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QUESTIONNAIRE (CHAPTER 7/13)

SENT ON: _____

DATE COMPLETED: _____

COMPLETED BY: _____

REVIEWED WITH CLIENT ON: _____

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

IT IS A FEDERAL CRIME TO GIVE FALSE INFORMATION AT ANYTIME IN YOUR BANKRUPTCY CASE.

1. THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS RELIED UPON BY OUR OFFICE IN EVALUATING AND PREPARING YOUR CHAPTER 7 OR CHAPTER 13 CASE. THIS DOCUMENT IS NOT FILED WITH THE COURT BUT THE INFORMATION IS USED TO PREPARE YOUR BANKRUPTCY PETITION WHICH YOU WILL SIGN UNDER OATH.
2. EACH AND EVERY QUESTION MUST BE ANSWERED AS YES/NO OR NOT APPLICABLE;
3. CIRCLE OR WRITE NONE WHERE APPROPRIATE OR FILL IN THE REQUESTED INFORMATION.
4. ALL ASSETS AND ALL DEBT(S) MUST BE COMPLETELY AND ACCURATELY DISCLOSED (NO MATTER HOW LARGE OR SMALL) IN THIS QUESTIONNAIRE,
5. THE VALUE OF ANY PROPERTY YOU OWN IS TO BE BASED UPON THE PROPERTIES REPLACEMENT VALUE GIVEN IT'S AGE AND CONDITION, AFTER REASONABLE INQUIRY;
6. BY INITIALING EACH PAGE YOU ARE ACKNOWLEDGING YOU HAVE READ AND UNDERSTOOD THE INFORMATION CONTAINED HEREIN AND WILL COMPLY WITH THESE INSTRUCTIONS.

Initials: _____

I/WE HAVE PREVIOUSLY FILED A BANKRUPTCY CASE: YES / NO.
CHAPTER: _____ DATE OF PRIOR FILING: _____
WHERE WAS THE CASE FILED: _____
THE CASE WAS DISCHARGED OR DISMISSED. (CIRCLE ONE)
THE CASE NUMBER WAS: _____

THE CAUSE OF YOUR CURRENT FINANCIAL DIFFICULTIES? _____

I/WE HAVE HEALTH INSURANCE. YES / NO.

REAL PROPERTY OWNERSHIP: (THE DEFINITION OF REAL PROPERTY INCLUDES A HOUSE, COOPERATIVE, CONDOMINIUM OR MOBILE HOME)

DO YOU PRESENTLY OR HAVE YOU HAD ANY OWNERSHIP (YOUR NAME IS OR WAS ON A DEED OR YOUR ARE NOT ON THE DEED BUT STILL CLAIM A RIGHT TO THE PROPERTY) INTEREST WHETHER FUTURE, CONTINGENT OR IN DISPUTE IN ANY REAL PROPERTY LOCATED ANYWHERE IN THE LAST TEN YEARS: YES / NO. IF YES IDENTIFY THE PROPERTY ADDRESS:

I/WE CURRENTLY RENT OUR HOME. YES / NO
I/WE CURRENTLY OWN OUR HOME. YES / NO
IF YOU RENT ARE YOU RELATED TO THE OWNER. YES / NO

HAVE YOU IN THE PAST OR PRESENT MADE ANY CONTRIBUTION TO THE PURCHASE OR IMPROVEMENTS TO THE RESIDENCE IN WHICH YOU RESIDE.
YES / NO

THE PROPERTY I/WE OWN IS: 1 FAMILY – 2 FAMILY- CONDO – MOBILE HOME OR OTHER: (CIRCLE ONE)

DATE OF PURCHASE: _____
PURCHASE PRICE: \$ _____
DATE OF THE LAST APPRAISAL OF THE PROPERTY: _____
APPRAISED VALUE: _____

THE FAIR MARKET VALUE OF THE PROPERTY IS: \$ _____
THIS VALUE IS BASED ON: _____

WE OWN PROPERTY THAT IS PRESENTLY IN FORECLOSURE: YES / NO

Initials: _____

JUDGMENTS

THERE ARE JUDGMENTS RECORDED ON THE LAND RECORDS AGAINST THE PROPERTY I/WE OWN: YES/ NO. IF YES HOW MANY? _____

REFINANCING

I/WE HAVE REFINANCED THE PROPERTY I/WE CURRENTLY OWN OR HAVE OWNED IN THE LAST 5 YEARS: YES OR NO IF YES WHEN: _____

DID YOU TAKE CASH OUT OF THE REFINANCE: YES/NO IF YES HOW MUCH?: \$ _____ . THE CASH WAS USED FOR? _____.

