

Bankruptcy Organizer



The Bankruptcy Law Professionals of Colorado, P.C.

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Bankruptcy Organizer Checklist

Our office must have **all** of the following to prepare your case:

-
- Completed bankruptcy questionnaire (**attached**)
- Chapter 7 or 13 Bankruptcy Declaration/Advisement Form
- 6 months of pay stubs from all sources (from both spouses, if married).
- Copies of the past 3 three years of Tax Returns State & Federal for each debtor
- Completed Credit Report Authorization form*
- Credit Counseling Certificate (and repayment plan, if applicable)**
- Original bills from all creditors for the last 60 days.
- Copy of current Automobile Registrations
- Copy of current insurance on any and **all** motor vehicles
- Photocopy of your photo ID(s) and Social Security Card(s)
- Signed Representation Agreement
- Retainer paid in full.
- Canceled check from your bank account(s) (Chapter 7 clients only)

DIGITAL Photos of the following:

- You, your spouse, and your dependents
- Your pet(s)
- Exterior House/Apartment
- Interior of every room in your house/apartment
 - Living Room(s)
 - Dining area
 - Kitchen
 - Basement
 - Laundry Room
 - Bedroom(s)
 - Bathroom(s)
 - Other: _____
- Interior of garage and/or storage units
- Every Automobile, Motorcycle, and trailer
- Gun Collections (if any)
- Musical Instruments
- Sports Equipment/Memorabilia
- Collectables
- Tools of the trade.
- Other: _____

* Provided by our office.

** Provided by the non-profit credit counseling agency.

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Complete All Questions. If you and your spouse are not living together, and there is no possibility that your spouse will file bankruptcy along with you, you do not have to answer the questions about your spouse. **If you and your spouse are filing together, please list the husband's information first and the wife's second.**

Today's Date: _____ / _____ / _____
Month Day Year

Name and Address Information

Your Name: (Husband if filing jointly. Full legal name as it appears on the social security card)

_____ Jr Sr III
First Middle Last

Your Social Security Number _____ - _____ - _____

Your Date of Birth and Age _____ / _____ / _____ Age _____
Month Day Year

List any and all other names used by you (including maiden name) or other ways you have signed your name to papers and checks during the last 8 years

Wife's Name: (If filing jointly, Full legal name as it appears on the social security card) N/A

_____ Jr Sr III
First Middle Last

Spouse's Social Security Number _____ - _____ - _____

Spouse's Date of Birth and Age _____ / _____ / _____ Age _____
Month Day Year

List any and all other names used by your spouse (including maiden name) or other ways you have signed your name to papers and checks during the last 8 years

Your Address

_____ Street Address City State Zip Code

_____ County

Mailing Address (if different from street address) Same as above

_____ Street Address/ PO Box City Zip Code

_____ County

Spouse's Address (if separated) N/A

Street Address	City	State	Zip Code
County			

Telephone Number

_ _ - _ _ - _ _	_ _ - _ _ - _ _	_ _ - _ _ - _ _
Home	Cell	Work

Spouse's Number (if different)

_ _ - _ _ - _ _	_ _ - _ _ - _ _	_ _ - _ _ - _ _
Home	Cell	Work

List all addresses you have had in the last 3 years, and the dates when you lived there. If you and your spouse are filing bankruptcy together, list address for each for the last 3 years (include street, city, and ZIP code).

Street	City	State	Zip	Dates
Street	City	State	Zip	Dates
Street	City	State	Zip	Dates

Narrative

Please briefly write out your financial situation.

1. What caused you to file for bankruptcy?

2. What efforts have been made to avoid filing for bankruptcy, including dept negotiation and/or credit counseling?

Prior Bankruptcies

Have you ever been involved before in a bankruptcy (chapter 7, 11, 12, or 13)? Yes No

If "No", go to next section

If YES: How many? 1 2 3 4 More than 4

1st Bankruptcy: Chapter (check one): 7 11 12 13

Date Filed: _____ / _____ / _____
Month Day Year Case Number

Did you get a discharge? Yes No

Check this box if you have attached information

2nd Bankruptcy: Chapter (check one): 7 11 12 13 _____
Case Number

Date Filed: _____ / _____ / _____
Month Day Year

Did you get a discharge? Yes No

Check this box if you have attached information

Other Bankruptcies

Are you or have you ever been involved in someone else's bankruptcy? Yes No

If YES, give details.

