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PROSPECTIVE CLIENT INTAKE FORM

Please fill out this form and bring it with you when to your scheduled appointment. We also recommend that you bring as many of the items on the list on the next page as possible. You may also fax this form to (713) 758-0330 instead of bringing it or if you have a telephone appointment. Please note that receipt of this form does not mean that I agree to represent you. I do not represent you until you have signed, delivered, and I have accepted a copy of my written fee agreement.

Don't be intimidated if you do not understand a question or by the length of this questionnaire. If you have a question call us at (281) 999-9025 or email me at wathenecf@juno.com and I will be happy to answer questions.

Please check if applicable:

- I received a foreclosure notice/repossession notice or I might soon.
- I am behind on my house payments.
- I am behind on my car payments.
- I am behind on my child support, spousal, or other support payments.

If you checked any of these boxes call us immediately! We must file bankruptcy before a foreclosure sale to save your house. It is also best to file before repossession of your car or other non-real estate property, but it is often possible to get the car back even after repossession.

SSN: _____ Date of Birth: _____ Email: _____

Full Legal Name: _____

SSN: _____ Date of Birth: _____ Email: _____

Full Legal Name: _____

Number & Street: _____

City: _____ County: _____ State: _____ ZIP: _____

Phone(s): Eve/Wknd: _____ Day: _____ Cell: _____

Phone(s): Eve/Wknd: _____ Day: _____ Cell: _____

I have filed bankruptcy before. Year: _____ Chapter (7/11/12/13): _____ Where? _____

Disposition (Discharged/Dismissed/Still Pending): _____ Attorney: _____

BRING THESE THINGS TO YOUR APPOINTMENT

While all of these are not required just to meet with me, the more of these you have the better advice I can give you:

1. All paystubs for you and your spouse for income received this calendar year, as well as the last seven months if some of those months are part of last year.
2. Exact dates and amounts of any other income received the last 7 months.
3. Any divorce decrees the last four years.
4. Bank statements the last 6 months.
5. Driver's license/photo ID and social security card (if you need to file today).
6. Last two years of tax returns (including other states and localities).

A. GENERAL INFORMATION.

Please check if:

_____ Disabled veteran whose indebtedness was primarily incurred while serving in a combat zone.

_____ If more than 50% of the sum of your debts can be traced to business purposes, even if the debts are not classified as business cards or debts by the lenders.

_____ Married.

_____ Civil union or other status that is similar to marriage. Where:_____.

List members of your household (people you live with and share expenses with):

Name: Age: Relationship:

Type of Debt you have – list rough estimates of total amounts. The purpose is to help us determine whether your debts are consumer debts (primarily for personal, family, or household use), business debts, or other types of debt:

	<u>Approximate \$ Total:</u>
<u>Consumer Debts:</u> Credit cards, home mortgage (except rental property), car loans (personal use primarily), installment loans, on furniture, appliances, or other household or family use.	\$ _____
<u>Student Loans:</u>	\$ _____
<u>Medical Bills/Debt:</u>	\$ _____

Business Debt: \$ _____

Include car & computer loans if used primarily for business, and even credit cards if most of the items charged were used primarily for business purposes.

___ I believe that more than 50% of the dollar amounts of my debts are business debts.

Other Debt (Specify): \$ _____

Other Information:

I have lived in the Houston area since _____ (mo/year).

I have lived in Texas since _____ (mo/year).

I have owned my house since _____ (mo/year).

___ I have filed a federal income tax return for 2008.

___ I have filed a federal income tax return for 2007.

___ I have filed an _____ state income tax return for ___ 2008, ___2007, in another U.S. State or territory.

B. ACTUAL INCOME DURING THE LAST SIX MONTHS BEFORE THE CURRENT MONTH

We need the actual amounts of your income from all sources for these months.

Please check if:

___ My income will go down during the next six months.

List the income in the month you received it not i.e. the date of your paycheck. List each paycheck separately.

List all income from all sources for both you and your spouse. If your spouse does not file bankruptcy with you, her or his income might not be considered except to the extent they contribute to your expenses.

List as income any money paid, on a regular basis, by a someone other than your spouse toward your expenses. It will probably not count against you if it was a one time payment.

Be sure to specify in detail the source of all income as benefits under the Social Security Act, perhaps even unemployment do not count against you but they still have to be listed.

PLEASE USE GROSS AMOUNTS BEFORE ANY DEDUCTIONS, AND USE DATES RECEIVED RATHER THAN DATES EARNED.

	Last Month:	2 Months ago:	3 Months ago:	4 Months ago:	5 Months ago:	6 Months ago:
Name of Month:	_____	_____	_____	_____	_____	_____

Source (List all including spouse's):

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Public assistance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Inheritances	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gambling winnings	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance money	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rents received	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Mineral interest royalties	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Regul. contributions by other people	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

If Self-Employed:

	Last Month:	2 Months ago:	3 Months ago:	4 Months ago:	5 Months ago:	6 Months ago:
Name of Month:	_____	_____	_____	_____	_____	_____
Gross Revenues	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Deduct:						
Payroll/Contractors	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Office rent	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Office utilities	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Office supplies	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Business insurance	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Cost of goods sold	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Office telecom.	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Advertising	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Licensing fees	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Membership fees	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Other_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Other_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Other_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Other_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Equals Net Income:						
	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____

EMPLOYMENT

Please bring current pay stubs and tax returns with you when you come in.