MORTGAGES

THERE ARE HOW MANY MORTGAGES PRESENTLY ON THE PROPERTY: _____

1ST MORTGAGE LENDER:

THE FOLLOWING PERSON(S) ARE ON THE 1ST MORTGAGE:

MORTGAGE COMPANY ADDRESS ACCOUNT #: DATE INCURRED

- 1.
- 2.
- 3.

MORTGAGE BALANCE: \$ _____
MONTHLY PAYMENT: \$ _____
MONTHS BEHIND: _____

2ND MORTGAGE LENDER :

THE FOLLOWING PERSON(S) ARE ON THE 2ND MORTGAGE:

MORTGAGE COMPANY ADDRESS ACCOUNT # DATE INCURRED

- 1.
- 2.
- 3.

MORTGAGE BALANCE: \$ _____
MONTHLY PAYMENT: \$ _____
MONTHS BEHIND: _____

OWNERSHIP:

THE FOLLOWING PERSONS ARE ON THE DEED TO THE REAL PROPERTY I/WE OWN: _____

Initials: _____

WAS ANY OTHER PERSON EVER ON THE DEED TO THE PROPERTY YOU CURRENTLY OWN? YES / NO. IF YES STATE WHO AND WHEN?

HAVE YOU TRANSFERRED BY QUITCLAIM DEED ALL OR ANY PART OF YOUR INTEREST IN REAL PROPERTY TO ANYONE FOR ANY REASON IN THE LAST TEN YEARS. YES / NO. IF YES WHO AND WHY?

TRANSFERS:

I/WE HAVE TRANSFERRED, DISPOSED, OR SOLD A HOUSE, COOP, CONDOMINIUM, MOBILE HOME IN THE LAST 10 YEARS: YES / NO

IF YES DESCRIBE PROPERTY TRANSFERRED AND DATE OF TRANSFER (WE WILL NEED THE CLOSING DOCUMENTS OF THE TRANSFER):

UTILITIES

ARE ANY OF YOUR UTILITIES PAST DUE? (WATER, SEWER, GAS, ELECTRIC, OIL). YES / NO

PLEASE STATE WHICH UTILITY IS PAST DUE AND THE AMOUNT OWED:

1. WATER: \$ _____
2. SEWER: \$ _____
3. GAS: \$ _____
4. ELECTRIC: \$ _____
5. OIL: \$ _____

NOTES OR QUESTIONS:

Initials: _____

2ND PROPERTY OWNED:NO

THE PROPERTY IS: 1 FAMILY – 2 FAMILY- CONDO – MOBILE HOME OR OTHER: (CIRCLE ONE)

DATE OF PURCHASE: _____

PURCHASE PRICE: \$ _____

DATE OF THE LAST APPRAISAL OF THE PROPERTY: _____

APPRAISED VALUE: _____

THE FAIR MARKET VALUE OF THE PROPERTY IS: \$ _____

THIS VALUE IS BASED ON: _____

WE OWN PROPERTY THAT IS PRESENTLY IN FORECLOSURE: YES / NO

JUDGMENTS

THERE ARE JUDGMENTS RECORDED ON THE LAND RECORDS AGAINST THE PROPERTY I./WE OWN: YES/ NO. IF YES HOW MANY? _____

MORTGAGES

THERE ARE HOW MANY MORTGAGES PRESENTLY ON THE PROPERTY: _____

1ST MORTGAGE LENDER:

THE FOLLOWING PERSON(S) ARE ON THE 1ST MORTGAGE:

| MORTGAGE COMPANY | ADDRESS | ACCOUNT #: | DATE INCURRED |
|------------------|---------|------------|---------------|
| <u>1.</u> | | | |
| <u>2.</u> | | | |
| <u>3.</u> | | | |

