

Previous Year 2000
Source _____
Amount _____

6. Is your spouse currently employed: _____ Yes _____ No
Spouse's Employer's Name: _____
Address: _____
Phone _____
Spouse's occupation & nature of business: _____
Dates employed: _____
_____ Employee _____ Owner

7. Spouse's Gross income received:

So far this year 2002
Source _____
Amount _____

Last year 2001
Source _____
Amount _____

Previous Year 2000
Source _____
Amount _____

8. Other sources of income? _____ Yes _____ No
If yes, list the following:

So far this year 2002
Source _____
Amount _____

Last year 2001
Source _____
Amount _____

Previous Year 2000
Source _____
Amount _____

9. Prior Bankruptcy? _____ Yes _____ No
If yes, date filed ___/___/___, chapter____, case
number_____, date dismissed/discharged_____.

ATTACH COPIES OF YOUR 2000 AND 2001 TAX RETURNS TO THE END OF THIS FORM

LIST ALL DEPENDENTS (CHILDREN):

Name

Age

Relationship

- 1.
- 2.
- 3.

REAL PROPERTY

IS YOUR NAME ON TITLE TO A HOUSE, LAND OR TIME SHARE ANYWHERE IN THE WORLD? If NO, list the name and address of your landlord, the terms of your lease including the date you entered into the lease and the date it ends, or if you are renting month-to-month and the amount of rent.

Landlord: _____

Address: _____

Terms: _____ Mo. Pmt. \$ _____

IF YES, PLEASE FILL OUT THE FOLLOWING ANSWERING EACH AND EVERY QUESTION. WE MUST HAVE AN ANSWER TO EACH QUESTION ASKED IN ORDER TO PREPARE THE BANKRUPTCY PETITION.

Property Address: _____

Purchase Date: ___/___/___ Purchase Price: \$ _____

Name of Owners: _____

Current Value: \$ _____

First Mortgage:

Name of Mortgage Co.: _____

Address of Mortgage Co.: _____

Telephone No. () _____

The month and year you received the loan? _____, _____

Original loan amount \$ _____

Account No. _____ Interest Rate: _____%

Balance \$ _____ Monthly Payment \$ _____

Late Charge \$ _____ Due Date ___/___/___

Any co-owners or co-signors on the note? If so, list name, address and relationship to you: _____

_____ Nu

number of months behind _____

Is Property in Foreclosure? _____ Yes _____ No

If yes, date of sale: _____, 20__

If you have received any letters from your mortgage company or its attorney, please forward me copies of same. Should you receive any letters from them in the future, **please forward them to me immediately.**

Name, address & ph. number of attorney for mortgage co:

(_____) _____

Second Mortgage:

Name of Mortgage Co.: _____

Address of Mortgage Co.: _____

Telephone No. () _____

The month and year you obtained the loan? _____

Original loan amount \$ _____

Account No. _____ Interest Rate: _____%

Balance \$ _____ Monthly Payment \$ _____

Late Charge \$ _____ Due Date ____/____/____

Any co-owners or co-signors on the note? If so, list name, address and relationship to you: _____

Number of months behind _____

Property in Foreclosure? _____ Yes _____ No

If yes, date of sale: _____, 20__

If you have received any letters from your mortgage company or its attorney, please forward me copies of same. Should you receive any letters from them in the future, please forward them to me immediately.

Name, address & ph. number of attorney for mortgage co:

(____) _____

ARE YOU RENTING THIS PROPERTY? _____no _____yes

If Yes, state name of tenants _____

How long is the lease _____

Monthly rental income \$ _____

IF YOU OWN ANY ADDITIONAL REAL PROPERTY (such as rental properties)
LIST THEM BELOW INCLUDE ALL OF THE ABOVE INFORMATION.

AUTOMOBILES OWNED OR LEASED

Year _____ Make _____ Model _____
Extras: /_Air conditioning,_CD player,_automatic transmission
_ 4 wheel drive, _power steering _sun roof _cruise control
CIRCLE: PURCHASED LEASED
Date of purchase: ____/____/____ Purchase Price \$_____
Loan Amount \$_____ Years Financed: _____

Lender's Name _____
Lender's Address _____

Account No. _____
Monthly Payment \$_____
No. of months behind _____ Balance of Loan: \$_____
Milage _____ Interest rate: _____ %
Current Value of Vehicle \$_____
Due date every month:_____
Name owner(s) the vehicle:_____
Any co-signors? _____No _____Yes
If yes, who co-signed: Name _____
Address _____