Occupation: _____

Employer & Address: _____

_____ How Long: ___ years.

2nd Occupation: _____

2nd Employer & Address:

_____ How Long: ___ years.

INCOME

I get paid: ___ Weekly ___ Every two weeks ___ Twice a month ___ Monthly
I am off/on vacation ___ weeks per year paid, and ___ weeks per year unpaid.

ANTICIPATED CHANGES IN INCOME

Describe any increase or decrease of more than 10% in income anticipated to occur within a year: Yes ___ No ___

Please describe expected changes in income:

C. PERSONAL EXPENSES

DO NOT RE-LIST EXPENSES YOU HAVE LISTED EARLIER AS BUSINESS EXPENSES

Rent (ONLY IF YOU DO NOT OWN IT) \$ _____

NOTE: If you rent remember to list your lease/rental contract under leases.

List your current monthly expenses for secured debts (with liens):

Mortgage _____ Mo. Payment \$ _____ No. of Payments Left _____

Mortgage _____ Mo. Payment \$ _____ No. of Payments Left _____

Vehicle _____ Mo. Payment \$ _____ No. of Payments Left _____

Vehicle _____ Mo. Payment \$ _____ No. of Payments Left _____

Vehicle _____ Mo. Payment \$ _____ No. of Payments Left _____

Vehicle _____ Mo. Payment \$ _____ No. of Payments Left _____

Conn's _____ Mo. Payment \$ _____ No. of Payments Left _____

Star Furniture _____ Mo. Payment \$ _____ No. of Payments Left _____

Other _____ Mo. Payment \$ _____ No. of Payments Left _____

If not included in the above payments:

Property Taxes (take annual amount and divide by 12) \$ _____

HOA Homeowner's Association Dues (annual divide by 12) \$ _____

Auto insurance per month \$ _____

Buss Pass \$ _____

Health insurance \$ _____

Health savings account expenses \$ _____

Health care not covered by insurance, including copays at doctor or pharmacy, non-prescription meds, supplies, special transportation to doctor et cetera. List anything you have to pay.

\$ _____

List expenses to care for chronically ill, elderly, or disabled family members

Disability insurance \$ _____

Life insurance \$ _____

Telecommunications:

-Basic home phone and cellphone service \$ _____

-Add ons such as caller ID, call waiting, 3-way calling, call forwarding, voice mail, internet service, cable television, satellite service, necessary for you health or well being such as communicating with each other.

\$ _____

Expenses incurred for protection from domestic violence \$ _____

Care and support for disabled, elderly, or chronically ill, household or family members. \$ _____

School expenses for children, be specific: \$ _____

Monthly domestic support (child & spousal) payments \$ _____

Monthly income tax payments (if quarterly list monthly) \$ _____

Do you have unusually high food and/or clothing expenses? If so, please specify why in detail:

Charitable and religious contributions including tithing. (They're protected up to 15% of your income and they help you pass the means test).

<u>Receiving Entities:</u>	<u>Date:</u>	<u>Amount:</u>	<u>Date:</u>	<u>Amount:</u>	<u>Date:</u>	<u>Amount:</u>
_____	__/__/__	\$ _____	__/__/__	\$ _____	__/__/__	\$ _____
	__/__/__	\$ _____	__/__/__	\$ _____	__/__/__	\$ _____
	__/__/__	\$ _____	__/__/__	\$ _____	__/__/__	\$ _____
	__/__/__	\$ _____	__/__/__	\$ _____	__/__/__	\$ _____
	__/__/__	\$ _____	__/__/__	\$ _____	__/__/__	\$ _____
	__/__/__	\$ _____	__/__/__	\$ _____	__/__/__	\$ _____

Other Personal Expenses:

Utilities Electricity and heating fuel	\$ _____
Water and sewer	\$ _____
Trash	\$ _____
Other _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry and dry cleaning	\$ _____
Transportation (not including car payments)	\$ _____
Recreation, clubs and entertainment, movies	\$ _____
Newspapers, Books, Magazines	\$ _____
Personal Care Items	\$ _____
Other __ Child Care Expenses _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____
Payments for support of dependents not living with you	\$ _____
Regular expenses from operation of business or farm	\$ _____
Other _____	\$ _____

ANTICIPATED CHANGES IN EXPENSES

Describe any increase or decrease of more than 10% in any of these categories anticipated to occur within a year: **Yes** __ **No** __

Please describe expected changes in expenses:

**LAND, BUILDINGS, HOUSES, CONDOS, TIMESHARES,
ROYALTY INTERESTS IN MINERAL RIGHTS, AND OTHER REAL
PROPERTY (If you have a deed then it's real property).**

Description (land/home): _____

Date acquired: _____ How acquired: Purchase Gift Inheritance

Property Address - Number & Street: _____

City: _____ County: _____ State: _____ ZIP: _____

Appraised Value: \$ _____ Source or Basis: _____

First Mortgage Holder: _____ Amount Owed: \$ _____

Second Mortgage Holder: _____ Amount Owed: \$ _____

Is this property your residence/homestead? Yes No Are there liens on it? Yes No

Description (land/home): _____

Date acquired: _____ How acquired: Purchase Gift Inheritance

Property Address - Number & Street: _____

City: _____ County: _____ State: _____ ZIP: _____

Appraised Value: \$ _____ Source or Basis: _____

First Mortgage Holder: _____ Amount Owed: \$ _____

Second Mortgage Holder: _____ Amount Owed: \$ _____

Is this property your residence/homestead? Yes No Are there liens on it? Yes No

Description (land/home): _____

Date acquired: _____ How acquired: Purchase Gift Inheritance

Property Address - Number & Street: _____

City: _____ County: _____ State: _____ ZIP: _____

Appraised Value: \$ _____ Source or Basis: _____

First Mortgage Holder: _____ Amount Owed: \$ _____

Second Mortgage Holder: _____ Amount Owed: \$ _____

Is this property your residence/homestead? Yes No Are there liens on it? Yes No

ATTACH ADDITIONAL SHEETS IF NECESSARY

PERSONAL PROPERTY AND OTHER ASSETS

List all your non-real estate property including not only tangible things, but also intangible stuff such as financial assets and if you are a songwriter you might own copyrights or if you have a business you may have a registered trademark. Web domain names are also assets, even if they are not worth much.