MORTGAGE BALANCE: \$ _____

MONTHLY PAYMENT: \$ _____

MONTHS BEHIND: _____

2ND MORTGAGE LENDER :

THE FOLLOWING PERSON(S) ARE ON THE 2ND MORTGAGE:

| MORTGAGE COMPANY | ADDRESS | ACCOUNT # | DATE INCURRED |
|------------------|---------|-----------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

MORTGAGE BALANCE: \$ _____

MONTHLY PAYMENT: \$ _____

MONTHS BEHIND: _____

Initials: _____

OWNERSHIP:

THE FOLLOWING PERSONS ARE ON THE DEED TO THE REAL PROPERTY I/WE OWN: _____

WAS ANY OTHER PERSON EVER ON THE DEED TO THE PROPERTY YOU CURRENTLY OWN? YES / NO. IF YES STATE WHO AND WHEN?

HAVE YOU TRANSFERRED BY QUITCLAIM DEED ALL OR ANY PART OF YOUR INTEREST IN REAL PROPERTY TO ANYONE FOR ANY REASON IN THE LAST TEN YEARS. YES / NO. IF YES WHO AND WHY?

NOTES OR QUESTIONS:

Initials:_____

PERSONAL PROPERTY:

I/WE HAVE THE FOLLOWING CASH ON HAND (NOT IN A BANK).

\$ _____

ACTIVE/OPEN BANK ACCOUNTS OR ACCOUNTS WITH FINANCIAL INSTITUTIONS:

I/WE HAVE THE FOLLOWING OPEN/ACTIVE BANK, CD'S, MONEY MARKET OR CREDIT UNION ACCOUNTS OR OTHER:

1. BANK:
CHECKING OR SAVINGS (CIRCLE ONE)
NAME OR NAMES ON THE ACCOUNT:
BALANCE:

2. BANK:
CHECKING OR SAVINGS (CIRCLE ONE)
NAME OR NAMES ON THE ACCOUNT:
BALANCE:

SECURITY DEPOSITS:

I/WE HAVE THE FOLLOWING SECURITY DEPOSITS HELD BY A THIRD PARTY: NONE OR LIST ANY SECURITY DEPOSITS:

PERSONAL ASSETS:

I/WE OWN THE FOLLOWING HOUSHOLD ITEMS OR FURNISHINGS WORTH OVER \$500.00: NONE OR DESCRIBE PROPERTY:

I/WE OWN THE FOLLOWING ITEM(S) OF CLOTHING WORTH OVER \$500.00: NONE OR DESCRIBE: _____

I/WE OWN THE FOLLOWING COLLECTIBLES, PAINTINGS, BOOKS, ART WORK, STAMPS, COINS, ANTIQUES, OR OTHER VALUABLES WORTH OVER \$500.00: NONE OR DESCRIBE PROPERTY: _____

I/WE OWN THE FOLLOWING FURS OR JEWELRY WORTH OVER \$500.00: NONE OR DESCRIBE PROPERTY: _____

I OWN THE FOLLOWING HOBBY EQUIPMENT WORTH OVER \$500.00: NONE OR DESCRIBE PROPERTY: _____

I/WE OWN A LIFE INSURANCE POLICIES WITH A CASH VALUE: NONE OR DESCRIBE. (provide copy of statement):

| <u>COMPANY</u> | <u>TYPE TERM OR WHOLE LIFE</u> | <u>CASH VALUE</u> |
|----------------|--------------------------------|-------------------|
|----------------|--------------------------------|-------------------|

Initials: _____

TAX REFUNDS:

I/WE FILE OUR TAX RETURNS JOINTLY OR INDIVIDUALLY. (CIRCLE ONE)

I/WE WILL OR HAVE RECEIVED THE FOLLOWING TAX REFUND: NONE OR

STATE \$ _____ RECEIVED ON: _____ FEDERAL \$ _____ RECEIVED ON: _____

BUSINESS INTEREST:

I/WE HAVE HAD AN INTEREST IN THE FOLLOWING BUSINESS DURING THE LAST SIX YEARS: NONE OR DESCRIBE: (Either sole proprietorship, corporation, partnership, joint venture or other business entity):

| <u>NAME OF BUSINESS</u> | <u>BUSINESS TYPE</u> | <u>START/END DATE</u> |
|-------------------------|----------------------|-----------------------|
|-------------------------|----------------------|-----------------------|