Check this box if you have attached information

Your Income History

Please list the gross (before taxes) income you have received from employment, trade, profession, or from operation of business during the years indicated.

IF YOU DO NOT KNOW THE EXACT AMOUNT, PLEASE ESTIMATE TO THE BEST OF YOUR ABILITY OR USE 1040 TAX FORMS.

Husband N/A

Year-to-date \$ _____ Employer: _____

Last year \$ _____ Employer: _____

2 years ago \$ _____ Employer: _____

Income from Employment and Operation of Business (cont'd)

Wife N/A

Year-to-date \$ _____ Employer: _____

Last year \$ _____ Employer: _____

2 years ago \$ _____ Employer: _____

Lawsuits

Please bring in all papers relating to any lawsuits or criminal cases of which you are a party.

Have you ever been sued by any person, company, or organization? Yes No

If YES, please fill out the following information:

Lawsuit #1

Case Name: _____

Case Number: _____

Name of Court: _____

Address of Court: _____

Type of Case: Civil Criminal Other (describe) _____

Result of Case: Pending Dismissal Judgment

Have any suits resulted in a lien being placed on your property? Yes No

Lawsuits (cont'd)

Lawsuit #2

Case Name: _____

Case Number: _____

Name of Court: _____

Address of Court: _____

Type of Case: Civil Criminal Other (describe) _____

Result of Case: Pending Dismissal Judgment

Do you have any **criminal** charges or convictions? Yes No

If YES, please fill out the following information:

Case Name: _____

Case Number: _____

Name of Court: _____

Address of Court: _____

Charges: _____

Result of Case: Pending Dismissal Judgment

Any fines owed: \$ _____ N/A

Have you been involved in any **administrative agency** cases (unemployment compensation, worker's compensation, etc) in the past 12 months? Yes No

If YES, please fill out the following information:

Case Name: _____

Case Number: _____

Name of Court: _____

Address of Court: _____

Type of Case: _____

Result of Case: Pending Dismissal Judgment

Repossessions, Foreclosures, and Returns

List all property that has been repossessed by a creditor, foreclosed at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller during the last year.

N/A
#1

Date of Action: _____ / _____ / _____

Type of Action (check one): Return Foreclosure Transfer Repossession

Name of Creditor: _____

Address of Creditor: _____

Date of Action: _____ / _____ / _____
 Month Day Year

Address of House or
Vehicle Year/Make/Model: _____

#2

Date of Action: _____ / _____ / _____

Type of Action (check one): Return Foreclosure Transfer Repossession

Name of Creditor: _____

Address of Creditor: _____

Date of Action: _____ / _____ / _____
 Month Day Year

Address of House or
Vehicle Year/Make/Model: _____

#3

Date of Action: _____ / _____ / _____

Type of Action (check one): Return Foreclosure Transfer Repossession

Name of Creditor: _____

Address of Creditor: _____

Date of Action: _____ / _____ / _____
 Month Day Year

Address of House or
Vehicle Year/Make/Model: _____

I have had more than 3 Repossessions, Foreclosures or Returns and have attached information on them.

Gifts & Charitable Contributions

N/A

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case **EXCEPT** ordinary and usual gifts to family members that are less than \$200 in value per individual family members and charitable contributions that are less than \$100 per recipient.

#1

Name of Recipient: _____ Family Member? Yes No

Amount of Gift: \$ _____ Date of Gift: _____

#2

Name of Recipient: _____ Family Member? Yes No

Amount of Gift: \$ _____ Date of Gift: _____

#3

Name of Recipient: _____ Family Member? Yes No

Amount of Gift: \$ _____ Date of Gift: _____

#4

Name of Recipient: _____ Family Member? Yes No

Amount of Gift: \$ _____ Date of Gift: _____

I have given more than 4 gifts (as described above) and have attached information on them.

Losses

N/A

List all losses from fire, theft, personal injury, property damage, or gambling within the last year. Please describe the nature of the loss, the value of the property, and if it was covered by insurance.

#1

Describe

circumstances of Loss: _____

Value of Lost Property: \$ _____ Date of Loss: _____

Covered by Insurance? Yes No

#2

Describe

circumstances of Loss: _____

Value of Lost Property: \$ _____ Date of Loss: _____

Covered by Insurance? Yes No

#3

Describe

circumstances of Loss: _____

Value of Lost Property: \$ _____ Date of Loss: _____

Covered by Insurance? Yes No

I have more than 3 losses and have attached information on them.

