

PILKA & ASSOCIATES, P.A.

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BANKRUPTCY CLIENT DOCUMENT LIST

In compliance with local and Federal bankruptcy law, clients must provide copies of the following documents (*where applicable*) to their bankruptcy counsel prior to the preparation of their bankruptcy Petition. Some or all of these documents may need to be provided to the bankruptcy Trustee as well. The bankruptcy Trustee also has the right to request additional documentation during the progression of your case.

Please provide **copies** of these documents if you would like to retain your originals as we are unable to copy substantial documents. If you would prefer to provide these documents electronically, you may do so in PDF format via disc or e-mail to bfreeman@pilka.com.

1. A completed and signed Bankruptcy Questionnaire as provided by our office.
2. Executed (*signed and dated*) Retainer Agreement as provided by our office.
3. A copy of your drivers license or state identification card.
4. Six (6) months of proof of all income. *Ex. paycheck stubs/pay advices, proof of income from self employment, statements concerning pension, retirement or Social Security income for the preceding six months.*
5. Income tax returns for the past two (2) years and the pending year's tax return. If you have not filed taxes for the most recent year, please provide any tax documents (ex. W2s, 1099s) or filing extensions obtained.
6. Any documents regarding back taxes owed to the IRS or the Florida Department of Revenue.
7. Six (6) months of bank account statements for all accounts (checking, savings, etc.)
8. All documents relating to the present value of retirement, IRA, 401k, and similar accounts.
9. Stock certificates, bonds, credit union and passbook savings accounts and statements evidencing investments or savings.

10. Titles to all motor vehicles. If your vehicle has a loan on it, six (6) months of payment history and a copy of the vehicle loan document. *This pertains to any vehicle loan you may be a party to, even if you are only a co-signer.*
11. The NADA value or Kelly Blue Book private party value of all motor vehicles based on options, current condition and mileage. *This information can be obtained via www.nada.com or www.kbb.com. If you believe the condition of your car is significantly lower than the NADA or Kelly Blue Book Value due to defects or damage not considered, please provide proof of the damage. An appraisal may be required.*
12. All lease agreements, including motor vehicle leases, rent-to-own property, contracts, etc.
13. All security agreements, financing statements, and personal property leases.
14. Recorded mortgage and deed for all real property. *These documents may be obtained from the Recorder's office for the county where the real property is located, and frequently may be obtained online.*
15. Appraisals made at your principal residence within the past twelve (12) months, if such an appraisal was formed. *If you are considering buying or own any other real property, and it has not been appraised within the past twelve (12) months, you may need to pay for an appraisal prior to filing bankruptcy.*
16. The most recent tax appraisal of all real property, reflecting the value of the property for taxation purposes. *This information may be obtained from the property appraiser's office for the county where the real property is located, and frequently may be obtained online.*
17. Any lawsuits, foreclosures, judgments, liens or garnishments filed against you within the past five (5) years. *This information may be obtained from the Clerk of Court's office for the county where the real property is located, and frequently may be obtained online.*
18. Separation agreements, decrees of dissolution, divorce decrees or support obligations.
19. Documents verifying interest in any future property (ex. Wills, trusts)
20. Records of previous bankruptcy cases filed within the past eight (8) years.
21. Most recent statement from any education IRS and/or Tuition Trust Account.
22. Most recent statement from any student loans.
23. On your Bankruptcy Questionnaire, you are asked to list your monthly expenses, including utilities, insurance, food, medical care, and child care. While they are not required prior to filing, be prepared to produce supporting documentation for all listed expenses if requested by the Trustee. *Examples of acceptable proof include past utility bills for six to twelve months, receipts or statements for all monies owed or paid to medical providers and pharmacy printouts for prescriptions filled, invoices and receipts, statements from providers, etc. **Make sure the responses you provide are consistent with the supporting documents you have available.***

ONLINE RESOURCES

These online sites may provide access to information requested above for counties with which our clients are frequently associated are being provided merely as a convenience to our clients.

The information requested by our office and the Trustee may or may not be accessible online and the client remains responsible for providing complete and accurate details concerning all information requested.

