXEMPT to a maximum equity of \$5,000.00 for Individual and \$10,000.00 for Dual (husband and wife) and \$10,000.00 for Individual maimed or crippled. List ALL VEHICLES to which you and/or your spouse have title:

Model Year	Make	Model	Vehicle ID No.	Market Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

11. **BOATS, MOTORS AND THEIR ACCESSORIES:** All property in this category is NON-EXEMPT. Provide the complete description of property, including, MAKE, MODEL, SERIAL NUMBER, etc:

Description	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. **LIVESTOCK, POULTRY AND OTHER ANIMALS:** Include pets. This is EXEMPT up to \$500.00.

Description	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

13. **FARMING EQUIPMENT, SUPPLIES & IMPLEMENTS:** This is EXEMPT up to \$1,500.00.

Description	Number You Have	Market Value
_____	_____	\$ _____

14. **OFFICE EQUIPMENT, FURNISHINGS & SUPPLIES:** Property in this category is EXEMPT only if it is used in a business or profession, in which case the exemption must combine with that for business property listed in Paragraph 14 below. The COMBINED TOTAL EXEMPTION for “Tools and Equipment used in a commercial activity, trade or business” is limited to a maximum of \$2,500.00 market value.

Description	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

15. **MACHINERY, FIXTURES, EQUIPMENT AND SUPPLIES USED IN BUSINESS:** (Not previously listed)..TOTAL COMBINED EXEMPTION IN PARAGRAPHS 13 & 14 is \$2,500.00.

Description	Number You Have	Market Value
_____	_____	\$ _____

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

16. **INVENTORY:** For Businesses Only. Property in this category is NON-EXEMPT.

Description:	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____

17. **MOBILE HOME IN RENTAL PARK OR ON OTHER NON-OWNED LAND:**  
 You must reside in the mobile home to claim the exemption. EXEMPT up to an equity of \$100,000.00.

Year	Make	Size (e.g. 24'x60')	ID Number	Market Value
_____	_____	_____	_____	\$ _____

Address: \_\_\_\_\_  
 Amount Owed: \$ \_\_\_\_\_ Creditor Name: \_\_\_\_\_

18. **ARMS, UNIFORMS & ACCESSORIES REQUIRED BY LAW OR EMPLOYMENT TO BE KEPT BY YOU:** This is 100% EXEMPT.

Description	Number You Have	Market Value
_____	_____	\$ _____

19. **PROSTHESES PRESCRIBED BY A DOCTOR OR OTHER PROFESSIONAL FOR YOU OR YOUR DEPENDENTS: (Including wheelchairs)** This is 100% EXEMPT

Description	Number You Have	Market Value
_____	_____	\$ _____

20. **FOOD, FUEL AND PROVISIONS (for 6 months):** This is 100% EXEMPT

Description	Number You Have	Market Value
_____	_____	\$ _____

21. **PATENTS, COPYRIGHTS, LEASES, FRANCHISES AND OTHER TANGIBLE ASSETS YOU OWN:** This is NON-EXEMPT.

Description	Number You Have	Market Value
_____	_____	\$ _____

22. **GOVERNMENT & CORPORATE BONDS AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS:** This is NON-EXEMPT

Description	Number You Have	Market Value
_____	_____	\$ _____

23. **OTHER TANGIBLE PERSONAL PROPERTY YOU HAVE THAT HAS NOT BEEN**

**LISTED ELSEWHERE:**

<b>Description</b>	<b>Number You Have</b>	<b>Market Value</b>
_____	_____	\$ _____

23. **OTHER DEBTS OWING TO YOU:**

<b>Name of Person Who Owes You Money</b>	<b>Address of Person Who Owes You Money</b>	<b>Amount Owed To You</b>
_____	_____	\$ _____

8. **OTHER MONEY THAT MAY BE OWED TO YOU, SUCH AS POSSIBLE PROCEEDS OF A LAWSUIT:** Note: If you are expecting an insurance settlement for damage to or destruction of any of your EXEMPT property, that settlement amount will be 100% EXEMPT.