Other Transfers Or Sales of Property

N/A

List all property sold or given away during the last 2 years, the value of the property, to whom you sold the property or gave it away to, and what you did with the money you received for it.

#1

List Property: _____

Value Received: \$ _____ Date sold/given: _____

Recipient's Name: _____

Is Recipient a: Relative or Third Party

What did you do with the money received? _____

Other Transfers (cont'd)

N/A

List all property sold or given away during the last 2 years, the value of the property, to whom you sold the property or gave it away to, and what you did with the money you received for it.

#2

List Property: _____

Value of Property: \$ _____ Date sold/given: _____

Recipient's Name: _____

Is Recipient a: Relative or Third Party

What did you do with the money received?

I have transferred more than two pieces of my property and have attached information on them.

Closed Bank/ Financial Accounts

N/A

List all accounts that were closed in the last year (Bank, IRA, 401K, Stocks, etc.)

#1

Name of Bank: _____

Address of Bank: _____
Street City State Zip

Type of Account: Checking Savings IRA 401K Stocks Other _____

Closing Balance: \$ _____

Date Account Closed: _____ / _____ / _____
Month Day Year

#2

Name of Bank: _____

Address of Bank: _____
Street City State Zip

Type of Account: Checking Savings IRA 401K Stocks Other _____

Closing Balance: \$ _____

Date Account Closed: _____ / _____ / _____
Month Day Year

Closed Bank/ Financial Accounts (cont'd)

N/A

List all accounts that were closed in the last year (Bank, IRA, 401K, Stocks, etc.)

#3

Name of Bank: _____

Address of Bank: _____

Street

City

State

Zip

Type of Account: Checking Savings IRA 401K Stocks Other _____

Closing Balance: \$ _____

Date Account Closed: _____ / _____ / _____
Month Day Year

I have more than 3 closed accounts and have attached information on them.

Safe Deposit Boxes

N/A

List each safe deposit box or other depository in which you have or had securities, cash, or other valuables within the last year.

Name of Bank: _____

Address of Bank: _____

Street

City

State

Zip

Cash Value: \$ _____ None

Is the Safe Deposit box still open? Yes No

I have more than one safe deposit box and have attached information on them.

Nature, Location, and Name of Business

Provide the information requested for all businesses in which you were an officer, director, partner, or shareholder or if you were a self-employed professional within the last six years.

N/A
#1

Name of Business: _____

Address of Business: _____
Street City State Zip

Sole-Proprietorship Partnership Corporation LLC

Nature of Business: _____ Taxpayer ID #: _____

Date Business Started: _____ / _____ / _____
Month Day Year

Date Business Ended: _____ / _____ / _____
Month Day Year

Still Operating

#2

Name of Business: _____

Address of Business: _____
Street City State Zip

Sole-Proprietorship Partnership Corporation LLC

Nature of Business: _____ Taxpayer ID #: _____

Date Business Started: _____ / _____ / _____
Month Day Year

Date Business Ended: _____ / _____ / _____
Month Day Year

Still Operating

#3

Name of Business: _____

Address of Business: _____
Street City State Zip

Sole-Proprietorship Partnership Corporation LLC

Nature of Business: _____ Taxpayer ID #: _____

Date Business Started: _____ / _____ / _____
Month Day Year

Date Business Ended: _____ / _____ / _____
Month Day Year

Still Operating

I have/had more than 3 businesses and have attached information on them.

Property Held for Another Person

List all property owned by another person that you are presently holding or using (car, furniture, etc.)

N/A

#1

Property you are holding: _____

Name of Owner: _____ Relationship to You: _____

Location of property: _____

#2

Property you are holding: _____

Name of Owner: _____ Relationship to You: _____

Location of property: _____

#3

Property you are holding: _____

Name of Owner: _____ Relationship to You: _____

Location of property: _____

I am in possession of more than 3 pieces of property owned by others and have attached information on them.

Real Estate: Houses, Time Shares & Raw Land

N/A

Property #1

Type of Property:

I do not own any Real Estate (Skip to page 19)

Residence

Former Residence

Rental/ Income Property

Time Share

Mobile Home

Cemetery Plot

Other _____

Address of Property:

Street Address _____

City _____

State _____

Zip Code _____

Fair Market Value: \$ _____

Basis for Value:

Realtor Analysis

Formal Appraisal

Informal; houses in area

Refinance Appraisal

Guess

Internet

Other: _____

Is the property in foreclosure?