List all your assets even if you do not think they are important. We can almost always figure out a way for you to keep most assets as long as you list them. **If you fail to list any asset you will probably lose it as unlisted cannot be exempted in a bankruptcy proceeding.**

NOTE: If any of your possessions embarrass you then "miscellaneous" is a good word.

Please list the garage sale value of the goods, not what you may have paid for them back when you bought them. Think of what you could sell them for if you had to sell them today rather than what you might get if you had a few months.

STUFF USED IN OCCUPATIONS – TOOLS OF TRADE (INCLUDING STUDENTS):

If you use it in an occupation it should be listed here rather than in another section:

Family Member Name: _____ Relationship: _____ Age: _____

Occupation/Area of Study: _____

Family Member Name: _____ Relationship: _____ Age: _____

Occupation/Area of Study: _____

Family Member Name: _____ Relationship: _____ Age: _____

Occupation/Area of Study: _____

Vehicles, Boats, motorcycles actually used in occupation - not just for commuting:

Year: Make: Model: Milage: Describe use in occupation:

Books: \$_____ Trade Magazines/Journals \$_____ Software incl. licenses \$_____

Clothes used primarily in occupation including suits, ties, dresses: \$_____

Computers: Laptops \$_____ Desktops \$_____ Printers \$_____ Scanners \$_____ Copiers \$_____

Other accessories \$_____ Cameras \$_____ Other photographic equipment \$_____

Tools (break down to \$400 or less per line if at all possible):

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Furniture used in a trade:

Desk _____	\$ _____	_____	\$ _____
Chairs _____	\$ _____	_____	\$ _____
Filing cabinets _____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Other:

Inventory \$ _____ Spare parts \$ _____

Accounts Receivable – face value \$ _____ Actual collectible amount \$ _____

FARMERS AND FISHERMEN ONLY

If you make most of your money from farming I will let you know about the special bankruptcy benefits applicable to you.

Crops – growing or harvested. _____ \$ _____
 Give particulars.

NOTE: If you are growing something illegal you should probably not be filing for bankruptcy, rather you will need criminal defense services.

Farming equipment and _____ \$ _____
 implements.

Farm supplies, chemicals, and _____ \$ _____
 feed.

Farm Animals (Itemize) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

MONEY WE HAVE

Cash with husband (incl. in wallet, center console, under caoch cusions, beer fund) \$ _____

Cash with wife (incl. in purse, jewelry box, under mattress, hidden from husband) \$ _____

My secret stash under the garage \$ _____

Checking: _____ Bank/CU _____ \$ _____

Checking: _____ Bank/CU _____ \$ _____

Checking: _____ Bank/CU _____ \$ _____

Savings: _____ Bank/CU _____ \$ _____

Other/CD: _____ Bank/CU _____ \$ _____

Swiss Bank Account _____ Husband \$2,000,000?

Forgotten Bank Account _____ Bank, _____ \$5.00? _____
(You thought it was closed!)

NOTE: The way those banks charge you fees you probably will not have much money left!

Brokerage accounts _____ \$ _____ \$ _____ \$ _____

Educational Accounts:

Education IRA _____ \$ _____ Texas Tomorrow Fund \$ _____

Other Section 529 Prepaid Tuition Plans _____ \$ _____

RETIREMENT PLANS

Don't worry, these are usually safe but we need to know so that I can advise you:

Defined benefit plans – these are the safest and have no cash balance, instead you will get an amount based on salary and numbers of years of service, and most important you cannot cash it out. Include ones that you have a right to receive as part of a divorce or other QDRO Qualified Domestic Relations Order even if you did not originally have that right:

_____ Corp. Retirement Plan _____ Corp. Retirement Plan

_____ County Retirement Plan State of _____ Retirement Plan

Federal Employee Retirement Plan _____ Military Branch: _____

Police/Fire Pension City of _____ Other Law Enforcement: _____

Local No. _____ United _____ Workers of America Pension Plan

Other _____

Defined contribution – these have cash balances:

TRS Texas Teacher's Retirement Plan \$ _____ Enron Retirement Plan \$0

401(k)'s _____ \$ _____ \$ _____ \$ _____

403(b)'s _____ \$ _____ \$ _____ \$ _____

Other _____ \$ _____ \$ _____ \$ _____

_____ IRA _____ \$ _____ Annuity _____ \$ _____ Whole Life _____ \$ _____

_____ IRA _____ \$ _____ Annuity _____ \$ _____ Universal Life \$ _____

_____ IRA _____ \$ _____ Annuity _____ \$ _____ Var. Univ. Life \$ _____

CIA and KGB Retirement Plans \$20,000,0000 plus – you might not want to file for bankruptcy!

