



INSTRUCTIONS

Please complete the attached questionnaire as accurately as possible. Federal law requires that we notify you that all information given in the petition and the case must be complete, accurate and truthful. You must list all assets (everything you have in your possession). Even if you still owe money to a creditor, the property you are paying for is still in your possession and its value must be disclosed. When listing the value of your personal property, please list the 'yard sale' value and not what it would cost you to replace the property if lost.

Do not leave any blanks. If a question does not apply to you, check the "☒ NONE" box or write "N/A" next to the corresponding question.

With regard to your debts:

- ◆ We will obtain a credit report from all three credit reporting bureaus in an effort to list all of the creditors you may owe money to. Realize that many credit reports contain errors and certain debts may not be reported to the credit bureaus. Therefore, it is necessary for you to provide a complete list of anyone you may owe money to.
- ◆ When names and addresses are requested, please provide detailed information. It is very important to make sure notifications are sent to the corrected parties.
- ◆ Please provide such information as the date you incurred the debt and what the debt was for.
- ◆ Estimate balances on outstanding accounts as closely as possible.
- ◆ Do your best to provide all requested information for both the original creditor as well as any collection agency that has been assigned to the account.
- ◆ If you have been sued, please provide us with a copy of the lawsuit.
- ◆ Do not omit any bills. Notify us of any particular debts you are interested in paying after bankruptcy.

MATTHEW MAZUR, P.A.

DATE:

/ /

DEBTOR (HUSBAND, IF MARRIED)

FIRST NAME	MIDDLE NAME	LAST NAME	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> _____
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OTHER NAMES USED WITHIN LAST 8 YEARS

SOCIAL SECURITY NUMBER (LIST ALL IF MORE THAN ONE)

STREET ADDRESS APT. NO.

CITY STATE ZIP CODE

COUNTY OF RESIDENCE LENGTH OF TIME AT CURRENT ADDRESS

MAILING ADDRESS (IF DIFFERENT) APT. NO.

CITY STATE ZIP CODE

HOME TELEPHONE WORK TELEPHONE

() ()

CELLULAR TELEPHONE E-MAIL ADDRESS

()

BEST NUMBER & TIME TO CONTACT (CHECK)

☐ HOME ☐ WORK ☐ CELLULAR TIME: _____ AM/PM

DATE OF BIRTH CAN YOU RECEIVE COMMUNICATIONS BY E-MAIL?

☐ YES ☐ NO

HAVE YOU EVER FILED FOR BANKRUPTCY BEFORE?

☐ YES ☐ NO IF YES: WHEN _____ WHAT CHAPTER? _____

MARITAL STATUS (CHECK ONE):

☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED**JOINT DEBTOR (WIFE, IF MARRIED)**

FIRST NAME	MIDDLE NAME	LAST NAME
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OTHER NAMES USED WITHIN LAST 8 YEARS

SOCIAL SECURITY NUMBER (LIST ALL IF MORE THAN ONE)

STREET ADDRESS APT. NO.

CITY STATE ZIP CODE

COUNTY OF RESIDENCE LENGTH OF TIME AT CURRENT ADDRESS

MAILING ADDRESS (IF DIFFERENT) APT. NO.

CITY STATE ZIP CODE

HOME TELEPHONE WORK TELEPHONE

() ()

CELLULAR TELEPHONE E-MAIL ADDRESS

()

BEST NUMBER & TIME TO CONTACT (CHECK)

☐ HOME ☐ WORK ☐ CELLULAR TIME: _____ AM/PM

DATE OF BIRTH CAN YOU RECEIVE COMMUNICATIONS BY E-MAIL?

☐ YES ☐ NO

HAVE YOU EVER FILED FOR BANKRUPTCY BEFORE?

☐ YES ☐ NO IF YES: WHEN _____ WHAT CHAPTER? _____

HAVE YOU RESIDED IN THE SAME COUNTY FOR THE LAST 180 DAYS (6 MONTHS)?

☐ YES ☐ NO IF NO: WHERE DID YOU LIVE PRIOR? _____**FOR ATTORNEY USE ONLY**CASE CHAPTER: ☐ 7 ☐ 13PARTIES: ☐ INDIVIDUAL ☐ JOINT

ATTORNEY FEE (FOR COMPENSATION STATEMENT) \$ _____

ATTORNEY FEE (PAID PRIOR TO FILING) \$ _____

WHO PAID THE ATTORNEY FEES? ☐ DEBTORS ☐ OTHER _____FILING FEE PAID BEFORE FILING? ☐ YES ☐ NO

ATTORNEY SIGNING PETITION _____

BAR NUMBER _____

REQUESTED PETITION DATE: _____ / _____ / _____

STATE OR FEDERAL EXEMPTIONS? ☐ STATE ☐ FEDERALRUSH CIRCUMSTANCES: ☐ FORECLOSURE ☐ LAWSUIT ☐ GARNISHMENT ☐ OTHER

DISTRICT? DIVISION? _____

YOUR REAL PROPERTY

- ☐ YES ☐ NO DO YOU OWN ANY REAL PROPERTY (HOUSE, DUPLEX, TOWNHOME, CONDO, COOPERATIVE, ETC.)? IF YES, COMPLETE THIS SECTION.
- ☐ YES ☐ NO DO YOU RENT? IF YES, SKIP THE SECTION LABELED "YOUR REAL ESTATE" AND GO TO "YOUR PERSONAL PROPERTY".
- ☐ YES ☐ NO DO YOU OWN A MOBILE HOME? IF YES, SKIP THE SECTION LABELED "YOUR REAL ESTATE" AND GO TO "YOUR MOBILE HOME".

TYPE OF REAL PROPERTY: (CHECK ONE)

☐ SINGLE FAMILY HOME ☐ TOWNHOME/DUPLEX ☐ MULTI-FAMILY HOME ☐ CONDOMINIUM ☐ CO-OPERATIVE ☐ TIMESHARE ☐ VACANT LAND ☐ FARM LAND

DESCRIPTION OF PROPERTY (EXAMPLE: 1,950 SQUARE FOOT, 3 BEDROOM, 2 ½ BATH, SPLIT LEVEL, 2 CAR ATTACHED GARAGE ON 1 ACRE LOT):

DESCRIPTION OF PROPERTY (CONTINUED)

ADDRESS OF PROPERTY:

ESTIMATED FAIR MARKET VALUE:

\$

OF PEOPLE ON TITLE

NAMES OF INDIVIDUALS ON TITLE:

DO YOU CURRENTLY LIVE HERE?

MONTH & YEAR PROPERTY PURCHASED

☐ YES ☐ NO

MORTGAGE

MORTGAGE NAME:

ACCOUNT NUMBER

MAILING ADDRESS:

CITY

STATE

ZIP CODE

DATE OBTAINED (MONTH / YR.)

PAYOFF AMOUNT:

\$

MONTHLY PAYMENT:

\$

/MO

INTEREST RATE:

ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT?

TAXES? ☐ YES ☐ NO IF NO: \$ _____/YR

INSURANCE? ☐ YES ☐ NO IF NO: \$ _____/YR

INTENTION?

☐ KEEP ☐ SURRENDER

ARE YOU BEHIND ON PAYMENTS?

☐ YES ☐ NO

IF BEHIND, NUMBER OF PAYMENTS?

AMOUNT TO CATCH UP ON PAYMENTS?

HAS A FORECLOSURE BEEN FILED?