I/WE OWN THE FOLLOWING BUSINESS INVENTORY OR EQUIPMENT: NONE OR DESCRIBE:

ACCOUNTS RECEIVABLE:

I/WE ARE OWED MONEY FROM THE FOLLOWING INDIVIDUAL(S) OR ANY BUSINESS: NONE OR DESCRIBE:

| <u>NAME</u> | <u>AMOUNT OWED</u> | <u>BASIS FOR DEBT</u> |
|-------------|--------------------|-----------------------|
|-------------|--------------------|-----------------------|

OTHER PROPERTY NOT PREVIOUSLY LISTED:

I/WE OWN THE FOLLOWING PROPERTY WITH A CASH VALUE OF OVER \$500.00 NOT PREVIOUSLY LISTED/NONE:

LICENSES, PATENTS COPYRIGHTS OR FRANCHISES:

I/WE OWN THE FOLLOWING LICENSES OR FRANCHISES: NONE OR DESCRIBE:

I/WE OWN THE FOLLOWING PATENTS OR COPYRIGHTS: NONE OR DESCRIBE:

Initials: _____

MOTOR VEHICLES:

I/WE OWN A BOAT, AIRPLANE, TRUCK, TRAILER, SNOWMOBILE,
MOTORCYCLE OR OTHER VEHICLE: NONE OR DESCRIBE

MOTOR VEHICLES:

VEHICLE #1

DATE OF PURCHASE: _____

MAKE /MODEL/YEAR: _____

TITLE IS IN THE NAME OF: _____

MILEAGE: _____

BALANCE OWED ON THE VEHICLE: \$ _____

VALUE OF VEHICLE: \$ _____

LEASE OR FINANCE COMPANY: _____

ADDRESS: _____

ACCOUNT #: _____

BALANCE: _____

OF MONTHS LEFT ON CONTRACT OR LEASE _____

VEHICLE #2:

DATE OF PURCHASE: _____

MAKE /MODEL/YEAR: _____

MILEAGE: _____

BALANCE OWED ON THE VEHICLE: _____

TITLE IS IN THE NAME OF: _____

VALUE OF VEHICLE: \$ _____

LEASE OR FINANCED (CIRCLE ONE):

COMPANY: _____

ADDRESS: _____

ACCOUNT #: _____

BALANCE: _____

OF MONTHS LEFT ON CONTRACT OR LEASE _____

OTHER VEHICLE (BOATS/QUAD/ETC.):

DATE OF PURCHASE: _____

MAKE /MODEL/YEAR: _____

MILEAGE: _____

BALANCE OWED ON THE VEHICLE: _____

TITLE IS IN THE NAME OF: _____

VALUE OF VEHICLE: \$ _____

LEASE OR FINANCED (CIRCLE ONE):

COMPANY: _____

ADDRESS: _____

ACCOUNT #: _____

BALANCE: _____

OF MONTHS LEFT ON CONTRACT OR LEASE _____

Initials: _____

LEASES AND CONTRACTS:

I/WE ARE PARTIES TO THE FOLLOWING CONTRACTS OR LEASE NONE OR DESCRIBE:

NAME AND ADDRESS OF OTHER PARTY TO LEASE OR CONTRACT

EMPLOYMENT AND INCOME: YOU MUST DISCLOSE ALL HOUSEHOLD INCOME FROM WHATEVER SOURCE YOU HAVE RECEIVED IN THE PAST 6 MONTHS. THIS INCLUDES INCOME FROM ALL HOUSEHOLD MEEMBERS, GAMBLING WINNINGS, BONUSES OR ASSET LIQUIDATION.

NAME ALL DEPENDENTS LIVING WITH YOU

| <u>NAME</u> | <u>AGE</u> | <u>RELATIONSHIP</u> |
|-------------|------------|---------------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 5. _____ | | |

CHILD SUPPORT – DIVORCE – ALIMONY- PROPERTY SETTLEMENT:

I/WE HAVE RECEIVED CHILD SUPPORT, ALIMONY, OR A DIVORCE SETTLEMENT IN THE LAST FIVE YEARS: NONE OR DESCRIBE:

I PAY CHILD SUPPORT? YES / NO
IF YOU PAY CHILD SUPPORT ARE YOU UP TO DATE WITH THE SUPPORT PAYMENT? YES / NO
THE NAME AND ADDRESS OF WHO YOU PAY SUPPORT TO?