MONEY WE'LL GET

Tax Refunds owed to us from past years:

Tax Year: _____ Amount \$ _____ When we think we will get it: _____

Tax Year: _____ Amount \$ _____ When we think we will get it: _____

Refund we will get in April next year: Year: _____ Amount \$ _____

____ Someone has already died from whom I might inherit money, even if it was years ago and we have not yet done the legalities of transferring the property.

____ I might inherit \$ _____ if someone dies within 180 days of when I file bankruptcy.

____ I might receive \$ _____ from a divorce or family court case within 180 days of when I file bankruptcy.

____ I have an annuity or other fund that will pay/pays \$ _____ per month or year or on specific dates _____.

____ I get disability payments of \$ _____/month from _____ because of _____.

____ I get money from or have a trust fund every _____ \$ _____ until _____.

MONEY WE'RE OWED (AND MAY NEVER GET!)

<u>Person or Corporation Owing Money:</u>	<u>Amount:</u>	<u>Reason Owed – Details:</u>	<u>Date:</u>
---	----------------	-------------------------------	--------------

_____	_____	_____	_____
_____	_____	_____	_____

Deadbeat parent _____ Child Support _____

Your so called friend who will never pay _____

CLAIMS WE HAVE AGAINST OTHERS

List these regardless of how long ago the alleged incident or conduct may have taken place as different states have different statutes of limitation.

If you think someone owes you compensation or someone has injured you, you have a claim, or a lawsuit you have filed then those are also assets. List anyone you think that you could sue if you wanted to, even if you decided not to sue. **If you fail to list a claim or lawsuit in your bankruptcy, you may lose the right to sue under the judicial estoppel doctrine.**

Claimant Name: _____

Street Address: _____

City, State, ZIP: _____

Date of Alleged Claim: _____ Location City, State of Incident: _____

Check if applicable about the allegations:

____ Car accident ____ Allegation of intoxication ____ Allegation of intentional act ____ Negligence

____ Breach of fiduciary duty allegation ____ Fraud allegation ____ Professional Malpractice allegation

Discrimination/Civil Rights Other type. Please describe: _____

Related to a criminal case. What Court: _____ Status: _____

Case No. _____ Style: _____

Related to a civil case. What Court: _____ Status: _____

Case No. _____ Style: _____

Claimant Name: _____

Street Address: _____

City, State, ZIP: _____

Date of Alleged Claim: _____ Location City, State of Incident: _____

Check if applicable about the allegations:

Car accident Allegation of intoxication Allegation of intentional act Negligence

Breach of fiduciary duty allegation Fraud allegation Professional Mapractice allegation

Discrimination/Civil Rights Other type. Please describe: _____

Related to a criminal case. What Court: _____ Status: _____

Case No. _____ Style: _____

Related to a civil case. What Court: _____ Status: _____

Case No. _____ Style: _____

SECURITY DEPOSITS YOU HAVE MADE

Security deposits with Public utilities, telephone companies or landlords, and others.	Electric (Reliant Energy is usually \$150)	\$ _____
	Water (City of Houston is usually \$75)	\$ _____
	Gas (Centerpoint is often \$35)	\$ _____
	Slumlord _____	\$ _____
	Real estate tycoon _____	\$ _____
	Equipment/car you are renting _____	\$ _____
	Beach house deposit for Memorial Day _____	\$ _____
	Cayman Islands cruise deposit _____	\$ _____
	_____	\$ _____

HOUSEHOLD GOODS AND FURNISHINGS, INCLUDING AUDIO,

ITEMIZE OR BREAK DOWN FURTHER IF ANYTHING IS WORTH \$400 OR MORE.

General:

Food and beverages: \$ _____

Towels, washcloths, sheets, blankets, covers, duvets, pillow cases, curtains, cloths, \$ _____

Rugs \$ _____ Cleaning supplies, tools, and liquids \$ _____

Personal care items \$ _____ Medicine and medical devices \$ _____

Junk not otherwise listed \$ _____

Plants and Flowers with vases and equipment \$ _____

Household pets and equipment \$ _____ (Dogs, cats, horses, snakes etc... Roaches do not count and don't even think about listing your kids. There is a separate section for them even if they eat or act like animals).

Telephones and answering machines \$ _____

Radios \$ _____ Cable/Satellite Boxes/Equipment \$ _____ Remote Control Units \$ _____

Movable electronics and Baggage.

Laptop (only for personal use) \$ _____ iPods \$ _____ iPhones/Blackberrys/PDA's \$ _____

Other cell phones \$ _____ Briefcases \$ _____ Luggage \$ _____ Bags \$ _____ Wallets \$ _____

Purses \$ _____

Firearms: _____ \$ _____ _____ \$ _____ _____ \$ _____

Sporting and exercise equipment:

Baseball, football, basketball equipment \$ _____ Equipment for other sports \$ _____

Golf Clubs, balls and bags \$ _____ Golf Cart \$ _____ Other _____ \$ _____

Bicycles \$ _____ Skis, Skates, Rollerblades \$ _____ Other _____ \$ _____

Bunjee jumping equipment \$ _____ Parachute \$ _____ Other _____ \$ _____

Master Bedroom:

Bed frame \$ _____ Mattress \$ _____ Box Spring \$ _____ Other parts \$ _____

Side Tables \$ _____ Lamps \$ _____ Dresser \$ _____ Other \$ _____ TV \$ _____

_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Bedroom 2:

Bed frame \$ _____ Mattress \$ _____ Box Spring \$ _____ Other parts \$ _____

Side Tables \$ _____ Lamps \$ _____ Dresser \$ _____ Other \$ _____ TV \$ _____

_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Bedroom 3:

Bed frame \$ _____ Mattress \$ _____ Box Spring \$ _____ Other parts \$ _____

Side Tables \$ _____ Lamps \$ _____ Dresser \$ _____ Other \$ _____ TV \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Bedroom 4:

Bed frame \$ _____ Mattress \$ _____ Box Spring \$ _____ Other parts \$ _____

Side Tables \$ _____ Lamps \$ _____ Dresser \$ _____ Other \$ _____ TV \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Kitchen:

Refridgerator \$ _____ Freezer \$ _____ Range/Oven \$ _____ Cutlery \$ _____

Crockery \$ _____ Wine Cooler \$ _____ Oth. Machines \$ _____ TV \$ _____

Pots/Pans \$ _____ Kicthen chairs \$ _____ Misc. cooking equipment \$ _____

Dining Room:

Dining Table \$ _____ Chairs \$ _____ China cabinet \$ _____ Shelves \$ _____

Serving Table \$ _____ Lamps \$ _____ Other _____ \$ _____

TV \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Breakfast Room:

Dining Table \$ _____ Chairs \$ _____ China cabinet \$ _____ Shelves \$ _____

Serving Table \$ _____ Lamps \$ _____ Other _____ \$ _____

TV \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Living Room:

Couch \$ _____ Couch \$ _____ Love Seat \$ _____ Recliners \$ _____ TV \$ _____

Side Tables \$ _____ Lamps \$ _____ Other _____ \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Den:

Couch \$ _____ Couch \$ _____ Love Seat \$ _____ Recliners \$ _____

Stereo \$ _____ TV \$ _____ Kareoke \$ _____ Entertainment center \$ _____

DVD Player \$ _____ Video Game Player \$ _____ Other game consule \$ _____

Side Tables \$ _____ Lamps \$ _____ Other _____ \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Game Room

Couch \$ _____ Couch \$ _____ Love Seat \$ _____ Recliners \$ _____

Stereo \$ _____ TV \$ _____ Kareoke \$ _____ Entertainment center \$ _____

DVD Player \$ _____ Video Game Player \$ _____ Other game console \$ _____

Side Tables \$ _____ Lamps \$ _____ Other _____ \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Office/Study: - ONLY LIST ITEMS HERE NOT FOR BUSINESS USE. See previous section.

Bed frame \$ _____ Mattress \$ _____ Box Spring \$ _____ Other parts \$ _____
Side Tables \$ _____ Lamps \$ _____ Dresser \$ _____ Other \$ _____ TV \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Laundry Room:

Bed frame \$ _____ Mattress \$ _____ Box Spring \$ _____ Other parts \$ _____
Side Tables \$ _____ Lamps \$ _____ Dresser \$ _____ Other \$ _____ TV \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Other Rooms/Bomb Shelter:

Futon \$ _____ Mattress \$ _____ Box Spring \$ _____ Other parts \$ _____
_____ \$ _____ Lamps \$ _____ Dresser \$ _____ Other \$ _____ TV \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Garage/Tool Shed:

Boats _____ \$ _____ Canoes \$ _____ Boating equipment \$ _____
Small yard equipment \$ _____ Lamps \$ _____ Dresser \$ _____ TV \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

Automobiles, trucks, trailers, and other vehicles and accessories.

Year: Make & Model: Date Acquired: VIN Number: Milage: Value:

Don't forget to list:

Your car in someone else's name

Your car on cinder blocks

Your car that you sold but the title was never transferred. Let us know if this is the case.

Boats, motors, and accessories. _____ \$ _____

Aircraft and accessories. _____ \$ _____

Boeing 747-400ER _____ \$194,000,000

Other personal property of any kind not already listed. Itemize. _____ \$ _____

NOTE: Everybody has at least \$100.

Off Site Storage Space: -- IF YOU HAVE A CONTRACT ON THIS LIST IT IN LEASES SECTION.

Bed frame \$ _____ Mattress \$ _____ Box Spring \$ _____ Other parts \$ _____

Side Tables \$ _____ Lamps \$ _____ Dresser \$ _____ Other \$ _____

Junk _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

BOOKS, PICTURES, AND OTHER ART OBJECTS, ANTIQUES, STAMP, COIN, RECORD, TAPE, COMPACT DISCS, AND COLLECTIONS, OR COLLECTIBLES.

Paintings, pictures, framed art \$ _____ Collection - _____ \$ _____
and posters hanging on the walls

Other Art \$ _____ Collection - _____ \$ _____

Virgin Mary Statue \$ _____ Crucifix or _____ \$ _____

Books & Magazines** \$ _____ Any religious books* \$ _____

Tapes, CD's, DVD's et cetera \$ _____ Barbie Doll Collection \$ _____

Other Digital media \$ _____ video/computer games \$ _____

Computer software \$ _____ Other: _____ \$ _____

*Religious books receive special protection from creditors and should therefore be listed separately.

Don't tell me you don't have any books, magazines, CD's or DVD's or nothing at all hanging on your walls?

Clothes – Not used primarily for an occupation Miscellaneous \$ _____

Furs and Jewelry _____ \$ _____

College ring \$ _____

Itemize with great detail.

Wedding ring \$ _____

Watches \$ _____

OTHER WEIRD STUFF

INTELLECTUAL PROPERTY

Patents, copyrights, trademarks, service marks, dba's domain names

www.getrichquick.com \$2,000

_____ \$ _____

d/b/a _____ \$ _____

Stock and interests in incorporated or unincorporated businesses.
Itemize. _____ \$ _____

\$ _____ _____

Interests in partnerships & joint _____ \$ _____
Ventures. Itemize.

