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This Bankruptcy Questionnaire is designed to gather the information needed to analyze your options for bankruptcy and/or to obtain additional information needed to prepare your bankruptcy petition.

PLEASE BE ADVISED THAT YOU ARE NOT PROTECTED FROM BILL COLLECTORS OR FROM REPOSSESSION OR FORECLOSURE UNTIL THIS PACKAGE IS RETURNED, YOUR PETITION IS PREPARED, REVIEWED AND SIGNED AND FILED WITH THE BANKRUPTCY COURT IN NORTH CAROLINA.

You must provide complete, accurate and truthful information. **ALL** assets (property) and **ALL** liabilities (debts or creditors) must be fully and accurately disclosed.

Should you decide to file bankruptcy, the information you provide to our office will be reviewed by a Trustee or other bankruptcy officials. Failure to disclose information that is later discovered by the Trustee or other bankruptcy official could be deemed as fraud on your part.

You **must** answer each question completely and truthfully. **Criminal penalties** could be imposed for providing false information or intentionally omitting information.

If you have any questions about any information requested, please contact our office.

Information contained in this package may change from the time you complete it until the time your petition is prepared. You must disclose any such changes to our office so that the petition will be accurate at the time it is filed.

(Retain page one for personal records.)

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BANKRUPTCY QUESTIONNAIRE AND INFORMATION PACKET (part 1)

Please answer the questions in the space provided as fully as possible and feel free to call if you have questions with regard to any information requested.
(Add additional sheets as needed)

DEBTOR #1:

1. Please list your Name/Address/SS Number

Name: _____ SSN: _____
Last First Middle

Address: _____ County: _____
Street

City State Zip

2. List all other names used in the last 8 years:

3. Phone numbers: Home: () _____ Work:() _____

Cellular: () _____ Email: _____

4 Marital Status: ___ Married ___ Single ___ Separated, how long? _____
Divorced, how long? _____ Widowed, how long? _____

5. Birth date: (Y/M/D) _____

6. I have resided at the above address since: Month _____ Day _____ Year _____.

7. I have resided in NC since: Month _____ Day _____ Year _____.

8. If you have resided in NC less than 730 days/2 years please list addresses for the last 3 years giving dates you lived at each.

9. MAILING ADDRESS, if different from street address:

Address: _____ County: _____
Street

City State Zip

DEBTOR #2:

10. Please list Name/ Address/ SS Number for your spouse, whether living together, separated or divorced, if known.

Name : _____ SSN: ____-____-____
Last First Middle
Address: _____ County: _____
Street

City State Zip

11. List all other names used in the last 8 years:

12. Phone numbers: Home: () _____ Work: () _____
Cellular: () _____ Email: _____

13. Marital Status: ____ Married ____ Single ____ Separated, how long? ____
Divorced, how long? ____ Widowed, how long? ____

14. Birth date: (Y/M/D) _____

15. I have resided at the above address since: Month ____ Day ____ Year ____.

16. I have resided in NC since: Month ____ Day ____ Year ____.

17. If you have resided in NC less than 730 days/2 years please list addresses for the last 3 years giving dates you lived at each.

18. MAILING ADDRESS, if different from street address:

Address: _____ County: _____
Street

City State Zip

19. Have you or your spouse filed bankruptcy in the last eight (8) years? NO YES
Provide information for each bankruptcy previously filed.

If yes, where was it filed? _____ Date Filed: _____

Case Number: _____ Debtors listed on petition: _____

Disposition of the case:[Example: Dismissed or Discharged and the Date.]_____

20. REAL PROPERTY/REAL ESTATE

Do you have any, land, houses, Real Estate, burial plots, Time Shares, heir property, life estates, etc., that have your name or that of your spouse on the Deed?

(You should list even if you own a partial interest, a life estate or heir property or inherited)

A. Description and Address of Primary Residence: [Example: House & Lot; 1999 Fleetwood 28 x 60 doublewide mobile home or modular home located at Street address.] If mobile home, need year, make, model and size.

1. Has this property been appraised in the last two (2) years? NO YES
2. Appraised Value: _____ Date of Appraisal _____
3. Date of purchase: _____ Purchase price: _____
4. Tax Value: _____ How long owned: _____
5. What do you think the property is worth and why?: _____
6. Have there been any substantial improvements made since purchase:

7. What substantial repairs are needed:

8. Whose name is on the Deed? [Example - Debtor #1 or #2, Joint, John Doe & Jane Smith, etc.]

Provide a copy of the Deed, Deed of Trust and any and all promissory note(s)/loan documents on this property.

B. Loans/Mortgages/Deeds of Trust or Liens on the Property: Addresses provided must come from correspondence, inquiry or bankruptcy notice address on your last received statement. **THE ADDRESS GIVEN SHOULD NOT BE THE PAYMENT ADDRESS.** Attach a copy of your most recent statement from all lenders or mortgage company.

1. **1st Mortgage** - Lender/Mortgage Company Name & Address: _____

Street/P.O. Box	City	State	Zip
Account # _____	Was debt incurred within last 90 days? _____		

2. In whose name is the loan? _____
3. Loan Balance:\$ _____ Monthly Payment:\$ _____ Due Date: _____

Is your property insurance paid by the mortgage company? Yes ____ No ____

Is your property tax included with your monthly payment? Yes ____ No ____

Are you behind with payments to this creditor? Yes ____ No ____

Date last payment made: _____ Past due amount: _____

Has any action been taken against you by this creditor? [Example: foreclosure, civil summons, etc.]

4. Is there a **2nd mortgage** or equity line of credit? If so, Lender/Mortgage Company Name:

Street/P O Box City State Zip

Account # _____ Was debt incurred within last 90 days? _____

5. In whose name is the loan? _____

6. Loan Balance:\$_____ Monthly Payment:\$_____ Due Date: _____

Is your property insurance paid by the mortgage company? Yes ___ No _____

Is your property tax included with your monthly payment? Yes _____ No _____

Is this an equity line of credit? Yes _____ No _____

Are you behind with payments to this creditor? Yes _____ No _____

Date last payment made: _____ Past due amount: _____

Has any action been taken against you by this creditor? [Example: foreclosure, civil summons, etc.]

7. Is there a **3rd mortgage** or equity line of credit? If so, please provide same information as requested above.

Please list and attach on a separate piece of paper and make sure to provide a copy of your most recent billing statement for each mortgage.

21. OTHER REAL PROPERTY/REAL ESTATE (IF ANY)

A. Description and Address of property: [Example: House & Lot; 1999 Fleetwood 28 x 60 doublewide mobile home or modular home located at Street address.] If mobile home, need year, make, model and size.

1. Has this property been appraised in the last two (2) years? NO YES

2. Appraised Value: _____ Date of Appraisal _____

3. Date of purchase: _____ Purchase price: _____

4. Tax Value: _____ How long owned: _____

5. What do you think the property is worth and why? _____

6. Has there been any substantial improvements made since purchase:

7. What substantial repairs are needed:

8. In whose name is the Deed? [Example - Debtor #1 or #2, Joint, John Doe & Jane Smith, etc.]

Provide a copy of the Deed, Deed of Trust and any and all Promissory Note(s)/loan documents on this property.

PLEASE READ!!!!

JUDGMENTS

If you own or have an interest in any real property, it is recommended that you go to the Clerk's office of the county where the property is located and check to see if there are any judgment liens on record against you! If you do not provide us with this information it could cause you to have liens against your property after completion of a bankruptcy that would have to be paid should you sell the property or may prevent you from refinancing a loan against the property in the future. Some judgment liens are avoidable but if you do not provide us with the information required, we cannot take the proper action to have the lien voided.

