

RESNICK & MOSS, P.C.

ATTORNEYS AND COUNSELORS AT LAW

40900 WOODWARD AVENUE, SUITE 111
BLOOMFIELD HILLS, MICHIGAN 48304-5116
TELEPHONE (248) 642-5400 • FACSIMILE (248) 642-3083
www.resnicklaw.net

H. NATHAN RESNICK
LEIGH DONES MOSS
ROSS L. WILBER
TIMOTHY G. ORLANDO
SANDRA K. ALEXANDER
PATRICK N. BUTLER

STEVEN G. COHEN
Of Counsel
DANA ALLEN
Paralegal

BANKRUPTCY QUESTIONNAIRE

This form is provided so that we can better assist you. This firm does not represent you until you have actually paid a retainer. This document will be the foundation for all documents presented to the Bankruptcy Court. Therefore, it must be filled out accurately.

Bankruptcy is a right provided by law to people who are deeply in debt and in need of a fresh start. Bankruptcy will discharge many of your debts and you will not have to pay them, except, in some cases, secured debts for the purchase of particular merchandise or debts on which you gave a mortgage or put up other property as collateral.

The law allows you to keep some money and most types of necessary property in bankruptcy. To receive protection, it is necessary that you list all items asked for in the following questions: if you do not list an item, that item will not be protected in bankruptcy. You must also list *everyone* to whom you owe money. If you leave out one of your creditors, you may have to pay the money to that creditor or you may lose your right to bankruptcy. It may also be considered a crime if you intentionally give false information or leave out information. If you have any questions about whether you can keep certain property or whether you should list a debt, write that question down and remember to ask the attorney. We know this questionnaire is long. Preparing your bankruptcy papers properly takes a lot of time and a lot of information. If we work together on this, we can protect your family from great hardship and give you the new start the law intends you to have.

(1) Fill out *every* question on all pages. Wherever you are given a choice of YES or NO on these forms, check either YES or NO, whichever is correct. Please fill out these pages as well as you can. We will help with any questions you don't understand. You may contact Dana Allen at (248) 642-5400 with any questions.

(2) Write clearly or typewrite your answers. We *must* be able to read them.

(3) Wherever the name of a person or firm is asked for, give the *full address*. *Make the address accurate*. Your discharge from each debt may depend upon your giving a complete and correct address.

(4) If you do not know the exact amount you owe, fill in a HIGH estimate. Do *not* leave the amount blank and do not say "don't know."

(5) Wherever you need more room, turn the page over and put the information on the back together with the number and question.

(6) List *every creditor and everybody* that has had anything to do with your debts, including cosigners. If a bill you owe has been sent to a collection agency or any attorney, list *both* the person you originally owed and the collection agency and/or attorney, giving the *full* address of each. If the collection agency has an attorney, list the person you originally owed, the collection agency, and the attorney, giving the full address of each.

(7) YOUR ROLE IS VERY IMPORTANT IN THE SUCCESS OF YOUR BANKRUPTCY CASE. YOU HAVE AN OBLIGATION TO PROVIDE ALL DOCUMENTS AND INFORMATION REQUESTED BY THE ATTORNEY OR PARALEGAL. YOU MUST PROVIDE A COMPLETED QUESTIONNAIRE AND ALL DOCUMENTS TO THE PARALEGAL WITHIN SEVEN (7) DAYS OF YOUR FIRST MEETING, OR BY THE DATE AGREED UPON. YOU MUST ALSO RETURN ALL OF OUR CALLS WITHIN 24 HOURS. IF YOU DO NOT CONTRIBUTE TO THE SUCCESS OF YOUR CASE, WE WILL DISCONTINUE OUR REPRESENTATION ON YOUR CASE.

(8) Whenever a question asks you to be prepared to give details, gather all papers concerning the matter, including bills and collection letters, and bring them with you when you return this form. In any event, **BE SURE TO BRING WITH YOU THE FOLLOWING ITEMS IF YOU HAVE ANY:**

- (a) Copies of leases, **recorded** mortgages, **recorded** deeds and **recorded** land contracts pertaining to your house or other real estate that you own. If you do not have recorded copies of the mortgage, deed or land contract, you must obtain a copy from your county register of deeds.
- (b) Current property tax statements, for any real property you have an interest in;
- (c) The most current asset appraisal for your home and all other real property that you own, and all other asset appraisals, such as for jewelry, art and collectibles;
- (d) All certificates of title (originals if available, otherwise copies) for all title assets, including vehicles, boats and mobile homes;
- (e) Copies of life insurance policies either owned by the debtor or insuring the debtor's life;
- (f) Proof of current insurance policies on all motor vehicles;
- (g) Originals of bonds, stock certificates, bank and brokerage statements;
- (h) Any papers relating to past bankruptcies, including Chapter 13 cases;
- (i) Copies of state and federal tax returns for the past two years, and a copy of your latest four paycheck stubs;
- (j) Legal papers, lawsuits, and divorce papers (include Divorce Judgments and property settlement agreements);
- (k) Any other papers you have concerning any of your debts;
- (l) Any lease or installment sale ("lease purchase") agreements for housing (apartment, house, mobile home) or other property (cars, televisions, etc.) that you have signed and that are still in effect or not fully paid.

Complete All Questions. If you are separated from your spouse, and there is no possibility that your spouse will file bankruptcy along with you, you don't have to answer the questions about your spouse. However, even if you are filing a single Chapter 13 bankruptcy, you must answer the questions about your spouse.

**MAKE SURE TO OBTAIN A CREDIT REPORT IN ORDER TO PROPERLY
COMPLETE THIS QUESTIONNAIRE. IF YOU ARE MARRIED,
PLEASE OBTAIN A REPORT FOR BOTH SPOUSES**

**RESNICK & MOSS, P.C. IS A DESIGNATED DEBT RELIEF AGENCY UNDER FEDERAL LAW AND WE PROVIDE
LEGAL ASSISTANCE TO CONSUMERS SEEKING RELIEF UNDER THE BANKRUPTCY CODE.**

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PRE-FILING CREDIT COUNSELING

Before you can file for bankruptcy under either Chapter 7 or Chapter 13, you must complete credit counseling with an agency approved by the United States Trustee's office. We recommend:

GreenPath, Inc.
38505 Country Club Drive, Suite 210
Farmington Hills, MI 48331-3429
800-630-6718
www.greenpath.com

After completion of the credit counseling, GreenPath will email your certificate of completion directly to our office.