Year _____ Make _____ Model _____
Extras: /_Air conditioning,_CD player,_automatic transmission
_ 4 wheel drive, _power steering _sun roof _cruise control
CIRCLE: PURCHASED LEASED
Date of purchase: ____/____/____ Purchase Price \$_____
Loan Amount \$_____ Years Financed: _____

Lender's Name _____
Lender's Address _____

Account No. _____
Monthly Payment \$_____
No. of months behind _____ Balance of Loan: \$_____
Current Value of Vehicle \$_____ Interest rate: _____ %
Due date every month:_____
Name owner(s) of vehicle:_____
Any co-signors? _____No _____Yes
If yes, who co-signed: Name _____
Address _____

IF YOU OWN ANY ADDITIONAL AUTOMOBILES, LIST THEM ON A SEPARATE
PIECE OF PAPER.

CREDITOR INFORMATION (list all!, make additional copies of this page, if necessary)

CREDITOR NAME _____ Collection Agency:
ADDRESS _____

ACCOUNT NO. _____
BALANCE \$ _____
ITEMS PURCHASED _____
TYPE OF ACCT. _____
(Joint, Husband, Wife)
CO-SIGNER (name) _____

CREDITOR NAME _____ Collection Agency:
ADDRESS _____

ACCOUNT NO. _____
BALANCE \$ _____
ITEMS PURCHASED _____
TYPE OF ACCT. _____
(Joint, Husband, Wife)
CO-SIGNER (name) _____

CREDITOR NAME _____ Collection Agency:
ADDRESS _____

ACCOUNT NO. _____
BALANCE \$ _____
ITEMS PURCHASED _____
TYPE OF ACCT. _____
(Joint, Husband, Wife)
CO-SIGNER (name) _____

CREDITOR NAME _____ Collection Agency:
ADDRESS _____

ACCOUNT NO. _____

BALANCE \$ _____
ITEMS PURCHASED _____
TYPE OF ACCT. _____
(Joint, Husband, Wife)
CO-SIGNER (name) _____

**You must also attach copies of recent credit card statements
and/or correspondence from the creditor to the end of this form**

PERSONAL PROPERTY QUESTIONS

List value of the following and describe, if appropriate:

1. How much cash do you have in your wallet? \$_____

2. List checking and savings accounts, cert. of deposits, credit unions, etc:
 Name of institution/location_____

 Account No._____ Type of account: _____

 Name on account: (Husband, Wife, Joint) _____

 Balance: \$_____

 Name of institution/location_____

 Account No._____ Type of account: _____

 Name on account: (Husband, Wife, Joint) _____

 Balance: \$_____

 (use separate piece of paper to list additional institutions)

3. Do you have any security deposits with landlords, public utilities, telephone companies, etc? If so, state the name of the person holding the deposit, their address, and the amount of the deposit:

4. HOUSEHOLD GOODS AND FURNISHINGS: Please check off all household goods that you own. If you own more than one of these items, place a number on the right side of the item. List the value of the property. The value should be determined by the price you would buy or sell the property for at a YARD SALE.

You must attach copies of any homeowners policy you may have to the end of this form.

<u>ITEM</u>	<u>NUMBER OF</u> <u>ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF</u> <u>ITEMS OWNED</u>	<u>VALUE</u>
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LIVING ROOM:

COUCH	_____	\$_____	LOVE SEAT	_____	\$_____
CHAIR	_____	\$_____	TABLES	_____	\$_____
LAMPS	_____	\$_____	TV	_____	\$_____
STEREO	_____	\$_____	VCR	_____	\$_____
RUGS	_____	\$_____			

DINING ROOM:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
TABLE	_____	\$ _____	CHAIRS	_____	\$ _____
CHINA	_____		WALL UNIT	_____	\$ _____
CABINET	_____	\$ _____	BUFFET	_____	\$ _____

KITCHEN:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
TABLE	_____	\$ _____	CHAIRS	_____	\$ _____
MISC.	_____				
COOKING & EATING UTENSILS	_____	\$ _____	APPLIANCES	_____	\$ _____

DEN:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
COUCH	_____	\$ _____	LOVE SEAT	_____	\$ _____
CHAIR	_____	\$ _____	TABLES	_____	\$ _____
LAMPS	_____	\$ _____	TV	_____	\$ _____
STEREO	_____	\$ _____	DESK	_____	\$ _____
WALL UNIT	_____	\$ _____			

BEDROOM #1:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
BED	_____	\$ _____	DRESSER	_____	\$ _____
CH/DWR	_____	\$ _____	TABLES	_____	\$ _____
LAMPS	_____	\$ _____	TV	_____	\$ _____
STEREO	_____	\$ _____	DESKS	_____	\$ _____
CHAIRS	_____	\$ _____			