22. PERSONAL PROPERTY (COLLATERAL FOR LOANS)

HOUSEHOLD GOODS AND PERSONAL BELONGINGS THAT YOU ARE FINANCING. (This is only for property on which you owe money):

A. Are you currently paying on a loan for the purchase of any of the following property? (Must Disclose) Addresses provided must come from correspondence, inquiry or bankruptcy notice address on your last received statement. THE ADDRESS GIVEN SHOULD NOT BE THE PAYMENT ADDRESS. Provide a copy of your most recent statement for each.

1. Furniture:

A. Describe _____
Date Purchased: M ___ D ___ Yr. ___ Price: _____
Value: _____ Balance owed: _____
Monthly Payment: _____ Due date: _____
Account No. _____
Creditor: _____

Street/P.O. Address

City State Zip

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

B. Describe _____
Date Purchased: M ___ D ___ Yr. ___ Price: _____
Value: _____ Balance owed: _____
Monthly Payment: _____ Due date: _____
Account No. _____
Creditor: _____

Street/P.O. Address

City State Zip

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

2. Jewelry

A. Describe _____
Date Purchased: M ___ D ___ Yr. ___ Price: _____

Value: _____ Balance owed: _____
Monthly Payment: _____ Due date: _____
Account No. _____

Creditor: _____

Street/P.O. Address _____

City _____

State _____

Zip _____

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

B. Describe _____

Date Purchased: M D Yr. Price: _____

Value: _____ Balance owed: _____

Monthly Payment: _____ Due date: _____

Account No. _____

Creditor: _____

Street/P.O. Address _____

City _____

State _____

Zip _____

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

3. Appliances

A. Describe _____

Date Purchased: M D Yr. Price: _____

Value: _____ Balance owed: _____

Monthly Payment: _____ Due date: _____

Account No. _____

Creditor: _____

Street/P.O. Address _____

City _____

State _____

Zip _____

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

B. Describe _____

Date Purchased: M D Yr. Price: _____

Value: _____ Balance owed: _____

Monthly Payment: _____ Due date: _____

Account No. _____

Creditor: _____

Street/P.O. Address _____

City _____

State _____

Zip _____

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

4. Computers

A. Describe _____

Date Purchased: M D Yr. Price: _____

Value: _____ Balance owed: _____

Monthly Payment: _____ Due date: _____

Account No. _____

Creditor: _____

Street/P.O. Address

City State Zip

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

B. Describe _____

Date Purchased: M D Yr. Price: _____

Value: _____ Balance owed: _____

Monthly Payment: _____ Due date: _____

Account No. _____

Creditor: _____

Street/P.O. Address

City State Zip

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

5. Other, (i.e. 4 wheelers, boats, trailers, storage buildings, etc.)

A. Describe _____

Date Purchased: M D Yr. Price: _____

Value: _____ Balance owed: _____

Monthly Payment: _____ Due date: _____

Account No. _____

Creditor: _____

Street/P.O. Address

City State Zip

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

B. Describe _____

Date Purchased: M D Yr. Price: _____

Value: _____ Balance owed: _____

Monthly Payment: _____ Due date: _____

Account No. _____

Creditor: _____

Street/P.O. Address

City State Zip

In whose name is the debt? Debtor #1 or #2, Husband, Wife, Joint or Co-signer

If cosigner is not a spouse, please give address of cosigner

If you have more items that need to be listed, use a separate sheet of paper and attach. Please provide the same information as above.

23. Titled Personal Property

Please supply the following information with regard to any personal property ***owned or titled in your name***.
Example: automobiles, mobile homes (year, make and model), boats, motorcycles, 4-wheelers, Campers, RV's, trailers, etc.

A. Property description: Car Truck SUV M/C Boat
 Trailer Camper RV Other (Describe) _____

Year _____ Make _____ Model _____ Size, if mbh, camper or RV
 2Dr. 4 Dr. Crew Cab Extended Cab 4 Wheel Drive

Vehicle Identification Number (VIN) _____

Condition: Excellent Good Fair Poor Not running

Current Mileage: _____ If repairs needed, describe: _____

Date purchased: Month ___ Day ___ Year _____ Purchase Price: _____

Names on the Title or Registration: _____

Name of the company or person to whom you are making payments for this property or vehicle:

Please provide the following for the company or person named above and make sure the addresses provided are for correspondence, inquiry or bankruptcy notices as taken from your last received statement. The address should not be a payment address.

Address _____

City _____, State _____ Zip _____

Account Number: _____

Monthly payment _____ Total Due on Loan now (Payoff) _____

Due Date : _____ Amount behind: _____

Name on loan/debt: (Debtor #1 or #2, joint, co-debtor) _____

If co-signer other than husband or wife, please provide name and address: _____

A copy of the original sale documents will likely be needed and should be provided to the attorney for any vehicles that are currently financed with a lender. THIS WILL HELP US DETERMINE IF WE CAN LOWER YOUR CAR PAYMENT OR INTEREST RATE.

B. Property description: ___ Car ___ Truck ___ SUV ___ M/C ___ Boat
___ Trailer ___ Camper ___ RV ___ Other (Describe) _____

Year _____ Make _____ Model _____ Size, if mbh, camper or RV
___ 2Dr. ___ 4 Dr. ___ Crew Cab ___ Extended Cab ___ 4 Wheel Drive

Vehicle Identification Number (VIN) _____

Condition: ___ Excellent ___ Good ___ Fair ___ Poor ___ Not running

Current Mileage: _____ If repairs needed, describe: _____

Date purchased: Month ___ Day ___ Year _____ Purchase Price: _____

Names on the Title or Registration: _____

Name of the company or person to whom you are making payments for this property or vehicle:

Please provide the following for the company or person named above and make sure the addresses provided are for correspondence, inquiry or bankruptcy notices as taken from your last received statement. The address should not be a payment address.

Address _____

City _____, State _____ Zip _____

Account Number: _____

Monthly payment _____ Total Due on Loan now (Payoff) _____

Due Date : _____ Amount behind: _____

Name on loan/debt: (Debtor #1 or #2, joint, co-debtor) _____

If co-signer other than husband or wife, please provide name and address: _____

A copy of the original sale documents will likely be needed and should be provided to the attorney for any vehicles that are currently financed with a lender. THIS WILL HELP US DETERMINE IF WE CAN LOWER YOUR CAR PAYMENT OR INTEREST RATE.

C. Property description: ___ Car ___ Truck ___ SUV ___ M/C ___ Boat
___ Trailer ___ Camper ___ RV ___ Other (Describe) _____

Year _____ Make _____ Model _____ Size, if mbh, camper or RV
___ 2Dr. ___ 4 Dr. ___ Crew Cab ___ Extended Cab ___ 4 Wheel Drive

Vehicle Identification Number (VIN) _____

Condition: ___ Excellent ___ Good ___ Fair ___ Poor ___ Not running

Current Mileage: _____ If repairs needed, describe: _____

Date purchased: Month ___ Day ___ Year _____ Purchase Price: _____

Names on the Title or Registration: _____

Name of the company or person to whom you are making payments for this property or vehicle:

Please provide the following for the company or person named above and make sure the addresses provided are for correspondence, inquiry or bankruptcy notices as taken from your last received statement. The address should not be a payment address.

Address _____

City _____, State _____ Zip _____

Account Number: _____

Monthly payment _____ Total Due on Loan now (Payoff) _____

Due Date : _____ Amount behind: _____

Name on loan/debt: (Debtor #1 or #2, joint, co-debtor) _____

If co-signer other than husband or wife, please provide name and address: _____

A copy of the original sale documents will likely be needed and should be provided to the attorney for any vehicles that are currently financed with a lender. THIS WILL HELP US DETERMINE IF WE CAN LOWER YOUR CAR PAYMENT OR INTEREST RATE.