You are also required to complete a financial management course as a pre-requisite to obtaining a bankruptcy discharge. This is a separate course from the pre-filing credit counseling. The counseling agency that provided your pre-filing counseling may also provide the required financial management course. This course must be completed in order to obtain a discharge. Request a certificate of completion from the agency providing the financial management course. Please notify us when you have completed the financial management course, so we can file the required certification with the court. If you fail to complete the financial management course, your case will be closed without discharge, and we will have to file a motion to reopen the case to allow for the filing of the Financial Management Course Certificate. The cost to reopen a Chapter 7 case is \$260.00, and you will be responsible for the cost of reopening your case.

Below is a list of other approved credit counseling agencies:

Consumer Credit Counseling Service of Greater Atlanta Inc.
100 Edgewood Avenue
Suite 1800
Atlanta, GA 30303
866-672-2227
www.ccsinc.org
Telephonic and Internet

Community Credit Counseling Specialists, Inc.
624 Main Street
Toledo, OH 43605
888-662-3313
www.creditcounsel.org
Telephonic and Internet

Consumer Credit Management, Inc.
28124 Orchard Lake Road, Ste. 102
Farmington Hills, MI 48334
248-539-1221
www.ccmcanhelp.com
In person, Telephonic, Internet

Credit Counseling Centers of America
9330 LBJ Freeway, Ste. 900
Dallas, TX 75379
800-493-2222
www.cccamerica.org
Telephonic and Internet

Part I: Debtor Information: Chapter 7 or 13 Bankruptcy Proceeding

Today's date: _____

Full Name _____ Social Security No. _____

Address _____

City _____ Zip Code _____

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least 730 days (2 years)? No Yes

If you answered no to either of the questions above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____

County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

What other names have you used in the last 8 years? _____

Marriage Status: Single Married Divorced Separated Widow/er Date of Marriage: _____

NAME AND ADDRESS OF SPOUSE

Full Name _____ Social Security No. _____

What other names has your spouse used in the last 8 years? _____

Address: (if different from your address):

City: _____ State: _____ Zip: _____ County: _____

Are most of your debts from ____ personal use or ____ business?

Telephone numbers:

Home _____ E-mail _____ May we contact you via e-mail? _____

Work _____ (Husband) _____ (Wife)

Cell Phone _____ (Husband) _____ (Wife)

Pager _____ (Husband) _____ (Wife)

Fax _____ (Husband) _____ (Wife)

Were you referred to our office? If yes, by whom? _____

Are most of your debts from ____ personal use or ____ business?

Yes No Did one or both of you incur the majority of the debts? Is so, explain: _____

Yes No If just one of you incurred the debts, were these debts incurred before marriage?

Explain: _____

Yes No Is there an emergency requiring immediate filing? If so, what? _____

Yes No Is there a pending foreclosure sale? If so, what is the date and time of foreclosure: _____

Yes No Are your wages or checking account currently being garnished?

Yes No Is a law suit pending or completed?

Yes No Are IRS/State of Michigan collecting back taxes?

If so, explain types of debt, year due, when was return filed, etc. _____

Yes No Has IRS/State of Michigan garnished your wages, or liened your property? If so, explain what type of debt, year due, when was return filed. _____

Yes No Do you and/or your spouse have a probable inheritance in the next 6 months?

Yes No Are there any pending major medical expenses?

Yes No Is a tax refund expected? If so, when and how much. _____

Yes No Do you and/or your spouse expect money from anyone in the next 6 months (e.g.: investment coming payable or repayment of a loan)?

Yes No Do you and/or your spouse have a personal injury claim pending or payable?

Yes No Did you and/or your spouse incur any credit card charges for paying taxes within the last year before filing?

Yes No Do you have a regular income?

Yes No Does your spouse have a regular income?

Yes No Have you/spouse file all required income tax returns, both federal and state? **IF NOT, THOSE RETURNS MUST BE COMPLETED BEFORE YOUR BANKRUPTCY DOCUMENTS CAN BE COMPLETED, UNLESS THERE IS A REAL EMERGENCY. IT IS VERY IMPORTANT THAT YOU COMPLETE THE RETURNS.**

Yes No Are you in the middle of a divorce or separation?

Yes No Are the mortgage payments on your home current? If not, when was the last payment made? _____

Have you made any contributions to a retirement account in the last 120 days? _____. If yes, enter date and amount contributed.

PRIOR/PENDING BANKRUPTCY CASES

Has a bankruptcy case been filed by you or your spouse in the last 8 years? No Yes

If so, who filed, and under what name? _____

If so, what chapter? _____

Was a discharge granted? _____

When and where was the case filed? _____

Case Number: _____

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

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____

In which district of which state was the case filed? _____

DEBTORS WHO RESIDE AS TENANTS OF RESIDENTIAL PROPERTY

If you rent your home, does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

NOTES:

FOR OFFICE USE ONLY:

Has the client(s) received credit counseling? yes no

Certificate of completion provided: yes no

Has the client(s) signed a retainer agreement? yes no

Has the client reviewed/signed all disclosures? yes no

Part II: REAL PROPERTY

__ Yes __ No Do you/spouse own any real property (e.g.: land, house, condo, timeshare, building)? For each real property owned, answer the questions below.

REAL PROPERTY I:

- PROVIDE A COPY OF THE RECORDED DEED – must include the liber/page stamp at the top of the document.
(If you do not have this document, you can obtain it from the county Register of Deeds)
- PROVIDE A COPY OF EACH RECORDED MORTGAGE – must include the liber/page stamp at the top of the document.
(If you do not have this document, you can obtain it from the county Register of Deeds)
- PROVIDE A COPY OF YOUR MOST RECENT MORTGAGE STATEMENTS.
- PROVIDE A COPY OF ALL NOTICES OF FORECLOSURE.

Co-owners Name _____

Street Address _____

City _____ State _____ Zip Code _____

Is this your home? _____ How do you hold title? Joint
 Wife
 Husband

Are your property taxes paid through the mortgage? yes no

Provide a copy of your tax bills for the past year.

Is your homeowner's insurance paid through the mortgage? yes no

If no, please provide a copy of your statement indicating the yearly premium you pay for insurance.