IS THE CHILD SUPPORT COURT ORDERED: YES/NO

INDIVIDUALS WHO CONTRIBUTE TO MY/OUR HOUSEHOLD INCOME OR PAY RENT:

| <u>NAME</u> | <u>AGE</u> | <u>RELATIONSHIP</u> |
|-------------|------------|---------------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

NUMBER OF DEPENDENTS LISTED ON MY LAST TAX RETURN: _____

Initials: _____

HUSBAND:

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

HOW LONG EMPLOYED: _____

PAID WEEKLY OR BI WEEKLY OR OTHER (CIRCLE ONE):

GROSS PAY PER PAY PERIOD: _____

NET PAY PER PAY PERIOD: _____

MY PAY IS THE SAME EACH WEEK OR FLUCTUATES (CIRCLE ONE):

I do or do not (circle one) anticipate an increase in my income in the following 12 months.

2ND JOB: YES/NO: IF YES DESCRIBE:

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

HOW LONG EMPLOYED: _____

PAID WEEKLY BI WEEKLY (CIRCLE ONE):

GROSS PAY PER PAY PERIOD: _____

NET PAY PER PAY PERIOD: _____

MY PAY IS THE SAME EACH WEEK OR FLUCTUATES (CIRCLE ONE):

I do or do not (circle one) anticipate an increase in my income in the following 12 months.

I/WE RECEIVE NO ADDITIONAL INCOME OR THE FOLLOWING ADDITIONAL INCOME: YES/NO. IF YES LIST.

SOCIAL SECURITY: YES/NO: \$ _____

DISABILITY: YES/NO: \$ _____

RENTAL: YES/NO: \$ _____

PENSION: YES NO: \$ _____

OTHER: _____ \$ _____

WIFE:

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

HOW LONG EMPLOYED: _____

PAID WEEKLY BI WEEKLY (CIRCLE ONE):

GROSS PAY PER PAY PERIOD: _____

NET PAY PER PAY PERIOD: _____

MY PAY IS THE SAME EACH WEEK OR FLUCTUATES (CIRCLE ONE):

I do or do not (circle one) anticipate an increase in my income in the following 12 months.

Initials: _____

2ND JOB: YES/NO: IF YES DESCRIBE:

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

HOW LONG EMPLOYED: _____

PAID WEEKLY BI WEEKLY (CIRCLE ONE):

GROSS PAY PER PAY PERIOD: _____

NET PAY PER PAY PERIOD: _____

MY PAY IS THE SAME EACH WEEK OR FLUCTUATES (CIRCLE ONE):

I/WE RECEIVE THE FOLLOWING ADDITIONAL INCOME:

SOCIAL SECURITY: YES/NO: \$ _____

DISABILITY: YES/NO: \$ _____

RENTAL: YES/NO: \$ _____

PENSION: YES NO: \$ _____

OTHER: _____ \$ _____

I do or do not (circle one) anticipate an increase in my income in the following 12 months.

Initials: _____

CURRENT INCOME

| | | |
|--|---------------------------------|---------------|
| Debtor's Marital Status <u>SINGLE/MARRIED</u> | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP(S): | AGES(S) |
| EMPLOYMENT | DEBTOR | SPOUSE |
| Occupation Name of Employer How long employed Address of Employer | | |