D. Property description: ___ Car ___ Truck ___ SUV ___ M/C ___ Boat
___ Trailer ___ Camper ___ RV ___ Other (Describe) _____

Year _____ Make _____ Model _____ Size, if mbh, camper or RV
___ 2Dr. ___ 4 Dr. ___ Crew Cab ___ Extended Cab ___ 4 Wheel Drive

Vehicle Identification Number (VIN) _____

Condition: ___ Excellent ___ Good ___ Fair ___ Poor ___ Not running

Current Mileage: _____ If repairs needed, describe: _____

Date purchased: Month ___ Day ___ Year _____ Purchase Price: _____

Names on the Title or Registration: _____

Name of the company or person to whom you are making payments for this property or vehicle:

Please provide the following for the company or person named above and make sure the addresses provided are for correspondence, inquiry or bankruptcy notices as taken from your last received statement. The address should not be a payment address.

Address _____

City _____, State _____ Zip _____

Account Number: _____

Monthly payment _____ Total Due on Loan now (Payoff) _____

Due Date : _____ Amount behind: _____

Name on loan/debt: (Debtor #1 or #2, joint, co-debtor) _____

If co-signer other than husband or wife, please provide name and address: _____

A copy of the original sale documents will likely be needed and should be provided to the attorney for any vehicles that are currently financed with a lender. THIS WILL HELP US DETERMINE IF WE CAN LOWER YOUR CAR PAYMENT OR INTEREST RATE.

E. Property description: Car Truck SUV M/C Boat
 Trailer Camper RV Other (Describe) _____

Year _____ Make _____ Model _____ Size, if mbh, camper or RV
 2Dr. 4 Dr. Crew Cab Extended Cab 4 Wheel Drive

Vehicle Identification Number (VIN) _____

Condition: Excellent Good Fair Poor Not running

Current Mileage: _____ If repairs needed, describe: _____

Date purchased: Month ___ Day ___ Year _____ Purchase Price: _____

Names on the Title or Registration: _____

Name of the company or person to whom you are making payments for this property or vehicle:

Please provide the following for the company or person named above and make sure the addresses provided are for correspondence, inquiry or bankruptcy notices as taken from your last received statement. The address should not be a payment address.

Address _____

City _____, State _____ Zip _____

Account Number: _____

Monthly payment _____ Total Due on Loan now (Payoff) _____

Due Date : _____ Amount behind: _____

Name on loan/debt: (Debtor #1 or #2, joint, co-debtor) _____

If co-signer other than husband or wife, please provide name and address: _____

A copy of the original sale documents will likely be needed and should be provided to the attorney for any vehicles that are currently financed with a lender. THIS WILL HELP US DETERMINE IF WE CAN LOWER YOUR CAR PAYMENT OR INTEREST RATE.

IF YOU HAVE ADDITIONAL PROPERTY, PLEASE LIST THE INFORMATION ABOVE FOR EACH PIECE OF PROPERTY ON A SEPARATE SHEET OF PAPER AND ATTACH.

24. NAMES AND ADDRESSES OF PEOPLE OR COMPANIES TO WHOM YOU OWE MONEY:
 PROVIDE A **COMPLETE MAILING ADDRESS** FOR EACH CREDITOR OWED. Addresses provided must come from correspondence, inquiry or bankruptcy notice address on your last received statement. **DO NOT PROVIDE THE PAYMENT ADDRESS.**

INCLUDE TAXES, CHILD SUPPORT ARREARS, DEBTS OWED TO A FORMER SPOUSE, CREDIT CARDS, DOCTOR BILLS, CHECK CASHING ORGANIZATIONS, UTILITY BILLS THAT ARE DELINQUENT, PERSONAL LOANS, DEBTS TO FAMILY OR FRIENDS, AND ANY OTHER DEBT YOU OWE.

<p>1) Creditor's Name: _____</p> <p>_____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Account Number: _____</p> <p>Account holder: Circle: #1 #2 Joint debt Co-debtor</p> <p>Co-debtor name _____</p> <p>Co-debtor address _____</p> <p>_____</p> <p>Balance: _____ Monthly payment: _____</p> <p>Is debt: <input type="checkbox"/> Medical <input type="checkbox"/> Credit Card <input type="checkbox"/> loan <input type="checkbox"/> other: _____</p> <p>Was debt incurred within last 90 days? Yes No</p>	<p>Has a collection agency or attorney contacted you for this debt? Yes ____ No ____</p> <p>If so, please list their name and address:</p> <p>Name: _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>If more than one:</p> <p>Name: _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>
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<p>2) Creditor's Name: _____</p> <p>_____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Account Number: _____</p> <p>Account holder: Circle: #1 #2 Joint debt Co-debtor</p> <p>Co-debtor name _____</p> <p>Co-debtor address _____</p> <p>_____</p> <p>Balance: _____ Monthly payment: _____</p> <p>Is debt: <input type="checkbox"/> Medical <input type="checkbox"/> Credit Card <input type="checkbox"/> loan <input type="checkbox"/> other: _____</p> <p>Was debt incurred within last 90 days? Yes No</p>	<p>Has a collection agency or attorney contacted you for this debt? Yes ____ No ____</p> <p>If so, please list their name and address:</p> <p>Name: _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>If more than one:</p> <p>Name: _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>
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3) Creditor's Name: _____

Address _____

City _____ State _____ Zip _____

Account Number: _____

Account holder: Circle: #1 #2 Joint debt Co-debtor

Co-debtor name _____

Co-debtor address _____

Balance: _____ Monthly payment: _____

Is debt: Medical Credit Card loan other: _____

Was debt incurred within last 90 days?
Yes No

Has a collection agency or attorney contacted you for this debt?
Yes ___ No ___

If so, please list their name and address:
Name: _____

Address _____

City _____ State _____ Zip _____

If more than one:
Name: _____

Address _____

City _____ State _____ Zip _____

4) Creditor's Name: _____

Address _____

City _____ State _____ Zip _____

Account Number: _____

Account holder: Circle: #1 #2 Joint debt Co-debtor

Co-debtor name _____

Co-debtor address _____

Balance: _____ Monthly payment: _____

Is debt: Medical Credit Card loan other: _____

Was debt incurred within last 90 days?
Yes No

Has a collection agency or attorney contacted you for this debt?
Yes ___ No ___

If so, please list their name and address:
Name: _____

Address _____

City _____ State _____ Zip _____

If more than one:
Name: _____

Address _____

City _____ State _____ Zip _____

5) Creditor's Name: _____

Address _____

City _____ State _____ Zip _____

Account Number: _____

Account holder: Circle: #1 #2 Joint debt Co-debtor

Co-debtor name _____

Co-debtor address _____

Balance: _____ Monthly payment: _____

Is debt: Medical Credit Card loan other: _____

Was debt incurred within last 90 days?
Yes No

Has a collection agency or attorney contacted you for this debt?
Yes ___ No ___

If so, please list their name and address:
Name: _____

Address _____

City _____ State _____ Zip _____

If more than one:
Name: _____

Address _____

City _____ State _____ Zip _____

6) Creditor's Name: _____

Address _____

City _____ State _____ Zip _____

Account Number: _____

Account holder: Circle: #1 #2 Joint debt Co-debtor

Co-debtor name _____

Co-debtor address _____

Balance: _____ Monthly payment: _____

Is debt: Medical Credit Card loan other: _____

Was debt incurred within last 90 days?
Yes No

Has a collection agency or attorney contacted you for this debt?
Yes ___ No ___

If so, please list their name and address:

Name: _____

Address _____

City _____ State _____ Zip _____

If more than one:

Name: _____

Address _____

City _____ State _____ Zip _____

7) Creditor's Name: _____

Address _____

City _____ State _____ Zip _____

Account Number: _____

Account holder: Circle: #1 #2 Joint debt Co-debtor

Co-debtor name _____

Co-debtor address _____

Balance: _____ Monthly payment: _____

Is debt: Medical Credit Card loan other: _____

Was debt incurred within last 90 days?
Yes No

Has a collection agency or attorney contacted you for this debt?
Yes ___ No ___

If so, please list their name and address:

Name: _____

Address _____

City _____ State _____ Zip _____

If more than one:

Name: _____

Address _____

City _____ State _____ Zip _____

8) Creditor's Name: _____

Address _____

City _____ State _____ Zip _____

Account Number: _____

Account holder: Circle: #1 #2 Joint debt Co-debtor

Co-debtor name _____

Co-debtor address _____

Balance: _____ Monthly payment: _____

Is debt: Medical Credit Card loan other: _____

Was debt incurred within last 90 days?
Yes No

Has a collection agency or attorney contacted you for this debt?
Yes ___ No ___

If so, please list their name and address:

Name: _____

Address _____

City _____ State _____ Zip _____

If more than one:

Name: _____

Address _____

City _____ State _____ Zip _____

9) Creditor's Name: _____

 Address _____

 City _____ State _____ Zip _____
 Account Number: _____
 Account holder: Circle: #1 #2 Joint debt Co-debtor
 Co-debtor name _____
 Co-debtor address _____

 Balance: _____ Monthly payment: _____
 Is debt: Medical Credit Card loan other: _____
 Was debt incurred within last 90 days?
 Yes No

Has a collection agency or attorney contacted you for this debt?
 Yes ___ No ___
 If so, please list their name and address:
 Name: _____

 Address _____

 City _____ State _____ Zip _____
 If more than one:
 Name: _____

 Address _____

 City _____ State _____ Zip _____

10) Creditor's Name: _____

 Address _____

 City _____ State _____ Zip _____
 Account Number: _____
 Account holder: Circle: #1 #2 Joint debt Co-debtor
 Co-debtor name _____
 Co-debtor address _____

 Balance: _____ Monthly payment: _____
 Is debt: Medical Credit Card loan other: _____
 Was debt incurred within last 90 days?
 Yes No

Has a collection agency or attorney contacted you for this debt?
 Yes ___ No ___
 If so, please list their name and address:
 Name: _____

 Address _____

 City _____ State _____ Zip _____
 If more than one:
 Name: _____

 Address _____

 City _____ State _____ Zip _____

11) Creditor's Name: _____

 Address _____

 City _____ State _____ Zip _____
 Account Number: _____
 Account holder: Circle: #1 #2 Joint debt Co-debtor
 Co-debtor name _____
 Co-debtor address _____

 Balance: _____ Monthly payment: _____
 Is debt: Medical Credit Card loan other: _____
 Was debt incurred within last 90 days?
 Yes No

Has a collection agency or attorney contacted you for this debt?
 Yes ___ No ___
 If so, please list their name and address:
 Name: _____

 Address _____

 City _____ State _____ Zip _____
 If more than one:
 Name: _____

 Address _____

 City _____ State _____ Zip _____

12) Creditor's Name: _____

Address _____

City _____ State _____ Zip _____

Account Number: _____

Account holder: Circle: #1 #2 Joint debt Co-debtor

Co-debtor name _____

Co-debtor address _____

Balance: _____ Monthly payment: _____

Is debt: Medical Credit Card loan other: _____

Was debt incurred within last 90 days?
Yes No

Has a collection agency or attorney contacted you for this debt?
Yes ___ No ___

If so, please list their name and address:
Name: _____

Address _____

City _____ State _____ Zip _____

If more than one:
Name: _____

Address _____

City _____ State _____ Zip _____

13) Creditor's Name: _____

Address _____

City _____ State _____ Zip _____

Account Number: _____

Account holder: Circle: #1 #2 Joint debt Co-debtor

Co-debtor name _____

Co-debtor address _____

Balance: _____ Monthly payment: _____

Is debt: Medical Credit Card loan other: _____

Was debt incurred within last 90 days?
Yes No

Has a collection agency or attorney contacted you for this debt?
Yes ___ No ___

If so, please list their name and address:
Name: _____

Address _____

City _____ State _____ Zip _____

If more than one:
Name: _____

Address _____

City _____ State _____ Zip _____

14) Creditor's Name: _____

Address _____

City _____ State _____ Zip _____

Account Number: _____

Account holder: Circle: #1 #2 Joint debt Co-debtor

Co-debtor name _____

Co-debtor address _____

Balance: _____ Monthly payment: _____

Is debt: Medical Credit Card loan other: _____

Was debt incurred within last 90 days?
Yes No

Has a collection agency or attorney contacted you for this debt?
Yes ___ No ___

If so, please list their name and address:
Name: _____

Address _____

City _____ State _____ Zip _____

If more than one:
Name: _____

Address _____

City _____ State _____ Zip _____

15) Creditor's Name: _____

 Address _____

 City _____ State _____ Zip _____
 Account Number: _____
 Account holder: Circle: #1 #2 Joint debt Co-debtor
 Co-debtor name _____
 Co-debtor address _____

 Balance: _____ Monthly payment: _____
 Is debt: Medical Credit Card loan other: _____
 Was debt incurred within last 90 days?
 Yes No

Has a collection agency or attorney contacted you for this debt?
 Yes ___ No ___
 If so, please list their name and address:
 Name: _____

 Address _____

 City _____ State _____ Zip _____
 If more than one:
 Name: _____

 Address _____

 City _____ State _____ Zip _____

16) Creditor's Name: _____

 Address _____

 City _____ State _____ Zip _____
 Account Number: _____
 Account holder: Circle: #1 #2 Joint debt Co-debtor
 Co-debtor name _____
 Co-debtor address _____

 Balance: _____ Monthly payment: _____
 Is debt: Medical Credit Card loan other: _____
 Was debt incurred within last 90 days?
 Yes No

Has a collection agency or attorney contacted you for this debt?
 Yes ___ No ___
 If so, please list their name and address:
 Name: _____

 Address _____

 City _____ State _____ Zip _____
 If more than one:
 Name: _____

 Address _____

 City _____ State _____ Zip _____

17) Creditor's Name: _____

 Address _____

 City _____ State _____ Zip _____
 Account Number: _____
 Account holder: Circle: #1 #2 Joint debt Co-debtor
 Co-debtor name _____
 Co-debtor address _____

 Balance: _____ Monthly payment: _____
 Is debt: Medical Credit Card loan other: _____
 Was debt incurred within last 90 days?
 Yes No

Has a collection agency or attorney contacted you for this debt?
 Yes ___ No ___
 If so, please list their name and address:
 Name: _____

 Address _____

 City _____ State _____ Zip _____
 If more than one:
 Name: _____

 Address _____

 City _____ State _____ Zip _____

25. Current Monthly Income: (Need average income for last 6 months)

Dependents and Household Member Information

List all people currently living in your home and indicate whether or not you claim them as dependents on your tax return

- Marital Status:
- Married
 - Single
 - Divorced
 - Separated
 - Widowed

Name	Date of Birth	Age	Relationship	Dependent (yes or no)

DEBTOR #1, if applicable - SIX MONTH INCOME INFORMATION

Please list your current employer(s): (1) _____ (2) _____ (3) _____

When did you begin this job? (1) _____ (2) _____ (3) _____

Please list your current job title _____

How often do you get paid? Once a month Twice a month Once a week Every 2 weeks

Other _____

Please list any other employment in the last 6 months.