Government or corporate bonds _____ \$ _____
and other negotiable and non-
negotiable instruments. _____ \$ _____

Equitable or future interests, life _____ \$ _____
estates, and rights or powers exercis-
able for your benefit.

NOTE: Any special rights to use, purchase, or receive mostly real estate in the future. It is usually in the deed to X for life with the remainder to Y (You). Few people have these. You would probably know if you did.

Licenses, franchises, and other _____ \$ _____
general intangibles. Give particulars.

SPECIAL DEBTS/CLAIMS

Check these boxes if you owe or anyone else might claim that you owe any of these types of debts and identify the name of the creditor from the Debt Section.

Child Support, Alimony or Spousal Support, or other Domestic Support Obligations.

If a court or other government agency has ordered you to pay child/spouse/other support the provide the name of the mother or other person receiving or who should be receiving this support:

Type: Child Alimony/Spousal Other Amount currently due per month: \$ _____

Amount in arrears if any: \$ _____ Date of last payment _____

Name of Person owed to/paid to: _____

Address (Street, City, ZIP): _____

Type: Child Alimony/Spousal Other Amount currently due per month: \$ _____

Amount in arrears if any: \$ _____ Date of last payment _____

Name of Person owed to/paid to: _____

Address (Street, City, ZIP): _____

Check if you owe any of these types of debts below and provide more information on a separate sheet:

Extensions of credit in an involuntary case (Involuntary bankruptcies only!)*

Wages, salaries, and commissions (If you owe any employee any of these)

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives.

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of your bankruptcy, or the cessation of business, whichever occurred first.

Claims against you by farmers and fishermen

Deposits by individuals

Claims of individuals up to for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided.

Commitments to Maintain the Capital of an Insured Depository Institution

Taxes and Certain Other Debts Owed to Governmental Units (IRS and other states too)

Taxes, customs duties, and penalties owing to federal, state, and local governmental units.

Tax Year: _____ Amount Owed: \$ _____ Tax Authority: _____

Tax Year: _____ Amount Owed: \$ _____ Tax Authority: _____

Tax Year: _____ Amount Owed: \$ _____ Tax Authority: _____

Tax Year: _____ Amount Owed: \$ _____ Tax Authority: _____

Tax Year: _____ Amount Owed: \$ _____ Tax Authority: _____

OTHER DEBTS, LIABILITIES, AND CLAIMS AGAINST YOU

List all your debts even if you think they are too old to collect. If you forget to put a debt in your bankruptcy papers that debt will not be discharged and you are stuck paying it. If you intentionally do not list a debt in your bankruptcy papers you are committing a federal crime.

List everybody you owe money to including family, friends, and drinking/gambling buddies. Remember to list every doctor you have seen and every hospital you have visited as a potential debt. You'll be surprised how many of these providers claim that you owe money they haven't billed you for yet.

Another thing people forget is those who have a claim against you. Anybody who thinks you owe them money or want to sue you or could sue you, you just do not know it yet. It's time to get these peoples' potential claims discharged. Mark these "CLAIM", "DISPUTED CLAIM," OR "POTENTIAL CLAIM" and briefly describe the incident giving rise to it. Include everybody you have been in a car accident with including passengers involved in all vehicles. Get a copy of the accident report. These are all potential claimants. If you have ever had any employees that you have terminated or you think might claim harassment include them too.

Secured Debts: These are debts such as home mortgages, car loans, furniture loans et cetera where the creditor has a lien or security interest on the property you are financing with this debt.

Unsecured Debts: These debts the creditor has no lien or security interest in any property. These include most credit cards or personal loans although these can sometimes be secured.

Debts you Cosigned: Make sure to lists these as well, including if you signed someone else's papers to get into a hospital. Mark these "CO-SIGNER."

DEBTS THAT I KNOW ARE ON MY CREDIT REPORT:

Name of Creditor: Check if Business Debt: Amount:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEBTS NOT ON MY CREDIT REPORT:

Account Number: _____

Name of Creditor: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Business Debt Disputed Date of loan/debt: _____ Monthly Payment: \$ _____

Account Number: _____

Name of Creditor: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Business Debt Disputed Date of loan/debt: _____ Monthly Payment: \$ _____

Account Number: _____

Name of Creditor: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Business Debt Disputed Date of loan/debt: _____ Monthly Payment: \$ _____

Account Number: _____

Name of Creditor: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Business Debt Disputed Date of loan/debt: _____ Monthly Payment: \$ _____

Account Number: _____

Name of Creditor: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Business Debt Disputed Date of loan/debt: _____ Monthly Payment: \$ _____

OTHER CLAIMS OR POTENTIAL LIABILITIES AGAINST YOU

List these regardless of how long ago the alleged incident or conduct may have taken place as different states have different statutes of limitation.

