

PAYMENT IS DUE IN FULL BY THE THIRD APPOINTMENT

The Law Office of
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Chapter: 7 13
Atty fee:
Filing fee: \$338.00 - 7
\$313.00 - 13
Credit Counsel Fee: \$20.00

- asked for 6 months of pay advices (_ - - / - - -)
- received
- asked for the last four years of tax returns
- received

CLIENT INFORMATION WORKSHEETS

Date reviewed: _____

DEBTOR

CO - DEBTOR

FULL (inc. middle) NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

COUNTY: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

SOC. SEC. NO.: _____

OTHER TAX IDS: _____

What other **personal** or **business names** have you used, or been known by, in the last **eight** (8) years? (Please include maiden name)

PRIOR BANKRUPTCIES: If you have ever filed for bankruptcy in the past, please list the case number, date filed, and the location where you filed on the line below:

PENDING BANKRUPTCIES: If you have a spouse, business partner or affiliate that currently has a pending bankruptcy, please list their name, case number, date filed, relationship to you, district it was filed in and the name of the Judge on the line below:

HOW LONG have you continuously lived in Florida, up to today? _____ Years _____ Months

DO YOU rent your residence? Yes / No If yes, has your landlord obtained an eviction judgment against you? Yes / No

IF YOU own a home in Florida, how long have you owned that property? _____ Years _____ Months

IF YOU own a home in Florida, how long have you lived in that home? _____ Years _____ Months

HAVE YOU made any single payment, other than your monthly minimum payment, to your mortgage or retirement accounts in the last ten years? YES NO

HAVE YOU made any purchases for luxury items (ie: jewelry, TVs, vacations, etc.) or services totaling more than \$500.00 over the last 90 days? YES NO

HAVE YOU taken any credit card cash advances or made any credit card balance transfers totaling more than \$750.00 over the last 70 days? YES NO

HAVE YOU filed all required tax returns due up to today? If no, explain: _____
_____ YES NO

HAVE YOU used a credit card to pay any taxes in the past three years? YES NO

DO YOU have any outstanding domestic support obligations? YES NO

HAVE YOU ever served in the military? YES NO

ARE YOU a sole proprietor of any business? YES NO

DO YOU own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention (ex: do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs)? YES NO

ON THE PAGES TO FOLLOW... PLEASE READ EACH ITEM CAREFULLY. IF THE QUESTION DOES NOT APPLY TO YOU PLEASE WRITE "N/A" AS THE ANSWER SO WE KNOW YOU DID NOT ACCIDENTLY MISS THE QUESTION.

SCHEDULE A/B: PROPERTY

Real Property is land and things permanently attached to land. Included are unimproved land, vacation cabins, condominiums, time shares, duplexes, rental property, business property, mobile home park space, agricultural land, airplane hangars, and any other buildings permanently attached to land. It also includes property you are entitled to by a trust and all property in which you have any legal, equitable, or future interest. If you are in a community property state, your spouse's real estate is also owned by you. CEMETERY PLOTS ARE REAL PROPERTY. All of the above includes property **anywhere in the world**.

Your Property Provide description What is it? Where is it?	Who owns it? D = Debtor C = Co-debtor J = Jointly own M=Community	Market Value Of Property	Your Ownership Share (%)	Amount Owed Value Of Liens (How much do you owe on it?)
1. Real Property: (Description and location)		\$		\$
2.		\$		\$
3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles, trailers and other vehicles (year, make, model, mileage, color): a) _____ b) _____ c) _____		\$ \$ \$		\$ \$ \$
4. Boats, trailers, motors, personal watercraft, aircraft, motor homes, ATVs and other recreational vehicles, and accessories:		\$		\$
6. Household goods and furnishings (major appliances, furniture, linens, china, kitchenware): <i>*see next sheet for help</i>		\$		\$

*** HOUSEHOLD GOODS AND FURNISHINGS**

Please provide a complete list of household goods, furnishings and electronics. Indicate how much of each item you own and a value for each item. The value should be approximately what a retail merchant would charge for that kind of property considering the age and condition of the property. SEE EXAMPLE BELOW. In preparing this inventory it is suggested that you go through every room in your house and list all household items in each room.