<b>Description of Claim</b>	<b>Adverse Party Name and Address</b>	<b>Amount of Claim</b>
_____	_____	\$ _____

9. **YOUR INTEREST IN INSURANCE POLICIES:** Name of insurance company, policy number and surrender or cash value of each policy.

<b>Description</b>	<b>Market Value</b>
_____	\$ _____

10. **ANNUITIES PAYABLE TO YOU:**

<b>Description</b>	<b>Market Value</b>
_____	\$ _____

11. **STOCK AND OTHER INTERESTS IN INCORPORATED/UNINCORPORATED COMPANIES:**

<b>Description</b>	<b>Market Value</b>
_____	\$ _____

12. **YOUR INTEREST IN ANY PARTNERSHIPS:**

<b>Description</b>	<b>Market Value</b>
_____	\$ _____

13. **EQUITABLE OR FUTURE INTEREST, LIFE ESTATES AND RIGHTS OR POWERS EXERCISABLE FOR YOUR BENEFIT, OTHER THAN THOSE LISTED PREVIOUSLY UNDER REAL PROPERTY:**

<b>Description</b>	<b>Market Value</b>
_____	\$ _____

14. **PROPERTY TRANSFERRED UNDER ASSIGNMENT FOR BENEFIT OF CREDITORS WITHIN 120 DAYS PRIOR TO YOUR COMPLETION OF THIS WORKSHEET:**

**Description** \_\_\_\_\_ **Market Value**  
\$ \_\_\_\_\_

**15. PROPERTY NOT OTHERWISE SCHEDULED:**

**Description** \_\_\_\_\_ **Market Value**  
\$ \_\_\_\_\_

**16. EXECUTOR CONTRACTS OR LEASES:**

<b>Name and Address of Leaseholder</b>	<b>Monthly Payment</b>	<b>Lease Period and Type of Lease</b>	<b>Amount of Security Dep.</b>
_____	\$ _____	_____	\$ _____
_____			
_____			

**17. RETIREMENT PLAN:** List any pension or retirement plans you own and whether it is qualified under Sections 401(a), 403(a), 403(b), 408 or 409 of the US Internal Revenue Code.

**Is your contribution to the plan VOLUNTARY \_\_\_\_\_ or MANDATORY \_\_\_\_\_?**

**How much have YOU contributed to the plan within the last 120 days prior to the completion of these worksheets? \$ \_\_\_\_\_**

**What is the total amount in your plan: \$ \_\_\_\_\_**

## PERSONAL AND FINANCIAL INFORMATION

### DEBTOR INFORMATION:

33.  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

All other names that you have used during the past 6 years, including trade names:  
\_\_\_\_\_

18. Social Security Number and/or Employer ID Number  
\_\_\_\_\_

Phone Number:  
\_\_\_\_\_

19. Residence Address:  
Street Address:  
\_\_\_\_\_  
City, State, Zip Code:  
\_\_\_\_\_  
County: \_\_\_\_\_  
How long resided there: \_\_\_\_\_

20. How long resided in AZ: \_\_\_\_\_

21. List previous residences during the past TWO YEARS:

From	To	Address	City	State	Zip
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

22. Marital Status: \_\_\_\_\_ Married living with spouse

### DEBTOR SPOUSE INFORMATION:

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

All other names that you have used during the past 6 years, including trade names:  
\_\_\_\_\_

Social Security Number and/or Employer ID Number  
\_\_\_\_\_

Phone Number:  
\_\_\_\_\_

Residence Address:  
Street Address  
\_\_\_\_\_  
City, State, Zip Code:  
\_\_\_\_\_  
County: \_\_\_\_\_  
How long resided there: \_\_\_\_\_

How long resided in AZ: \_\_\_\_\_

Children: List Names and Ages

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

- \_\_\_\_ Married living apart
- \_\_\_\_ Legally separated
- \_\_\_\_ Divorce Pending
- \_\_\_\_ Divorce Final
- \_\_\_\_ Widow or Widower
- \_\_\_\_ Single never married
- \_\_\_\_ Other: Specify