☐ YES ☐ NO

2ND MORTGAGE / EQUITY LINE

2ND MORTGAGE NAME:

ACCOUNT NUMBER

MAILING ADDRESS:

CITY

STATE

ZIP CODE

DATE OBTAINED (MONTH / YR.)

PAYOFF AMOUNT:

\$

MONTHLY PAYMENT:

\$

/MO

INTEREST RATE:

ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT?

TAXES? ☐ YES ☐ NO IF NO: \$ _____/YR

INSURANCE? ☐ YES ☐ NO IF NO: \$ _____/YR

INTENTION?

☐ KEEP ☐ SURRENDER

ARE YOU BEHIND ON PAYMENTS?

☐ YES ☐ NO

IF BEHIND, NUMBER OF PAYMENTS?

AMOUNT TO CATCH UP ON PAYMENTS?

HAS A FORECLOSURE BEEN FILED?

☐ YES ☐ NO

3RD MORTGAGE / LIEN

3RD MORTGAGE / LIEN NAME:

ACCOUNT NUMBER

MAILING ADDRESS:

CITY

STATE

ZIP CODE

DATE OBTAINED (MONTH / YR.)

PAYOFF AMOUNT:

\$

MONTHLY PAYMENT:

\$

/MO

INTEREST RATE:

ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT?

TAXES? ☐ YES ☐ NO IF NO: \$ _____/YR

INSURANCE? ☐ YES ☐ NO IF NO: \$ _____/YR

INTENTION?

☐ KEEP ☐ SURRENDER

ARE YOU BEHIND ON PAYMENTS?

☐ YES ☐ NO

IF BEHIND, NUMBER OF PAYMENTS?

AMOUNT TO CATCH UP ON PAYMENTS?

HAS A FORECLOSURE BEEN FILED?

☐ YES ☐ NO

YOUR MOBILE HOME									
DESCRIPTION OF MOBILE HOME (EXAMPLE: 28X40 DOUBLEWIDE, 2 BEDROOM, 1 BATH, ON WHEELS WITH SKIRTING AND STEPS AND 1 OUTBUILDING SHED SITUATED IN MOBILE HOME PARK):									
NAMES ON TITLE OR DEED:			ADDRESS:			CITY		STATE	ZIP CODE
ESTIMATED VALUE: \$		HAVE THE WHEELS BEEN REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS IT IN A MOBILE HOME PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO LOT RENT: \$		IS IT ATTACHED TO LAND YOU OWN? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU MAKE SEPARATE PAYMENTS FOR THE GROUND YOUR HOME SITS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			
MORTGAGE / LOAN	MORTGAGE / LOAN NAME:					ACCOUNT NUMBER:			
	MAILING ADDRESS:				CITY		STATE	ZIP CODE	
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$		MONTHLY PAYMENT: \$/MO		INTEREST RATE	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT? TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$/YR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$/YR		
	INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER		ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF BEHIND, NUMBER OF PAYMENTS?		AMOUNT TO CATCH UP ON PAYMENTS?		HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO

YOUR MOTOR VEHICLES											
AUTOMOBILES, TRUCKS, TRAILERS AND ACCESSORIES (PLEASE COMPLETE AND BE AS DETAILED AS POSSIBLE – EXAMPLE '04 HONDA SHOULD BE: 2004 HONDA ACCORD LX)											
3	VEHICLE 1	YEAR		MAKE			MODEL		SUB-MODEL		
		MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
		IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:									
		CREDITOR		ADDRESS				CITY		STATE	ZIP CODE
		ACCOUNT NO.		DATE OF LOAN:	WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST RATE	TOTAL BALANCE DUE: \$		MONTHLY PAYMENT: \$/MO	
3	VEHICLE 2	YEAR		MAKE			MODEL		SUB-MODEL		
		MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
		IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:									
		CREDITOR		ADDRESS				CITY		STATE	ZIP CODE
		ACCOUNT NO.		DATE OF LOAN:	WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST RATE	TOTAL BALANCE DUE: \$		MONTHLY PAYMENT: \$/MO	
3	VEHICLE 3	YEAR		MAKE			MODEL		SUB-MODEL		
		MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
		IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:									
		CREDITOR		ADDRESS				CITY		STATE	ZIP CODE
		ACCOUNT NO.		DATE OF LOAN:	WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST RATE	TOTAL BALANCE DUE: \$		MONTHLY PAYMENT: \$/MO	
YOUR PERSONAL PROPERTY										Current Value	
4	WATERCRAFT, BOATS, AIRCRAFT, MOTOR HOMES, ATVS AND OTHER RECREATIONAL VEHICLES AND ACCESSORIES (PLEASE LIST ALL): <input type="checkbox"/> NONE										\$
	YEAR: MAKE: MODEL: DESCRIPTION:										
	YEAR: MAKE: MODEL: DESCRIPTION:										