Yes No

If YES, sale date:

_____/_____/_____
Month Day Year

Names of Mortgage Lenders/ Service Companies:

Monthly Payment:

1st Mortgage: _____

\$ _____

2nd Mortgage: _____

\$ _____

3rd Mortgage: _____

\$ _____

Are any of the mortgages for this property adjustable rate mortgages?

Yes No

If YES, which ones? Check all that apply. 1st Mortgage 2nd Mortgage 3rd Mortgage _____

Are your taxes and insurance escrowed?.....

Yes No

If NO, please complete the Secured Debt Sheet beginning on page 15 if you are not 100% current.

What do you wish to do with property? Keep

Surrender

Real Estate (cont'd)

N/A

Property #2

Type of Property:

I do not own any Real Estate

Residence

Former Residence

Rental/ Income Property

Time Share

Mobile Home

Cemetery Plot

Other _____

Address of Property:

Street AddressCityStateZip Code

Fair Market Value: \$ _____

Basis for Value:

Realtor Analysis

Formal Appraisal

Informal; houses in area

Refinance Appraisal

Guess

Internet

Other: _____

Is the property in foreclosure?

Yes

No

If YES, sale date:

--	--	--	--	--	--	--	--	--	--	--	--

Month

Day

Year

Names of Mortgage Lenders/ Service Companies:

Monthly Payment:

1st Mortgage: _____

\$ _____

2nd Mortgage: _____

\$ _____

3rd Mortgage: _____

\$ _____

Are any of the mortgages for this property adjustable rate mortgages?

Yes No

If YES, which ones? Check all that apply.

1st Mortgage

2nd Mortgage

3rd Mortgage

Are your taxes and insurance escrowed?.....

Yes No

If NO, please complete the Secured Debt Sheet beginning on page 13 if you are not 100% current.

What do you wish to do with property?

Keep

Surrender

I own more than 2 Real Estate properties and have attached information on them.

Cash on Hand

N/A

The amount of cash you have or anticipate having the day your case is filed \$ _____

Current Bank Accounts & Balances

N/A

Bank Accounts

List all bank accounts held in your name or for your benefit that are presently open, even if the balance is \$0. Please put the amount that you expect to have **when the case is filed**.

Bank Account #1 Personal Business Other (describe) _____

Name of Bank

Street Address

City

State

Zip Code

Checking Account Balance: \$ _____ Negative

Savings Account Balance: \$ _____ Negative

Names on the Account: _____

Bank Account #2 Personal Business Other (describe) _____

Name of Bank

Street Address

City

State

Zip Code

Checking Account Balance: \$ _____ Negative

Savings Account Balance: \$ _____ Negative

Names on the Account: _____

Bank Account #3 Personal Business Other (describe) _____

Name of Bank

Street Address

City

State

Zip Code

Checking Account Balance: \$ _____ Negative

Savings Account Balance: \$ _____ Negative

Names on the Account: _____

Current Bank Accounts & Balances (cont'd)

Bank Account #4 Personal Business Other (describe) _____

_____ Name of Bank

_____ Street Address

_____ City

_____ State

_____ Zip Code

Checking Account Balance: \$ _____ Negative

Savings Account Balance: \$ _____ Negative

Names on the Account: _____

I/We have more than 4 bank accounts and have attached information on them.

Security Deposits N/A

Utilities Deposit: \$ _____

Telephone Deposit: \$ _____

Internet Deposit: \$ _____

Landlord Security Deposit: \$ _____

Landlord's Name: _____

Landlord's Address: _____
Street City State Zip

Other Security Deposits:

Type of Deposit: Amount:
_____ \$ _____

_____ \$ _____

Personal Property

Indicate ALL personal property items that you own under the appropriate heading. You may list as a group the rooms of furniture, appliances, tools, sporting equipment, clothing, jewelry and watches, and books/ pictures. Indicate the current **resale store value** of the items.

LIST THE VALUES AS **RESALE STORE VALUES**. PLEASE DO NOT LIST ITEMS THAT HAVE A SECURED LIEN ATTACHED TO THEM.