Public Records: (Deeds, mortgages, liens, judgments)

Hillsborough: www.hillsclerk.com - Online Services - Online Searches - Search Official Records

Pasco: www.pascoclerk.com - Public Records - Official Records

Pinellas: www.pinellascounty.org - Public Records

Polk: www.polkcountyclerk.net - Official Records

Property valuation & tax history:

Hillsborough: www.hcpafl.org - Property Record Search

Pasco: appraiser.pascogov.com - Records Search

Pinellas: www.pcpao.org - Search our Database

Polk: www.polkpa.org - Property Search

Court Records:

Hillsborough: www.hillsclerk.com - Online Services - Online Searches - Search Court Records

Pasco: www.pascoclerk.com - Courts - Court Records Search

Pinellas: www.pinellasclerk.com - Search for Records: Civil & Small Claims Court Records

Polk: www.polkcountyclerk.net - Civil Records Online

Vehicle valuation:

NADA: www.nada.com - Consumer

Kelly Blue Book: www.kbb.com - What's my Current Car Worth?

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BANKRUPTCY QUESTIONNAIRE

Please complete **ALL** of the information requested in these forms. If a question or section does not apply to you, write "N/A" (meaning "not applicable") in the space. The more information you provide, the faster your bankruptcy petition can be completed. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor, so please provide as much detail as you can and fill in ALL the information requested.

Your efforts will result in a faster turn around. Please contact our office if you have any questions.

General Information

Name, First	Middle	Last
Social Security Number		Date of Birth
Street Address		
City	State	Zip
County	Length of Time at This Address	
Home Phone	Cell Phone	Other Phone
E-mail address		

Mailing address: If you would like any correspondence by the bankruptcy court to be sent to a different address than the physical address provided above, please provide that address below.

Information about your Spouse

First	Middle	Last
Social Security Number		Date of Birth
Address (if living separately)		
City	State	Zip

Have either you or your spouse been known by any other names during the past 8 years? (Ex. Maiden name, last name from prior marriage, legal name change, etc.) Yes No
If yes, please list name used and the dates used.

Have you resided in the same county for at least 180 days (6 months)? Yes No
If not, where have you resided?

Are you filing this bankruptcy petition with your spouse? Yes No
If no, please check why not: Unmarried Spouse filing separately Other

Have you filed bankruptcy within the last eight (8) years? Yes No
If yes, provide date(s) of filing and county of filing.

Have you met the Debt Counseling requirement for your state? Florida requires that debtors complete a pre-filing Debt Counseling course prior to filing for bankruptcy. We recommend that our clients use Family Life Resources via their online courses at www.FLRMinistry.org.

Yes, Date Completed: _____ No

Dependents:

Name	DOB & Age	Relationship to you	Is this person living with you?
			<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
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you receive child support on any of the above dependants or is there an Order directing someone to pay child support on any of the above dependants? If so, identify the dependant, the person paying or directed to pay child support, the county in which the support order was entered, the amount being paid or ordered to be paid, any date on which payment of or entitlement to child support is to cease, and the amount of arrearage, if any.

Other Notes: _____

Income History

	<i>You</i>	<i>Your Spouse</i>
Employer's name (<i>note: if you have more than one employer, please add an additional sheet.</i>)		
Employer Address (city, state, zip)		
Employer Telephone No.		
Length of time at this job	Years ____ Months ____	Years ____ Months ____
Job Title		
Your name as listed on current paycheck stub		
How often are you paid?	<input type="checkbox"/> Every Week <input type="checkbox"/> Bi-weekly (every two weeks) <input type="checkbox"/> Bi-monthly (twice a month) <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Every Week <input type="checkbox"/> Bi-weekly (every two weeks) <input type="checkbox"/> Bi-monthly (twice a month) <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Rate of Pay (hourly, salary, commission, tips)	\$ _____ <input type="checkbox"/> per hour <input type="checkbox"/> salary <input type="checkbox"/> other: _____	\$ _____ <input type="checkbox"/> per hour <input type="checkbox"/> salary <input type="checkbox"/> other: _____
If you work overtime; how frequently?		
Total (average) gross pay per pay period	\$ _____	\$ _____
Year-to-date total this year	\$ _____	\$ _____
Gross Income last year	\$ _____	\$ _____
Gross income 2 years ago	\$ _____	\$ _____
Total (average) taxes deducted per pay period	\$ _____	\$ _____
Total insurance deducted per pay period	\$ _____	\$ _____
Total union dues deducted per pay period	\$ _____	\$ _____