YOUR PERSONAL PROPERTY				Current Value	
6	HOUSEHOLD GOODS AND FURNISHINGS (PLEASE PLACE A CHECK MARK NEXT TO THE ITEMS YOU OWN ALONG WITH A USED GARAGE SALE VALUE)			TOTAL USED VALUE \$ _____	
	<input type="checkbox"/> SOFA(S) (QUANTITY) _____	USED VAL \$ _____	<input type="checkbox"/> REFRIGERATOR / FREEZER		USED VAL \$ _____
	<input type="checkbox"/> LOVESEAT(S) (QUANTITY) _____	USED VAL \$ _____	<input type="checkbox"/> FREEZER		USED VAL \$ _____
	<input type="checkbox"/> ENTERTAINMENT CENTER / TV CABINET	USED VAL \$ _____	<input type="checkbox"/> STOVE / RANGE		USED VAL \$ _____
	<input type="checkbox"/> COFFEE TABLE	USED VAL \$ _____	<input type="checkbox"/> MICROWAVE		USED VAL \$ _____
	<input type="checkbox"/> END TABLES	USED VAL \$ _____	<input type="checkbox"/> DISH WASHER		USED VAL \$ _____
	<input type="checkbox"/> SOFA TABLES	USED VAL \$ _____	<input type="checkbox"/> WASHING MACHINE		USED VAL \$ _____
	<input type="checkbox"/> KITCHEN TABLE / CHAIRS	USED VAL \$ _____	<input type="checkbox"/> CLOTHES DRYER		USED VAL \$ _____
	<input type="checkbox"/> DINING TABLE / CHAIRS	USED VAL \$ _____	<input type="checkbox"/> DISHES / FLATWARE		USED VAL \$ _____
	<input type="checkbox"/> CHINA CABINET	USED VAL \$ _____	<input type="checkbox"/> CHINA / SILVERWARE		USED VAL \$ _____
	<input type="checkbox"/> BED (QUANTITY) _____	USED VAL \$ _____	<input type="checkbox"/> POTS / PANS / COOKWARE		USED VAL \$ _____
	<input type="checkbox"/> DRESSER(S) / NIGHTSTAND(S)	USED VAL \$ _____	<input type="checkbox"/> LAWNMOWER		USED VAL \$ _____
	<input type="checkbox"/> LAMPS / ACCESSORIES	USED VAL \$ _____	<input type="checkbox"/> YARD /LANDSCAPING TOOLS		USED VAL \$ _____
	7	ELECTRONICS: TELEVISIONS, AUDIO, VIDEO, STEREO, ETC. (PLACE A CHECK MARK NEXT TO THE ITEMS YOU OWN ALONG WITH A USED GARAGE SALE VALUE)			TOTAL USED VALUE \$ _____
<input type="checkbox"/> TELEVISION 1 (DESCRIBE) _____		USED VAL \$ _____	<input type="checkbox"/> SCANNER	USED VAL \$ _____	
<input type="checkbox"/> TELEVISION 2 (DESCRIBE) _____		USED VAL \$ _____	<input type="checkbox"/> IPAD / IPOD / TABLET	USED VAL \$ _____	
<input type="checkbox"/> TELEVISION 3 (DESCRIBE) _____		USED VAL \$ _____	<input type="checkbox"/> DIGITAL CAMERA	USED VAL \$ _____	
<input type="checkbox"/> TELEVISION 4 (DESCRIBE) _____		USED VAL \$ _____	<input type="checkbox"/> CAMCORDER / VIDEO RECORDER	USED VAL \$ _____	
<input type="checkbox"/> DVD PLAYER (QUANTITY) _____		USED VAL \$ _____	<input type="checkbox"/> MUSIC COLLECTIONS	USED VAL \$ _____	
<input type="checkbox"/> VHS PLAYER		USED VAL \$ _____	<input type="checkbox"/> STEREO	USED VAL \$ _____	
<input type="checkbox"/> PERSONAL COMPUTER		USED VAL \$ _____	<input type="checkbox"/> VIDEO GAME SYSTEMS	USED VAL \$ _____	
<input type="checkbox"/> LAPTOP COMPUTER		USED VAL \$ _____	<input type="checkbox"/> TELEPHONE	USED VAL \$ _____	
<input type="checkbox"/> PRINTER		USED VAL \$ _____	<input type="checkbox"/> CELLULAR TELEPHONES	USED VAL \$ _____	
8		COLLECTIBLES OF VALUE (PLEASE LIST ALL AND VALUE) <input type="checkbox"/> NONE			
	<input type="checkbox"/> ANTIQUES <input type="checkbox"/> FIGURINES <input type="checkbox"/> PAINTINGS <input type="checkbox"/> PRINTS <input type="checkbox"/> BOOKS <input type="checkbox"/> PICTURES <input type="checkbox"/> STAMPS / COINS <input type="checkbox"/> MEMORABILIA <input type="checkbox"/> OTHER _____ DESCRIBE AND VALUE THE ABOVE _____				
9	EQUIPMENT FOR SPORTS AND HOBBIES (PLEASE LIST ALL AND VALUE) <input type="checkbox"/> NONE			\$ _____	
	<input type="checkbox"/> SPORTS EQUIPMENT <input type="checkbox"/> EXERCISE EQUIPMENT <input type="checkbox"/> BICYCLES <input type="checkbox"/> POOL TABLE <input type="checkbox"/> GOLF CLUBS <input type="checkbox"/> SKIS <input type="checkbox"/> CANOES / KYAKS <input type="checkbox"/> OTHER _____ DESCRIBE AND VALUE THE ABOVE _____				
10	FIREARMS: PISTOLS, RIFLES, SHOTGUNS, AMMUNITION AND RELATED EQUIPMENT (CHECK ITEMS, DESCRIBE AND INDICATE USED VALUE): <input type="checkbox"/> NONE			\$ _____	
	<input type="checkbox"/> FIREARM _____	USED VAL \$ _____	<input type="checkbox"/> RIFLE _____		USED VAL \$ _____
	<input type="checkbox"/> FIREARM _____	USED VAL \$ _____	<input type="checkbox"/> RIFLE _____		USED VAL \$ _____
	<input type="checkbox"/> SHOTGUN _____	USED VAL \$ _____	<input type="checkbox"/> AMMUNITION _____		USED VAL \$ _____
	<input type="checkbox"/> SHOTGUN _____	USED VAL \$ _____	<input type="checkbox"/> EQUIPMENT _____		USED VAL \$ _____
DESCRIBE THE ABOVE _____					
11	CLOTHING / WEARING APPAREL (INCLUDE COATS, SHOES, HATS, ETC.) <input type="checkbox"/> NONE			\$ _____	
	TOTAL NUMBER OF ADULTS: _____ TOTAL YARD SALE VALUE \$ _____				
	TOTAL NUMBER OF CHILDREN: _____ TOTAL YARD SALE VALUE \$ _____				
12	FURS AND JEWELRY (PLEASE INCLUDE WEDDING RINGS, COSTUME JEWELRY AND WATCHES – CHECK ITEMS, DESCRIBE AND INDICATE USED VALUE) <input type="checkbox"/> NONE			\$ _____	
	<input type="checkbox"/> WEDDING RINGS <input type="checkbox"/> RINGS <input type="checkbox"/> WATCHES <input type="checkbox"/> EARRINGS <input type="checkbox"/> NECKLACES <input type="checkbox"/> BRACELETS <input type="checkbox"/> PENDANTS <input type="checkbox"/> COSTUME JEWELRY DESCRIBE AND VALUE THE ABOVE _____				
13	NON-FARM ANIMALS (PLEASE LIST ANY DOGS, CATS, BIRDS, HORSES): <input type="checkbox"/> NONE			\$ _____	
	FAMILY PETS - TYPE OF ANIMALS: _____ OTHER ANIMALS OR LIVESTOCK: _____				
14	OTHER PERSONAL PROPERTY NOT ALREADY LISTED INCLUDING HEALTH AIDS YOU DID NOT LIST (PLEASE LIST ANY): <input type="checkbox"/> NONE			\$ _____	
	_____ _____				