Previous employer: _____ From _____ To _____

Previous employer: _____ From _____ To _____

YOU WILL NEED TO PROVIDE TO OUR OFFICE A COPY OF ALL PAY STUBS OR ADVICES RECEIVED FROM ANY EMPLOYER WITHIN THE LAST SIX MONTHS!

Six months of Income information is required to determine what type of bankruptcy for which you qualify. Provide your pay stubs from all jobs, full and part-time. If you do not have please get copies or printouts from your employer or previous employer. This information must be provided for both husband and wife, regardless of whether or not you are filing individually or jointly.

1. Do you receive income from business operations outside of your regular paycheck listed above?

Yes No If yes, give name of business (1) _____ (2) _____

Please provide a Profit & Loss Statement for the last 6 months.

2. Do you receive income from any rental property?

Yes No If yes, please indicate how much you receive each month? _____

How much have you received over the last 6 months preceding today's date? _____

3. Do you receive income from interest or dividends outside of your regular paycheck?

Yes No If yes, please indicate how much each month \$ _____

How much have you received over the last 6 months preceding today's date? _____

4. Do you receive income from alimony or family support payments for your use or for the care of your

dependents? Yes No If yes, how much per month? \$ _____

How much have you received over the last 6 months preceding today's date? _____

5. Do you receive social security payments or other forms of monetary government assistance? Example: social security, worker's compensation, unemployment.

Yes No If yes, list what type _____

If yes, please indicate how much each month \$ _____

How much have you received over the last 6 months preceding today's date? _____

6. Do you receive retirement or pension money?

Yes No If yes, please indicate how much each month \$ _____

How much have you received over the last 6 months preceding today's date? _____

7. Do you have any other source of income not listed above?

Yes No If yes, please describe and list amount received each month.

How much have you received over the last 6 months preceding today's date? _____

DEBTOR #2, If applicable - 6 MONTH INCOME INFORMATION

Please list your current employer(s): (1) _____ (2) _____ (3) _____

When did you begin this job? (1) _____ (2) _____ (3) _____

Please list your current job title _____

How often do you get paid? Once a month Twice a month Once a week Every 2 weeks

Other _____

Please list any other employment in the last 6 months.

Previous employer: _____ From _____ To _____

Previous employer: _____ From _____ To _____

YOU WILL NEED TO PROVIDE TO OUR OFFICE A COPY OF ALL PAY STUBS OR ADVICES RECEIVED FROM ANY EMPLOYER WITHIN THE LAST SIX MONTHS!

Six months of Income information is required to determine what type of bankruptcy for which you qualify. Provide your pay stubs from all jobs, full and part-time. If you do not have please get copies or printouts from your employer or previous employer. This information must be provided for both husband and wife, regardless of whether or not you are filing individually or jointly.

1. Do you receive income from business operations outside of your regular paycheck listed above?

Yes No If yes, give name of business (1) _____ (2) _____

Please provide a Profit & Loss Statement for the last 6 months.

2. Do you receive income from any rental property?

Yes No If yes, please indicate how much you receive each month? _____

How much have you received over the last 6 months preceding today's date? _____

3. Do you receive income from interest or dividends outside of your regular paycheck?

Yes No If yes, please indicate how much each month \$ _____

How much have you received over the last 6 months preceding today's date? _____

4. Do you receive income from alimony or family support payments for your use or for the care of your dependents? Yes No If yes, how much per month? \$ _____

How much have you received over the last 6 months preceding today's date? _____

5. Do you receive social security payments or other forms of monetary government assistance? Example: social security, worker's compensation, unemployment.

Yes No If yes, list what type _____

If yes, please indicate how much each month \$ _____

How much have you received over the last 6 months preceding today's date? _____

6. Do you receive retirement or pension money?

Yes No If yes, please indicate how much each month \$ _____

How much have you received over the last 6 months preceding today's date? _____

7. Do you have any other source of income not listed above?

Yes No If yes, please describe and list amount received each month.

How much have you received over the last 6 months preceding today's date? _____

If eligible for a Chapter 13, would you prefer to have a payroll deduction set up for the Chapter 13 Plan payment? Yes ___ No ___ If yes, who? Husband or Wife? Please list employer you wish to have set up the payroll deduction.

This is not required. It is voluntary on your part, but strongly recommended for better success of your case.

Employer Name: _____

Address: _____

Phone #: _____

***On the next page, you will be asked to show your average monthly living expenses.

We need a good monthly average, so if you spend weekly on some of the expenses, multiply that times 4.33 to get the monthly average. If you spend yearly on some of the expenses, divide by 12 to get the monthly average or, by 6 if you spend every 6 months and so on.

We need monthly averages.

26. WHAT DO YOU SPEND EACH MONTH?

Do you and your spouse live apart? No ____ Yes _____. If yes, 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 how often you pay that amount.

1. Rent or your home mortgage	\$ _____ 1 st
Does this payment include real estate taxes? Yes ___ No ___	\$ _____ 2 nd
Does this payment include property insurance? Yes ___ No ___	\$ _____ 3 rd
2. Electricity and heating fuel/gas	\$
3. Water and sewage	\$
4. Land line (Home phone)	\$
5. Cell phone(s)	\$
6. Pagers	\$
7. Call waiting/caller ID, Special long distance service	\$
8. On-Star or similar service	\$
9. Other phone service: _____	\$
10. Internet service	\$
11. Cable	\$
12. Satellite	\$
13. Alarm/Security System(s)	\$
14. Garbage/Trash pick up	\$
15. Other: _____	\$
16. Home maintenance, including repairs and general upkeep	\$
17. Food, including groceries, eating out, work lunches, etc.	\$
18. Clothing	\$
19. Laundry and dry cleaning	\$
20. Out of pocket medical and dental expenses, prescriptions and co-payments (not paid by insurance)	\$
21. Transportation including gas & maintenance (not including car payments)	\$
22. Entertainment, recreation, newspapers, magazines, gym, clubs, etc.	\$
23. Charitable contributions, church giving, etc.	\$
24. Homeowners or renter's insurance (not including escrows)	\$
25. Life insurance not deducted from payroll	\$
26. Health insurance not deducted from payroll	\$
27. Automobile insurance	\$

28. Other insurance: _____	\$
29. Taxes not deducted from payroll. Ex: real estate/personal property, not including escrows	\$
30. Installment payments for car, furniture, etc. (Specify) _____ _____ _____	\$ \$ \$
31. Alimony, maintenance or child support paid to others	\$
32. Payments for support of dependents not living at home	\$
33. Expenses from operation of a business	\$
34. Grooming, haircuts, etc.	\$
35. Pets/vets	\$
36. School lunches/expenses/activities	\$
37. Mandatory payroll deductions not already listed: (Specify) _____ _____	\$ \$
38. Court ordered payments not already listed above: _____ _____	\$ \$
39. Education necessary to maintain employment (Continuing Ed, etc.)	\$
40. Education for a physically or mentally challenged child	\$
41. Childcare	\$
42. Disability insurance (if not listed on line 28)	\$
43. Health Savings accounts	\$
44. Care for elderly, chronically ill, or disabled family members	\$
45. Protection from family violence	\$
46. Education expense for your children under 18	\$
47. Non-mandatory contributions to retirement accounts. Ex: 401k, 403b (including loan repayment) _____ _____	\$ \$
48. Other expenses not listed above: _____ _____ _____	\$ \$
TOTAL	\$

List any unusual circumstances affecting your expenses: (Example: significant health issues in the family, etc.)