39. Your Present Occupation

\_\_\_\_\_

Employer Name:

\_\_\_\_\_

Employer Address:

\_\_\_\_\_

\_\_\_\_\_

Employer Phone No:

\_\_\_\_\_

Length of Employment:

\_\_\_\_\_

Pay Periods:

- \_\_\_\_ Weekly
- \_\_\_\_ Every other week
- \_\_\_\_ Twice a month
- \_\_\_\_ Once a month
- \_\_\_\_ Other

Your Present Occupation

\_\_\_\_\_

Employer Name:

\_\_\_\_\_

Employer Address:

\_\_\_\_\_

\_\_\_\_\_

Employer Phone No:

\_\_\_\_\_

Length of Employment:

\_\_\_\_\_

Pay Periods:

- \_\_\_\_ Weekly
- \_\_\_\_ Every other week
- \_\_\_\_ Twice a month
- \_\_\_\_ Once a month
- \_\_\_\_ Other

40. Have you been engaged in any business or been in partnership with anyone during the past six years?

\_\_\_\_ YES    \_\_\_\_ NO

If YES, provide name of business, address, date opened, date closed, and names and addresses of any partners

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

Have you been engaged in any business or been in partnership with Anyone during the past six years?

\_\_\_\_ YES    \_\_\_\_ NO

If YES, provide name of business, address, date opened, date closed, and names and address of any partners:

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

41. List your GROSS ANNUAL INCOME from EMPLOYMENT only for the last

List your GROSS ANNUAL INCOME from EMPLOYMENT only for the last

three years (including this year)

three years (including this year)

20\_\_ \$ \_\_\_\_\_  
20\_\_ \$ \_\_\_\_\_  
20\_\_ \$ \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_  
20\_\_ \$ \_\_\_\_\_  
20\_\_ \$ \_\_\_\_\_

42. List OTHER INCOME from other sources that you have received for the last three years including this year

List OTHER INCOME from other sources that you have received for the last three years including this year

20\_\_ \$ \_\_\_\_\_  
For: \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_  
For: \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_  
For: \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_  
For: \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_  
For: \_\_\_\_\_

20\_\_ \$ \_\_\_\_\_  
For: \_\_\_\_\_

43. PAYMENTS TO CREDITORS: List any payments to creditors that you have that WERE GREATER THAN REQUIRED in the installment or security agreement:

\_\_\_\_\_

44. SERVED WITH LEGAL PAPERS: Have you been served with legal papers within the last 2 years? YES \_\_\_\_\_ NO \_\_\_\_\_. Have you been a party to a lawsuit within the past 1 year? YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, answer the following:

Name of Court: \_\_\_\_\_  
Plaintiff: \_\_\_\_\_  
Defendant: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Type of Case: \_\_\_\_\_  
Status of Case: \_\_\_\_\_

45. HAS ANY PROPERTY BEEN ATTACHED OR SEIZED OR HAVE YOUR WAGES OR BANK ACCOUNTS BEEN GARNISHED WITHIN THE LAST 1 YEAR: \_\_\_\_ YES \_\_\_\_ NO. If YES, provide name of creditor, description of property or name of employer or bank account garnished, and date:

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

47. REPOSSESSIONS AND RETURNS: Has any property been returned to (repossessed) a creditor during the past 2 years? YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, provide the creditor's name, address, description of property, date of repo, and value of property:

\_\_\_\_\_

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48. **RECEIVERSHIPS, GENERAL ASSIGNMENTS AND OTHER MODES OF LIQUIDATION:** Is any of your property being held by a receiver, trustee or other liquidating agent? **YES**\_\_\_\_\_ **NO**\_\_\_\_\_. **If YES**, provide description of the property, name and address of liquidating agent, and court and case number, if any.