BEDROOM #2:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
BED	_____	\$ _____	DRESSER	_____	\$ _____
CH/DWR	_____	\$ _____	TABLES	_____	\$ _____
LAMPS	_____	\$ _____	TV	_____	\$ _____

STEREO	_____	\$ _____	DESKS	_____	\$ _____
_____	_____	\$ _____			

BEDROOM #3:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
BED	_____	\$ _____	DRESSER	_____	\$ _____
CH/DWR	_____	\$ _____	TABLES	_____	\$ _____
LAMPS	_____	\$ _____	TV	_____	\$ _____
STEREO	_____	\$ _____	DESKS	_____	\$ _____
_____	_____	\$ _____			

BEDROOM #4:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
BED	_____	\$ _____	DRESSER	_____	\$ _____
CH/DWR	_____	\$ _____	TABLES	_____	\$ _____
LAMPS	_____	\$ _____	TV	_____	\$ _____
STEREO	_____	\$ _____	DESKS	_____	\$ _____
_____	_____	\$ _____			

BASEMENT:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
COUCH	_____	\$ _____	LOVE SEAT	_____	\$ _____
CHAIR	_____	\$ _____	TABLES	_____	\$ _____
LAMPS	_____	\$ _____	TV	_____	\$ _____
STEREO	_____	\$ _____	VCR	_____	\$ _____
DESK	_____	\$ _____			

MISC:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
Office Equipment	_____	\$ _____	Printer	_____	\$ _____
Computer	_____	\$ _____	Software	_____	\$ _____
Art Objects	_____	\$ _____	Scanner	_____	\$ _____
Antiques	_____	\$ _____	Fax Machine	_____	\$ _____
Coin/stamp Collection	_____	\$ _____	CDs & Player	_____	\$ _____
Lawnmower	_____	\$ _____	Pictures	_____	\$ _____
Mirrors	_____	\$ _____	Iron & Board	_____	\$ _____
			Garden Tools	_____	\$ _____
			Books	_____	\$ _____

Bookcases _____	\$ _____	Wall unit _____	\$ _____
Bicycles _____	\$ _____	Linen/sheets _____	\$ _____
DVD/videos _____	\$ _____	Washer/Dryer _____	\$ _____
Suitcases _____	\$ _____	Piano _____	\$ _____
Clocks _____	\$ _____	Radio _____	\$ _____
Candlestick _____	\$ _____	Telephone _____	\$ _____
hair dryer _____	\$ _____	Auto Tools _____	\$ _____

5. WEARING APPAREL: Please list the value of your clothing. The value should be determined by the price you would buy or sell the property for at a yard sale.

MALE CLOTHING: \$ _____ **FEMALE CLOTHING:** \$ _____

7. Do you own any jewelry? (wedding bands, watches) If yes, describe and give the value of each item _____

8. List all guns, sports, exercise, camera and other hobby equipment and give value of each.

9. Do you have any life insurance policies? ____ Yes ____ No
If yes, state with whom you have these policies, the face value of the policy, cash value of the policy, and whether or not they are term policies.

10. Do you receive annuities. ____ Yes ____ No
If yes, itemize, name each issuer and value.

11. Do you have any interest in IRA, ERISA, Keogh, or other pension or retirement/profit sharing plans? If yes, state the name, type and value of each:

12. Do you own any stock and interests in incorporated and unincorporated businesses? If yes, itemize and give value.

13. Do you have any interests in partnerships or joint ventures? If yes, itemize and give value.

14. Do you own any government and corporate bonds and other negotiable and non-negotiable instruments? If yes, list them and give value.

15. Any accounts receivables? If yes, list them and the value.

16. Any alimony, maintenance, support, or property settlements to which you are entitled. If yes, explain and give value of support.

17. Federal tax refunds due this year (not yet received) \$ _____
State tax refunds due this year (not yet received). \$ _____

18. Do you own any patents, copyrights, or other intellectual property? Give value and particulars.

19. Any licenses, franchises, and other general intangibles? Give value and particulars.

20. Do you own any trailers, tractors or other vehicles and accessories other than those listed under "Automobiles". If so, explain and give value of each.

21. Do you own any boats, motors and/or accessories? If so, list make, model, year and value.

Do you have a lien on your boat? ____ Yes ____ No. If yes, list them under the "creditor" section.

22. Do you own any aircraft and accessories? If yes, explain and give

value.

23. Do you own any machinery, fixtures, equipment, and supplies used in your business? If yes, explain and give value of each.