Claimant Name: _____

Street Address: _____

City, State, ZIP: _____

Date of Alleged Claim: _____ Location City, State of Incident: _____

Check if applicable about the allegations:

Car accident Allegation of intoxication Allegation of intentional act Negligence

Breach of fiduciary duty allegation Fraud allegation Professional Malpractice allegation

Discrimination/Civil Rights Other type. Please describe: _____

Related to a criminal case. What Court: _____ Status: _____

Case No. _____ Style: _____

Related to a civil case. What Court: _____ Status: _____

Case No. _____ Style: _____

Claimant Name: _____

Street Address: _____

City, State, ZIP: _____

Date of Alleged Claim: _____ Location City, State of Incident: _____

Check if applicable about the allegations:

Car accident Allegation of intoxication Allegation of intentional act Negligence

Breach of fiduciary duty allegation Fraud allegation Professional Malpractice allegation

Discrimination/Civil Rights Other type. Please describe: _____

Related to a criminal case. What Court: _____ Status: _____

Case No. _____ Style: _____

Related to a civil case. What Court: _____ Status: _____

Case No. _____ Style: _____

CONTRACTS, RENTAL AGREEMENTS AND LEASES

Any leases or rental agreements you have of any kind that are still going on, including timeshares. Include everything from cell phone contracts, rent-to-own contracts, apartment or house leases, equipment rentals, car/truck leases et cetera.

Account Number: _____

Lessor/Lessee: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Description: _____

In Default: Yes ___ No ___ Real Property: Yes ___ No ___ Residential: Yes ___ No ___

Disputed: Yes ___ No ___ Date of lease: _____ Monthly Payment: \$ _____

Account Number: _____

Lessor/Lessee: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Description: _____

In Default: Yes ___ No ___ Real Property: Yes ___ No ___ Residential: Yes ___ No ___

Disputed: Yes ___ No ___ Date of lease: _____ Monthly Payment: \$ _____

Account Number: _____

Lessor/Lessee: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Description: _____

In Default: Yes ___ No ___ Real Property: Yes ___ No ___ Residential: Yes ___ No ___

Disputed: Yes ___ No ___ Date of lease: _____ Monthly Payment: \$ _____

Account Number: _____

Lessor/Lessee: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Description: _____

In Default: Yes ___ No ___ Real Property: Yes ___ No ___ Residential: Yes ___ No ___

Disputed: Yes ___ No ___ Date of lease: _____ Monthly Payment: \$ _____

Account Number: _____

Lessor/Lessee: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Description: _____

In Default: Yes ___ No ___ Real Property: Yes ___ No ___ Residential: Yes ___ No ___

Disputed: Yes ___ No ___ Date of lease: _____ Monthly Payment: \$ _____

Account Number: _____

Lessor/Lessee: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Description: _____

In Default: Yes ___ No ___ Real Property: Yes ___ No ___ Residential: Yes ___ No ___

Disputed: Yes ___ No ___ Date of lease: _____ Monthly Payment: \$ _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

CODEBTORS

List any person, corporation, or entity that has co-signed for you on a loan.

Account Number: _____

Name of Creditor: _____

Name of Co-Signer: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Disputed: Yes ___ No ___ Date of loan/debt: _____ Monthly Payment: \$ _____

Account Number: _____

Name of Creditor: _____

Name of Co-Signer: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Disputed: Yes ___ No ___ Date of loan/debt: _____ Monthly Payment: \$ _____

Account Number: _____

Name of Creditor: _____

Name of Co-Signer: _____

Number & Street / P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Amount Owed: \$ _____

Disputed: Yes ___ No ___ Date of loan/debt: _____ Monthly Payment: \$ _____

FINANCIAL AFFAIRS QUESTIONS

If you are married please answer these questions for your spouse too and list "SPOUSE" next to any information that pertains to your spouse even if they do not file. If you are both completing this form please designate each entry with "H" for husband and "W" for wife.

1. Income from employment or operation of business (EVERYBODY MISSES THIS QUESTION)

None

Gross income from all sources for these years:

GROSS AMOUNT	SOURCE (if more than one)
\$	(This year, year to date) _____
\$	(Last year total) _____
\$	(Year before last year total) _____

2. Income other than from employment or operation of business (EVERYBODY SEEMS TO MISS THIS ONE TOO!)

None

Same as the last question except it deals with other non-employment and non-business income such as alimony, child support, student aid, public assistance, pensions, social security et cetera.

GROSS AMOUNT	SOURCE (if more than one)
\$	(This year, year to date) _____
\$	(Last year total) _____
\$	(Year before last year total) _____

3. Payments to creditors (YES, THIS ONE TOO EVERYBODY MISSES!)

__ None

a. **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 **90 days** immediately before the date you will file bankruptcy.

NOTE: Add up all payments to each creditor for this 90 day period and if the total is more than \$600 you have to list each payment by date and amount.

CREDITOR	AMOUNT(S) & DATE(S)	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

__ None

b. **BUSINESS OR NON-CONSUMER DEBTS** - List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$5,475 to any creditor, made within **90 days** immediately before the date you will file bankruptcy. **NOTE: Add up all payments to each creditor for this 90 day period and if the total is more than \$5,475 you have to list each payment by date and amount.**

CREDITOR	AMOUNT(S) & DATE(S)	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

__ None

c. Same question except now it is **one year** and the payments have to be **“to or for the benefit of creditors who are or were insiders”** which usually means to or on behalf of people who are or were your family members or business partners or associates. Ask us if you think this might apply.

CREDITOR	AMOUNT(S) & DATE(S)	BALANCE
_____	_____	_____

4. Suits and administrative proceedings, executions, garnishments and attachments

__ None

a. List all suits and administrative proceedings you are or were a party within **one year** before you will file bankruptcy. **NOTE:** include tickets, license suspension hearings, property tax protest hearings, handgun license denial hearings et cetera.

TITLE OF SUIT AND CASE NUMBER	TYPE OF CASE	COURT OR AGENCY AND LOCATION	STATUS/ DISPOSED?