Fair Market Value of the property: _____

FIRST Mortgage Holder's name: _____

Date of mortgage: _____

Account Number _____ Do you intend to reaffirm this debt _____

Address _____

City _____ State _____ Zip Code _____

Principal amount owed \$ _____

Interest Rate _____% Monthly Payment due \$ _____

If in arrears, please state the amount in arrears \$ _____

SECOND Mortgage Holder's name: _____

Date of mortgage: _____

Account Number _____ Do you intend to reaffirm this debt _____

Address _____

City _____ State _____ Zip Code _____

Principal amount owed \$ _____

Interest Rate _____% Monthly Payment due \$ _____

If in arrears, please state the amount in arrears \$ _____

NOTES: _____

REAL PROPERTY II:

- PROVIDE A COPY OF THE RECORDED DEED – must include the liber/page stamp at the top of the document.
(If you do not have this document, you can obtain it from the county Register of Deeds)
- PROVIDE A COPY OF EACH RECORDED MORTGAGE – must include the liber/page stamp at the top of the document.
(If you do not have this document, you can obtain it from the county Register of Deeds)
- PROVIDE A COPY OF YOUR MOST RECENT MORTGAGE STATEMENTS.
- PROVIDE A COPY OF ALL NOTICES OF FORECLOSURE.

Co-owners Name _____

Street Address _____

City _____ State _____ Zip Code _____

Is this your home? _____ How do you hold title? Joint
 Wife
 Husband

Are your property taxes paid through the mortgage? yes no

Provide a copy of your tax bills for the past year.

Is your homeowner's insurance paid through the mortgage? yes no

If no, please provide a copy of your statement indicating the yearly premium you pay for insurance.

Fair Market Value of the property: _____

FIRST Mortgage Holder's name: _____

Date of mortgage: _____

Account Number _____ Do you intend to reaffirm this debt _____

Address _____

City _____ State _____ Zip Code _____

Principal amount owed \$ _____

Interest Rate _____% Monthly Payment due \$ _____

If in arrears, please state the amount in arrears \$ _____

SECOND Mortgage Holder's name: _____

Date of mortgage: _____

Account Number _____ Do you intend to reaffirm this debt _____

Address _____

City _____ State _____ Zip Code _____

Principal amount owed \$ _____

Interest Rate _____% Monthly Payment due \$ _____

If in arrears, please state the amount in arrears \$ _____

NOTES: _____

Part III: PERSONAL PROPERTY

 Yes No Do you have a storage unit off your property? If so, name the storage facility and what items are in that unit, plus their fair market value. _____

 Yes No Have you/spouse been divorced in the last 3 years? If so, are there any assets that are still to be delivered to you? If so, list the assets, their value and when you are to take control. Please provide a copy of your divorce decree and property settlement agreement.

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property. Note if the property is in a storage unit. List **all** property, even if it has no value. For cash on hand, indicate the amount of cash you normally have in your wallet/purse. For **all** bank accounts held either jointly or individually, provide the bank address, type of account (i.e. savings, checking, etc.), account number and current balance.

For each interest you have in an insurance policy, include the face value and cash/surrender/refund value (if applicable), policy number and insurance company address.

If you own a business, list all personal and business property **separately**.

If any of the items listed in Part III are being financed through a company, please provide the name of the financing company.

PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- Recent Bank Statements (for all accounts)
- Insurance policy statement(s)
- Recent IRA, 401K, Pension, etc. statement(s)
- Recent stock, mutual fund, etc. statement(s)
- Vehicle Information Page for each vehicle owned (See Page 11)
- Copies of titles for each vehicle owned
- Recent statement(s) indicating monthly payment for each vehicle owned or leased
- Copy of insurance statement indicating premium paid for each vehicle

NOTES: _____

VEHICLE INFORMATION

Vehicle Number One

Vehicle Identification Number: _____

Year: _____ Make: _____ Model: _____ Mileage: _____

Trim: _____ 2 Door 4 Door

Engine Size: _____ General Condition: _____

Description of any damages, mechanical problems, etc.: _____

Insurance? _____ Insurance Company & Agent: _____

OPTIONS: (check all that apply)

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Trim Package | <input type="checkbox"/> A/C | <input type="checkbox"/> Anti Lock Brakes |
| <input type="checkbox"/> Power Windows | <input type="checkbox"/> Sunroof | <input type="checkbox"/> Custom Wheels |
| <input type="checkbox"/> Power Locks | <input type="checkbox"/> 4x4 | <input type="checkbox"/> Leather Seats |
| <input type="checkbox"/> Power Seats | <input type="checkbox"/> CD | <input type="checkbox"/> Airbag |
| <input type="checkbox"/> Auto Trans. | <input type="checkbox"/> Cassette | <input type="checkbox"/> Passenger Airbag |
| <input type="checkbox"/> Manual Trans. | <input type="checkbox"/> Cruise | <input type="checkbox"/> Alarm System |

Other Features: _____

Vehicle Number Two

Vehicle Identification Number: _____

Year: _____ Make: _____ Model: _____ Mileage: _____

Trim: _____ 2 Door 4 Door

Engine Size: _____ General Condition: _____

Description of any damages, mechanical problems, etc.: _____

Insurance? _____ Insurance Company & Agent: _____

OPTIONS: (check all that apply)

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Trim Package | <input type="checkbox"/> A/C | <input type="checkbox"/> Anti Lock Brakes |
| <input type="checkbox"/> Power Windows | <input type="checkbox"/> Sunroof | <input type="checkbox"/> Custom Wheels |
| <input type="checkbox"/> Power Locks | <input type="checkbox"/> 4x4 | <input type="checkbox"/> Leather Seats |
| <input type="checkbox"/> Power Seats | <input type="checkbox"/> CD | <input type="checkbox"/> Airbag |
| <input type="checkbox"/> Auto Trans. | <input type="checkbox"/> Cassette | <input type="checkbox"/> Passenger Airbag |
| <input type="checkbox"/> Manual Trans. | <input type="checkbox"/> Cruise | <input type="checkbox"/> Alarm System |

Other Features: _____

Type of Property	Yes/ No	Description & Location	Husband, Wife, or Joint,	Market Value
1. Cash on hand (in your wallet)				
2. Checking/Savings Account, Certificates of deposit, other bank and credit union accounts (include account numbers and all names on the account). MUST BE LISTED EVEN IF ZERO BALANCE.		(Indicate type of account)		
3. Security deposits held by utility companies, landlord				
4. Household goods and furnishings, including: Refrigerator, washer, dryer, dishwasher, microwave, stove, dishwasher Kitchen table & chairs, china cabinet TV, VCR, DVD, entertainment center, lamps, couch, chairs, table, bookcase, stereo Video games & players Small appliances, kitchen ware Computer, printer, accessories, desk Beds, dressers, night stands, lamps Lawn mower, edger, snow blower, weed eater, garden tools Musical instruments (what kind) Other appliances and furniture				
5. Books, pictures, art, antiques, CD's, videos, DVD's records, other collectibles				
6. Clothing				
7. Furs and jewelry (including wedding rings)				
8. Sports, photographic, hobby/sports equipment (golf clubs, fishing gear, etc.), firearms				