Total pension/retirement plan deductions per pay period	\$ <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory	\$ <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory
Total Alimony and child support deducted per pay period	\$ <input type="checkbox"/> Court Ordered?	\$ <input type="checkbox"/> Court Ordered?
Other Income (monthly)	\$	\$
Rental Income	\$	\$
Alimony/child support received	\$	\$
Government assistance	\$	\$
Public assistance	\$	\$
Interest and dividends	\$	\$
Social Security	\$	\$
Food Stamps	\$	\$
Pension/Retirement	\$	\$
Home Business	\$	\$
Other Income (explain)	\$	\$

Has your income significantly increased or decreased during the past six (6) months?
 Yes No

If so, please provide details: _____

Do you anticipate that your income will increase or decrease significantly during the next six (6) months?
 Yes No

If so, please provide details: _____

Other Notes: _____

Expenses

*This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the **monthly** amounts in the spaces below each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write in an amount that is "average" covering a full 12 month period. While they are not required prior to filing, be prepared to produce supporting documentation for all listed expenses if requested by the Trustee. *Examples of acceptable proof include past utility bills for six to twelve months, receipts or statements for all monies owed or paid to medical providers and pharmacy printouts for prescriptions filled, invoices and receipts, statements from providers, etc.* **Make sure the responses you provide are consistent with the supporting documents you have available.***

Housing expenses

Rent (if you do not own your home) \$ _____
 First mortgage payment \$ _____
 Second mortgage \$ _____
 Third mortgage \$ _____
 Lot payment \$ _____
 Are real estate taxes included in your mortgage payment? Yes No
 Taxes not included in mortgage payment \$ _____

Is your home insurance included in your mortgage payment? Yes No
 Home insurance not included in mortgage payment \$ _____

Association fees/dues/assessments \$ _____

Utilities (Normal monthly average)

Electricity \$ _____
 Gas \$ _____
 Water \$ _____
 Telephone \$ _____
 Trash pick-up \$ _____

Basic Needs

Home maintenance \$ _____
 Food \$ _____
 Clothing \$ _____
 Laundry/dry cleaning \$ _____
 Medical expenses *not* paid by insurance \$ _____
 Personal care items \$ _____

Transportation

Car payment \$ _____
 Gasoline/auto maintenance \$ _____
 Recreation & entertainment \$ _____

Charitable Giving \$ _____
 Renters insurance \$ _____
 Life insurance *not* payroll deducted \$ _____
 Health insurance *not* payroll deducted \$ _____
 Automobile insurance \$ _____
 Other insurance: _____ \$ _____
 Alimony or Child Support \$ _____
 Payments for someone outside your home \$ _____
 Union dues *not* payroll deducted \$ _____
 Professional dues *not* payroll deducted \$ _____
 Child care expenses \$ _____
 Babysitter/Day care expenses \$ _____
 School expenses \$ _____
 School lunch expenses \$ _____
 College tuition (not loans) \$ _____
 Student loan repayment \$ _____
 Subscriptions \$ _____

Other: Any additional monthly expense you must pay out of pocket not covered above. Explain the type of expense, amount of expense and how long you will continue to have this expense.

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

Real Property

Address of real estate: _____

House Condominium Vacant Lot Other: _____

Name(s) on deed: _____

Appraisal value (per most recent tax appraisal): _____

Intention regarding this property: Keep Surrender

First Mortgage Company

Name: _____

Address: _____

Account No. _____ Date Mortgage obtained: _____

Monthly payments: \$ _____ Interest Rate: _____ %

Current balance/payoff: \$ _____

Are you current in payments? Yes No
If not, when was last payment made? _____

Are you currently in foreclosure? Yes No
If yes, is there a sale date set? Yes, _____ (date) No

Are you seeking a mortgage modification? Yes No
If yes, what is the status? Decision pending Modification offered
 Modification denied Other:

Homeowners Association/Condominium Association: _____

Address: _____

Amount/Frequency of Association Fees: \$ _____ every **month** / _____ **months/year** (circle)

Are you current in your Association Fees? Yes No
If not, when was last payment made? _____

Additional lien holders (second mortgage, home equity loans)

Name: _____

Address: _____

Account No. _____ Date Mortgage obtained: _____

Monthly payments: \$ _____ Interest Rate: _____ %

Current balance/payoff: \$ _____

Are you current in payments? Yes No
If not, when was last payment made? _____

Are you currently in foreclosure? Yes No
If yes, is there a sale date set? Yes, _____ (date) No

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Address of real estate: _____