BANKRUPTCY CERTIFICATION

The undersigned do hereby certify to our attorney that we have listed in this bankruptcy questionnaire all of the property we own or have any interest in. We have also listed all the companies and people to whom we owe money **and the addresses provided have been taken from the inquiry, correspondence or bankruptcy addresses listed on the most recent statements we have received.** We have not withheld any information from our attorney relating to property we own or money we owe except as disclosed on this form as indicated below. No one at my attorney's office has told us to leave off any property or any debt.

This the ____ day of _____, 20____

_____ Debtor

_____ Debtor

For Office Use Only:

Items Not Disclosed:

PLEASE SUBMIT TO OUR OFFICE A COPY OF YOUR DRIVER'S LICENSE OR SOME TYPE OF GOVERNMENT ISSUED PICTURE IDENTIFICATION AND A COPY OF YOUR SOCIAL SECURITY CARD OR OTHER PROOF OF YOUR SOCIAL SECURITY NUMBER. EFFECTIVE APRIL 1, 2004, THE COURT REQUIRES THIS INFORMATION BE PRODUCED AT THE TIME YOU APPEAR IN COURT AND THEREFORE WE WILL RETAIN THIS INFORMATION FOR YOUR FILE.

BANKRUPTCY QUESTIONNAIRE AND INFORMATION PACKET (part 2)

1. Bank Accounts

BANK	ACCOUNT TYPE/ last 4 digits of acct. #	ACCOUNT HOLDER
1)		
2)		
3)		
4)		

2. Do you have any electronic accounts with any entity (for example: PayPal, ING, ABLE), or have you had any such accounts in the past four years? Yes ___ No ___

Type: _____ Value: _____

3. Do you have any funds deposited with any other entity (for example: store debit cards, pre-paid accounts), or have you had any such deposits in the past four years? Yes ___ No ___

Type: _____ Value: _____

4. Do you own any stocks or savings bonds or other bonds? Yes ___ No ___

Type: _____ Value: _____

5. Are you expecting a tax refund in the next 6-8 months? Yes ___ No ___
If yes, how much? Federal \$ _____ State \$ _____

6a. Does anyone owe you any money? Yes ___ No ___
Name: _____ Relationship: _____
Amount: _____

6b. Does anyone owe you any property? Yes ___ No ___
Name: _____ Relationship: _____
Describe: _____

7. Do you have **Whole Life Insurance** that has a cash value? Yes ___ No ___

INSURANCE CO.	OWNER	INSURED PARTY	BENEFICIARY	CASH VALUE

8. Do you have any **Term Life insurance** policies currently in place? Yes ___ No ___

INSURANCE CO.	OWNER	INSURED PARTY	BENEFICIARY

9. Have you given any security deposits to a landlord or public utility? Yes _____ No _____
 Do you expect to have said security deposit refunded to you within the next five (5) years? Yes _____ No _____
 Amount: \$ _____ Provided to: _____

Name

Street

City

State

Zip

When paid: _____

10. Do you currently have any retirement plans? Yes _____ No _____

TYPE (IRA, 401K, etc)	NAME	EMPLOYER	AMOUNT

Have you made any contributions to a retirement plan within the last year? Yes _____ No _____
 Plan name: _____ Date _____ Amount \$ _____

Have you withdrawn money from a retirement plan within the last year? Yes _____ No _____
 Plan name: _____ Date _____ Amount \$ _____

Did the withdrawal close out the retirement account? Yes _____ No _____

Have you borrowed funds from your retirement account? Yes _____ No _____ If yes, do you still owe money to the retirement group? Yes _____ No _____

If yes, name the Retirement group: _____ Amount owed: _____

11. Have you taken any cash advances of \$875.00 or more on any credit card within the last 70 days? Yes _____ No _____

CREDITOR	DATE OF ADVANCE	AMOUNT \$\$

12. Have you transferred any credit card balances to another credit card within the last 90 days?
 Yes _____ No _____

CREDIT CARD USED FOR TRANSFER	DATE OF TRANSFER	AMOUNT \$\$

13. Have you used any credit cards or made any charges of \$550.00 or more on any credit card within the last 90 days?
 Yes _____ No _____

CARD/CREDITOR	DATE OF PURCHASE	AMOUNT \$\$	GOODS PURCHASED

14. Do you owe any taxes to the IRS, NC Dept. of Revenue, County taxes, City taxes or any other state tax?
 Yes _____ No _____

15. Do you owe any back child support or alimony/spousal support? Yes ___ No ___
16. Have you given any post-dated checks to any creditor, check cashing organization or individual?
Yes ___ No ___ (to whom/date scheduled to be cashed/how much)
17. Do you have an education savings account for any of your children or dependents?
Yes ___ No ___
18. Have you been convicted of any felonies? Yes ___ No ___
1.) Charge: _____ 2.) County: _____ 3.) State: _____
19. Do you have any felony charges pending against you? Yes ___ No ___
1.) Charge: _____ 2.) County: _____ 3.) State: _____
20. Are you entitled or may at any point in the future become entitled to any form of inheritance (cash, stocks, life insurance proceeds, belongings, land or homes)? Yes ___ No ___
21. Are you now or in the last 4 years been involved in any divorce cases? Yes ___ No ___
- a.) If currently in a divorce case, do you expect to receive anything from the division of property in that case?
Yes ___ No ___
- b.) If you were in a divorce case in the past, have all issues regarding division of property been resolved and all property distributed? Yes ___ No ___

22. Do any of your debts arise from any circumstances described below? (Add to Creditors)

- a.) A fine or penalty imposed by Court? Yes ___ No ___
- b.) Credit purchases of luxury goods or services in last 90 days? Yes ___ No ___
- c.) Loans or cash advances in the last 70 days? Yes ___ No ___
- d.) Debts from wilful injury to another person or another person's property? Yes ___ No ___
- e.) Delinquent or back Child Support or Alimony? Yes ___ No ___
- f.) Student loans? Yes ___ No ___
- g.) Recent income tax debt or other tax debts? Yes ___ No ___
- h.) Fraud, embezzlement, misappropriation, etc.? Yes ___ No ___
- i.) Debt for personal injury or death caused by your driving while under the influence of drugs or alcohol?
Yes ___ No ___
- j.) Obtaining property by false pretenses/fraudulent misrepresentation? Yes ___ No ___

23. For which year did you file your last income tax return: _____

- a.) Did you receive a refund? Yes ___ No ___ Amount: _____
- b.) Do you have a copy of the return? Yes ___ No ___
- c.) Have you filed all prior returns up to and including the current year? Yes ___ No ___
If answer to (C) is no, please give an explanation _____
- d.) To your knowledge, have any tax liens been filed against you? Yes ___ No ___

e.) Please provide a copy of the tax return for the most recent (two) years filed including W2's. **MUST BE PROVIDED AND BE ADVISED THAT IF ALL TAX RETURNS HAVE NOT BEEN FILED AND YOU FILE**

24. Rental Property

Do you rent the property where you live? ____ Yes ____ No
If yes, are you current with the rent? ____ Yes ____ No
If delinquent or behind, how much? _____

If you rent your home, does a landlord hold a judgment against you? ____Yes ____No
Please provide the name and address of landlord.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date Judgment Entered: _____
County: _____
Amount, if any: _____
Case #: _____

25. 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**. ____Yes ____No
(If yes, please attach a list and description of the property.)