(EXAMPLE ONLY)

<u>Quantity</u>		<u>Estimated Current Value</u>	
<u>1</u>	Couch	<u>\$ 50.00</u>	
<u>2</u>	Chairs	<u>\$ 40.00</u>	(2 chairs x \$20 each = \$40)
<u>1</u>	Table	<u>\$ 20.00</u>	
<u>3</u>	Lamps	<u>\$ 15.00</u>	(3 lamps x \$5 each = \$15)
<u>1</u>	Stereo	<u>\$ 35.00</u>	
<u>1</u>	TV	<u>\$ 50.00</u>	

(#6) HOUSEHOLD GOODS AND FURNISHINGS:

<u>Quantity</u>		<u>Estimated Current Value</u>
<u>LIVING ROOM</u>		
_____	Couch	\$ _____
_____	Chairs	\$ _____
_____	Tables	\$ _____
_____	Lamps	\$ _____
_____	Other (specify)	\$ _____

<u>DINING ROOM</u>		
_____	Table	\$ _____
_____	Chairs	\$ _____
_____	Hutch	\$ _____
_____	China	\$ _____
_____	Other (specify)	\$ _____

<u>FAMILY ROOM</u>		
_____	Couch	\$ _____
_____	Chairs	\$ _____
_____	Other (specify)	\$ _____

<u>Quantity</u>		<u>Estimated Current Value</u>
<u>KITCHEN</u>		
_____	Refrigerator	\$ _____
_____	Stove	\$ _____
_____	Microwave	\$ _____
_____	Table	\$ _____
_____	Chairs	\$ _____
_____	Pots and pans	\$ _____
_____	Plates, bowls, etc	\$ _____
_____	Glassware	\$ _____
_____	Utensils	\$ _____
_____	Dishwasher	\$ _____

<u>BEDROOMS</u>		
_____	Beds	\$ _____
_____	Dressers	\$ _____
_____	Chest of drawers	\$ _____
_____	Night stands	\$ _____
_____	Lamps	\$ _____
_____	Other (specify)	\$ _____
_____	Washer/Dryer	\$ _____
_____	Vacuum cleaner	\$ _____
_____	Lawn mower	\$ _____

<p style="text-align: center;">Your Property Provide description What is it? Where is it?</p>	<p>Who owns it? D = Debtor C = Co-debtor J = Jointly own M=Community</p>	<p style="text-align: center;">Market Value Of Property</p>	<p style="text-align: center;">Your Ownership Share (%)</p>	<p style="text-align: center;">Amount Owed Value Of Liens (How much do you owe on it?)</p>																																							
<p>7. Electronics:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total #:</td> <td style="width: 60%;">Est. Value:</td> <td style="width: 25%;"></td> </tr> <tr> <td>_____ TVs and radios</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Audio equipment</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Video equipment</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Stereo equipment</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Digital equipment</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Computer(s)</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Printer(s)</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Scanner(s)</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Music collection</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Camera(s)</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ DVD/VCR players</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____ Games</td> <td>\$ _____</td> <td></td> </tr> </table>	Total #:	Est. Value:		_____ TVs and radios	\$ _____		_____ Audio equipment	\$ _____		_____ Video equipment	\$ _____		_____ Stereo equipment	\$ _____		_____ Digital equipment	\$ _____		_____ Computer(s)	\$ _____		_____ Printer(s)	\$ _____		_____ Scanner(s)	\$ _____		_____ Music collection	\$ _____		_____ Camera(s)	\$ _____		_____ DVD/VCR players	\$ _____		_____ Games	\$ _____			<p>Total Value</p> <p>\$ _____</p>		<p>\$ _____</p>
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<p>8. Collectibles of value (antiques and figurines, paintings, prints, or other artwork, books, pictures, stamp or coin or baseball card collections or any other collectibles): (please be specific)</p>		<p>\$ _____</p>		<p>\$ _____</p>																																							
<p>9. Equipment for sports and hobbies (sports, exercise and other hobby equipment; bicycles, golf clubs, skis, canoes and kayaks): (please be specific)</p>		<p>\$ _____</p>		<p>\$ _____</p>																																							
<p>10. Firearms:</p>		<p>\$ _____</p>		<p>\$ _____</p>																																							
<p>11. Wearing apparel:</p> <p style="padding-left: 20px;">a) Various men's clothing</p> <p style="padding-left: 20px;">b) Various women's clothing</p>		<p>\$ _____</p> <p>\$ _____</p>		<p>\$ _____</p> <p>\$ _____</p>																																							
<p>12. Jewelry (# of each):</p> <p>Bracelets:</p> <p>Chains:</p> <p>Earrings:</p> <p>Rings:</p> <p>Watches:</p> <p>Other (describe):</p>		<p>Total Value</p> <p>\$ _____</p>		<p>\$ _____</p>																																							