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49. **Have you made any assignment for the benefit of creditors or given any property to your creditors within the past year?** **YES**\_\_\_\_\_ **NO**\_\_\_\_\_. **If YES**, provide the date assigned, name and address of creditor and summary of agreement:

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50. **OTHER TRANSFERS:** Have you made any other transfers (including any pledge of your property to a creditor as security for a debt) within the past year? **YES**\_\_\_\_\_ **NO**\_\_\_\_\_. **If YES**, provide the description of property transferred, date of transfer, to whom transferred, relationship with recipient, what did you receive in exchange:

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51. **BANK ACCOUNTS AND SAFE DEPOSIT BOXES:**

List all OPEN ACCOUNTS you have had within the last 2 YEARS:

**Name of Institution:** \_\_\_\_\_  
**Address, City, State, Zip** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**Type of Account:** \_\_\_\_\_  
**Name(s) on Account:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_  
**Address, City, State, Zip** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**Type of Account:** \_\_\_\_\_  
**Name(s) on Account:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_  
**Address, City, State, Zip** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**Type of Account:** \_\_\_\_\_  
**Name(s) on Account:** \_\_\_\_\_

List all CLOSED ACCOUNTS you have had within the last 2 YEARS:

**Name of Institution:** \_\_\_\_\_  
**Address, City, State, Zip** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**Type of Account:** \_\_\_\_\_

**Name(s) on Account:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

**Address, City, State, Zip** \_\_\_\_\_

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

**Type of Account:** \_\_\_\_\_

**Name(s) on Account:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

**Address, City, State, Zip** \_\_\_\_\_

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

**Type of Account:** \_\_\_\_\_

**Name(s) on Account:** \_\_\_\_\_

52. List all SAFE DEPOSIT BOXES you have had within the last 2 YEARS:

**Name of Institution:** \_\_\_\_\_

**Address, City, State, Zip** \_\_\_\_\_

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

**Type of Account:** \_\_\_\_\_

**Name(s) on Account:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

**Address, City, State, Zip** \_\_\_\_\_

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

**Type of Account:** \_\_\_\_\_

**Name(s) on Account:** \_\_\_\_\_

53. **SET OFFS:** List all set offs made by any creditor, including a bank, against a debt or deposit of the debtors within 90 days preceding the commencement of this case. If none: \_\_\_\_\_

54. **PROPERTY HELD FOR ANOTHER:** Do you hold any property for another person?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If **YES**, give description of property, value of property, name and address of owner.

\_\_\_\_\_

\_\_\_\_\_

55. **PRIOR BANKRUPTCY:** Have you ever had proceedings under the Bankruptcy Act?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If **YES**, provide the following: Person who filed, date filed, court filed in, state filed in, case number, chapter type, result and date of discharge.

\_\_\_\_\_

56. **LOANS REPAID:** What payments on loans have you made during the past year?

\_\_\_\_\_ Regular monthly payments \_\_\_\_\_ sporadic \_\_\_\_\_ none

57. **BOOKS AND RECORDS:** List the records that you have keep during the past two years:

\_\_\_\_\_ Bills \_\_\_\_\_ Receipts \_\_\_\_\_ Canceled checks \_\_\_\_\_ Check Register

(A) Do you have possession of these records? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

(B) Have any of these records been lost or destroyed? YES \_\_\_\_\_ NO \_\_\_\_\_

58. **PROPERTY IN HANDS OF ANOTHER PERSON?** Is anyone holding anything of value that belongs to you? YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, provide the description of property, name and address of person in possession of property, and reason property is being held.