House Condominium Vacant Lot Other: _____

Name(s) on deed: _____

Appraisal value (per most recent tax appraisal): _____

Intention regarding this property: Keep Surrender

First Mortgage Company

Name: _____

Address: _____

Account No. _____ Date Mortgage obtained: _____

Monthly payments: \$ _____ Interest Rate: _____ %

Current balance/payoff: \$ _____

Are you current in payments? Yes No
If not, when was last payment made? _____

Are you currently in foreclosure? Yes No
If yes, is there a sale date set? Yes, _____ (date) No

Are you seeking a mortgage modification? Yes No
If yes, what is the status? Decision pending Modification offered
 Modification denied Other:

Homeowners Association/Condominium Association: _____

Address: _____

Amount/Frequency of Association Fees: \$ _____ every **month** / _____ **months/year** (circle)

Are you current in your Association Fees? Yes No
If not, when was last payment made? _____

Additional lien holders (second mortgage, home equity loans)

Name: _____

Address: _____

Account No. _____ Date Mortgage obtained: _____

Monthly payments: \$ _____ Interest Rate: _____ %

Current balance/payoff: \$ _____

Are you current in payments? Yes No
If not, when was last payment made? _____

Are you currently in foreclosure? Yes No
If yes, is there a sale date set? Yes, _____ (date) No

Motor Vehicles

Motor vehicles include cars, trucks, SUVs, motorcycles, mobile homes, boats, trailers, campers, etc. that are titled in your or your spouses name.

Type: Automobile Truck Motorcycle Mobile home Boat Other: _____

Year: _____ Make: _____ Model: _____ Style: _____

VIN No.: _____ Mileage: _____

Condition: Excellent Good Fair Poor Not Running

Comments on condition: _____

Name(s) on vehicle title: _____

Do you make payments to anyone on this vehicle? Yes No

Name of company you make payments to on this vehicle: _____

Address: _____

Account No. _____ Date Loan established: _____

Monthly payments: \$ _____ Interest Rate: _____%

Current balance/payoff: \$ _____

Are you current in payments? Yes No

If not, when was last payment made? _____

Is vehicle leased? Yes No Buy out on lease: \$ _____

Intention regarding this property: Keep Surrender

Does this vehicle secure any other personal loans? Yes No

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Type: Automobile Truck Motorcycle Mobile home Boat Other: _____

Year: _____ Make: _____ Model: _____ Style: _____

VIN No.: _____ Mileage: _____

Condition: Excellent Good Fair Poor Not Running

Comments on condition: _____

Name(s) on vehicle title: _____

Do you make payments to anyone on this vehicle? Yes No

Name of company you make payments to on this vehicle: _____

Address: _____

Account No. _____ Date Loan established: _____

Monthly payments: \$ _____ Interest Rate: _____%

Current balance/payoff: \$ _____

Are you current in payments? Yes No

If not, when was last payment made? _____

Is vehicle leased? Yes No Buy out on lease: \$ _____

Intention regarding this property: Keep Surrender

Does this vehicle secure any other personal loans? Yes No

Personal Property

<u>Description of property</u> <i>Be specific with your description!</i> <i>Ex. 2 twin size beds, 29" television, modest casual women's clothing, gold wedding band, Remington shotgun, etc.</i>	<u>Owner</u> <i>husband (H) wife (W) joint (J)</i>	<u>Value</u> <i>(Yard Sale value)</i>	<u>\$ Owed, to whom.</u>
Cash on Hand			
Checking accounts: <i>(list bank, account no.)</i>		Current Balance:	
Savings accounts: <i>(list bank, account no.)</i>		Current Balance:	
Other accounts: <i>(list bank, account no.)</i>		Current Balance:	
Security deposits:			
<i>Household goods and furniture:</i>			
Stove:			
Refrigerator:			
Washer/Dryer:			
Microwave:			
Cookware:			
Flatware:			
Furniture: Living Room:			

Furniture: Bedroom(s):			
Furniture: Dining Room:			
Furniture: Kitchen:			
Furniture: Other:			
Television(s)/VCR/ DVD players/similar electronics:			
Household & yard tools:			
Books:			
Pictures:			
Artwork:			
Stamps:			

Coins:			
All Clothing:			
Furs:			
Jewelry:			
Firearms & sporting/hobby equipment:			
Interests in insurance policies:			
Annuities:			
Interests in education IRA or state tuition plan:			
Pension or profit sharing plans, IRA, ERISA, 401k:			
Stocks & interests in companies/partnerships:			
Bonds:			

