

# Client questionnaire for bankruptcy cases



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## Section 1 Basic Information

### Part A. Name and Address

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

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

Have you used any other names in the past six years?  No  Yes

**If yes, list other names:** \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Have you lived at this address for at least 180 days?  No  Yes

If you have a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

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

Has your spouse used any other names in the past six years?  No  Yes **If yes, list other names:**

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: **(if different from your address):** \_\_\_\_\_

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

If your spouse has a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 6 years?  No  Yes

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?  No  Yes

If yes, name of debtor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

### **Exhibit "C" to the Voluntary Petition**

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  No  Yes (If yes, please attach a list and description of the property.)

## Section 2 Property

### Part A. Real Estate (Schedule A)

List all real estate you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint or Community	Market Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	<b>List all mortgages, home equity loans, and liens:</b> What is the \$ value of the loan, lien or mortgage?	Who issued the lien, loan or mortgage? (Name, Address of Institution)	<b>Office Use Only</b>  Exemptions?

## Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the market value as the resale value.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in pension or profit sharing plans					
12. Stock and interests in incorporated/unincorporated business					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
13. Interests in partnerships/joint ventures					
14. Bonds					
15. Accounts receivable					
16. Alimony/family support to which you are entitled					
17. Other liquidated debts owed to you, including tax refunds					
18. Equitable or future interests or life estates					
19. Interests in estate of decedent or life insurance plan or trust					
20. Other contingent/unliquidated claims, including tax refunds, counterclaims					
21. Patents, copyrights, other intellectual property					
22. Licenses, franchises					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
23. Automobiles, trucks, trailers, and accessories.					
24. Boats, motors, and accessories					
25. Aircraft and accessories					
26. Office equipment, supplies					
27. Machinery, fixtures etc. for business					
28. Inventory					
29. Animals					
30. Crops-growing or harvested					
31. Farming equipment and implements					
32. Farm supplies, chemicals, feed					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
33. Other personal property of any kind not listed.					

**TOOLS OF TRADE OR PROFESSIONAL BOOKS.**

Description	Market Value	Lien Holder(s)	Amt. lien	Value

**PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS**

Description	Market Value	Lien Holder(s)	Amt. lien	Net Value
Clothing & Personal				
Kitchen Appliances				
Stove				
Refrigerator				
Freezer				
Washing Machine				
Dryer				
China				
Silver				
Jewelry				
Living Room Furniture				
Den Furniture				
Bedroom Furniture				
Dining Room Furniture				
Lawn Furniture				
Television				
( ) Stereo ( ) Radio				
Musical Instruments				
( ) Piano ( ) Organ				
Air Conditioner				
Paintings & Art				
Lawn Mower				
Yard Tools				
Crops				
Animals				
Other (                    )				

## Section 3 ➤ Debts

List below ALL debts that you owe, or that creditors claim that you owe.

For each debt fill out a debt worksheet (debt worksheets are included at the last pages)

Type of debt (if none check none)	Creditor Name	Amount owed	Is anyone else responsible for this debt? (for example, a co-signer or guarantor)	Do you dispute the debt?	Worksheet complete?
Home loans/ mortgages <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
2 <sup>nd</sup> mortgage or equity line <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Car loans <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Other bank loans <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Personal loans <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Student loans <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)

Type of debt (if none check none)	Creditor Name	Amount owed	Is anyone else responsible for this debt? (for example, a co-signer or guarantor)	Do you dispute the debt?	Worksheet complete?
Major credit card debts (Visa, Am Ex, Mastercard, Discover) – fill out a debt worksheet for each card or account  <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Department store credit card debts  fill out a debt worksheet for each card or account  <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)

Type of debt (if none check none)	Creditor Name	Amount owed	Is anyone else responsible for this debt? (for example, a co-signer or guarantor)	Do you dispute the debt?	Worksheet complete?
Other credit card debts (Gas cards, phone cards, etc.) <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Unpaid medical bills <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)

Type of debt (if none check none)	Creditor Name	Amount owed	Is anyone else responsible for this debt? (for example, a co-signer or guarantor)	Do you dispute the debt?	Worksheet complete?
Unpaid utility bills <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Unpaid rent <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Unpaid taxes <input type="checkbox"/> none				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Unpaid alimony or child support <input type="checkbox"/> none				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
Unpaid service fees <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)
All other unpaid debts/bills <input type="checkbox"/> none			Co-signer? <input type="checkbox"/> yes, <input type="checkbox"/> no If yes, name: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, complete the worksheet)

## Section 4 Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires



## Section 6 Current Expenses

Do you and your spouse maintain separate households?  No  Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