| | | |
|---|---------------|---------------|
| INCOME: (Estimate of average or projected monthly income at time case filed) | DEBTOR | SPOUSE |
| 1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly) | \$ _____ | \$ _____ |
| 2. Estimated monthly overtime | \$ _____ | \$ _____ |
| 3. SUBTOTAL | \$ _____ | \$ _____ |
| 4. LESS PAYROLL DEDUCTIONS | \$ _____ | \$ _____ |
| a. Payroll taxes and Social Security | \$ _____ | \$ _____ |
| b. Insurance | \$ _____ | \$ _____ |
| c. Union dues | \$ _____ | \$ _____ |
| d. Other (specify) _____ | \$ _____ | \$ _____ |
| _____ | | |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS | \$ _____ | \$ _____ |
| 6. TOTAL NET MONTHLY TAKE HOME PAY | \$ _____ | \$ _____ |
| 7. Regular income from operation of business or profession or farm (attach detailed statement) | \$ _____ | \$ _____ |
| 8. Income from real property | \$ _____ | \$ _____ |
| 9. Interest and dividends | \$ _____ | \$ _____ |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above | \$ _____ | \$ _____ |
| 11. Social Security or other government assistance (Specify) _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| 12. Pension or retirement income | \$ _____ | \$ _____ |
| 13. Other monthly income | \$ _____ | \$ _____ |
| (Specify) _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| 14. SUBTOTAL OF LINES 7 THROUGH 13 | \$ _____ | \$ _____ |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14) | \$ _____ | \$ _____ |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported online 15) | \$ _____ | |
| 17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: | | |

Initials: _____

MONTHLY EXPENSES

LIST EACH MONTHLY EXPENSE AND PROVIDE PROOF OF THE EXPENSE OR IT CAN NOT BE CLAIMED AS AN EXPENSE. LIST ALL MONTHLY EXPENSES NO MATTER HOW LARGE OR SMALL. THE INCOME AND EXPENSES HEREIN LISTED WILL BE DETERMINATIVE OF YOUR CASE AND MAY NOT BE SUBJECT TO FUTURE CHANGE WITHOUT DOCUMENTATION.

- 1. Rent or home mortgage payment (include lot rented for mobile home) \$ _____
 - a. Are real estate taxes included? Yes _____ No _____
 - b. Is property insurance included? Yes _____ No _____
 - 2. Utilities:
 - a. Electricity \$ _____
 - b. Heating/fuel \$ _____
 - b. Water and sewer \$ _____
 - c. Telephone \$ _____
 - d. Other _____ \$ _____
 - 3. Home maintenance (repairs and upkeep) \$ _____
 - 4. Food \$ _____
 - 5. Clothing \$ _____
 - 6. Laundry and dry cleaning \$ _____
 - 7. Medical and dental expenses \$ _____
 - 8. Transportation (not including car payments) \$ _____
 - 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ _____
 - 10. Charitable contributions \$ _____
 - 11. Insurance (not deducted from wages or included in home mortgage payments)
 - a. Homeowner's or renter's \$ _____
 - b. Life \$ _____
 - c. Health \$ _____
 - d. Auto \$ _____
 - e. Other _____ \$ _____
 - 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____ \$ _____
 - 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)
 - a. Auto \$ _____
 - b. Other _____ \$ _____
 - 14. Alimony, maintenance, and support paid to others \$ _____
 - 15. Payments for support of additional dependents not living at your home \$ _____
 - 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ _____
 - 17. Other _____ \$ _____
18. **AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data. \$ _____
19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

Initials: _____

OTHER EXPENSES:

COMMON CHARGES: \$ _____
CABLE: \$ _____
VEHICLE MAINTENANCE: \$ _____
OUT OF POCKET MEDICAL EXPENSES:\$ _____
HEALTH INS. (NOT DEDUCTED FROM WAGES): \$ _____
AUTO INSURANCE: \$ _____
LIFE INSURANCE: \$ _____
OTHER INSURANCE: \$ _____
DAY CARE: \$ _____
SCHOOL: \$ _____
YEARLY REAL ESTATE TAXES: \$ _____
YEARLY AUTOMOBILE TAXES: \$ _____
OTHER TAXES: \$ _____
EXPENSE FOR FAMILY PROTECTION: \$ _____
EXPENSE FOR CARE AND SUPPORT OF AN ELDERLY FAMILY MEMBER:
\$ _____
PRIVATE OR ELEMENTARY SCHOOL TUITION: \$ _____
COURT ORDERED PAYMENTS (ALIMONY/CHILD SUPPORT):\$ _____
REPAYMENT OF TAXES: \$ _____
GARBAGE COLLECTION: \$ _____
OTHER EXPENSES:\$ _____