<p>Your Property Provide description What is it? Where is it?</p>	<p>Who owns it? D = Debtor C = Co-debtor J = Jointly own M=Community</p>	<p>Market Value Of Property</p>	<p>Your Ownership Share (%)</p>	<p>Amount Owed Value Of Liens (How much do you owe on it?)</p>
<p>13. Non-farm animals (dogs, cats, birds, horses):</p>		<p>\$</p>		<p>\$</p>
<p>14. Other personal and household items you did not already list (including any health aids):</p>		<p>\$</p>		<p>\$</p>
<p>16. Cash on hand (money in your wallet, a coffee can, under the mattress, etc.):</p>		<p>\$</p>		<p>\$</p>
<p>17. Bank Accounts: (With whom?) (please also list any virtual accts such as Venmo or Paypal, and any crypto-currency).</p> <ul style="list-style-type: none"> ◆ Certificates of Deposit: ◆ Shares in Credit Unions: ◆ Checking Acct Bank: _____ Last 4 of Acct No.: _____ ◆ Checking Acct Bank: _____ Last 4 of Acct No.: _____ ◆ Checking Acct Bank _____ Last 4 of Acct No.: _____ ◆ Savings Acct Bank: _____ Last 4 of Acct No.: _____ ◆ Savings Acct Bank: _____ Last 4 of Acct No.: _____ 		<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>		<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>
<p>18. Bonds, mutual funds, or publicly traded stocks:</p> <ul style="list-style-type: none"> ◆ Bond funds? ◆ Investment acct. w/brokerage firm? ◆ Money Market acct? 		<p>\$</p> <p>\$</p> <p>\$</p>		<p>\$</p> <p>\$</p> <p>\$</p>
<p>19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture:</p>		<p>\$</p>		<p>\$</p>

<p align="center">Your Property Provide description What is it? Where is it?</p>	<p>Who owns it? D = Debtor C = Co-debtor J = Jointly own M=Community</p>	<p align="center">Market Value Of Property</p>	<p align="center">Your Ownership Share (%)</p>	<p align="center">Amount Owed Value Of Liens (How much do you owe on it?)</p>
<p>20. Government and corporate bonds and other negotiable and non-negotiable instruments: ◆ Savings bond:</p>		\$		\$
<p>21. Retirement or pension accounts: (with whom?)</p> <ul style="list-style-type: none"> ◆ 401(k) ◆ 403(b) ◆ ERISA ◆ IRA ◆ Keogh ◆ Thrift Savings Acct ◆ Pension Plan ◆ Profit-sharing Plan ◆ Other 		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
<p>22. Security deposits and prepayments: (with whom?)</p> <ul style="list-style-type: none"> ◆ Electricity: ◆ Landlord: ◆ Phone: ◆ Water: 		\$ \$ \$ \$		\$ \$ \$ \$
<p>23. Annuities:</p>		\$		\$
<p>24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program: (please be specific)</p>		\$		\$
<p>25. Trusts, equitable or future interests in property, and rights or powers exercisable for your benefit:</p>		\$		\$
<p>26. Patents, copyrights, trademarks, trade secrets, and other intellectual property:</p>		\$		\$
<p>27. Licenses, franchises, and other general intangibles:</p>		\$		\$

<p>Your Property Provide description What is it? Where is it?</p>	<p>Who owns it? D = Debtor C = Co-debtor J = Jointly own M=Community</p>	<p>Market Value Of Property</p>	<p>Your Ownership Share (%,\$)</p>	<p>Amount Owed Value Of Liens (claim against property)</p>
28. Tax refunds owed you: (what year?)		\$		\$
29. Family support (ex: past due alimony, spousal support, child support, maintenance, divorce settlement, property settlement): From whom?		\$		\$
30. Other amounts someone owes you (ex: unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits, or unpaid loans you made to someone else):		\$		\$
31. Interests in Insurance policies: What company is policy with? Who is the beneficiary?		Cash In Value \$		\$
32. Any interest in property that is due you from someone who has died:		\$		\$
33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment: (ex: slip and fall accident, automobile accident, dog bite, wrongful termination, workman's compensation, etc.)?		\$		\$
34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims:		\$		\$
35. Any financial assets you did not already list:		\$		\$