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** before when you will file bankruptcy.

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE PROPERTY

5. Repossessions, foreclosures and returns

__ None

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** before when you will file bankruptcy.

DATE OF REPOSSESSION,

NAME AND ADDRESS
OF CREDITOR OR SELLER
OF CREDITOR OR SELLER

DESCRIPTION
FORECLOSURE SALE,
AND VALUE OF
TRANSFER OR RETURN
OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** before when you will file bankruptcy.

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case.

7. Gifts

None

List all gifts or charitable contributions made within **one year** before when you will file for bankruptcy, except ordinary and usual gifts to family members totalling less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. **You have the right to tithe to your house of worship and most gifts to religious organizations are not a problem as long as the size is reasonable, but you must disclose that here.**

NAME AND ADDRESS
OF PERSON
OR ORGANIZATION

RELATIONSHIP
TO DEBTOR,
IF ANY

DATE
OF GIFT OF GIFT

DESCRIPTION
AND VALUE

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** before you want to file bankruptcy. **If you suffer any new ones after you file for bankruptcy let us know. Include car accidents.**

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by you or on your behalf of to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** before you will file for bankruptcy.

NAME AND ADDRESS VALUE OF PAYEE	DATE OF PAYMENT NAME OF PAYOR IF OTHER THAN YOU	AMOUNT OF MONEY OR DESCRIPTION AND OF PROPERTY
---------------------------------	---	--

10. Other transfers

None

List all other property, other than property transferred in the ordinary course of the business or financial affairs, transferred either absolutely or as security within **one year** before you will file bankruptcy.

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--	------	--

11. Closed bank accounts and other financial accounts

None

List any accounts closed within **one year** before you will file bankruptcy. Include all types everything from savings, checking to brokerage.

NAME AND ADDRESS OF INSTITUTION	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	------------------------------------

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within **one year** before you will file bankruptcy.

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit within **90 days** before you will file bankruptcy.

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

14. Property held for another person

None

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

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

15. Prior addresses

None

If you have moved within the **two years** before you will file bankruptcy, list all places at which you have lived during that period and vacated prior to the commencement of this case.

ADDRESS	NAME USED	DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If you reside or resided in a community property state, commonwealth, or territory, including **Texas**, as well as **Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Washington, or Wisconsin**, within the **eight year period** before you will file bankruptcy, list the name of the your spouse and of any former spouse who resides or resided with you in these states or territories.

NAME(S)

17. Environmental Information.

None

a. Have you received any notices by the government that you are liable for an environmental site?

None

b. Or received notice of a release of hazardous materials by a government agency?

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law.

18 . Nature, location and name of business (IF YOU ARE A CONTRACT EMPLOYEE WHO GETS A 1099 INSTEAD OF A W-2 AT THE END OF THE YEAR, OR YOUR EMPLOYER DOES NOT TAKE OUT TAXES, OR SELF-EMPLOYED YOU SHOULD LIST THAT HERE)

None

a. **Individuals** list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which you were an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or were a self-employed professional within the **six years** before you will file for bankruptcy, or in which the you owned 5 percent or more of the voting or equity securities within the **six years** before you will file for bankruptcy.

If you are filing for your partnership or corporation call us.

NAME	TAXPAYER I.D. NUMBER	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

None

b. Are any of these businesses an apartment building?

IF YOU ANSWERED NO OR LEFT THE LAST QUESTION BLANK THEN SKIP THE REST OF THE QUESTIONS.

19. Books, records and financial statements – BUSINESSES ONLY.

None

a. List all bookkeepers and accountants who within the **two years** before when you will file bankruptcy

NAME AND ADDRESS	DATES SERVICES RENDERED
_____	_____

None

b. List all firms or individuals who within the **two years** before when you will file bankruptcy have audited the books of account and records, or prepared a financial statement.

NAME	ADDRESS	DATES SERVICES RENDERED
_____	_____	_____

None

c. List all firms or individuals who at the time when you will file bankruptcy will have books of account and records. If any of the books of account and records are not available, explain.

NAME ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** before when you will file bankruptcy.

NAME AND ADDRESS DATE ISSUED

20. Inventories – BUSINESSES ONLY.

None

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

DATE OF INVENTORY INVENTORY SUPERVISOR DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY NAME AND ADDRESSES OF CUSTODIAN
OF INVENTORY RECORDS

21 . Current Partners, Officers, Directors and Shareholders – BUSINESSES ONLY.

None

a. If you are a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None

b. If you are a corporation, list all officers and directors of the corporation, and

each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	--

22 . Former partners, officers, directors and shareholders – BUSINESSES ONLY.

None

a. If you are a partnership, list each member who withdrew from the partnership within **one year** before when you will file bankruptcy.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None

b. If you are a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** before when you will file bankruptcy.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

23 . Withdrawals from a partnership or distributions by a corporation – BUSINESSES ONLY.

None

If you are 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** before when you will file bankruptcy

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	--------------------------------	--

24. Tax Consolidation Group. – BUSINESSES ONLY.

None

If you are a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which you have been a member at any time within the **six-year period** before when you will file bankruptcy

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER
----------------------------	--------------------------------

25. Pension Funds. – BUSINESSES ONLY.

 None

If the you are not an individual i.e. corporation, partnership or other organization, list the name and federal taxpayer identification number of any pension fund to which you, as an employer, have been responsible for contributing at any time within the **six-year period** before when you will file bankruptcy

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER

THE END