Furniture

Kitchen	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Living Room	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Bedrooms	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Patio/ Balcony	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Other: _____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A

Appliances

Kitchen Appliances	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Washer & Dryer	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Bedroom/ Living Room Appliances (lamps, clocks, etc.)	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Televisions/ Stereos/ VCRs/ DVD Players	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Number of Computers: _____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Other: _____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Bicycles	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Tools (not used in occupation)	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A

Collectibles

Books	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Pictures	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Art Objects	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Stamps/ Coins	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Antiques	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Records	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Tapes	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Compact Discs	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Other: _____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A

Personal Property (cont'd)

Clothing

Self	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Spouse	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Children	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A

Jewelry

Costume	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Rings	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Necklaces	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Bracelets	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Earrings	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Watches	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Other: _____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A

Firearms

Type:	Age:		<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
_____	_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
_____	_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
_____	_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
_____	_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A

Sports Equipment and Musical Instruments

Sports Equipment Description: _____		<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
Musical Equipment Description: _____		<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A

Other Property Not Listed

If you have any other assets that you have not listed, please describe those assets and give their fair market value.

_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A
_____	\$ _____	<input type="checkbox"/> Photos attached	<input type="checkbox"/> N/A

Insurance

Do you have Life Insurance? Yes No
 If YES, is it Whole or Term? Whole Term
 If whole, what is the cash surrender value? \$ _____

Life Insurance Annuities:

Self \$ _____
 Spouse \$ _____
 Joint \$ _____

Retirement Accounts **N/A** **Describe:** _____

Self \$ _____
 Spouse \$ _____
 Joint \$ _____

Pension or Profit-Sharing Plans **N/A** **Describe:** _____

Amount Received
(if any) \$ _____
 Self \$ _____
 Spouse \$ _____
 Joint \$ _____

Stock/ Interest in Business **N/A** **Describe:** _____

Self \$ _____
 Spouse \$ _____
 Joint \$ _____

Bonds & Negotiable Instruments: **N/A** **Describe:** _____

Self \$ _____
 Spouse \$ _____
 Joint \$ _____

Accounts Receivable (money owed to you) **N/A** **Describe:** _____

Self \$ _____
 Spouse \$ _____
 Joint \$ _____

Alimony, Maintenance, Child Support N/A Describe: _____

Self \$ _____

Spouse \$ _____

Joint \$ _____

Income Tax Refunds Owed to You: N/A Describe: _____

Self \$ _____

Spouse \$ _____

Joint \$ _____

Worker's Compensation Benefits: N/A Describe: _____

Self \$ _____

Spouse \$ _____

Joint \$ _____

Other Liquidated Debts Owed to You: N/A Describe: _____

Self \$ _____

Spouse \$ _____

Joint \$ _____

Pets/Animals

Animal #1 _____

Pet Show/Breeding Animal Farm Animal N/A Describe: _____

Value \$ _____

Animal #2 _____

Pet Show/Breeding Animal Farm Animal N/A Describe: _____

Value \$ _____

I have more than 2 animals of value and have attached information of them.

Automobiles/Motorcycles, Boats, Trailers, & Campers

NOTICE: Please fill out a secured creditor sheet for each if there is a lien on it, and your intention for all property listed.

Automobiles/Motorcycles

Auto #1 N/A

Year	Make	Model	Mileage

Value \$ _____

Auto Lender: _____

How did you obtain the value? Check one: KBB NADA Resale Value Other _____

Condition: Good Fair Poor

Insured? Yes No

Proof Provided? Yes No

Auto #2 N/A

Year	Make	Model	Mileage

Value \$ _____

Auto Lender: _____

How did you obtain the value? Check one: KBB NADA Resale Value Other _____

Condition: Good Fair Poor

Insured? Yes No

Proof Provided? Yes No

Auto #3 N/A

Year	Make	Model	Mileage

Value \$ _____

Auto Lender: _____

How did you obtain the value? Check one: KBB NADA Resale Value Other _____

Condition: Good Fair Poor

Insured? Yes No

Proof Provided? Yes No

I have more than 3 automobiles/motorcycles, and I have attached information on them.