Type of Property	Yes/ No	Description & Location	Husband, Wife, or Joint,	Market Value
9. Interest in insurance policies- specify refund or cancellation value (provide Insurance Company and policy no.)				
10. Annuities				
11. Interests in an education IRA, as defined in 26 USC 530(b)(1)				
12. Interests in IRA's, 401k's, pension or profit sharing plans (provide a recent statement for each account)				
13. Stock and interests in incorporated/ unincorporated business (including your own)				
14. Interests in partnerships/joint ventures				
15. Government or corporate bonds				
16. Accounts receivable (money owed to you)				
17. Back alimony/family support OWED TO YOU				
18. Other liquidated debts owed to you, including tax refunds				
19. Equitable or future interests or life estates				
20. Interests in estate of descendent or life insurance plan or trust (provide name of deceased and type of property expected)				
21. Claims for accidents, contingent claims, counterclaims, lawsuits you are pursuing				
22. Patents, copyrights, other intellectual property				
23. Licenses, franchises				
24. Customer List or other compilation				
25. Automobiles, trucks, trailers, campers, recreational vehicles, dirt bikes, etc. and accessories (year, make, model) SEE VEHICLE INFORMATION ON P. 11				
26. Boats, motors, and accessories				

Type of Property	Yes/ No	Description & Location	Husband, Wife, or Joint,	Market Value
27. Aircraft and accessories				
28. Office equipment, furniture, supplies for your own business				
29. Machinery, fixtures, equipment used in business				
30. Current Inventory for your own business (ITEMIZE ON SEPARATE SHEET)				
31. Animals				
32. Crops-growing or harvested				
33. Farming equipment and implements				
34. Farm supplies, chemicals, feed				
35. Other personal property of any kind not listed.				

NOTES: _____

Part IV: DEBTS

PLEASE PROVIDE US WITH A COPY OF YOUR COMPLETE AND CURRENT CREDIT REPORT(S).

Use the Debt Worksheets on pages 17-20 (additional copies of the worksheet are provided at the end of the questionnaire - copy worksheet if needed) to list all debts that you owe, or that creditors claim that you owe, including collection companies, attorneys and all personal loans from family or friends. Do not leave anyone out even if you are embarrassed that they should know about your bankruptcy. Make sure to include ex-spouses, all partners and/or shareholders. For all **secured debts**, list the full name and **complete** mailing address of the creditor, when you got the money or property (month & year), and what the debt was for. If the debt is for a loan of money, state how the money was used, and what property (security) can be taken if you fail to repay the loan, how much you owed, and how much you now owe including interest fees and charges for late payments (make a high estimate). If the purchased goods or collateral are not at your home, where are they located? Provide the name and address of all co-debtors (i.e. co-signers, etc.)

For all **unsecured debts**, list all creditors, including creditors who have judgments or whose claims you dispute. Anyone who you think may have a claim against you must be listed even if the claim is old. **It is essential** that you show the full name, complete mailing address, date debt was incurred, what the debt was for, and the name and address of the collection agency and attorney, if any, to whom the debt was referred. For credit cards, indicate the last date you used the card (the month and year is sufficient).

If you own a business, list all personal and business debts **separately**. If you dispute a debt, please indicate the reason.

Yes No Do you understand that use of all credit cards must cease?

Yes No Do you understand that *all* creditors must be listed with correct addresses? Creditors include relatives, disputed debts, debts that you want to pay, collection agencies and attorneys.

Yes No Do you or your spouse have any student loans?

Yes No Do you understand that most student loans are not discharged in bankruptcy.

Name of student loan creditor? _____ (Make sure to list them as a creditor below)

Yes No Do you or your spouse owe any back child support, alimony or maintenance? How much, who is owed and how delinquent? _____. Make certain to list ex-spouses on the list of creditors, whether or not you believe they are owed any monies.

Yes No Do you understand that the payments for all child support and alimony/maintenance must continue to be made, even during bankruptcy?

Yes No Do you or your spouse have any fines or governmental/court imposed liabilities? Is so, how much, to whom and for what? _____. Make certain that this governmental agency is listed below as a creditor.

PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

Copies of legal papers, lawsuits, divorce papers (i.e. judgments, garnishments)

Provide recent statement(s) in regard to all 401k loans

Recent credit card statements (including all collection agency letters)

Student loan statement(s)

Bank loan statement(s)

Unpaid medical bill statements (including all collection agency letters)

Unpaid utility bill statements (including all collection agency letters)

Statements regarding all tax debts

NOTES:

DEBT WORKSHEET

Fill out one of these worksheets for **each** debt. Additional copies of the worksheet are provided at the end of the questionnaire. Copy worksheet if needed.

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

You must list all creditors including taxes (see page 22 for tax debts), credit unions, relatives and friends. Remember that debts include all of these:

Mortgages	Medical bills	Student loans
Auto Loans	Payday loans	Unpaid utility bills
Credit Cards	Mail order bills	Child support
Store charges	Judgments	Unpaid rent
Personal loans	Unpaid medical bills	Unpaid services fees
Gas cards/phone cards	Condominium assessments	Traffic tickets or parking tickets
Schools	Criminal restitution debts	Debts you cosigned
Loans from relatives	Bills owed to former landlords	Welfare debts

Money owed to creditors who have repossessed property

Bills for goods or services provided to your dependents

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

Creditor name		<input type="checkbox"/> Personal debt	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife
		<input type="checkbox"/> Business debt	<input type="checkbox"/> Joint	
Creditor address (city, state & zip)				
Total owed				
Monthly payment				
Account number				
What is the debt for?				
Is there collateral for the loan? (for example, auto loan, mortgage)	<input type="checkbox"/> yes (if yes, describe collateral and what it is worth) <input type="checkbox"/> no			
Is this debt a credit card?	<input type="checkbox"/> yes (if yes, answer questions below) <input type="checkbox"/> no			
Date card issued				
Other users				
Amount of last purchase				
Cash advances in the last 60 days				
Is there a co-debtor? Did someone else sign on this debt with you?	<input type="checkbox"/> yes (if yes, provide name/address of co-debtor) <input type="checkbox"/> no			
Do you dispute the validity or the amount of the debt?	<input type="checkbox"/> yes (if yes, explain why) <input type="checkbox"/> no			

DEBT WORKSHEET

Fill out one of these worksheets for **each** debt. Additional copies of the worksheet are provided at the end of the questionnaire. Copy worksheet if needed.