### Indicate how much you pay for each item each month...

1. your rent or your home mortgage \$ \_\_\_\_\_  
Does that amount include real estate taxes?  No  Yes  
Does it include property insurance?  No  Yes
2. electricity and heating \$ \_\_\_\_\_
3. water and sewage \$ \_\_\_\_\_
4. telephone service/long distance \$ \_\_\_\_\_
5. Do you have any other utility bills? If so, what, and how much per month?  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
6. home maintenance, including repairs and general upkeep \$ \_\_\_\_\_
7. food \$ \_\_\_\_\_
8. clothing \$ \_\_\_\_\_
9. laundry and dry cleaning \$ \_\_\_\_\_
10. medical and dental expenses \$ \_\_\_\_\_
11. transportation (not including car payments) \$ \_\_\_\_\_
12. entertainment, recreation, newspapers, magazines \$ \_\_\_\_\_
13. charitable contributions \$ \_\_\_\_\_
14. insurance not deducted from paycheck  
a) homeowner's or renter's insurance \$ \_\_\_\_\_  
b) life insurance \$ \_\_\_\_\_  
c) health insurance \$ \_\_\_\_\_  
d) auto insurance \$ \_\_\_\_\_  
e) other insurance \_\_\_\_\_ \$ \_\_\_\_\_
15. taxes not deducted from paycheck \$ \_\_\_\_\_
16. installment payments for car, furniture, etc. (Specify)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
17. alimony, maintenance, support paid to others \$ \_\_\_\_\_
18. payments for support of dependents not living at home \$ \_\_\_\_\_
19. expenses from operation of business \$ \_\_\_\_\_
20. other expenses not listed above \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## Income from the past

Answer each question about your income. Tax returns and pay statements often have the most accurate information. This page asks for information for: (1) this year up to now; (2) the full year before this one; and (3) the full year before that.

If you do not know, estimate. **Do not leave out information.**

### **This year so far up to \_\_\_\_\_ (date)**

How much have you earned so far **this year**?

From employment \_\_\_\_\_

From any other source \_\_\_\_\_

If you are filing with your spouse, how much has your spouse earned so far **this year**?

From employment \_\_\_\_\_

From any other source \_\_\_\_\_

### **Last year \_\_\_\_\_ (fill in year)**

How much did you earn **the year before this year**?

From employment \_\_\_\_\_

From any other source \_\_\_\_\_

If you are filing with your spouse, how much did your spouse earn **the year before this year**?

From employment \_\_\_\_\_

From any other source \_\_\_\_\_

### **Year before last \_\_\_\_\_ (fill in year)**

How much did you earn **the year before this year**?

From employment \_\_\_\_\_

From any other source \_\_\_\_\_

If you are filing with your spouse, how much did your spouse earn **the year before this year**?

From employment \_\_\_\_\_

From any other source \_\_\_\_\_

## Section 7 ➤ Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box. If you completed the chart showing your previous income, you may skip this question.

### 1 Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
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January 1 of this year through  
date of commencement of case

Last year, (January 1 - December 31)

The year before last,  
(January 1 - December 31)

### 1 Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

NONE

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
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During the last year

Year before last

### 3. Payments to creditors

- a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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- b. List all payments made within **one year** immediately preceding the commencement of this case to creditors who were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

Name and Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
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4. Suits, executions, garnishments and attachments

- a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
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- b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property
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5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property
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6. Assignments and receiverships

- a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Assignee</u>	<u>Date of Assignment</u>	<u>Terms of Assignment/Settlement</u>
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- b. List all property that has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

NONE

<u>Name and Address of Custodian</u>	<u>Name and location of Court, Case Title and Number</u>	<u>Date of Order</u>	<u>Description and Value of Property</u>
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7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

<u>Name and Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description and Value of Gift</u>
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8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case**.

NONE

<u>Description and Value of Property</u>	<u>Description of Circumstances and Amount Covered by Insurance, if Any</u>	<u>Date of Loss</u>
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9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

NONE

<u>Name and Address of Payee</u>	<u>Date of Payment</u>	<u>Name of Person Who Paid, if Not You</u>	<u>Amount of Money/ Description and Value of Property</u>
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10. Other transfers, (including sale of your property)

List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **one year** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Transferee and Relationship to you</u>	<u>Date of Transfer</u>	<u>Description of Property Transferred and Value Received</u>
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11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Institution</u>	<u>Type and Number of Account &amp; Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
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12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

<u>Name and Address of Bank or Other Depository</u>	<u>Name and Address of Those With Access to Box or Depository</u>	<u>Description of Contents</u>	<u>Date of Transfer, if Any</u>
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13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

Name and Address of Creditor                      Date of Setoff                      Amount of Setoff

14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

Name and Address of Owner                      Description and Value of Property                      Location of Property

15. Prior address of debtor

If you have moved within the two years immediately preceding the commencement of this case, list all residences during the last two years, excluding your present address.