Automobiles/Motorcycles, Boats, Trailers, & Campers (cont'd)

Boats, Trailers, ATVs, or Campers

#1 N/A Boat Trailer ATV Camper 5th Wheel

Year	Make	Model	Mileage

Value \$ _____

Auto Lender: _____

#2 N/A Boat Trailer ATV Camper 5th Wheel

Year	Make	Model	Mileage

Value \$ _____

Auto Lender: _____

I have more boats, trailers, or campers, and I have attached information on them.

Personal Equipment/Inventory Used for Work

N/A

Tools Used in Occupation:

Description: _____

Value \$ _____

Personal Equipment, Computers, Furniture Used in Occupation:

Description: _____

Value \$ _____

Inventory:

Description: _____

Value \$ _____

Other:

Description: _____

Value \$ _____

Any Other Personal Property Not Listed:

Description: _____

Value \$ _____

Current Monthly Income

List all income. Please provide the last 6 months of pay stubs **based on pay date**, not pay period. Please fill out separate income sheets if filing jointly but living separately.

Employment

N/A

Name of Employer: _____

Address: _____
Street City State Zip

Occupation: _____ How long have you worked there? _____

Spouse's Employer (if filing jointly)

N/A

Name of Employer: _____

Address: _____
Street City State Zip

Occupation: _____ How long have you worked there? _____

Current/Projected Income

(Estimate of average or projected monthly income at time bankruptcy is to be filed).

	Debtor	Spouse
Current monthly gross wages	\$ _____	\$ _____
Estimated monthly overtime	\$ _____	\$ _____
SUBTOTAL	\$ _____	\$ _____
Payroll Deductions		
Payroll taxes & Social Security	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	\$ _____
TOTAL NEW MONTHLY TAKE HOME PAY	\$ _____	\$ _____

Other Forms of Income

Please list any additional income you receive from other sources than those listed above.

N/A

Income from Real Property: Income: \$ _____ Expenses: \$ _____

Dividends: Income: \$ _____

Alimony, Maintenance, or Child Support: Income: \$ _____

Social Security &/or Government Assistance: Income: \$ _____

Pension or Retirement: Income: \$ _____

Self-Employed

Please provide Profit & Loss Statements (on **CASH** basis) of owner's draws for last 6 months. If you do not have this, please contact our office. N/A

Changes in Income

Do you expect any changes in income based on employment (e.g. loss of job, injury, etc?) N/A

If YES, explain: _____

Name	Members of Household		Dependent?	
	Age	Relationship	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Are any of your dependents over 18 years of age? Yes No

If so, are they contributing to the household income and expenses? Yes No

If no, please explain why not: _____

Are any members of your household 65 years of age or older? Yes No

If so, are they contributing to the household income and expenses? Yes No

If yes, how much is their regular monthly contribution? \$ _____

Monthly Personal Budget

Please check box if your spouse maintains a separate household

	Current Average Monthly Expenses	Anticipated changes in the next 12 months	
Mortgage/ Rent	\$ _____	\$ _____	<input type="checkbox"/> N/A
Real Estate Taxes Included? <input type="checkbox"/> Yes <input type="checkbox"/> No (List Amount)	\$ _____	\$ _____	<input type="checkbox"/> N/A
Property Insurance Included? <input type="checkbox"/> Yes <input type="checkbox"/> No (List Amount)	\$ _____	\$ _____	<input type="checkbox"/> N/A
Electricity/Gas	\$ _____	\$ _____	<input type="checkbox"/> N/A
Water/ Sewer	\$ _____	\$ _____	<input type="checkbox"/> N/A
Home Telephone	\$ _____	\$ _____	<input type="checkbox"/> N/A
Cell Phone	\$ _____	\$ _____	<input type="checkbox"/> N/A
Internet	\$ _____	\$ _____	<input type="checkbox"/> N/A
Cable TV	\$ _____	\$ _____	<input type="checkbox"/> N/A
Trash	\$ _____	\$ _____	<input type="checkbox"/> N/A
Home Maintenance (Repair/ Upkeep)	\$ _____	\$ _____	<input type="checkbox"/> N/A
Food	\$ _____	\$ _____	<input type="checkbox"/> N/A
Clothing	\$ _____	\$ _____	<input type="checkbox"/> N/A
Laundry & Dry Cleaning	\$ _____	\$ _____	<input type="checkbox"/> N/A
Medical & Dental Expenses	\$ _____	\$ _____	<input type="checkbox"/> N/A
Public Transportation	\$ _____	\$ _____	<input type="checkbox"/> N/A
Fuel & Oil for vehicle	\$ _____	\$ _____	<input type="checkbox"/> N/A
License/ Taxes for vehicle	\$ _____	\$ _____	<input type="checkbox"/> N/A
Vehicle Maintenance/ Repair	\$ _____	\$ _____	<input type="checkbox"/> N/A
Recreation, entertainment, etc.	\$ _____	\$ _____	<input type="checkbox"/> N/A
Club/ Union dues (not deducted from wages)	\$ _____	\$ _____	<input type="checkbox"/> N/A
Charitable contributions	\$ _____	\$ _____	<input type="checkbox"/> N/A
Homeowner/ Renter Insurance	\$ _____	\$ _____	<input type="checkbox"/> N/A
Life Insurance (not deducted from wages)	\$ _____	\$ _____	<input type="checkbox"/> N/A