<p>Your Property Provide description What is it? Where is it?</p>	<p>Who owns it? D = Debtor C = Co-debtor J = Jointly own M=Community</p>	<p>Market Value Of Property</p>	<p>Your Ownership Share (%,\$)</p>	<p>Amount Owed Value Of Liens (claim against property)</p>
37. Do you own or have any legal or equitable interest in any business-related property?		\$		\$
38. Accounts receivable or commissions you already earned:		\$		\$
39. Office equipment, furnishings and supplies: (ex: business-related computers, printers, fax machines, desks, chairs, etc.)		\$		\$
40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade:		\$		\$
41. Inventory:		\$		\$
42. Interests in partnerships or joint ventures:		\$		\$
43. Customer lists, mailing lists, or other compilations:		\$		\$
44. Any business-related property you did not already list?		\$		\$
46. Do you own or have any legal or equitable interest in any farm - or commercial fishing - related property?		\$		\$
53. Do you have other property of any kind you did not already list? (Ex: season tickets, country club membership)		\$		\$

SCHEDULE D: SECURED DEBTS

Secured debts are car loans, home loans, home equity loans, second mortgages, furniture loans or any other loans where property is pledged as security.

<p align="center">CREDITOR: List name, address and account number</p>	<p align="center">Wish to keep ?</p>	<p align="center">Describe Property</p>	<p align="center">Market Value</p>	<p align="center">Balance Owed</p>	<p align="center">Anyone else liable? List their name and address</p>
<p><u>Mortgage:</u> Name: Address: Full Acct #: Are your payments current? Y N If no, amount you are behind. \$ Pay inside / outside Plan?</p>	<p align="center">yes no</p>		<p align="center">\$</p>	<p align="center">\$</p>	
<p>Name: Address: Full Acct #: Are your payments current? Y N If no, amount you are behind. \$ Pay inside / outside Plan?</p>	<p align="center">yes no</p>		<p align="center">\$</p>	<p align="center">\$</p>	
<p><u>Automobile Loan:</u> Name: Address: Full Acct #: Are your payments current? Y N If no, amount you are behind. \$ Pay inside / outside Plan?</p>	<p align="center">yes no</p>		<p align="center">\$</p>	<p align="center">\$</p>	

<p align="center"><u>CREDITOR:</u> List name, address and account number</p>	<p align="center">Wish to keep ?</p>	<p align="center">Describe Property</p>	<p align="center">Market Value</p>	<p align="center">Balance Owed</p>	<p align="center">Anyone else liable? List their name and address</p>
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Are your payments current? Y N If no, amount you are behind. \$</p> <p>Pay inside / outside Plan?</p>	<p align="center">yes</p> <p align="center">no</p>		<p align="center">\$</p>	<p align="center">\$</p>	
<p><u>Other secured debts:</u> Name: Address:</p> <p>Full Acct #:</p> <p>Are your payments current? Y N If no, amount you are behind. \$</p> <p>Pay inside / outside Plan?</p>	<p align="center">yes</p> <p align="center">no</p>		<p align="center">\$</p>	<p align="center">\$</p>	
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Are your payments current? Y N If no, amount you are behind. \$</p> <p>Pay inside / outside Plan?</p>	<p align="center">yes</p> <p align="center">no</p>		<p align="center">\$</p>	<p align="center">\$</p>	

SCHEDULE E: PRIORITY DEBTS

If you owe any taxes, list the name and address of whom taxes are owed, the type of tax (Federal or State), the amount, the date it was due and the account number (if any). _____

If you owe any Domestic Support obligations, list the name and address of whom the support is owed to as well as the amount you owe. Also provide the court case number. _____

Is any past employer holding past wages, salaries or commissions? If yes, list the name and address of the employer, the amount they are holding and the date they held it. _____

SCHEDULE F - UNSECURED DEBTS

<p align="center"><u>CREDITOR:</u> List name, address and account number</p>	Describe type of debt (credit card, medical, auto deficiency, etc.)	<p align="center">Who's Liable? D = debtor C = co-debtor J = joint</p>	Balance Owed	Collection agent or other party involved in this debt
Name: Address: Full Acct #: Date debt incurred (if known):		D C J	\$	<input type="checkbox"/> Collection agent involved? Name: Address: Acct No: <input type="checkbox"/> Other person also liable? Name: Address:
Name: Address: Full Acct #: Date debt incurred (if known):		D C J	\$	<input type="checkbox"/> Collection agent involved? Name: Address: Acct No: <input type="checkbox"/> Other person also liable? Name: Address:

<p align="center">CREDITOR:</p> <p>List name, address and account number</p>	<p>Describe type of debt (credit card, medical, auto deficiency, etc.)</p>	<p>Who's Liable? D = debtor C = co-debtor J = joint</p>	<p>Balance Owed</p>	<p>Collection agent or other party involved in this debt</p>
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Date debt incurred (if known):</p>		<p align="center">D</p> <p align="center">C</p> <p align="center">J</p>	<p align="center">\$</p>	<p><input type="checkbox"/> Collection agent involved? Name: Address:</p> <p>Acct No:</p> <p><input type="checkbox"/> Other person also liable? Name: Address:</p>
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Date debt incurred (if known):</p>		<p align="center">D</p> <p align="center">C</p> <p align="center">J</p>	<p align="center">\$</p>	<p><input type="checkbox"/> Collection agent involved? Name: Address:</p> <p>Acct No:</p> <p><input type="checkbox"/> Other person also liable? Name: Address:</p>
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Date debt incurred (if known):</p>		<p align="center">D</p> <p align="center">C</p> <p align="center">J</p>	<p align="center">\$</p>	<p><input type="checkbox"/> Collection agent involved? Name: Address:</p> <p>Acct No:</p> <p><input type="checkbox"/> Other person also liable? Name: Address:</p>
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Date debt incurred (if known):</p>		<p align="center">D</p> <p align="center">C</p> <p align="center">J</p>	<p align="center">\$</p>	<p><input type="checkbox"/> Collection agent involved? Name: Address:</p> <p>Acct No:</p> <p><input type="checkbox"/> Other person also liable? Name: Address:</p>

<p align="center">CREDITOR:</p> <p>List name, address and account number</p>	<p>Describe type of debt (credit card, medical, auto deficiency, etc.)</p>	<p>Who's Liable? D = debtor C = co-debtor J = joint</p>	<p>Balance Owed</p>	<p>Collection agent or other party involved in this debt</p>
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Date debt incurred (if known):</p>		<p align="center">D</p> <p align="center">C</p> <p align="center">J</p>	<p align="center">\$</p>	<p><input type="checkbox"/> Collection agent involved? Name: Address:</p> <p>Acct No:</p> <p><input type="checkbox"/> Other person also liable? Name: Address:</p>
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Date debt incurred (if known):</p>		<p align="center">D</p> <p align="center">C</p> <p align="center">J</p>	<p align="center">\$</p>	<p><input type="checkbox"/> Collection agent involved? Name: Address:</p> <p>Acct No:</p> <p><input type="checkbox"/> Other person also liable? Name: Address:</p>
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Date debt incurred (if known):</p>		<p align="center">D</p> <p align="center">C</p> <p align="center">J</p>	<p align="center">\$</p>	<p><input type="checkbox"/> Collection agent involved? Name: Address:</p> <p>Acct No:</p> <p><input type="checkbox"/> Other person also liable? Name: Address:</p>
<p>Name: Address:</p> <p>Full Acct #:</p> <p>Date debt incurred (if known):</p>		<p align="center">D</p> <p align="center">C</p> <p align="center">J</p>	<p align="center">\$</p>	<p><input type="checkbox"/> Collection agent involved? Name: Address:</p> <p>Acct No:</p> <p><input type="checkbox"/> Other person also liable? Name: Address:</p>

CREDITOR: List name, address and account number	Describe type of debt (credit card, medical, auto deficiency, etc.)	Who's Liable? D = debtor C = co-debtor J = joint	Balance Owed	Collection agent or other party involved in this debt
Name: Address: Full Acct #: Date debt incurred (if known):		D C J	\$	<input type="checkbox"/> Collection agent involved? Name: Address: Acct No: <input type="checkbox"/> Other person also liable? Name: Address:
Name: Address: Full Acct #: Date debt incurred (if known):		D C J	\$	<input type="checkbox"/> Collection agent involved? Name: Address: Acct No: <input type="checkbox"/> Other person also liable? Name: Address:
Name: Address: Full Acct #: Date debt incurred (if known):		D C J	\$	<input type="checkbox"/> Collection agent involved? Name: Address: Acct No: <input type="checkbox"/> Other person also liable? Name: Address:
Name: Address: Full Acct #: Date debt incurred (if known):		D C J	\$	<input type="checkbox"/> Collection agent involved? Name: Address: Acct No: <input type="checkbox"/> Other person also liable? Name: Address:

CREDITOR: List name, address and account number	Describe type of debt (credit card, medical, auto deficiency, etc.)	Who's Liable? D = debtor C = co-debtor J = joint	Balance Owed	Collection agent or other party involved in this debt
Name: Address: Full Acct #: Date debt incurred (if known):		D C J	\$	<input type="checkbox"/> Collection agent involved? Name: Address: Acct No: <input type="checkbox"/> Other person also liable? Name: Address:
Name: Address: Full Acct #: Date debt incurred (if known):		D C J	\$	<input type="checkbox"/> Collection agent involved? Name: Address: Acct No: <input type="checkbox"/> Other person also liable? Name: Address:

SCHEDULE G: CONTRACTS AND LEASES

Are you a party to any leases or contracts? If yes, list the name and address of the person or company you have the contract or lease with and what that contract or lease is for.

Residential lease? _____

Auto lease? _____

Time share? _____

Other ? _____

SCHEDULE I: CURRENT MONTHLY INCOME

	Debtor	Co-Debtor
Current monthly gross wages, salary, commission before taxes (pro-rate if not paid monthly)	\$	\$
Payroll taxes and Social Security (FICA & Federal tax) deducted from monthly income	\$	\$
Mandatory contributions for retirement plans	\$	\$
Voluntary contributions for retirement plans	\$	\$
Required repayments of retirement fund loans	\$	\$
Insurance	\$	\$
Child support or Alimony	\$	\$
Union dues	\$	\$
Other payroll deductions (please be specific)	\$	\$
Monthly income from rental property	\$	\$
Regular monthly income from business, profession or farm (Self-employment). Attach a detail statement	\$	\$
Monthly income from interest and dividends	\$	\$
Monthly income from alimony, maintenance, spousal/child support, and/or divorce settlement payments	\$	\$
Monthly income from Unemployment compensation	\$	\$
Monthly income from Social Security or other government assistance (please specify which type, eg: food stamps, housing subsidies)	\$	\$
Monthly income from your pension or retirement	\$	\$
Other monthly income (please be specific, eg: contributions from roommate, dependents, unmarried partner, friends, relatives)	\$	\$
Do you expect an increase or decrease within the year after you file this form? If yes, explain.		
TOTAL MONTHLY INCOME	\$	\$

DEBTOR

CO - DEBTOR

MARITAL STATUS:

AGE:

OCCUPATION:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

LENGTH OF EMPLOYMENT:

HOW MANY PEOPLE (including yourself) LIVE IN YOUR HOME? _____

DEPENDENTS

DEPENDENTS

NAME:

AGE:

RELATIONSHIP:

NAME:

AGE:

RELATIONSHIP:

NAME:

AGE:

RELATIONSHIP:

NAME:

AGE:

RELATIONSHIP:

SCHEDULE J: CURRENT MONTHLY EXPENSES

	DEBTOR(S)
Monthly Rent or Home Mortgage Payment (1 st mortgage, 2 nd mortgage, please list separately)	\$
Does this include real estate taxes? Yes No (If no, state amount paid per month)	\$
Does this include property, homeowner's or renter's insurance? Yes No (If no, state amount paid per month)	\$
Average spent monthly on Home Maintenance (repairs and upkeep)	\$
Average spent monthly on Homeowner's Association or Condominium Dues	\$
Average spent monthly on Electricity, Heat, Natural Gas	\$
Average spent monthly on Water, Sewer, Garbage Collection	\$
Average spent monthly on Home Telephone	\$
Average spent monthly on Cell Phone	\$
Average spent monthly on Internet	\$
Average spent monthly on Satellite	\$
Average spent monthly on Cable Services	\$
Other. Specify:	\$
Average spent monthly on: Food: \$ Housekeeping Supplies: \$ <input type="checkbox"/> Check here if any special dietary requirements due to a medical condition	\$
Average spent monthly on Childcare and Children's Education Costs	\$
Average spent monthly on Clothing	\$
Average spent monthly on Laundry and Dry Cleaning	\$
Average spent monthly on Personal Care Products and Services (eg: hair care)	\$
Average spent monthly on Medical and Dental expenses not covered by insurance (Doctor co-pays, prescriptions, over-the-counter medications)	\$
Average spent monthly on Transportation (eg: gas, oil changes, maintenance for car, bus fare ...do not include car payments)	\$
Average spent monthly on Entertainment, Clubs, Recreation, Newspapers Magazines, Books, etc.	\$
Average spent monthly on Charitable Contributions and Religious Donations	\$
Monthly Life Insurance paid out-of-pocket (not deducted from paycheck)	\$
Monthly Health Insurance paid out-of-pocket (not deducted from paycheck)	\$