STATEMENT OF MONTHLY NET INCOME

| | |
|--|----------|
| a. Average monthly income from Line 15 of Schedule I | \$ _____ |
| b. Average monthly expenses from Line 18 above | \$ _____ |
| c. Monthly net income (a. minus b.) | \$ _____ |

Initials: _____

STATEMENT OF FINANCIAL AFFAIRS

INCOME:

I/WE EARNED THE FOLLOWING INCOME:

2006: \$ _____

2007: \$ _____

2008: (YEAR TO DATE EARNING): \$ _____

I/WE HAVE EARNED INCOME OTHER THAN FROM MY/OUR EMPLOYMENT OVER THE LAST ONE YEAR (UNEMPLOYMENT, SS BENFITS, DISABILITY, WORKERS COMP, ETC). YES/NO. IF YES DESCRIBE SOURCE OF INCOME AND BY WHOM RECEIVED: _____

I HAVE LIQUIDATED (TURNED INTO CASH) MY 401K, LIFE INSURANCE OR OTHER ASSET IN THE LAST 1 YEAR?: YES/NO _____

PAYMENTS:

I/WE HAVE PAID THE FOLLOWING CREDITORS IN THE LAST 90 DAYS MORE THAN \$500.00: NONE OR DESCRIBE

| <u>NAME</u> | <u>ADDRESS</u> | <u>AMOUNT PAID</u> | <u>DATE PAID</u> |
|-------------|----------------|--------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

I/WE HAVE PAID BACK THE FOLLOWING FRIENDS OR FAMILY MEMBERS OVER THE LAST 12 MONTHS.

| <u>NAME</u> | <u>ADDRESS</u> | <u>AMOUNT PAID</u> | <u>DATE PAID</u> |
|-------------|----------------|--------------------|------------------|
|-------------|----------------|--------------------|------------------|

I/WE HAVE MADE THE FOLLOWING CHARGES, CASH ADVANCES OR TAKEN THE FOLLOWING LOANS OF OVER \$600.00 IN THE LAST 90 DAYS. (ALL USE OF CREDIT SHOULD STOP IMMEDIATELY.) NONE OR DESCRIBE:

LOSSES:

I/WE HAVE SUFFERED THE FOLLOWING LOSSES DUE TO FIRE THEFT OR GAMBLING OVER THE LAST YEAR. NONE OR DESCRIBE

| <u>TYPE OF LOSS</u> | <u>DATE</u> | <u>TOTAL OF LOSS</u> |
|---------------------|-------------|----------------------|
|---------------------|-------------|----------------------|

Initials: _____

TRANSFERS:

I/WE HAVE GIVEN THE FOLLOWING GIFTS OR TRANSFERRED OUT OF MY/OUR NAME THE FOLLOWING REAL OR PERSONAL PROPERTY OF OVER \$500.00 IN THE PAST 4 YEARS OTHER THAN REGULAR HOLIDAY GIFTS:NONE OR DESCRIBE:

NAME ADDRESS VALUE OF GIFT

THE FOLLOWING PROPERTY HAS BEEN OR IS BEING ATTACHED: NONE OR LIST:

LIST PROPERTY ATTACHED DATES OF ATTACHMENT

THE FOLLOWING PROPERTY IS OR HAS BEEN GARNISHED: NONE OR LIST:

PROPERTY GARNISHED AMOUNT DATES OF GARNISHMENT:

THE FOLLOWING PROPERTY HAS BEEN REPOSSESSED OR RETURNED IN THE PAST ONE YEAR: NONE OR DESCRIBE

PROPERTY DATES OF REPOSSESSION

HAVE ANY CREDITORS BEEN PAID OFF BY TRANSFERRING THE ACCOUNT BALANCE TO ANOTHER CREDIT CARD IN THE LAST NINETY DAYS: YES/NO. IF YES PLEASE STATE:

WHO WAS PAID OFF HOW MUCH WAS TRANSFERRED

CLOSED ACCOUNTS:

I/WE HAVE CLOSED THE FOLLOWING FINANCIAL ACCOUNTS IN THE PAST 1 YEAR:NONE OR DESCRIBE:

NAME OF ACCOUNT DATE CLOSED BALANCE AT CLOSING

SAFE DEPOSIT:

I/WE HAVE THE FOLLOWING SAFE DEPOSIT BOX: NONE OR DESCRIBE:

LOCATION CONTENTS

Initials:_____

PROPERTY HELD BY ANOTHER:

I/WE ARE HOLD THE FOLLOWING PROPERTY FOR ANOTHER PERSON: NONE OR DESCRIBE:

PROPERTY _____ NAME FOR WHO YOU ARE HOLDING PROPERTY _____

I/WE HAVE GIVEN PROPERTY TO THE FOLLOWING PERSON OR ENTITY TO HOLD: NONE OR DESCRIBE:

NAME _____ PROPERTY _____

ON THE ATTACHED WORKSHEET YOU MUST LIST ALL OF YOUR CREDITORS (CAR LOAN/MORTGAGE LOANS/PERSONAL LOANS/MEDICAL BILLS/JUDGEMENTS/CREDIT CARDS/PERSONAL OR FAMILY LOANS, ETC. WE NEED COPIES OF THE STATEMENT RECEIVED WITHIN THE LAST NINETY DAYS FOR EACH CREDITOR. PROVIDE THE FOLLOWING INFORMATION FOR EACH CREDITOR: 1. ORIGINAL NAME OF CREDITOR, 2. ADDRESS (must be an address from creditor received on a bill within the last 90 days), 3. ACCOUNT #, 4. LAST TIME CREDIT USED, AND 5. CURRENT BALANCE.

MY/OUR DEBTS WERE INCURRED AFTER OR BEFORE OCTOBER 1, 1993? (Circle one)

I/WE HAVE THE FOLLOWING STUDENT LOANS: NONE OR STATE.

| NAME | ADDRESS | PRIVATE/GOVERNMENTAL BALANCE |
|-------------|----------------|-------------------------------------|
| | | |
| | | |

MY DEBTS ARE PRIMARILY CONSUMER DEBTS OR BUSINESS DEBTS. (CIRCLE ONE).

ARE ANY OF THE DEBTS LISTED DISPUTED OR CONTESTED: NONE OR PLEASE LIST WHICH CREDITOR(S) DEBT IS DISPUTED:

TAXES OWED:

I/WE OWE THE FOLLOWING TAXES (WE NEED PROOF OF ALL TAX BILLS)

| | |
|---|-----------------|
| AUTO TAXES:YEAR: _____ | \$ _____ |
| REAL ESTATE TAXES:YEAR: _____ | \$ _____ |
| INCOME TAXES OWED:YEAR: _____ | \$ _____ |
| OTHER DEBTS TO GOVERNMENTAL UNITS: | \$ _____ |

Initials: _____

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instruction Above.)</i> | CODEDEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
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Initials: _____

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instruction Above.)</i> | CODEBETOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
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Initials: _____

MISCELLANEOUS

I HAVE PREVIOUSLY GIVEN TESTIMONY IN A LEGAL PROCEEDING CONCERNING ONE MY CREDITORS? YES OR NO. IF YES DESCRIBE WHEN AND WHERE AND WHICH CREDITOR._____

I/WE HAVE LISTED IN THIS QUESTIONNAIRE ALL OF MY/OUR ASSETS WHICH HAVE A MONETARY VALUE OF OVER \$500.00: YES/NO

I/WE HAVE LISTED IN THIS QUESTIONNAIRE ALL OF MY/OUR CREDITORS: YES/NO.

ARE THERE CURRENTLY ANY CRIMINAL PROCEEDINGS AGAINST YOU AT THIS TIME: YES/NO OR HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES/NO

I HAVE OR HAVE NOT FILED ALL OF MY REQUIRED FEDERAL AND STATE TAX RETURNS. YES / NO. IF NO WHICH RETURNS HAVE NOT BEEN FILED._____

IS THERE ANYTHING ABOUT YOUR FINANCIAL SITUATION WHICH HAS NOT BEEN PREVIOUSLY DISCLOSED BUT MAY BE RELEVANT TO YOUR CASE?_____

I/WE HEREBY ACKNOWLEDGE BY SIGNING BELOW THAT ALL OF THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

DATED: _____
Client Signature

DATED: _____
Client Signature

As of 2/8/07

Initials:_____