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

You must list all creditors including taxes (see page 22 for tax debts), credit unions, relatives and friends. Remember that debts include all of these:

Mortgages	Medical bills	Student loans
Auto Loans	Payday loans	Unpaid utility bills
Credit Cards	Mail order bills	Child support
Store charges	Judgments	Unpaid rent
Personal loans	Unpaid medical bills	Unpaid services fees
Gas cards/phone cards	Condominium assessments	Traffic tickets or parking tickets
Schools	Criminal restitution debts	Debts you cosigned
Loans from relatives	Bills owed to former landlords	Welfare debts

Money owed to creditors who have repossessed property

Bills for goods or services provided to your dependents

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

Creditor name		<input type="checkbox"/> Personal debt	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife
		<input type="checkbox"/> Business debt	<input type="checkbox"/> Joint	
Creditor address (city, state & zip)				
Total owed				
Monthly payment				
Account number				
What is the debt for?				
Is there collateral for the loan? (for example, auto loan, mortgage)	<input type="checkbox"/> yes (if yes, describe collateral and what it is worth) <input type="checkbox"/> no			
Is this debt a credit card?	<input type="checkbox"/> yes (if yes, answer questions below) <input type="checkbox"/> no			
Date card issued				
Other users				
Amount of last purchase				
Cash advances in the last 60 days				
Is there a co-debtor? Did someone else sign on this debt with you?	<input type="checkbox"/> yes (if yes, provide name/address of co-debtor) <input type="checkbox"/> no			
Do you dispute the validity or the amount of the debt?	<input type="checkbox"/> yes (if yes, explain why) <input type="checkbox"/> no			

DEBT WORKSHEET

Fill out one of these worksheets for **each** debt. Additional copies of the worksheet are provided at the end of the questionnaire. Copy worksheet if needed.

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

You must list all creditors including taxes (see page 22 for tax debts), credit unions, relatives and friends. Remember that debts include all of these:

Mortgages	Medical bills	Student loans
Auto Loans	Payday loans	Unpaid utility bills
Credit Cards	Mail order bills	Child support
Store charges	Judgments	Unpaid rent
Personal loans	Unpaid medical bills	Unpaid services fees
Gas cards/phone cards	Condominium assessments	Traffic tickets or parking tickets
Schools	Criminal restitution debts	Debts you cosigned
Loans from relatives	Bills owed to former landlords	Welfare debts

Money owed to creditors who have repossessed property

Bills for goods or services provided to your dependents

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

Creditor name		<input type="checkbox"/> Personal debt	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife
		<input type="checkbox"/> Business debt	<input type="checkbox"/> Joint	
Creditor address (city, state & zip)				
Total owed				
Monthly payment				
Account number				
What is the debt for?				
Is there collateral for the loan? (for example, auto loan, mortgage)	<input type="checkbox"/> yes (if yes, describe collateral and what it is worth) <input type="checkbox"/> no			
Is this debt a credit card?	<input type="checkbox"/> yes (if yes, answer questions below) <input type="checkbox"/> no			
Date card issued				
Other users				
Amount of last purchase				
Cash advances in the last 60 days				
Is there a co-debtor? Did someone else sign on this debt with you?	<input type="checkbox"/> yes (if yes, provide name/address of co-debtor) <input type="checkbox"/> no			
Do you dispute the validity or the amount of the debt?	<input type="checkbox"/> yes (if yes, explain why) <input type="checkbox"/> no			

DEBT WORKSHEET

Fill out one of these worksheets for **each** debt. Additional copies of the worksheet are provided at the end of the questionnaire. Copy worksheet if needed.

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

You must list all creditors including taxes (see page 22 for tax debts), credit unions, relatives and friends. Remember that debts include all of these:

Mortgages	Medical bills	Student loans
Auto Loans	Payday loans	Unpaid utility bills
Credit Cards	Mail order bills	Child support
Store charges	Judgments	Unpaid rent
Personal loans	Unpaid medical bills	Unpaid services fees
Gas cards/phone cards	Condominium assessments	Traffic tickets or parking tickets
Schools	Criminal restitution debts	Debts you cosigned
Loans from relatives	Bills owed to former landlords	Welfare debts

Money owed to creditors who have repossessed property

Bills for goods or services provided to your dependents

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

Creditor name		<input type="checkbox"/> Personal debt	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife
		<input type="checkbox"/> Business debt	<input type="checkbox"/> Joint	
Creditor address (city, state & zip)				
Total owed				
Monthly payment				
Account number				
What is the debt for?				
Is there collateral for the loan? (for example, auto loan, mortgage)	<input type="checkbox"/> yes (if yes, describe collateral and what it is worth) <input type="checkbox"/> no			
Is this debt a credit card?	<input type="checkbox"/> yes (if yes, answer questions below) <input type="checkbox"/> no			
Date card issued				
Other users				
Amount of last purchase				
Cash advances in the last 120 days				
Is there a co-debtor? Did someone else sign on this debt with you?	<input type="checkbox"/> yes (if yes, provide name/address of co-debtor) <input type="checkbox"/> no			
Do you dispute the validity or the amount of the debt?	<input type="checkbox"/> yes (if yes, explain why) <input type="checkbox"/> no			

Have you used any charge cards in the past 120 days? _____. If yes, enter name(s) of cards, date used, amount or purchase or cash advance, items purchased and the purpose of a cash advance.

Card Name _____ Card No. _____

Date of purchase _____ Item(s) purchased _____

Card Name _____ Card No. _____

Date of purchase _____ Item(s) purchased _____

Card Name _____ Card No. _____

Date of purchase _____ Item(s) purchased _____

Card Name _____ Card No. _____

Date of purchase _____ Item(s) purchased _____

Card Name _____ Card No. _____

Date of purchase _____ Item(s) purchased _____

Card Name _____ Card No. _____

Date of purchase _____ Item(s) purchased _____

Card Name _____ Card No. _____

Date of purchase _____ Item(s) purchased _____

Card Name _____ Card No. _____

Date of purchase _____ Item(s) purchased _____

Card Name _____ Card No. _____

Date of purchase _____ Item(s) purchased _____

GOVERNMENTAL DEBTS:

Yes No Do you or your spouse owe any money to the IRS?