24. List all animals (pets) you own and the value of each animal.

25. Do you grow any crops? Give particulars.

26. Do you own any farming equipment and implements? If yes, explain and give value of each.

27. Do you own any farming supplies, chemicals and feed? If yes, explain and give value of each.

28. Do you own any other personal property of any kind not already listed? If yes, itemize and give value of each, including **time shares**.

29. Has anyone died from whom you are going to inherit? If yes, state what it is you are going to inherit, cash, property, etc. and when.

30. Has any of your wages been garnished, if so, state the creditor's name and how much will be garnished as on the date of filing.

31. Are you the beneficiary of a trust or future interest? If yes give details.

STATEMENT OF FINANCIAL AFFAIRS

1. List each creditor, friend or family member who was paid more than \$600 within the last 90 days.

2. 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 the last year.

3. List the name of charity and date of all gifts or charitable contributions made within the last year worth more than \$200.00.

4. List all losses from fire, theft or other casualty or gambling within the last year.

5. List all other property that you have transferred or sold within the last year, state name of purchaser, the date of sale and for how much.

6. Have you closed or transferred any bank accounts within the last year?
If so, list where they were closed or transferred from and where they were transferred to and how much was in the account when it was closed.

7. List each safe deposit box or other box or depository in which you have or had securities, cash, or other valuables within the last year.

8. List all property owned by another person in your possession, including custodial accounts (for children).

9. List all businesses which you were involved with as an officer, director, or partner within the last two years.

10. List all bookkeepers and accountants you have employed within the last six years.

11. List all judgments or lawsuits that have been filed by or against you.

Name of Plaintiff _____

Case Number _____

Name and Address _____

of Court _____

Plaintiff's atty's _____

Name and Address _____

Date of Judgment _____

Amount of Judgment \$ _____

Fill out the above information for each additional law suit.

You must attach copies of all court papers to the end of this form.

12. Has the IRS or the state filed a tax lien against you or your spouse? If the answer is yes, state the year(s) the lien(s) were filed, the amount of the lien and where it was recorded.

BUDGET QUESTIONS

1. How often are you paid?

DEBTOR: ___ monthly ___ weekly ___ every two weeks
 ___ twice a month ___ other (explain)

SPOUSE: ___ monthly ___ weekly ___ every two weeks
 ___ twice a month ___ other (explain)

ATTACH TWO PAYCHECK STUBS, IF YOU DO NOT RECEIVE A PAYCHECK COMPLETE BELOW:

	<u>DEBTOR</u>	<u>SPOUSE</u>
2. How much are you paid per pay period (gross)?	\$ _____	\$ _____
3. Estimate overtime per pay period.	\$ _____	\$ _____

DEDUCTIONS PER PAY PERIOD:

4. Payroll taxes and Social Security	\$ _____	\$ _____
5. Insurance (e.g. health and life)	\$ _____	\$ _____
5. Union dues	\$ _____	\$ _____
7. Retirement/401K	\$ _____	\$ _____
3. Other deductions?	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
9. Other income? (e.g. pension, social security, unemployment, part-time job, etc.)	\$ _____	\$ _____
10. Do you <u>receive</u> child support? If so, state how much is received per month.	\$ _____	\$ _____

CURRENT MONTHLY EXPENDITURES

LIST THE FOLLOWING EXPENDITURES THAT YOU PAY OUT **MONTHLY**. IF PAYMENTS ARE MADE QUARTERLY OR YEARLY, DETERMINE MONTHLY AMOUNT.

Rent or mortgage payment \$ _____
Are real estate taxes included? ___Yes ___No
Is property insurance included? ___Yes ___No

Utilities: Electricity & heating fuel \$ _____
Water & sewer \$ _____
Telephone (including cellular) \$ _____
Garbage \$ _____
Security \$ _____
Cable or satellite \$ _____
Internet \$ _____

Home Maintenance (repairs & upkeep) \$ _____

Food \$ _____

Clothing \$ _____

Laundry & dry cleaning \$ _____

Medical & dental expenses \$ _____

Transportation (gas and repairs \$ _____
do not include car pmts)

Recreation, club, entertainment, newspapers, \$ _____
magazines, etc.

Charitable contributions \$ _____

Insurance (not deducted from wages or included \$ _____
in home mortgage payment)
Homeowner's or renter's \$ _____
Life \$ _____
Health \$ _____
Auto \$ _____

Taxes (not deducted from wages or included \$ _____
in home mortgage payments) (specify)

Car Payment(s) \$ _____

Other Installment payments (e.g. monthly \$ _____
Homeowners, Condo Assn Dues)

Alimony, maintenance, support paid to others \$ _____
(list name, age and relationship of dependent)

Regular expenses from operation of business,

profession, or farm (attach detailed stmt)

\$_____

Other expenses: specify_____

\$_____