Accounts receivable:			
Alimony, maintenance, support and property settlements:			
Other liquidated debts owing to debtor, including tax refunds:			
Equitable or future interests:			
Interests in the estate of a decedent:			
Other contingent claims:			
Patents, copyrights & other intellectual property:			
Licenses, franchises and other general intangibles:			
Customer lists:			
Boats, motors and accessories:			
Aircraft & accessories:			

Office equipment, furnishings and supplies (including computers):			
Machinery, fixtures, equipment & supplies used in a business:			
Inventory:			
Animals:			
Crops, growing or harvested:			
Farming equipment, implements, supplies, chemicals & feed:			
Other personal property: (DESCRIBE)			

Other Notes: _____

Debts

DO NOT just list debts that you want to include. List EVERY debt you owe; even loans to relatives.

Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
Monthly payments: \$ _____ Interest Rate: _____ %
Last date paid: _____
What is this debt for?: Medical Credit Card Loan Other: _____
Who is responsible for this debt?: Self Husband Wife Joint Other: _____
Has this debt been turned over to a collection agency or law firm? Yes No
Name of collection agency: _____
Address: _____
City, State, Zip: _____

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Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
Monthly payments: \$ _____ Interest Rate: _____ %
Last date paid: _____
What is this debt for?: Medical Credit Card Loan Other: _____
Who is responsible for this debt?: Self Husband Wife Joint Other: _____
Has this debt been turned over to a collection agency or law firm? Yes No
Name of collection agency: _____
Address: _____
City, State, Zip: _____

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Name: _____
Address: _____
City, State, Zip: _____
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Name of collection agency: _____
Address: _____
City, State, Zip: _____

Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
Monthly payments: \$ _____ Interest Rate: _____ %
Last date paid: _____
What is this debt for?: Medical Credit Card Loan Other: _____
Who is responsible for this debt?: Self Husband Wife Joint Other: _____
Has this debt been turned over to a collection agency or law firm? Yes No
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Address: _____
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Address: _____
City, State, Zip: _____
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Monthly payments: \$ _____ Interest Rate: _____ %
Last date paid: _____
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Has this debt been turned over to a collection agency or law firm? Yes No
Name of collection agency: _____
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City, State, Zip: _____

•••••

Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
Monthly payments: \$ _____ Interest Rate: _____ %
Last date paid: _____
What is this debt for?: Medical Credit Card Loan Other: _____
Who is responsible for this debt?: Self Husband Wife Joint Other: _____
Has this debt been turned over to a collection agency or law firm? Yes No
Name of collection agency: _____
Address: _____
City, State, Zip: _____

Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
Monthly payments: \$ _____ Interest Rate: _____ %
Last date paid: _____
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Has this debt been turned over to a collection agency or law firm? Yes No
Name of collection agency: _____
Address: _____
City, State, Zip: _____

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Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
Monthly payments: \$ _____ Interest Rate: _____ %
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What is this debt for?: Medical Credit Card Loan Other: _____
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City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
Monthly payments: \$ _____ Interest Rate: _____ %
Last date paid: _____
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Who is responsible for this debt?: Self Husband Wife Joint Other: _____
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Name of collection agency: _____
Address: _____
City, State, Zip: _____

Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
Monthly payments: \$ _____ Interest Rate: _____ %
Last date paid: _____
What is this debt for?: Medical Credit Card Loan Other: _____
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Address: _____
City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
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Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Total Amount Owed: _____
Monthly payments: \$ _____ Interest Rate: _____ %
Last date paid: _____
What is this debt for?: Medical Credit Card Loan Other: _____
Who is responsible for this debt?: Self Husband Wife Joint Other: _____
Has this debt been turned over to a collection agency or law firm? Yes No
Name of collection agency: _____
Address: _____
City, State, Zip: _____

Statement of Affairs

The following pages contain ***extremely important*** questions, many of which will be asked to you again by the Trustee when you attend the Meeting of Creditors. Please take your time and go through every question thoroughly and **provide as much detail as possible to the questions you answer "yes" to**; attach additional pages if necessary.

For married couples filing jointly, please answer the question as to both husband and wife.