16	CASH ON HAND (INCLUDE MONEY IN YOUR WALLET, IN YOUR HOME, IN A SAFE DEPOSIT BOX AND ON HAND): <input type="checkbox"/> NONE		\$ _____
17	BANK ACCOUNTS (PLEASE LIST ALL OPEN BANK ACCOUNTS AND BALANCES): <input type="checkbox"/> NONE		\$ _____
	TYPE OF ACCOUNT: NAME OF BANK: ACCOUNT NUMBER: <input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT	\$ _____	
	TYPE OF ACCOUNT: NAME AND ADDRESS OF BANK: ACCOUNT NUMBER: <input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT	\$ _____	
18	BONDS, MUTUAL FUNDS OR PUBLICLY TRADED STOCKS (IF MUTUTL FUNDS PART OF RETIREMENT PLAN, LIST ON #21 BELOW): <input type="checkbox"/> NONE		\$ _____
	ISSUER: _____ CASH VALUE \$ _____ ISSUER: _____ CASH VALUE \$ _____		
19	STOCKS AND INTEREST IN BUSINESSES FOR NON-PUBLICLY TRADED STOCKS, INCLUDING LLC, PARTNERSHIP OR JOINT VENTURE (PLEASE LIST COMPANY AND % OF OWNERSHIP): <input type="checkbox"/> NONE		\$ _____
	COMPANY: _____ % OF OWNERSHIP: _____ CASH VALUE \$ _____ COMPANY: _____ % OF OWNERSHIP: _____ CASH VALUE \$ _____ DESCRIBE ANY OTHER INTEREST IN ANY BUSINESS: _____		
20	GOVERNMENT OR CORPORATE BONDS AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS (ISSUER AND VALUE): <input type="checkbox"/> NONE		\$ _____
	ISSUER: _____ CASH VALUE \$ _____ ISSUER: _____ CASH VALUE \$ _____		
21	INTEREST IN PENSION, RETIREMENT OR PROFIT SHARING PLAN (INCLUDE TYPE OF PLAN, DESCRIBE, AND PROVIDE CURRENT BALANCE): <input type="checkbox"/> NONE		\$ _____
	<div> <input type="checkbox"/> HUSBAND <input type="checkbox"/> IRA <input type="checkbox"/> PENSION <input type="checkbox"/> WIFE <input type="checkbox"/> 401(K) <input type="checkbox"/> OTHER: _____ </div> <div> DESCRIPTION: _____ CURRENT VALUE \$ _____ </div>		
22	SECURITY DEPOSITS (PLEASE LIST ALL SECURITY DEPOSITS HELD BY LANDLORDS, UTILITY COMPANIES, TELEPHONE COMPANIES, ETC.) <input type="checkbox"/> NONE		\$ _____
	LANDLORD: _____ AMOUNT OF DEPOSIT: \$ _____ UTILITY: _____ AMOUNT OF DEPOSIT: \$ _____ UTILITY: _____ AMOUNT OF DEPOSIT: \$ _____		
23	ANNUITIES (PROVIDE THE NAME OF THE ISSUER AND VALUE): <input type="checkbox"/> NONE		\$ _____
	COMPANY: _____ CASH VALUE \$ _____ COMPANY: _____ CASH VALUE \$ _____		
24	INTEREST IN EDUCATION IRA OR STATE TUITION PLAN (PLEASE LIST NAME OF COMPANY AND CURRENT VALUE): <input type="checkbox"/> NONE		\$ _____
	COMPANY: _____ CASH VALUE \$ _____ COMPANY: _____ CASH VALUE \$ _____		
25	TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY (OTHER THAN YOUR RESIDENCE) AND RIGHTS OR POWERS EXERCISABLE FOR YOUR BENEFIT. <input type="checkbox"/> NONE		\$ _____
	ARE YOU THE BENEFICIARY OF A EITHER REVOCABLE OR IRREVOCABLE TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY OTHER INTEREST IN ANY ESTATE THAT YOU CAN EXERCISE FOR YOUR BENEFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE AND VALUE THE ABOVE _____		
26	PATENTS, COPYRIGHTS, TRADEMARKS, TRADE SECRETS AND OTHER INTELLECTUAL PROPERTY (PLEASE LIST AND DESCRIBE): <input type="checkbox"/> NONE		\$ _____
	EXPLAIN: _____		

27	LICENSES, FRANCHISES AND OTHER GENERAL INTANGIBLES (PLEASE LIST AND DESCRIBE): <input type="checkbox"/> NONE EXPLAIN: _____	\$ _____
28	TAX REFUNDS OWED TO YOU (INCLUDE ALL REFUNDS OWED BUT NOT YET RECEIVED - ESTIMATE REFUND BASED ON LAST YEAR'S RETURNS) <input type="checkbox"/> NONE IRS REFUND: TAX YEAR _____ TOTAL REFUND OR ESTIMATE \$ _____ STATE OF _____ REFUND: TAX YEAR _____ TOTAL REFUND OR ESTIMATE \$ _____	\$ _____
29	ALIMONY, MAINTENANCE, SUPPORT OR DIVORCE PROPERTY SETTLEMENTS <u>OWED TO YOU</u> (PLEASE LIST ALL): <input type="checkbox"/> NONE NAME OF EX-SPOUSE / PAYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL AMOUNT OWED YOU: \$ _____ DATE STARTED: _____ WHERE WAS CASE FILED? _____	\$ _____
30	OTHER AMOUNTS SOMEONE OWES YOU: UNPAID WAGES, DISABILITY INSURANCE PAYMENTS, DISABILITY BENEFITS, SICK PAY, WORKER'S COMPANSATION, SOCIAL SECURITY BENEFITS, UNPAID LOANS YOU MADE TO SOMEONE (PLEASE DESCRIBE AND INCLUDE VALUE): <input type="checkbox"/> NONE DESCRIBE: _____ CASH VALUE \$ _____	\$ _____
31	LIFE INSURANCE POLICIES (PROVIDE THE NAME OF THE INSURANCE COMPANY AND THE CASH SURRENDER VALUE, IF ANY): <input type="checkbox"/> NONE <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE / UNIVERSAL COMPANY: _____ CASH VALUE \$ _____ WHO DOES THIS POLICY INSURE? <input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE BENEFICIARIES: _____ <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE / UNIVERSAL COMPANY: _____ CASH VALUE \$ _____ WHO DOES THIS POLICY INSURE? <input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE BENEFICIARIES: _____ <input type="checkbox"/> HSA COMPANY: _____ CASH VALUE \$ _____ WHO DOES THIS POLICY INSURE? <input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE <input type="checkbox"/> HOMEOWNER'S / RENTER'S INSURANCE COMPANY: _____ <input type="checkbox"/> DISABILITY INSURANCE COMPANY: _____	\$ _____
32	ANY INTEREST IN PROPERTY THAT IS DUE YOU FROM SOMEONE WHO HAS DIED (PLEASE LIST ALL): <input type="checkbox"/> NONE HAVE YOU INHERITED ANYTHING OR DO YOU EXPECT TO INHERIT ANYTHING IN THE NEXT 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU RECEIVED OR DO YOU EXPECT TO RECEIVE PROCEEDS FROM A LIFE INSURANCE CLAIM IN THE NEXT 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____	\$ _____
33	CLAIMS AGAINST 3RD PARTIES, WHETHER OR NOT YOU HAVE FILED A LAWSUIT OR MADE A DEMAND FOR PAYMENT <input type="checkbox"/> NONE ARE YOU A PLAINTIFF IN A LAWSUIT OR DO YOU HAVE THE RIGHT TO RECEIVE ANY MONEY IN ANY COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU BEEN INJURED IN AN ACCIDENT WHERE YOU CAN SUE AND RECOVER MONEY DAMAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU BEEN INVOLVED IN A WORK INJURY WHERE YOU MISSED TIME FROM WORK OR WHERE YOU VISITED A PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____	\$ _____
34	OTHER CONTINGENT AND UNLIQUITATED CLAIMS OF ANY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS (PLEASE LIST ANY CLAIM NOT NOTED ABOVE): <input type="checkbox"/> NONE EXPLAIN: _____	\$ _____
35	ANY FINANCIAL ASSETS YOU DID NOT ALREADY LIST (PLEASE LIST ANY CLAIM NOT NOTED ABOVE): <input type="checkbox"/> NONE EXPLAIN: _____	\$ _____
YOUR BUSINESS		
37	DO YOU HAVE ANY LEGAL OR EQUITABLE INTEREST IN ANY BUSINESS-RELATED PROPERTY? <input type="checkbox"/> YES (IF YES, CONTINUE TO QUESTION 38) <input type="checkbox"/> NO (IF NO, PLEASE SKIP TO QUESTION 46)	
38	DO YOU HAVE ANY ACCOUNTS RECEIVABLE OR COMMISSIONS YOU HAVE ALREADY EARNED BUT ARE UNPAID? <input type="checkbox"/> NONE DESCRIBE: _____	\$ _____
39	OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES: BUSINESS-RELATED COMPUTERS, SOFTWARE, MODEMS, PRINTERS, COPIERS, FAX MACHINES, RUGS, TELEPHONES, DESKS, CHAIRS, ELECTRONIC DEVICES? <input type="checkbox"/> NONE DESCRIBE: _____	\$ _____