NONE

Address                      Your Name at the Time                      Dates of Occupancy

16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name \_\_\_\_\_

17. Environmental Information.

Have you ever received a notice about violation of pollution laws or environmental contamination (for example, chemical spills, contaminated soil or leaking underground tanks)? If yes, give details:

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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18 . Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NONE

Name	Taxpayer I.D. Number	Address	Nature of Business	Beginning and End Dates of Operation
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Have you within the last six years been:

- an officer, director, managing executive, or owner of more than 5% of the voting stock of a corporation***
- a partner, other than a limited partner, of a partnership***
- a sole proprietor,***
- self-employed.***

## Debt Worksheet

Fill out one of these worksheets for each creditor.

**Attach** loan agreements, bills, collection letters and court documents.

You must list all creditors including taxes, credit unions, relatives and friends. Not all debts have to be included in the bankruptcy, but all must be listed.

Remember that debts include all of these:

Mortgages	Medical bills	Student loans
Auto loans	Payday loans	Utility bills
Credit cards	Mail order bills	Child support
Store charges	Judgments	Unpaid rent

**Fill in the information for each creditor (do not leave any blanks)**

Creditor name	
Creditor address (city, state & zip)	
Total owed	
Monthly payment	
Account number	
What is this debt for?	
Is there collateral for the loan? (for example, auto loan, mortgage)	<input type="checkbox"/> yes (if yes, describe collateral and what it is worth) <input type="checkbox"/> no
Is this debt a credit card? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, answer questions below)	
Date card issued	
Other users	
Amount of last purchase	
Cash advances in the last 60 days	

Complete one of these forms for **each** debt

Copy worksheet if needed

## Debt Worksheet

Fill out one of these worksheets for each creditor.

**Attach** loan agreements, bills, collection letters and court documents.

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Remember that debts include all of these:

Mortgages

Medical bills

Student loans

Auto loans

Payday loans

Utility bills

Credit cards

Mail order bills

Child support

Store charges

Judgments

Unpaid rent

**Fill in the information for each creditor (do not leave any blanks)**

Creditor name	
Creditor address (city, state & zip)	
Total owed	
Monthly payment	
Account number	
What is this debt for?	
Is there collateral for the loan? (for example, auto loan, mortgage)	<input type="checkbox"/> yes (if yes, describe collateral and what it is worth) <input type="checkbox"/> no
Is this debt a credit card? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, answer questions below)	
Date card issued	
Other users	
Amount of last purchase	
Cash advances in the last 60 days	

Complete one of these forms for **each** debt

Copy worksheet if needed

## Debt Worksheet

Fill out one of these worksheets for each creditor.

**Attach** loan agreements, bills, collection letters and court documents.

You must list all creditors including taxes, credit unions, relatives and friends. Not all debts have to be included in the bankruptcy, but all must be listed.

Remember that debts include all of these:

Mortgages

Medical bills

Student loans

Auto loans

Payday loans

Utility bills

Credit cards

Mail order bills

Child support

Store charges

Judgments

Unpaid rent

**Fill in the information for each creditor (do not leave any blanks)**

Creditor name	
Creditor address (city, state & zip)	
Total owed	
Monthly payment	
Account number	
What is this debt for?	
Is there collateral for the loan? (for example, auto loan, mortgage)	<input type="checkbox"/> yes (if yes, describe collateral and what it is worth) <input type="checkbox"/> no
Is this debt a credit card? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, answer questions below)	
Date card issued	
Other users	
Amount of last purchase	
Cash advances in the last 60 days	

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Date card issued	
Other users	
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Cash advances in the last 60 days	

Complete one of these forms for **each** debt

Copy worksheet if needed

The next page has a form that allows the attorney to obtain a copy of your credit report. The credit report will be used to determine whether there are any debts you have overlooked that should be included in your bankruptcy case. It might also be helpful in determining whether there is any inaccurate information in your credit report. If a credit report is obtained you may have a copy if you wish. There is a \$15 charge for obtaining a credit report. This covers the actual cost to the attorney for the report as well as the costs of subscribing to the service that provides instant credit reports.

I recommend getting the credit report, **but it is not required**. The form is a standard release required by the report provider, but I will not seek information other than your credit report.

You can always request a copy of your credit report from any of the major credit reporting agencies, however they do not provide instant reports.

Experian  
P.O. Box 2104  
Allen, TX 75013  
1-888/397-3742

[www.experian.com/consumer](http://www.experian.com/consumer)

Trans Union  
P.O. Box 1000  
Chester, PA 19022  
1-800/888-4213

[www.tuc.com](http://www.tuc.com)

CBI/Equifax  
P.O. Box 740241  
Atlanta, GA 30374  
1-800/562-4437

[www.equifax.com](http://www.equifax.com)

## Consumer Reports Release

In connection with my application for: **a)** employment (including contract for services), or **b)** residency, I understand that consumer reports or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

### Please PRINT the following information

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_

ZIP: \_\_\_\_\_

Years at above Residence: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Years at Previous Residence: \_\_\_\_\_

Drivers License State: \_\_\_\_\_ License number: \_\_\_\_\_

### For identification purposes:

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Other or former names: \_\_\_\_\_

Professional License: State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_