CURRENT MONTHLY EXPENSES (cont'd)

	DEBTOR(s)
Monthly Automobile Insurance	\$
Monthly amount for Other Insurance (please specify what insurance is for)	\$
Monthly Taxes not deducted from your wages or in your home mortgage payments (please specify)	\$
Monthly Installment Automobile payments (CAR 1)	\$
Monthly Installment Automobile payments (CAR 2)	\$
Monthly amount for Other Installment or Lease payments (please specify what it's for)	\$
Monthly Alimony, Maintenance or Support paid to others and not deducted from your paycheck	\$
Monthly Payments for Dependents not living at your home What is their relation to you?	\$
Monthly amount for Mortgage Payments on <u>other</u> property	\$
Monthly amount for Real Estate taxes on <u>other</u> property	\$
Monthly amount for Property, Homeowner's, or Renter's Insurance on <u>other</u> property	\$
Monthly amount for Maintenance, Repair, and Upkeep expenses on <u>other</u> property	\$
Monthly amount for Homeowner's Association or Condo Dues on <u>other</u> property	\$
Operation expenses of your business, profession or farm Please itemize separately	\$
Do you expect an increase or decrease in your expenses within the year after you file this form? If yes, explain.	
Other Expenses:	
Alarm system	\$
Lawn care	\$
Pest control	\$
Pet care	\$
Pool Maintenance	\$
Student Loan Payments	\$
Other: (specify)	\$
TOTAL EXPENSES	\$

STATEMENT OF FINANCIAL AFFAIRS

1. What is your current marital status? Married Not Married

2. If you have lived at any other address in the last three years please complete the following:

Name Used _____	Name Used _____
Address _____	Address _____
_____	_____
Date of Occupancy _____	Date of Occupancy _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, Wisconsin)? If yes, complete the following:

Name of Spouse _____
 Address _____

4. List Income from Employment or Operation of Business:

	SOURCE		AMOUNT	
	<u>Debtor</u>	<u>/</u> <u>Co-Debtor</u>	<u>Debtor</u>	<u>/</u> <u>Co-Debtor</u>
2021 (to date)	_____	/ _____	_____	/ _____
2020	_____	/ _____	_____	/ _____
2019	_____	/ _____	_____	/ _____

5. List Income from all other sources (worker's comp, unemployment, rental property, social security, sale of property, cash in of retirement plan, etc.):

	SOURCE		AMOUNT	
	<u>Debtor</u>	<u>/</u> <u>Co-Debtor</u>	<u>Debtor</u>	<u>/</u> <u>Co-Debtor</u>
2021 (to date)	_____	/ _____	_____	/ _____
2020	_____	/ _____	_____	/ _____
2019	_____	/ _____	_____	/ _____

6. If you have paid any one creditor a total of \$600.00 or more during the last 90 days please complete the following:

Name _____	Date Paid _____
Address _____	Amount Paid \$ _____
_____	Amount Still Owing \$ _____

STATEMENT OF FINANCIAL AFFAIRS

7. If you paid anyone who was an insider (family members, business partners) in the last 12 months please complete the following: (include payments for child support and alimony)

Name _____	Date Paid _____
Address _____	Amount Paid \$ _____
_____	Amount Still Owing \$ _____
Relationship _____	

8. If you made any payments or transferred any property on account of a debt that benefitted an insider (family member, business partner) in the last 12 months please complete the following:

Name _____	Date Paid _____
Address _____	Amount Paid \$ _____
_____	Amount Still Owing \$ _____
Relationship _____	

9. If you were sued or you sued anyone in the past 12 months please complete the following:

(1) Caption of Suit _____	Court Location _____
vs	Case Number _____
_____	Status of Case _____

(2) Caption of Suit _____	Court Location _____
vs	Case Number _____
_____	Status of Case _____

Have you been injured in any type of accident that you may be entitled to compensation? Yes No

10. If you have had any property repossessed, foreclosed, garnished, attached, seized, or levied in the last 12 months by a creditor please complete the following:

Name _____	Date of Seizure _____
Address _____	Property _____
_____	Value \$ _____

11. If any creditor, including a bank or financial institution, set off any amounts from your accounts or refused to make a payment because you owed a debt in the last 90 days please complete the following:

Name _____	Date Taken _____
Address _____	Action Taken _____
_____	Amount \$ _____