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59. **GIFTS:** Have you made any gifts (other than usual presents to family members and charitable organizations during the past year? YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, provide name and address of recipient, date of gift, description of gift, value of gift:

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60. **LOSSES:** Have you suffered ANY losses from fire, theft or gambling during the past twelve (12) months? YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, provide date of loss, description of property loss, value of loss, explanation of loss:

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61. **Was the loss covered in whole or in part by insurance?** YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, provide the name of insurance company, amount received, date received and disposition of process:

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62. **PAYMENTS OR TRANSFERS TO ATTORNEYS:** List all attorneys that you have consulted in the past 12 months: Name, address, date of consultation, amount paid:

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**MONTHLY INCOME OF DEBTOR**  
*(Attach pay stubs or payments received for the last 6 months)*

**DEBTOR**

**SPOUSE**

Gross Pay per pay period: \$ \_\_\_\_\_

Gross Pay per pay period: \$ \_\_\_\_\_

LESS:

LESS:

Payroll taxes, i.e. social security, federal, state, etc: \$ \_\_\_\_\_

Payroll taxes, i.e. social security, federal, state, etc: \$ \_\_\_\_\_

Medical insurance: \$ \_\_\_\_\_

Medical insurance: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Loan on retirement: \$ \_\_\_\_\_

Loan on retirement: \$ \_\_\_\_\_

Union Dues: \$ \_\_\_\_\_

Union Dues: \$ \_\_\_\_\_

Credit Union: \$ \_\_\_\_\_

Credit Union: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Take Home per pay period: \$ \_\_\_\_\_

Take Home per pay period: \$ \_\_\_\_\_

\*\*\*\*\*

**OTHER MONTHLY INCOME:**

**OTHER MONTHLY INCOME:**

From operation of business: \$ \_\_\_\_\_

From operation of business: \$ \_\_\_\_\_

From social security: \$ \_\_\_\_\_

From social security: \$ \_\_\_\_\_

From pension/retirement: \$ \_\_\_\_\_

From pension/retirement: \$ \_\_\_\_\_

From disability insurance: \$ \_\_\_\_\_

From disability insurance: \$ \_\_\_\_\_

From unemployment comp: \$ \_\_\_\_\_

From unemployment comp: \$ \_\_\_\_\_

From second job: \$ \_\_\_\_\_

From second job: \$ \_\_\_\_\_

From rental/real property: \$ \_\_\_\_\_

From rental/real property: \$ \_\_\_\_\_

From investment income: \$ \_\_\_\_\_

From investment income: \$ \_\_\_\_\_

From spousal maintenance: \$ \_\_\_\_\_

From spousal maintenance: \$ \_\_\_\_\_

From child support: \$ \_\_\_\_\_

From child support: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

## ESTIMATED AVERAGE MONTHLY EXPENSES

Totals for Debtor, Debtor's spouse, and dependents:

Home mortgage	\$ _____
Includes property taxes: YES _____ NO _____	
Includes fire insurance: YES _____ NO _____	
Second mortgage	\$ _____
Home maintenance	\$ _____
Rent	\$ _____
Association dues	\$ _____
Utilities:	
Electricity	\$ _____
Water	\$ _____
Telephone	\$ _____
Gas	\$ _____
Cable TV	\$ _____
Water softener	\$ _____
Cooler rent	\$ _____
Other	\$ _____
Food	\$ _____
Clothing	\$ _____
Dry Cleaning/Laundry	\$ _____
Newspapers, magazines and recreation expenses	\$ _____
Medical, dental and drug expense (not covered by insurance)	\$ _____
Insurance not deducted from wages:	
Auto insurance	\$ _____
Life insurance	\$ _____
Health insurance	\$ _____
Home owners or renters insurance	\$ _____
Other: _____	\$ _____
Transportation expense:	
Auto installment payment	\$ _____
Auto installment payment	\$ _____
Car maintenance	\$ _____
Gas and oil	\$ _____
Other: _____	\$ _____
Spousal maintenance (for: _____)	\$ _____
Child support (for: _____)	\$ _____
Other payments for support of dependents not at home	\$ _____
Union, professional or social dues	\$ _____
Taxes (personal, property or other)	\$ _____
Religious and other charitable contributions	\$ _____
Other installment payments on secured items	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

NET MONTHLY INCOME: \$ \_\_\_\_\_

Less: MONTHLY EXPENDITURES: \$ \_\_\_\_\_

SURPLUS MONTHLY INCOME: \$ \_\_\_\_\_