40	MACHINERY, FIXTURES, EQUIPMENT, SUPPLIES YOU USE IN BUSINESS AND TOOLS OF YOUR TRADE: <input type="checkbox"/> NONE DESCRIBE: _____	\$ _____
41	INVENTORY <input type="checkbox"/> NONE DESCRIBE: _____	\$ _____
42	INTERESTS IN PARTNERSHIPS OR JOINT VENTURES <input type="checkbox"/> NONE NAME OF ENTITY: _____ % OF OWNERSHIP _____ NAME OF ENTITY: _____ % OF OWNERSHIP _____	\$ _____
43	CUSTOMER LISTS, MAILING LISTS OR OTHER COMPILATIONS <input type="checkbox"/> NONE DESCRIBE: _____ DO YOUR LISTS INCLUDE PERSONALLY IDENTIFIABLE INFORMATION (as defined in 11 U.S.C. § 101(41A))? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
44	ANY BUSINESS RELATED PROPERTY YOU DID NOT ALREADY LIST? <input type="checkbox"/> NONE _____	\$ _____

YOUR FARM OR COMMERCIAL FISHERY

46	DO YOU OWN OR HAVE ANY LEGAL OR EQUITABLE INTEREST IN ANY FARM- OR COMMERCIAL FISHING - RELATED PROPERTY? <input type="checkbox"/> YES (IF YES, CONTINUE TO QUESTION 47) <input type="checkbox"/> NO (IF NO, PLEASE SKIP TO QUESTION 53)	\$ _____
47	DO YOU OWN OR HAVE ANY FARM ANIMALS - LIVESTOCK, POULTRY OR FARM-RAISED FISH? <input type="checkbox"/> NONE _____	\$ _____
48	DO YOU OWN OR HAVE ANY CROPS - EITHER GROWING OR HARVESTED? <input type="checkbox"/> NONE _____	\$ _____
49	DO YOU OWN OR HAVE ANY FARM AND/OR FISHING EQUIPMENT, IMPLEMENT, MACHINERY, FIXTURES AND TOOLS OF TRADE? <input type="checkbox"/> NONE _____	\$ _____
50	DO YOU OWN OR HAVE ANY FARM AND/OR FISHING SUPPLIES, CHEMICALS AND FEED? <input type="checkbox"/> NONE _____	\$ _____
51	DO YOU OWN OR HAVE ANY FARM AND/OR FISHING-RELATED PROPERTY YOU DID NOT ALREADY LIST? <input type="checkbox"/> NONE _____	\$ _____
53	OTHER PERSONAL PROPERTY NOT ALREADY LISTED (PLEASE LIST ANY): <input type="checkbox"/> NONE _____ _____	\$ _____

OUR UNEXPIRED LEASES AND CONTRACTS

PLEASE LIST ALL CURRENT LEASES AND CONTRACTS SUCH AS: RESIDENTIAL LEASES (LANDLORD), SERVICE OR BUSINESS CONTRACTS, CELL PHONES, LAWN SERVICE, PEST CONTROL, ETC.

RESIDENTIAL LEASE (LANDLORD)	NAME		ADDRESS		
	CITY		STATE	ZIP CODE	
	MONTHLY PAYMENT	DATE LEASE BEGAN	DATE SCHEDULED TO END		DO YOU WISH TO KEEP THIS LEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE YOU BEHIND ON YOUR RENT PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES YOUR LANDLORD HOLD A JUDGMENT AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER LEASE OR CONTRACT	NAME		ADDRESS		
	CITY		STATE	ZIP CODE	
	MONTHLY PAYMENT	DATE LEASE / CONTRACT BEGAN	DATE SCHEDULED TO END		KEEP THIS LEASE / CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

YOUR PRIORITY DEBTS (TAXES AND CHILD SUPPORT)

WERE YOU REQUIRED TO FILE FEDERAL INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? ☐ YES ☐ NO

HAVE YOU FILED FEDERAL INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? ☐ YES ☐ NO

WERE YOU REQUIRED TO FILE STATE INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? ☐ YES ☐ NO

HAVE YOU FILED STATE INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? ☐ YES ☐ NO

DO YOU OWE MONEY TO THE IRS OR TO ANY STATE OR LOCAL TAXING AUTHORITY? ☐ YES ☐ NO IF YES, PLEASE COMPLETE BELOW:

	YEAR(S)	TYPE OF TAX (1040, 940, 941, ETC.)	BALANCE DUE	HAVE TAXES BEEN ASSESSED?	HAVE TAX LIENS BEEN FILED?	WHOSE DEBT?
INTERNAL REVENUE SERVICE			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE
STATE OF _____			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE
STATE OF _____			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE

ARE YOU CURRENTLY PROVIDING ANY FINANCIAL SUPPORT FOR CHILDREN NOT LIVING WITH YOU? ☐ YES ☐ NO IF NO, PLEASE GO TO "YOUR DEPENDANTS"

DO YOU MAKE PAYMENTS TO AN INDIVIDUAL OR TO A STATE / LOCAL CHILD WELFARE AGENCY? ☐ INDIVIDUAL ☐ STATE / LOCAL CHILD WELFARE AGENCY

ARE YOU CURRENT ON YOUR CHILD SUPPORT OBLIGATIONS OR ARE YOU BEHIND IN PAYMENTS? ☐ CURRENT ☐ BEHIND IN PAYMENTS

IF PAYMENTS MADE DIRECTLY TO AN INDIVIDUAL, SKIP STATE OR LOCAL CHILD WELFARE AUTHORITY SECTION. OTHERWISE, COMPLETE BOTH SECTIONS.

INDIVIDUAL (PARENT OF CHILD)

NAME OF PARENT		ADDRESS OF PARENT	
CITY		STATE	ZIP CODE
TOTAL AMOUNT OWED: \$	YEAR BEGAN	IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE CASE NUMBER: _____ IF YES, PLEASE PROVIDE THE DISTRICT AND THE STATE WHERE CASE WAS FILED: _____	

STATE / LOCAL CHILD WELFARE AGENCY

NAME OF AGENCY		ADDRESS OF AGENCY	
CITY		STATE	ZIP CODE
TOTAL AMOUNT OWED: \$	YEAR BEGAN	IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE CASE NUMBER: _____ IF YES, PLEASE PROVIDE THE STATE AND DISTRICT WHERE CASE WAS FILED: _____	

YOUR DEPENDANTS

DO YOU HAVE ANY CHILDREN/DEPENDANTS LIVING WITH YOU? ☐ YES ☐ NO IF YES, COMPLETE BELOW:

	NAME	AGE	RELATIONSHIP
1			
2			
3			
4			
5			

YOUR MONTHLY INCOME		
	DEBTOR	SPOUSE
EMPLOYER'S NAME		
EMPLOYER'S STREET ADDRESS		
EMPLOYER'S CITY, STATE, ZIP CODE		
OCCUPATION		
HOW LONG HAVE YOU BEEN THERE?		
PAY FREQUENCY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY
GROSS PAY PER PAY PERIOD		
ESTIMATED OVERTIME PER PAY PERIOD		
.....SUBTOTAL		
TAXES (FICA, STATE, SOCIAL SECURITY, MEDICARE)		
MEDICAL, DENTAL AND LIFE INSURANCE		
UNION DUES		
PENSION / RETIREMENT DEDUCTIONS		
PENSION / RETIREMENT LOAN REPAYMENTS		
CREDIT UNION DEDUCTION		
CHILD SUPPORT DEDUCTION		
.....NET PAY		
REGULAR INCOME FROM OPERATION OF BUSINESS		
INCOME FROM RENTAL PROPERTIES		
REGULAR INTEREST AND/OR DIVIDENDS		
ALIMONY / CHILD SUPPORT / MAINTENANCE INCOME		
SOCIAL SECURITY INCOME		
PUBLIC AID / FOOD STAMPS		
PENSION / RETIREMENT INCOME		
UNEMPLOYMENT COMPENSATION		
CONTRIBUTIONS TO HOUSEHOLD EXPENSES		
OTHER:_____		
OTHER:_____		
.....TOTAL		
DO YOU EXPECT ANY INCREASE OR DECREASE IN INCOME OF 10% OR MORE OVER THE NEXT YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	