Health Insurance (not deducted from wages)	\$ _____	\$ _____	<input type="checkbox"/> N/A
Auto Insurance	\$ _____	\$ _____	<input type="checkbox"/> N/A
Other: _____	\$ _____	\$ _____	<input type="checkbox"/> N/A
Taxes (not deducted from wages)	\$ _____	\$ _____	<input type="checkbox"/> N/A
Vehicle Installment Payments	\$ _____	\$ _____	<input type="checkbox"/> N/A
Other Installment Payments:			
_____	\$ _____	\$ _____	<input type="checkbox"/> N/A
Alimony, Maintenance, Support:	\$ _____	\$ _____	<input type="checkbox"/> N/A
Additional Dependents not at home:	\$ _____	\$ _____	<input type="checkbox"/> N/A
Expenses for operating your business	\$ _____	\$ _____	<input type="checkbox"/> N/A
Toiletries/ Cosmetics	\$ _____	\$ _____	<input type="checkbox"/> N/A
Salon/ Barber	\$ _____	\$ _____	<input type="checkbox"/> N/A
Subscriptions	\$ _____	\$ _____	<input type="checkbox"/> N/A
Gifts (Including Christmas)	\$ _____	\$ _____	<input type="checkbox"/> N/A
Investments	\$ _____	\$ _____	<input type="checkbox"/> N/A
School/ Child Care	\$ _____	\$ _____	<input type="checkbox"/> N/A
Home Security System	\$ _____	\$ _____	<input type="checkbox"/> N/A
Other: _____	\$ _____	\$ _____	<input type="checkbox"/> N/A
Other: _____	\$ _____	\$ _____	<input type="checkbox"/> N/A
Other: _____	\$ _____	\$ _____	<input type="checkbox"/> N/A
Other: _____	\$ _____	\$ _____	<input type="checkbox"/> N/A
Miscellaneous	\$ _____	\$ _____	<input type="checkbox"/> N/A

Priority Debts

Taxes Owed

#1 N/A

I owe back taxes to: IRS Colorado Department of Revenue Other state taxes

Account/ Reference #: \$ _____

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Back Pay owed: \$ _____

Amount paid in last 3
months: \$ _____

#2 N/A

I owe back taxes to: IRS Colorado Department of Revenue Other state taxes

Account/ Reference #: \$ _____

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Back Pay owed: \$ _____

Amount paid in last 3
months: \$ _____

Child Support, Alimony, Maintenance

#1 N/A

I am required to pay monthly:

Child Support Alimony Maintenance

Account/ Reference #: \$ _____

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Back Pay owed: \$ _____

Amount paid in last 3
months: \$ _____

#2 N/A

I am required to pay monthly:

Child Support Alimony Maintenance

Account/ Reference #: \$ _____

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Back Pay Owed: \$ _____

I have additional priority debts and have attached information on them

Leases: Home, Auto or Other

Please list any assets you have that are being leased (e.g. a car or property)

#1

Type of Lease: Car _____ Property _____

Name of Creditor: _____

Address of Creditor: _____

What do you plan to do with the asset? Keep the Lease Break the Lease

Pay Off Balance: \$ _____

Monthly Payment: \$ _____

Back Pay Owed: \$ _____

Back Pay Owed: _____ None Don't Know

Time Remaining: _____

Attorneys/ Collection Agencies trying to collect on this? N/A

Name: _____

Address: _____

#2

Type of Lease: Car _____ Property _____

Name of Creditor: _____

Address of Creditor: _____

What do you plan to do with the asset? Keep the Lease Break the Lease

Pay Off Balance: \$ _____

Monthly Payment: \$ _____

Back Pay Owed: \$ _____

Back Pay Owed: _____ None Don't Know

Time Remaining: _____

Attorneys/ Collection Agencies trying to collect on this? N/A

Name: _____

Address: _____

I have more than 2 leases and have attached information on them.