26. If you are paying ongoing Child Support or Alimony, please provide:

- a.) To whom paid (payee/parent name): _____
- b.) Address of payee/parent: _____
- c.) Amount paid monthly: _____
- d.) Amount paid in past 12 months: _____
- e.) Amount paid since January 1st.: _____

If payments are made through a state agency, please provide the information below:

- a.) State agency name: _____
- b.) State agency address: _____

Please provide a copy of any Court Order or Separation Agreement requiring these payments.

27. INSURANCE:

Do you have insurance on your home? Yes ____ No ____

Please provide Copy of Declaration page of policy.

Do you have insurance on your vehicle? Yes ____ No ____

Please provide Copy of Declaration page of policy.

28. JUDGMENTS:

Do you have any judgments against you? Yes ____ No ____

- a.) Who obtained judgment? _____
- b.) Address of person who obtained judgment: _____

- c.) Amount of judgment: _____

d.) Date judgment entered: _____

e.) County and State where judgment entered: _____
 If more than one judgment provide the same information as above.

Please provide a copy of any documents you have regarding any judgments. This will require you to visit the Clerk's office in the County where you reside and or own property to obtain copies of any judgments on record against you. IT IS MANDATORY THAT YOU CHECK THIS BEFORE YOU FILE BANKRUPTCY!

29. Household Goods

Please fill in the Fair Market Value for each household item or other property listed below. This value is NOT the original cost of the item or what it would cost to replace it new. It is the Fair Market Value the item has now in its present condition and age, similar to **YARD SALE** value. What someone would pay you for the item or what you would pay for the item in its condition and age. (Do not consider emotional or personal value.)

H = Husband/ W = Wife/ J = Joint

Own/Have/Pos sess/In Storage/Paid For or Not	Item/Description	Who Owns H-W-J	Fair Market Value Yard Sale Value	If not paid for, name of creditor
Yes ___ No ___	Clothing & Personal			
Yes ___ No ___	Furs & Jewelry			
Yes ___ No ___	Small kitchen appliances			
Yes ___ No ___	Stove			
Yes ___ No ___	Refrigerator			
Yes ___ No ___	Freezer			
Yes ___ No ___	Microwave			
Yes ___ No ___	Dishwasher			
Yes ___ No ___	Washing machine			
Yes ___ No ___	Dryer			
Yes ___ No ___	China & Dishes			
Yes ___ No ___	Silverware			
Yes ___ No ___	Living room furniture			
Yes ___ No ___	Den furniture			
Yes ___ No ___	Bedroom furniture			
Yes ___ No ___	Dining room/kitchen furniture			
Yes ___ No ___	Lawn furniture			
Yes ___ No ___	Televisions			
Yes ___ No ___	Stereo/Radio			
Yes ___ No ___	VCR/DVD			
Yes ___ No ___	Video camera/video tapes			
Yes ___ No ___	Musical Instruments			
Yes ___ No ___	CD's, records, tapes			
Yes ___ No ___	Books & encyclopedias			
Yes ___ No ___	Paintings/Art/Antiques or collectible items			

Yes ___ No ___	Camera & photographic equipment			
Yes ___ No ___	Computer, printer, hardware & software			
Yes ___ No ___	Cell phone(s)			
Yes ___ No ___	Recreational equipment, firearms & sporting equipment			
Yes ___ No ___	Air conditioner (window unit)			
Yes ___ No ___	Lawn mower			
Yes ___ No ___	Yard maintenance tools & equipment			
Yes ___ No ___	Hand tools & tools of trade			
Yes ___ No ___	Professionally prescribed health aids			
Yes ___ No ___	Office equipment, furnishings & supplies			
Yes ___ No ___	Machinery, fixtures, equipment & supplies used in business			
Yes ___ No ___	Inventory			
Yes ___ No ___	Animals			
Yes ___ No ___	Crops growing or harvested			
Yes ___ No ___	Farming equipment and implements			
Yes ___ No ___	Farm Supplies, chemicals, feed, etc.			
Yes ___ No ___	Property in Storage			
Yes ___ No ___	Other asset in Country Club membership/season tickets/etc.			

If you have other personal property not on list, provide the same information below:

Do you have any of the following: If yes, describe and give value:

Do you have..	Description	In Whose Name	Value
Yes ___ No ___	Accounts Receivable		
Yes ___ No ___	Equitable or future interest or life estate		
Yes ___ No ___	Interest in estate of decedents or life insurance plan, or trust		

Yes ___ No ___	Patents, copy rights, other intellectual property		
Yes ___ No ___	Licenses or franchises		
Yes ___ No ___	Customer lists or other compilations		
Yes ___ No ___	Interest in an education IRA as defined in 26 USC sec 530 (b)(1).		
Yes ___ No ___	Annuity		
Yes ___ No ___	Joint Venture		
Yes ___ No ___	Partnerships		
Yes ___ No ___	Alimony/Child Support to which you are entitled		
Yes ___ No ___	Any equitable distribution owed to you from a divorce or separation		

If you have other similar property not on list, provide the same information below:

30. Do you have a car, truck, motorcycle, boat, camper, trailer, RV, etc. in your possession or for your use that is titled to someone else's name? ___ Yes ___ No

If so, list Year _____ Make _____ Model _____

Whose name is the property titled to: _____

If you make payments on the vehicle, how much per month: \$_____

Why is this property in your possession or used by you? Please explain:

31. Leases, Contracts or Rentals

Are you a party to any ongoing contracts or leases or rentals (e.g. automobile lease, home rental agreement, lease/purchase agreement for band instruments, furniture, appliances, televisions, storage units, or other items?)

If so, please list:

1) Name & Address of creditor:	Description of Property (e.g. washer, dryer, automobile, apts., band equipment, etc.) Contract or Lease
_____	_____
_____	_____
_____	If storage unit, what is stored there:

Monthly payment? \$ _____
Do you want to continue paying on this lease/contract? Yes ____ No ____
Are you behind on the payments? Yes ____ No ____, If yes, how much? _____

2) Name & Address of creditor:	Description of Property (e.g. washer, dryer, automobile, apts., band equipment, etc.) Contract or Lease
_____	_____
_____	_____

Monthly payment? \$ _____
Do you want to continue paying on this lease/contract? Yes ____ No ____
Are you behind on the payments? Yes ____ No ____, If yes, how much? _____

3) Name & Address of creditor:	Description of Property (e.g. washer, dryer, automobile, apts., band equipment, etc.) Contract or Lease
_____	_____
_____	_____

Monthly payment? \$ _____
Do you want to continue paying on this lease/contract? Yes ____ No ____
Are you behind on the payments? Yes ____ No ____, If yes, how much? _____

32. **ENGAGED IN BUSINESS - PROFIT & LOSS - IF YOU ARE A SOLE PROPRIETOR/OWNER**

Only include business expenses- do NOT include your personal expenses here

Gross Monthly Income for month of _____, 20__

Sources of Income	Date	\$Amount

Expenses for that same month

Expense Item	\$	Notes
Rent		
Power		
Water & Garbage		
Telephone		
Internet		
Other Utility		
Workers Comp Insurance		
Liability Insurance		
Vehicle Insurance		
Other Insurance		
Employee Payroll		
Contract Services		
Payroll Taxes		
Sales Taxes		
Cost of Goods		
Transportation (not vehicle ins)		
Dues, Subscriptions, Education, Licenses		
Accounting & Professional Svc.		
Advertising		
Office Expenses		
Other Expenses		

33. Statement of Financial Affairs - Please answer the following questions completely.

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 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.