Yes No Do you or your spouse owe any money to the State of Michigan?

Yes No Do you owe any county and/or city property taxes on your real property?

Yes No Do you understand that most tax debts must be paid?

On the following form, list each tax year owed. Include all outstanding property taxes also. Separate by creditor. Provide copies of current property tax statements.

Full Name & Address w/ zip code	Total Owed	Year Owed	this return filed on time?	debt owed before marriage?	debt now a lien on your property?	Who incurred this debt?	value of property with the lien?	Is there a payment term with the agency?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint		

UNEXPIRED LEASES OR CONTRACTS:

List below any leases or contracts that are still current that you are a party to. Include **spa memberships, long term apartment or other residential leases, vehicle leases, rent-to-own contracts, cellular telephone contracts and business leases, service or business contracts, settlement agreements.** Provide **complete** mailing addresses of all parties to the lease/contract. Indicate when the lease term expires. Provide account numbers if applicable. For automobile leases, provide the make/model/year of the vehicle.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires	Do you want to keep it?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTES: _____

Part V: DEPENDENTS/EMPLOYMENT/INCOME

 No Yes **Do you have dependents (this includes children and other people you support)?**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Live at home?</u>	<u>Pay Support?</u>
_____	_____	_____	<u> </u> Yes <u> </u> No	<u> </u> Yes <u> </u> No
_____	_____	_____	<u> </u> Yes <u> </u> No	<u> </u> Yes <u> </u> No
_____	_____	_____	<u> </u> Yes <u> </u> No	<u> </u> Yes <u> </u> No
_____	_____	_____	<u> </u> Yes <u> </u> No	<u> </u> Yes <u> </u> No

 Yes No **Is Debtor employed?**

 Yes No **Is Spouse employed?**

	<u>DEBTOR</u>	<u>SPOUSE</u>
Occupation	_____	_____
Employer	_____	_____
Address	_____	_____
How long?	_____	_____

What is the gross amount of your paycheck, before taxes and other deductions are taken out?

How much are you paid per hour or what is your salary?

How many hours per week do you work on average?

How often do you get paid? (every week, every other week, or twice a month)

Complete the questions below with your estimate of monthly averages:

Do you receive overtime pay outside of your salary? If so, how much per month?

How much is taken out of each paycheck for taxes and social security?

Is any money taken out of your check other than taxes?

Insurance	_____	_____
Union Dues	_____	_____

Retirement/ 401k _____

Retirement Loan/ 401k Loan _____

Savings _____

Child Support _____

Other (specify) _____

__ Yes __ No	Do you have income from other sources?	Debtor	Spouse
	Monthly income from self-employment**	\$ _____	\$ _____
	Income from property (roommates, renters, etc.)	\$ _____	\$ _____
	Interest and dividends	\$ _____	\$ _____
	Child support or alimony you actually receive	\$ _____	\$ _____
	Social Security or other governmental assistance	\$ _____	\$ _____
	Pension or retirement income	\$ _____	\$ _____
	Other source of monthly income: _____	\$ _____	\$ _____

Are you or your spouse expecting any increase or decrease in salary next year? If so, please explain below:

PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- Copies of all paystubs or other evidence of payment received by the debtor(s) from any employer within the last 6 (six) months.
- W-2's and 1099's for the previous tax year
- Federal and State tax returns for the previous two years
- Social Security statements, if applicable
- Unemployment compensation statements, if applicable
- Statement regarding all other income sources (i.e. annuity, child support, disability, pension, retirement, dividends, self-employment)
- Other: _____

**** IF YOU ARE SELF-EMPLOYED OR OWN YOUR OWN BUSINESS,
PLEASE ATTACH A DETAILED LIST (SEE PAGE 30) OF YOUR MONTHLY INCOME AND EXPENSES
OR YOUR LAST TWO PROFIT AND LOSS AND/OR INCOME STATEMENTS.**

NOTES: _____

Part V(a) - Current Monthly Income - DEBTOR

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (<i>NOT Social Security</i>).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Tax Refunds							
Other sources not already mentioned. Specify:							

Part V(b) - Current Monthly Income – CO-DEBTOR/SPOUSE

EVEN IF YOU ARE FILING AN INDIVIDUAL BANKRUPTCY, YOU MUST PROVIDE YOUR SPOUSE’S INCOME INFORMATION. Fill in your monthly income for the categories below in the column labeled “Month 1.” If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (<i>NOT Social Security</i>).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Tax Refunds							
Other sources not already mentioned. Specify:							

Part VI: CURRENT MONTHLY EXPENSES

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

If you are married and filing an individual bankruptcy, please indicate the portion of each monthly expense, if any, your non-filing spouse pays.

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

Housing

_____	Rent (including lot rent)	Are property taxes included? <input type="checkbox"/> No <input type="checkbox"/> Yes
_____	First mortgage payment	If no, how much are property taxes <u>yearly</u> : _____
_____	Second mortgage payment	Is insurance included? <input type="checkbox"/> No <input type="checkbox"/> Yes
_____	Third mortgage payment	If no, how much is insurance <u>yearly</u> : _____
_____	Homeowner's Association Fee	

Utilities

_____	Gas & Electricity
_____	Water and Sewer
_____	Telephone
_____	Cable TV
_____	Internet
_____	Cell phone
_____	Pager
_____	Other: _____(please describe)

Household Expenses

_____	Routine home maintenance
_____	_____ Lawn
_____	_____ Garbage
_____	_____ Pest control
_____	_____ Security
_____	Other: _____(please describe)

_____ Food (include toiletries and household goods)

_____ Clothing

_____ Laundry and Dry Cleaning

_____ Medical, dental and drug expenses (All out-of-pocket medical expenses, including optical, dental, prescription, co-pays, deductibles, etc. if not covered by your insurance)