<p>Have you ever been married/married to anyone other than your current spouse? List the names of all spouses (past and present) that you have been married to, as well as the dates during which you were married to this spouse:</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever provided a notice to any government unit of a Release of Hazardous Materials?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you share ownership in any real property with another person <i>other than your spouse</i>, such as a co-tenancy or joint tenancy?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you own or are you buying a timeshare in a vacation property or resort?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>In the last two (2) years, have you held any employment positions or self employment other than what is listed as your current employer?</p> <p>Employer name: _____ Dates employed: _____ Gross earnings with this employer current year: _____ Gross earnings with this employer last year: _____ Gross earnings with this employer 2 years prior: _____</p> <p>Employer name: _____ Dates employed: _____ Gross earnings with this employer current year: _____ Gross earnings with this employer last year: _____ Gross earnings with this employer 2 years prior: _____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In the last two (2) years, have you had any income other than from employment or operation of business? (Ex. Unemployment compensation)</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In the last two (2) years have you been a party to any lawsuit or are you currently involved in any lawsuit?</p> <p>Caption of Suit: _____ Case No. _____ Status: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In the last two (2) years, has any of your property been attached, garnished, seized, repossessed, foreclosed on (including deed in lieu of foreclosure), returned or surrendered?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In the last two (2) years, have you assigned or transferred any property you own to any other individual or entity?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In the last two (2) years, have you made any gifts or charitable contributions of more than \$100.00?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>In the last two (2) years, have you had any loss from fire, theft or other casualty?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last year, did you make any payments to any person or entity, including attorneys, for debt consolidation, counseling or bankruptcy?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last two (2) years, have you transferred, absolutely or as a security, any personal or real property?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last ten (10) years have you transferred any property to a self-settled trust or similar device of which the transferor is a beneficiary?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last year have you closed any financial accounts? (Including checking/savings accounts and all other financial accounts)</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last year, have you kept securities in a safe deposit box?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last 90 days, has any creditor given you a set off against any debt or deposit?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have any property in your possession titled in someone else's name (ex. Car, truck, motorcycle, boat)</p> <p>_____</p> <p>_____</p> <p>Why are you holding this property? _____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last three (3) years, have you lived at any other address than the address listed on the first page of this questionnaire?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>In the last six (6) years have you served as an officer, director, partner or managing executive of a corporation, partner in a partnership, sole proprietor or been self employed?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last two (2) years, have you had a bookkeeper or accountant keep or supervise the keeping of books of account and records of the debtor; been audited; or issued a financial statement to any individual or entity?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has your property ever been inventoried?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you buying any of your furniture or appliances in installment payments? Be sure to list these debts on the debt sheets!</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you renting-to-own any of your furniture or appliances? Be sure to list these debts on the debt sheets!</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you gone to a loan company or bank and listed any of your furniture, appliances or personal property at the time you obtained the loan? Be sure to list these debts on the debt sheets!</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you own or are you buying any tools or equipment you use for work? Be sure to list these debts on the debt sheets!</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you buying any jewelry in installment payments? Be sure to list these debts on the debt sheets!</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a cell phone? Provider name: Length of contract: Normal monthly contact payment: Do you wish to keep the cell phone and continue paying the monthly contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Do you reside with anyone who pays all or part of your expenses?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do relatives or any other parties help pay all or a part of your expenses?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you currently attending college?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have any student loans?</p> <p>Be sure to list these debts on the debt sheets!</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you currently owe any fines?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you pay child support, are you current in your payment obligations?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Even if you never expect to collect any money, does anyone owe you money for alimony or child support?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In the last two (2) years, have you, your children or your spouse been involved in an accident where someone was injured? (Ex. Car accident, workers' compensation)</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>During the next six (6) months, do you expect to inherit anything?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>During the next six (6) months, do you expect to recover on anyone's life insurance policy?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>During the next six (6) months, do you expect to receive any money from any insurance claim, for any reason?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Are you the beneficiary of a trust?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you owed any back wages, commissions or vacation pay from your current employer or a previous employer?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is any of your property in the hands of a repairman, storage company or pawn broker?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the next year, do you expect to settle, win, or begin a case for personal injury?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the next year, do you expect to enter into any property settlement with any former spouse?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Does anyone owe you any money for a judgment you have obtained against them?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Even if you never expect to collect, does anyone owe you any money for any reason whatsoever?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In the last year, have you made any payments on your loans or bills other than ordinary payments? (Ex. Catch up payments, paid off or borrowed to pay on or off bills or loans?)</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have your wages or property been garnished or attached?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you transferred any money or property to family members or friends or paid them any money on debts you might owe to them?</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