YOUR MONTHLY EXPENSES

EXPENSE LIST		DEBTOR OR JOINT EXPENSES	SPOUSE, IF RESIDING SEPARATELY
RENT PAYMENT		\$	\$
MORTGAGE PAYMENT		\$	\$
SECOND MORTGAGE PAYMENT		\$	\$
ARE REAL ESTATE TAXES INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
IS HOME INSURANCE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
HOME MAINTENANCE, REPAIR, UPKEEP		\$	\$
HOA OR CONDO ASSOCIATION DOES		\$	\$
NATURAL GAS BILL / HEATING OIL / PROPANE (MONTHLY)		\$	\$
WATER & SEWER (MONTHLY)		\$	\$
GARBAGE PICKUP (MONTHLY)		\$	\$
TELEPHONE BILL (MONTHLY)		\$	\$
CABLE BILL (MONTHLY)		\$	\$
CELLULAR TELEPHONE (MONTHLY)		\$	\$
FOOD / GROCERIES / HOUSEKEEPING SUPPLY (MONTHLY)		\$	\$
CHILDCARE / CHILDREN'S EDUCATION COSTS (MONTHLY)		\$	\$
CLOTHING (MONTHLY)		\$	\$
LAUNDRY / DRY CLEANING (MONTHLY)		\$	\$
PERSONAL CARE PRODUCTS / SERVICES (MONTHLY)		\$	\$
MEDICAL & DENTAL EXPENSES (MONTHLY)		\$	\$
GASOLINE (MONTHLY)		\$	\$
OTHER TRANSPORTATION (BUS/TRAIN) (MONTHLY)		\$	\$
AUTO REPAIRS / MAINTENANCE (MONTHLY AVERAGE)		\$	\$
RECREATION / ENTERTAINMENT (MONTHLY)		\$	\$
CHARITABLE CONTRIBUTIONS (MONTHLY)		\$	\$
LIFE INSURANCE (MONTHLY)		\$	\$
HEALTH INSURANCE (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
AUTOMOBILE INSURANCE (MONTHLY)		\$	\$
TAXES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
UNION DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
PROFESSIONAL DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
VEHICLE PAYMENT #1		\$	\$
VEHICLE PAYMENT #2		\$	\$
OTHER INSTALLMENT PAYMENT		\$	\$
ALIMONY PAID		\$	\$
CHILD SUPPORT PAID (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
REGULAR BUSINESS EXPENSES		\$	\$
SCHOOL BUS EXPENSES		\$	\$
SCHOOL LUNCH EXPENSES		\$	\$
COLLEGE TUITION		\$	\$
STUDENT LOAN PAYMENTS (MONTHLY)		\$	\$
OTHER: _____		\$	\$
OTHER: _____		\$	\$
OTHER: _____		\$	\$

YOUR FINANCIAL AFFAIRS

QUESTION 1 <input type="checkbox"/> CHECK IF NONE		<input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED			
WHAT IS YOUR CURRENT MARITAL STATUS?					

QUESTION 2 <input type="checkbox"/> CHECK IF NONE PLEASE LIST YOUR PRIOR ADDRESSES WHERE YOU HAVE LIVED IN THE LAST 3 YEARS:	ADDRESS:		
	CITY, STATE, ZIP CODE:		
	DATES (FROM – TO):		
	NAMES USED:		

QUESTION 3 <input type="checkbox"/> CHECK IF NONE IF YOU EVER LIVED IN THE STATES LISTED TO THE RIGHT (COMMUNITY PROPERTY STATES), WITHIN THE PAST 8 YEARS, LIST THE NAME OF YOUR SPOUSE OR FORMER SPOUSE AND THE DATE WHEN YOU LIVED IN THE STATE:	<input type="checkbox"/> ALASKA <input type="checkbox"/> ARIZONA <input type="checkbox"/> CALIFORNIA <input type="checkbox"/> IDAHO <input type="checkbox"/> LOUISIANA <input type="checkbox"/> NEVADA <input type="checkbox"/> NEW MEXICO <input type="checkbox"/> PUERTO RICO <input type="checkbox"/> TEXAS <input type="checkbox"/> WASHINGTON <input type="checkbox"/> WISCONSIN	NAME OF SPOUSE OR FORMER SPOUSE: _____ DATE: _____

QUESTION 4 <input type="checkbox"/> CHECK IF NONE PLEASE LIST YOUR GROSS ANNUAL INCOME FROM EMPLOYMENT OR FROM OPERATING A BUSINESS:	ANNUAL INCOME FROM EMPLOYMENT	YEAR TO DATE (JAN 1 TO PRESENT)	DEBTOR	SPOUSE
		LAST YEAR (JAN 1 TO DEC 31)		
		YEAR BEFORE (JAN 1 TO DEC 31)		

QUESTION 5 <input type="checkbox"/> CHECK IF NONE PLEASE LIST YOUR GROSS ANNUAL INCOME FROM ANY SOURCE OTHER THAN FROM EMPLOYMENT OR THE OPERATION OF BUSINESS:	ANNUAL INCOME FROM ANY SOURCE OTHER THAN EMPLOYMENT OR OPERATION OF BUSINESS SOURCE: _____	YEAR TO DATE (JAN 1 TO PRESENT)	DEBTOR	SPOUSE
		LAST YEAR (JAN 1 TO DEC 31)		
		YEAR BEFORE (JAN 1 TO DEC 31)		

QUESTION 6 <input type="checkbox"/> CHECK IF NONE LIST ALL PAYMENTS ON LOANS, PURCHASES OF GOODS, AND OTHER DEBTS MORE THAN \$600 TO ANY ONE CREDITOR MADE WITHIN THE PAST 90 DAYS.	CREDITOR		ADDRESS	
	CITY		STATE	ZIP CODE
	DATES OF PAYMENT:	AMOUNT OF PAYMENT:	BALANCE DUE:	
		\$	\$	
	WAS THIS PAYMENT FOR:			
	<input type="checkbox"/> MORTGAGE <input type="checkbox"/> CAR <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> LOAN REPAYMENT <input type="checkbox"/> SUPPLIERS OR VENDORS <input type="checkbox"/> OTHER _____			
	CREDITOR		ADDRESS	
	CITY		STATE	ZIP CODE
	DATES OF PAYMENT:	AMOUNT OF PAYMENT:	BALANCE DUE:	
		\$	\$	
WAS THIS PAYMENT FOR:				
<input type="checkbox"/> MORTGAGE <input type="checkbox"/> CAR <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> LOAN REPAYMENT <input type="checkbox"/> SUPPLIERS OR VENDORS <input type="checkbox"/> OTHER _____				