1. Income from employment or operation of business

How much did you make before taxes from all 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:

<input type="checkbox"/> NONE	<u>MALE DEBTOR</u>		<u>FEMALE DEBTOR</u>		
	PERIOD	EMPLOYER	\$AMOUNT	EMPLOYER	\$AMOUNT
	Jan 1. of this year through current				
	Last year (Jan. 1 - Dec. 31)				
	The year before last (Jan. 1 - Dec. 31)				

2. Income other than from employment or operation of business - example: social security, disability

retirement, child support, family help, money taken from retirement accounts, all other income, etc.

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

<input type="checkbox"/> NONE	<u>MALE DEBTOR</u>		<u>FEMALE DEBTOR</u>		
	PERIOD	SOURCE	\$AMOUNT	SOURCE	\$AMOUNT
	Jan 1. of this year through current				
	Last year (Jan. 1 - Dec. 31)				
	The year before last (Jan. 1 - Dec. 31)				

3. Payments to creditors

a. Have you made any payments totaling more than \$600.00 on any debts within the last **90 days**? If yes, then list information below.

NONE

<u>Who I Paid</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
-------------------	--------------------------	--------------------	--------------------------

b. *If most of your debts are business related*, did you make payments totaling more than \$6,425.00 to any creditor in the last 90 days? If yes, list information below.

NONE

<u>Name and Address of Creditor (Relationship)</u>	<u>Dates of Payments</u>	<u>Amt Paid</u>	<u>Amt Owed</u>
--	--------------------------	-----------------	-----------------

c. *Have you paid any debts you owed to relatives in the last year? Have you paid anything to persons with whom you are in business within the last year? Have you transferred any property of any kind to a relative or person with whom you are in business within the last year?*

If yes, list information below.

NONE

<u>Name and Address of Creditor (Relationship)</u>	<u>Dates of Payments</u>	<u>Amt Paid</u>	<u>Amt Owed</u>
--	--------------------------	-----------------	-----------------

4. Are you suing anyone? Is anyone suing you? Do you have any claims such as personal injury, social security, worker's compensation, etc.? (for example: bad drugs, divorce, collection or contract disputes)

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

NONE

<u>Caption of Suit and Case Number</u>	<u>Nature of Proceeding</u>	<u>Court or Agency and Location</u>	<u>Status or Disposition</u>
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5. Repossessions, foreclosures, and voluntary returns (include pending foreclosures)

a. 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

<u>Name and Address of Creditor</u>	<u>Date of Repossession, Foreclosure, Transfer or Return</u>	<u>Description and Value of Property</u>
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b. Have you had any money or property taken from you in the last year? For Example:
garnishments. If so, list information below.

NONE

<u>Name and Address of Person/Company for Whom the Property Was Seized (Creditor)</u>	<u>Date of Seizure</u>	<u>Description and Value of Property</u>
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6. Gifts to others or other organizations (i.e., church, salvation army, etc.)

a. List all gifts or charitable contributions made in the last two (2) years except ordinary and usual gifts to family members of less than \$600 in value per individual family member and charitable contributions of 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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b. List any gifts having a value of \$600 or more to any person in last two (2) years.

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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7. Losses

Have you had any losses from fire, theft, other disaster, or gambling in **the last year?** If yes, list information below.

NONE

Description and Value of Property

Description of Circumstances and Amount Covered by Insurance, if Any

Date of Loss

8. Payments related to debt counseling or bankruptcy

How much have you paid to any one who has helped you to resolve your financial problems in the last year? Have you transferred any property for such services?

NONE

Name and Address of Company or Person

Date of Payment

Name of Person Who Paid, if Not You

Amount of Money/ Description and Value of Property

9. Have you sold, transferred, given away or taken out of your name anything you owned in the last 4 years? This includes vehicles, land, houses, boats, tractors, 4 wheelers, golf carts, mobile homes, campers, RV's, furniture, guns, etc.

NONE

Name and Address of Transferee and Relationship to you

Date of Transfer

Description of Property Transferred and Value Received

10. In the last 10 years, have you transferred anything to any trust of which you are the beneficiary?

NONE

Name of Trust or Similar Device

Date of Transfer

Amount of \$\$ or Description and Value of Property or Interest

11. Closed financial accounts (i.e. Checking, savings, 401(k), CD's, IRA's, Mutual Funds, etc.)

Have you closed any checking, savings or retirement accounts in the last year? If so, list information below.

NONE

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

Do you have a safe deposit box? What is in it?

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</u>
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13. Setoffs

Has any bank or creditor taken money out of any account in the last year? If so, list information below.

NONE

<u>Name and Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
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14. Property held for another person

a. Are you in possession of anything that belongs to someone else? If yes, list information below.

NONE

<u>Name and Address of Owner</u>	<u>Description and Value of Property</u>	<u>Location of Property</u>
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b. Is anyone else in possession of anything that belongs to you? If yes, list information below.

NONE

<u>Name and Address of Owner</u>	<u>Description and Value of Property</u>	<u>Location of Property</u>
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15. Prior address of debtor

If you have moved within the last three years, list all residences during the last two years, excluding your present address.

NONE

Address

Your Name at the Time

Dates of Occupancy

16. Storage Units

Have you stored property in a storage unit or place other than your home within the last year? If yes, list information below.

NONE

Name & Address of Facility

Who has access?

Describe contents

17. Environmental Information.

Has anyone notified you of toxic waste problems on any property you own? If so, list information below and include who sent you the notification.

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NONE

<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
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b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

<u>Name and Address of Governmental Unit</u>	<u>Docket Number</u>	<u>Status or Disposition</u>
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18 . Nature, location and name of business

a. In the last **four (4) years**, have you owned any businesses, or an interest in a business? If so, list information below. (Sole Proprietor, LLC, S-Corp, Partnership, or other business entity)

NONE

<u>Name</u>	<u>Taxpayer I.D. Number</u>	<u>Address</u>	<u>Nature of Business</u>	<u>Beginning and End Dates of Operation</u>
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b. Have you had an Employer Identification Number (EIN) within the last eight (8) years?

NONE

<u>Debtor #1 or #2</u>	<u>EIN</u>	<u>Dates used</u>
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c. Have you had any business names in the last eight (8) years (include trade names and DBA names)?

NONE

<u>Debtor #1 or #2</u>	<u>Business name</u>	<u>Dates used</u>
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The following questions, #18-24, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. Books, records, and financial statements

a. List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

NONE

Name and Address

Dates Services Rendered

b. List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE

Name

Address

Dates Services Rendered

c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

Name and Address

Comments

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NONE

Name and Address

Date Issued _____

20. Inventories

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NONE

<u>Date of Inventory</u>	<u>Inventory Supervisor</u>	<u>Dollar Amount of Inventory (specify cost, market, or other basis)</u>
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b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

<u>Date of Inventory</u>	<u>Name and Address of Custodian of Inventory Records</u>
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21. Current partners, officers, directors, and shareholders

a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

<u>Name and Address</u>	<u>Nature of Interest</u>	<u>Percentage of Interest</u>
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b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation.

NONE

<u>Name and Address</u>	<u>Title</u>	<u>Nature and Percentage of Stock Ownership</u>
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22. Former partners, officers, directors and shareholders

a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE

<u>Name and Address</u>	<u>Date of Withdrawal</u>
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b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NONE

Name and Address

Title

Date of Termination

23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

Name and Address of Recipient, and Relationship to You

Date and Purpose of Withdrawal

Amount of Money or Description and Value of Property

24. Tax Consolidation Group.

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NONE

Name of Parent Corporation

Taxpayer Identification Number

25. Pension Funds.

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NONE

Name of Pension Fund

Taxpayer Identification Number