Co-pays _____ Deductibles _____

Prescriptions _____ Optical _____

Dental _____ Other: _____

_____ Transportation (gas, oil, maintenance, licenses, taxes – do not include auto payments)

_____ Recreation, clubs and entertainment, newspapers, magazines

_____ Religious and other charitable contributions (Who do you pay? _____)

Insurance not deducted from paycheck

_____ Homeowner’s or renter’s insurance (**not paid in mortgage**)

_____ Life insurance not payroll deducted

_____ Health insurance not payroll deducted

_____ Auto insurance not payroll deducted

_____ Other insurance: _____

Installment Payments

_____ Auto

_____ Auto

_____ Repayment of Retirement loans (example: 401k loan), unless payroll deducted

_____ Furniture

_____ Student Loan(s)

_____ Other: _____

Child Support and Alimony:

_____ Child support and alimony (not payroll deducted) (**Provide a copy of court order**)

_____ Other expenses for dependents not living with you

Additional Expenses (707(b) Expenses)

_____ Mandatory payroll deductions not already listed

_____ Court ordered payments not already listed

- _____ Education necessary to maintain employment
- _____ Education for a physically or mentally challenged child
- _____ Childcare
- _____ Disability insurance (if not listed on previously listed above)
- _____ Health savings accounts
- _____ Care for elderly, chronically ill, or disabled family members
- _____ Protection from family violence
- _____ Education expense for your children under 18
- _____ Non-mandatory contributions to retirement accounts (including loan repayment):
- _____ _____
- _____ _____

Miscellaneous Expenses

- _____ Expenses from business or profession (**PLEASE ITEMIZE EXPENSES ON SEPARATE SHEET, AND INCLUDE THE TOTAL HERE – SEE PAGES 30-31**)
- _____ Storage Unit
- _____ Criminal/traffic fines and restitution
- _____ Haircuts
- _____ If you have children, include after school activities (sports, clubs, camps, etc.)
- _____ Dues, union, professional, social (not deducted from wages)
- _____ Cigarettes and cigars
- _____ Parking/Bus (if no vehicle)
- _____ Other (explain in detail): _____

The above list is not complete (it is only a guide), so be sure to complete this section as accurately as possible. If you have expenses from the operation of a business, you must **itemize** each expense separately. The Trustee may request documents to prove that you pay each of the expenses that you list above. Therefore, make sure you have current receipts, bills, or statements to support your monthly expenses.

NOTES:

CURRENT MONTHLY BUSINESS EXPENSES

Business Name: _____ Nature of Business: _____

Owner:

- Debtor
- Spouse
- Joint
- Other: _____

Average gross monthly income: \$ _____

Rent/Mortgage \$ _____

Repairs and upkeep \$ _____

Electricity/Gas \$ _____

Water/Sewer \$ _____

Telephone \$ _____

Garbage \$ _____

Security \$ _____

Other utilities \$ _____ (please describe)

Insurance \$ _____

Taxes \$ _____ Payroll taxes

\$ _____ Real property taxes

\$ _____ Personal property taxes

\$ _____ Other (please describe)

Installment payments on equipment \$ _____

Rental/lease payments on equipment \$ _____

Maintenance of equipment \$ _____

Advertising \$ _____

Bank service charges \$ _____

Office expenses \$ _____

Dues and publications \$ _____

Laundry/dry cleaning \$ _____

Supplies and materials \$ _____

Freight \$ _____

Travel/Entertainment \$ _____

Wages and salaries \$ _____

Commissions \$ _____

Employee benefit plans \$ _____

Pension/profit sharing plans \$ _____

Production costs \$ _____

Vehicle expenses \$ _____

Professional Services (Accountant, Lawyer) \$ _____

Licenses \$ _____

Other (describe):
 _____ \$ _____

TOTAL EXPENSES: \$ _____

PROVIDE COPIES OF THE FOLLOWING DOCUMENTS IN REGARD TO YOUR BUSINESS:

- Tax returns for the current year (if available) and the previous two years
- If you do not receive paychecks from your business, provide copies of your monthly Profit/Loss Statements for the last 6 months

NOTES: _____

PART VII: STATEMENT OF FINANCIAL AFFAIRS

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

EACH QUESTION MUST BE ANSWERED. DO NOT LEAVE ANY QUESTION BLANK. ESTIMATE IF NECESSARY. Please read each question carefully and provide all requested information. If you have no information to report for a question, check the "NONE" box.

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

NONE

Earned <u>gross</u> income year to date:	Husband \$ _____	Wife \$ _____
	Source of income _____	Source of income _____
Earned <u>gross</u> income last year:	Husband \$ _____	Wife \$ _____
	Source of income _____	Source of income _____
Earned <u>gross</u> income prior year:	Husband \$ _____	Wife \$ _____
	Source of income _____	Source of income _____

PROVIDE COPIES OF ALL YOUR W-2'S, 1099's, etc. FOR THE PREVIOUS TWO (2) YEARS.

2. List all sources of income for the last 2 years other than from working, such as unemployment, disability, welfare, child support, worker's compensation, pension, retirement, etc.

NONE

		<u>Amount</u>	<u>Source(s) of income</u>
<u>Debtor</u>	Last year	_____	_____
	Year before	_____	_____
<u>Spouse</u>	Last year	_____	_____
	Year before	_____	_____

3a. *If your debts are primarily consumer debts, list all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within the last 90 days immediately preceding the commencement of this case (including payments on house and car). (Example: three payments of \$200 each or two payments of \$300 each to one creditor). Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.*

NONE

<u>Creditor Name/Address</u>	<u>When Paid</u>	<u>How Much</u>	<u>Amount still owed</u>

____ Yes ____ No Do you/spouse understand that this transfer is voidable (might be set aside)?

3b. If your debts are NOT primarily consumer debts, list each payment or other transfer, aggregating more than \$5,000 to any creditor made within 90 days immediately preceding the commencement of this case.

NONE

<u>Creditor Name/Address</u>	<u>When Paid</u>	<u>How Much</u>	<u>Amount still owed</u>
------------------------------	------------------	-----------------	--------------------------

3c. All debtors. List all payments made within one year immediately preceding the commencement of this case to creditors who are “insiders.” (“Insiders” include relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

Name/Address: _____

Date: _____ Amt Paid: _____ Amt. Still Owing: _____ Relationship: _____

Name/Address: _____

Date: _____ Amt Paid: _____ Amt. Still Owing: _____ Relationship: _____

____ Yes ____ No Do you/spouse understand that this transfer is voidable (might be set aside)?

4a. List all lawsuits you have been in during the last 12 months (including divorces, garnishments, judgments, etc.).

NONE

<u>Opposing Parties' Name</u>	<u>Case Number</u>	<u>Description</u>	<u>Court Location</u>	<u>Outcome</u>
-------------------------------	--------------------	--------------------	-----------------------	----------------

4b. List all garnishments or other personal property that was taken in the last 12 months.