STATEMENT OF FINANCIAL AFFAIRS

12. If you have had any property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official in the last 12 months please complete the following:

Name of Custodian _____	Case Number _____
Address _____	Date of Order _____
_____	Property _____
Court Location _____	Value \$ _____
Case Title _____	

13. If you have given any gifts with a total value of more than \$600 per person in the last 2 years please complete the following:

Name of Person _____	Date of Gift _____
Address _____	Description of Gift _____
_____	Value of Gift \$ _____
Relation to Debtor _____	

14. If you have given any gifts or contributions with a total value of more than \$600 to any charity in the last 2 years please complete the following:

Name of Organization _____	Date of Contribution _____
Address _____	Description of Contribution _____
_____	Value of Contribution \$ _____

15. If you have had any losses from fire, theft, gambling, or other disaster in the last 12 months please complete the following:

Description of Property _____	Covered by Insurance <u>Yes</u> <u>No</u>
Value of Property \$ _____	Date of Loss _____
Description of How Lost _____	

16. If you have made any other payments in the last 12 months regarding debt counseling or bankruptcy (including any attorneys, bankruptcy petition preparers, and credit counseling agencies) please complete the following:

Name of Payee _____	Date of Payment _____
Address _____	Who Paid It _____
_____	Amount Paid \$ _____

17. If you, or anyone else acting on your behalf, have paid or transferred any property to anyone who promised to help you deal with your creditors or to make payments to your creditors in the last 12 months (do not include those listed on line 16) please complete the following:

Name of Payee _____	Date of Payment _____
Address _____	Who Paid It _____
_____	Amount Paid \$ _____

STATEMENT OF FINANCIAL AFFAIRS

18. If you have sold, traded, or otherwise transferred any property to anyone in the last 2 years please complete the following:

Name of Recipient _____	Date of Transfer _____
Address _____	Describe Property _____
_____	Value of Property \$ _____
Relation to Debtor _____	

19. If you have transferred any property to a self-settled trust or similar device of which you are a beneficiary in the past 10 years please complete the following:

Name of Trust _____	Date of Transfer _____
Value \$ _____	Describe Property _____

20. If you have closed, sold, moved, or transferred any bank accounts, money market accounts, stock accounts or certificates of deposit in the last 12 months please complete the following:

Name of Bank _____	Account Number _____
Address _____	Final Balance \$ _____
_____	Date Closed _____
Type of Account _____	

21. If you have any safe deposit boxes or have had one in the past year please complete the following:

Where Located _____	Who Has Access _____
Address _____	Their Address _____
_____	_____
Contents _____	

22. If you have stored property in a storage unit or place other than your home in the past 12 months please complete the following:

Where Located _____	Who Has Access _____
Address _____	Their Address _____
_____	_____
Contents _____	

23. If you are holding property that belongs to someone else please complete the following:

Name of Owner _____	Describe Property _____
Address _____	Value of Property \$ _____
_____	Location of Property _____

STATEMENT OF FINANCIAL AFFAIRS

24. If you have been notified by any governmental unit that you may be liable or potentially liable under or in violation of an environmental law please complete the following:

Name of Site _____	Name of Gov. Unit _____
Address _____	Address _____
_____	_____
Date of Notice _____	
Environmental Law _____	

25. If you have provided notice to any governmental unit of any release of hazardous material please complete the following:

Name of Site _____	Name of Gov. Unit _____
Address _____	Address _____
_____	_____
Date of Notice _____	
Environmental Law _____	

26. If you were a party in any judicial or administrative proceeding, including settlements or orders, under any environmental law please complete the following:

Name of Gov. Unit _____	Docket Number _____
Address _____	Status _____

CONTINUE TO NEXT PAGE IF YOU HAVE A BUSINESS OR CONNECTIONS TO ANY BUSINESSES

STATEMENT OF FINANCIAL AFFAIRS

27. If you have owned a business or have had any of the following connections to any business (check all that apply) in the past 4 years please complete the following:

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

Name of Business _____	Taxpayer ID Number _____
Address _____	Beginning Date _____
_____	Ending Date _____
Nature of Business _____	Name of Accountant _____

Name of Business _____	Taxpayer ID Number _____
Address _____	Beginning Date _____
_____	Ending Date _____
Nature of Business _____	Name of Accountant _____

28. If you gave a financial statement to anyone about your business (ex: financial institutions, creditors or other parties) within the two years immediately preceding the filing of this case please complete the following:

Name _____	Date Issued _____
Address _____	