QUESTION 7 <input type="checkbox"/> CHECK IF NONE PAYMENTS TO INSIDERS: LIST ALL PAYMENTS MADE TO INSIDERS OR RELATIVES WITHIN THE LAST 12 MONTHS PRIOR TO THIS FILING.	RELATIVE OR INSIDER		ADDRESS	
	CITY		STATE	ZIP CODE
	DATES OF PAYMENT:	AMOUNT OF PAYMENT:	BALANCE DUE:	REASON FOR PAYMENT:
		\$	\$	

QUESTION 8 <input type="checkbox"/> CHECK IF NONE PAYMENTS TO INSIDERS: LIST ALL PAYMENTS OR TRANSFERS OF PROPERTY MADE ON ACCOUNT OF A DEBT THAT BENEFITED AN INSIDER OR RELATIVE WITHIN THE LAST 12 MONTHS PRIOR TO THIS FILING.	RELATIVE OR INSIDER		ADDRESS		
	CITY		STATE	ZIP CODE	
	DATES OF PAYMENT:	AMOUNT OF PAYMENT: \$	BALANCE DUE: \$		REASON FOR PAYMENT:

QUESTION 9 <input type="checkbox"/> CHECK IF NONE LIST ALL LAWSUITS THAT YOU HAVE BEEN A PARTY TO WITHIN THE LAST 12 MONTHS (INCLUDE SUITS AGAINST YOU AS WELL AS SUITS YOU HAVE FILED):	CAPTION OF SUIT:		CASE NO.:	
	NATURE OF PROCEEDING:		COURT LOCATION:	
	STATUS OR DISPOSITION: <div style="text-align: center;"> <input type="checkbox"/> PENDING <input type="checkbox"/> ON APPEAL <input type="checkbox"/> CONCLUDED <input type="checkbox"/> OTHER _____ </div>			
	CAPTION OF SUIT:		CASE NO.:	
	NATURE OF PROCEEDING:		COURT LOCATION:	

QUESTION 10 <input type="checkbox"/> CHECK IF NONE LIST ALL PROPERTY THAT HAS BEEN ATTACHED, GARNISHED OR SEIZED, REPOSSESSED OR FORECLOSED WITHIN THE LAST 12 MONTHS:	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	DATE OF ACTION:	DESCRIBE: <div style="text-align: center;"> <input type="checkbox"/> REPOSSESSED <input type="checkbox"/> FORECLOSED <input type="checkbox"/> GARNISHED <input type="checkbox"/> SEIZED / LEVIED </div>		VALUE OF PROPERTY:	
	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	

QUESTION 11 <input type="checkbox"/> CHECK IF NONE WITHIN 90 DAYS BEFORE YOU FILED BANKRUPTCY, DID ANY CREDITOR, INCLUDING A BANK OR FINANCIAL INSTITUTION, SET OFF ANY AMOUNTS FROM YOUR ACCOUNTS OR REFUSE TO MAKE A PAYMENT BECAUSE YOU OWED A DEBT?	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	DATE OF ACTION:	AMOUNT TAKEN:	LAST 4 OF ACCOUNT #:	DESCRIBE ACTION:	
	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	

QUESTION 12 <input type="checkbox"/> CHECK IF NONE WITHIN 4 YEAR BEFORE YOU FILED BANKRUPTCY, WAS ANY OF YOUR PROPERTY IN THE POSSESSION OF AN ASSIGNEE FOR THE BENEFIT OF CREDITORS, A CUSTODIAN, RECEIVER, OR COURT APPOINTED OFFICIAL WITHIN THE PAST 12 MONTHS?	NAME OF CUSTODIAN:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	CASE TITLE AND NUMBER, IF ANY:	DATE:	DESCRIPTION AND VALUE OF PROPERTY:		

QUESTION 13 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL GIFTS MADE WITHIN THE PAST 2 YEARS (24 MONTHS). DO NOT LIST USUAL GIFTS TO FAMILY MEMBERS UNLESS OVER \$600.	NAME:		ADDRESS:		
	CITY:		STATE:	ZIP COE:	
	RELATIONSHIP TO YOU:		DATE OF GIFT:		
	DESCRIPTION AND VALUE OF GIFT:				

QUESTION 14 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL CHARITABLE CONTRIBUTIONS MADE TO ANY CHARITY WITHIN THE PAST 2 YEARS (24 MONTHS).	NAME:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	RELATIONSHIP TO YOU:		DATE OF GIFT:	
	DESCRIPTION AND VALUE OF GIFT:			
QUESTION 15 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL LOSSES FROM FIRE, THEFT, GAMBLING OR OTHER CASUALTY WITHIN THE LAST 12 MONTHS OR IMMEDIATELY AFTER FILING THIS CASE:	DESCRIPTION AND VALUE OF PROPERTY:			
	DESCRIPTION OF CIRCUMSTANCES RESULTING IN LOSS AND WAS IT COVERED BY INSURANCE?			
	DATE OF LOSS:			
QUESTION 16 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL PAYMENTS YOU MADE OR ANY PROPERTY YOU TRANSFERRED TO ANY PERSON, INCLUDING ATTORNEYS, FOR COUNSELING ON BANKRUPTCY WITHIN THE PAST 12 MONTHS:	NAME OF PAYEE:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	AMOUNT PAID:	DATE PAID:	NAME OF PERSON WHO PAID, IF NOT YOU:	
QUESTION 17 <input type="checkbox"/> CHECK IF NONE WITHIN 1 YEAR BEFORE YOU FILED FOR BANKRUPTCY, DID YOU OR ANYONE ELSE ACTING ON YOUR BEHALF PAY OR TRANSFER ANY PROPERTY TO ANYONE WHO PROMISED TO HELP YOU DEAL WITH YOUR CREDITORS OR TO MAKE PAYMENTS TO YOUR CREDITORS?	NAME OF PAYEE:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	AMOUNT PAID:	DATE PAID:	AMOUNT PAID:	
QUESTION 18 <input type="checkbox"/> CHECK IF NONE WITHIN 2 YEARS BEFORE YOU FILED FOR BANKRUPTCY, DID YOU SELL, TRADE, OR OTHERWISE TRANSFER ANY PROPERTY TO ANYONE, OTHER THAN PROPERTY TRANSFERRED IN THE ORDINARY COURSE OF YOUR BUSINESS OR FINANCIAL AFFAIRS?	PERSON WHO RECEIVED TRANSFER:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DESCRIBE WHAT RECEIVED IN EXCHANGE:	DATE:	DESCRIPTION AND VALUE OF PROPERTY:	
QUESTION 19 <input type="checkbox"/> CHECK IF NONE WITHIN 10 YEARS BEFORE YOU FILED FOR BANKRUPTCY, DID YOU TRANSFER ANY PROPERTY TO A SELF-SETTLED TRUST OR SIMILAR DEVICE OF WHICH YOU ARE A BENEFICIARY? (These are often called <i>asset-protection devices</i> .)	NAME OF TRUST		DATE OF TRANSFER:	
	DESCRIPTION AND VALUE OF PROPERTY TRANSFERRED:			
	DESCRIPTION AND VALUE OF PROPERTY TRANSFERRED (CONTINUED):			
QUESTION 20 <input type="checkbox"/> CHECK IF NONE WITHIN 1 YEAR BEFORE YOU FILED FOR BANKRUPTCY, WERE ANY FINANCIAL ACCOUNTS OR INSTRUMENTS HELD IN YOUR NAME, OR FOR YOUR BENEFIT, CLOSED, SOLD, MOVED, OR TRANSFERRED? INCLUDE CHECKING, SAVINGS, MONEY MARKET, OR OTHER FINANCIAL ACCOUNTS; CERTIFICATES OF DEPOSIT; SHARES IN BANKS, CREDIT UNIONS, BROKERAGE HOUSES, PENSION FUNDS, COOPERATIVES, ASSOCIATIONS, AND OTHER FINANCIAL INSTITUTIONS.	NAME OF BANK:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/> OTHER _____	ACCOUNT NUMBER:	DATE OF CLOSING	FINAL BALANCE:
	NAME OF BANK:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/> OTHER _____	ACCOUNT NUMBER:	DATE OF CLOSING	FINAL BALANCE:

QUESTION 21 <input type="checkbox"/> CHECK IF NONE DO YOU NOW HAVE, OR DID YOU HAVE WITHIN 1 YEAR BEFORE YOU FILED FOR BANKRUPTCY, ANY SAFE DEPOSIT BOX OR OTHER DEPOSITORY FOR SECURITIES, CASH, OR OTHER VALUABLES?	NAME OF BANK:		ADDRESS:	
	CITY:		STATE	ZIP CODE:
	DESCRIPTION OF CONTENTS:	DATE OF SURRENDER, IF ANY:	NAME AND ADDRESS OF PERSON WITH ACCESS:	
QUESTION 22 <input type="checkbox"/> CHECK IF NONE HAVE YOU STORED PROPERTY IN A STORAGE UNIT OR PLACE OTHER THAN YOUR HOME WITHIN 1 YEAR BEFORE YOU FILED FOR BANKRUPTCY?	NAME OF STORAGE FACILITY:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	NAME EVERYONE WITH ACCESS:	DESCRIBE CONTENTS:	DO YOU STILL HAVE IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
QUESTION 23 <input type="checkbox"/> CHECK IF NONE DO YOU HOLD OR CONTROL ANY PROPERTY THAT SOMEONE ELSE OWNS? INCLUDE ANY PROPERTY YOU BORROWED FROM, ARE STORING FOR, OR HOLD IN TRUST FOR SOMEONE.	NAME OF OWNER:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	DESCRIPTION AND VALUE OF PROPERTY:		LOCATION OF PROPERTY:	
QUESTION 24 <input type="checkbox"/> CHECK IF NONE HAS ANY GOVERNMENTAL UNIT NOTIFIED YOU THAT YOU MAY BE LIABLE OR POTENTIALLY LIABLE UNDER OR IN VIOLATION OF AN ENVIRONMENTAL LAW? <i>Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, Groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.</i>	NAME OF SITE:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	NAME OF GOVERNMENTAL UNIT:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	ENVOPRNMENTAL LAW, IF YOU KNOW IT:			DATE OF NOTICE:
QUESTION 25 <input type="checkbox"/> CHECK IF NONE HAVE YOU NOTIFIED ANY GOVERNMENTAL UNIT OF ANY RELEASE OF HAZARDOUS MATERIAL? <i>Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.</i>	NAME OF SITE:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	NAME OF GOVERNMENTAL UNIT:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	ENVOPRNMENTAL LAW, IF YOU KNOW IT:			DATE OF NOTICE:
QUESTION 26 <input type="checkbox"/> CHECK IF NONE HAVE YOU BEEN A PARTY IN ANY JUDICIAL OR ADMINISTRATIVE PROCEEDING UNDER ANY ENVIRONMENTAL LAW? INCLUDE SETTLEMENTS AND ORDERS.	CASE TITLE:		CASE NUMBER:	
	COURT AGENCY OF NAME:		CITY:	STATE:
	NATURE OF THE CASE:		CASE STATUS: <input type="checkbox"/> PENDING <input type="checkbox"/> ON APPEAL <input type="checkbox"/> CONCLUDED	
QUESTION 27 <input type="checkbox"/> CHECK IF NONE WITHIN 4 YEARS BEFORE YOU FILED FOR BANKRUPTCY, DID YOU OWN A BUSINESS OR HAVE ANY OF THE FOLLOWING CONNECTIONS TO ANY BUSINESS?	<input type="checkbox"/> A sole proprietor or self-employed in trade, profession, either full-time or part-time <input type="checkbox"/> A member of a limited liability company (LLC) or limited liability partnership (LLP) <input type="checkbox"/> An owner of at least 5% of the voting or equity securities of a corporation		<input type="checkbox"/> A partner in a partnership <input type="checkbox"/> An officer, director, or managing executive of a corporation	
	BUSINESS NAME:		ADDRESS:	
	CITY:		STATE:	ZIP CODE:
	NATURE OF BUSINESS:	NAME OF ACCOUNTANT OR BOOKKEEPER:	EIN:	DATES OPERATED:
QUESTION 27 <input type="checkbox"/> CHECK IF NONE WITHIN 2 YEARS BEFORE YOU FILED FOR BANKRUPTCY, DID YOU GIVE A FINANCIAL STATEMENT TO ANYONE ABOUT YOUR BUSINESS? INCLUDE ALL FINANCIAL INSTITUTIONS, CREDITORS, OR OTHER PARTIES.	ENTITY NAME:		ADDRESS:	
	CITY:	STATE:	ZIP CODE:	DATE OF ISSUANCE:

Matthew Mazur, P.A.

CLIENT NAME

DATE

INSTRUCTIONS:

- We will obtain a merged copy of your credit report containing information from all three major credit reporting bureaus.
- We ask that you provide us with recent copies of any credit card statements along with any collection letters or other bills that may be in your possession.
 1. Please use this form to include any creditors which may not otherwise be found on your credit reports such as medical bills, utility bills, etc.
 2. Feel free to provide us with a copy of the actual bill in lieu of completing these forms.

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: ☐ Credit Card ☐ Medical Bill ☐ Utility Bill ☐ Payday Loan ☐ Student Loan

Was this debt: ☐ Individual ☐ Joint ☐ Husband Only ☐ Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: ☐ Credit Card ☐ Medical Bill ☐ Utility Bill ☐ Payday Loan ☐ Student Loan

Was this debt: ☐ Individual ☐ Joint ☐ Husband Only ☐ Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: ☐ Credit Card ☐ Medical Bill ☐ Utility Bill ☐ Payday Loan ☐ Student Loan

Was this debt: ☐ Individual ☐ Joint ☐ Husband Only ☐ Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: ☐ Credit Card ☐ Medical Bill ☐ Utility Bill ☐ Payday Loan ☐ Student Loan

Was this debt: ☐ Individual ☐ Joint ☐ Husband Only ☐ Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: ☐ Credit Card ☐ Medical Bill ☐ Utility Bill ☐ Payday Loan ☐ Student Loan

Was this debt: ☐ Individual ☐ Joint ☐ Husband Only ☐ Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

MATTHEW MAZUR, P.A.

CLIENT NAME

DATE

Creditor Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Account Number: _____	Dates Used: From _____ to _____	Balance Due: _____		
Type of Creditor: <input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt: <input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney: _____	Address: _____	City: _____	State: _____	Zip: _____

Creditor Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Account Number: _____	Dates Used: From _____ to _____	Balance Due: _____		
Type of Creditor: <input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt: <input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney: _____	Address: _____	City: _____	State: _____	Zip: _____

Creditor Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Account Number: _____	Dates Used: From _____ to _____	Balance Due: _____		
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Account Number: _____	Dates Used: From _____ to _____	Balance Due: _____		
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Account Number: _____	Dates Used: From _____ to _____	Balance Due: _____		
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Collection Agency or Attorney: _____	Address: _____	City: _____	State: _____	Zip: _____