NONE

Name and Address of Person/Company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property

5. List all property repossessed, foreclosed (including a house) or that you gave back to a creditor in the last year.

NONE

Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property

6a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (List all payments you made to creditors with anything other than money in the last 4 months.)

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement

6b. List all property that has been in the control of a court-appointed trustee or liquidating agent in the last year.

NONE

Name and Address of Custodian	Name and location of Court, Case Title and Number	Date of Order	Description and Value of Property

7. List all gifts to family members over \$200 or gifts to charities (such as tithing) over \$100 in the last year.

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift

8. List all losses of money or property from FIRE, THEFT, GAMBLING or other casualty in the last 12 months.

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss

9. List all payments for debt counseling (such as Consumer Credit) or to a bankruptcy attorney in the last 12 months.

NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	How much paid

10a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within TWO YEARS immediately preceding the commencement of this case. This includes any transfers of personal or real property (deed transfers) to your spouse.

NONE

Name and Address of Transferee and Relationship to you	Description of Property Date of Transfer	Transferred and Value Received

10b. List all property you transferred within TEN YEARS immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

NONE

Name and Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest

11. List each bank account (or other financial account) closed by you or the bank in the last 12 months.

NONE

Name/Address of Bank	Type of Account	Acct. No.	Date Closed	Final Balance

12. List each safety deposit box you have had in the last 2 years.

NONE

Name/Address of Bank Who had access to the box Description of contents Date of transfer, if any

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

NONE

Name/Address of Bank or Credit Union Date How much

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

NONE

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

15. List all of the prior addresses you have had in the last 3 years (not including your current address).

NONE

Address Your Name at the Time Dates of Occupancy

From: To:

From: To:

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

NONE

Name Address

17. Yes No Have you ever received notice from a government unit that you may be liable under or in violation of any environmental law, or have you provided notice to a government unit of the release of hazardous material? If yes, please provide a copy of the notice and list the address of the property and name and address of the governmental unit.

NONE

COMPLETE QUESTIONS 18-25 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 SHARES OF A CORPORATION; A PARTNER, OTHER THAN A LIMITED PARTNER, OF A PARTNERSHIP; A SOLE PROPRIETORSHIP, OR OTHERWISE SELF-EMPLOYED.

18a. List the names and addresses of all businesses in which you were an officer, director, partner or managing executive within the last 6 years, or in which you owned at least 5% of the stock.

NONE

Business Name	Tax ID No.	Address	Nature of Business	Dates of Operation	
				Beginning	End

18b. Identify by address and value any real estate owned or controlled by any business listed in question 18a.

NONE

The following questions, #19-25, 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.

19a. List all bookkeepers and accountants who did the books for your company in the last 2 years.

NONE

Name & Address	Dates Services Rendered
----------------	-------------------------

19b. List all firms or individuals who audited your books or prepared a financial statement within the last 2 years.

NONE

Name & Address	Date Services Rendered
----------------	------------------------

19c. Who has your books and records right now? If they are not available, please explain.

NONE

Name & Address

19d. List every person and business to whom you have issued financial statements in the last 2 years.

NONE

Name & Address	Date Issued

20a. When were your last 2 inventories taken and who took them?

NONE

Name & Address	Date	Dollar Amount of Inventory

20b. List the name and address of the person possessing the records of each of the two inventories reported in 20 a.

NONE

Name & Address

21a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name & Address	Nature and Percentage of Interest

21b. 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

Name & Address	Title	Nature & Percentage of Stock Ownership

22a. 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

Name & Address	Date of Withdrawal

22b. 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 & Address	Title	Date of Termination
----------------	-------	---------------------

23. 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. 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 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. 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
----------------------	--------------------------------

DISCLAIMER: PLEASE READ VERY CAREFULLY

The above Questionnaire is designed to assist you in preparing a complete description and list of all of your assets. Please be aware that there are severe civil and criminal penalties for intentional concealment of any assets in a bankruptcy case. If, after your bankruptcy documents have been filed with the Court, you recall any additional property, or any omitted information of any sort, or if this information changes in any way, please call our office immediately. There is a fee of \$26.00 required to amend your Schedules after filing, but there is no fee to amend before filing. Normally, there is no penalty of accidental or unintentional omissions or errors which you promptly remedy, but the credibility of your documents is certainly questionable.

Revised on April 20, 2007

DEBT WORKSHEET

Fill out one of these worksheets for **each** debt. Copy worksheet if needed.

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

You must list all creditors including taxes (see page 22 for tax debts), credit unions, relatives and friends. Remember that debts include all of these:

Mortgages	Medical bills	Student loans
Auto Loans	Payday loans	Unpaid utility bills
Credit Cards	Mail order bills	Child support
Store charges	Judgments	Unpaid rent
Personal loans	Unpaid medical bills	Unpaid services fees
Gas cards/phone cards	Condominium assessments	Traffic tickets or parking tickets
Schools	Criminal restitution debts	Debts you cosigned
Loans from relatives	Bills owed to former landlords	Welfare debts

Money owed to creditors who have repossessed property

Bills for goods or services provided to your dependents

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

Creditor name		<input type="checkbox"/> Personal debt	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife
		<input type="checkbox"/> Business debt	<input type="checkbox"/> Joint	
Creditor address (city, state & zip)				
Total owed				
Monthly payment				
Account number				
What is the debt for?				
Is there collateral for the loan? (for example, auto loan, mortgage)	<input type="checkbox"/> yes (if yes, describe collateral and what it is worth) <input type="checkbox"/> no			
Is this debt a credit card?	<input type="checkbox"/> yes (if yes, answer questions below) <input type="checkbox"/> no			
Date card issued				
Other users				
Amount of last purchase				
Cash advances in the last 120 days				
Is there a co-debtor? Did someone else sign on this debt with you?	<input type="checkbox"/> yes (if yes, provide name/address of co-debtor) <input type="checkbox"/> no			
Do you dispute the validity or the amount of the debt?	<input type="checkbox"/> yes (if yes, explain why) <input type="checkbox"/> no			

DEBT WORKSHEET

Fill out one of these worksheets for **each** debt. Copy worksheet if needed.

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

You must list all creditors including taxes (see page 22 for tax debts), credit unions, relatives and friends. Remember that debts include all of these:

Mortgages	Medical bills	Student loans
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