Money Owed to Family, Friends, and Former Business Associates

Please list all debts that are owed to other individuals. If you have any documents relating to these debts, please attach them. N/A

#1

Is there a lien? Yes No

Is the debt a Secured Debt? Yes No

Individual's Name: _____

Address: _____

Reason for Debt: _____

Amount Owed: \$ _____

Amount Paid: \$ _____

#2

Is there a lien? Yes No

Is the debt a Secured Debt? Yes No

Individual's Name: _____

Address: _____

Reason for Debt: _____

Amount Owed: \$ _____

Amount Paid: \$ _____

Secured Debt – Real Estate: Houses, Time Shares, HOA, Property Taxes, Liens

Please list all debt that has an asset attached to it (e.g. house, car, furniture, etc.) Attach any related bills or correspondence.

N/A (I do not have any Real Estate being used as collateral on a loan.)

Property #1

Type of Property:

- | | | | |
|--------------------------------------|-------------------------------------------|--------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Residence | <input type="checkbox"/> Former Residence | <input type="checkbox"/> Rental/ Income Property | <input type="checkbox"/> Time Share |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Cemetery Plot | <input type="checkbox"/> Other _____ | |

Name of Creditor: _____

Address of Creditor: _____

Name on Account: Husband Wife Joint

Address of Property: _____

Account Number: _____

Pay off/ Balance: \$ _____

Monthly Payment \$ _____ Interest Only Adjustable Rate Mortgage

Time Remaining on Loan: _____

Back Pay Owed: \$ _____ None, I am current Don't Know

What do you plan to do with this asset? Keep Surrender

Attorneys/ Collection Agencies trying to collect on this? N/A

Name: _____

Address: _____

Secured Debt - Real Estate (cont'd)

Please list all debt that has an asset attached to it (e.g. house, car, furniture, etc.) Attach any related bills or correspondence.

N/A (I do not have any Real Estate being used as collateral on a loan.)

Property #2

Type of Property:

- Residence Former Residence Rental/ Income Property Time Share
 Mobile Home Cemetery Plot Other _____

Name of Creditor: _____

Address of Creditor: _____

Name on Account: Husband Wife Joint

Address of Property _____

Account Number: _____

Pay off/ Balance: \$ _____

Monthly Payment \$ _____ Interest Only Adjustable Rate Mortgage

Time Remaining on Loan: _____

Back Pay Owed: \$ _____ None, I am current Don't Know

What do you plan to do with this asset? Keep Surrender

Attorneys/ Collection Agencies trying to collect on this? N/A

Name: _____

Address: _____

I have more than 2 Real Estate properties and have attached information on them.

Secured Debt - Vehicles

Please list all debt that has an asset attached to it (e.g. house, car, furniture, etc.) Attach any related bills or correspondence.

N/A (I do not have any Vehicles being used as collateral on a loan.)

Vehicle #1

Type of Vehicle:

- Coupe Sedan SUV Truck
 RV Van Other _____

Year	Make	Model
------	------	-------

Name of Creditor: _____

Address of Creditor: _____

Name on Account: Husband Wife Joint

Account Number: _____

Pay off/ Balance: \$ _____

Monthly Payment \$ _____

Time Remaining on Loan: _____

Back Pay Owed: \$ _____ None, I am current Don't Know

What do you plan to do with this asset? Keep Surrender

Attorneys/ Collection Agencies trying to collect on this? N/A

Name: _____

Address: _____

Secured Debt - Vehicles (cont'd)

Please list all debt that has an asset attached to it (e.g. house, car, furniture, etc.) Attach any related bills or correspondence.

N/A (I do not have any Vehicles being used as collateral on a loan.)

Vehicle #2

Type of Vehicle:

- Coupe Sedan SUV Truck
 RV Van Other _____

Year Make Model

Name of Creditor: _____

Address of Creditor: _____

Name on Account: Husband Wife Joint

Account Number: _____

Pay off/ Balance: \$ _____

Monthly Payment \$ _____

Time Remaining on Loan: _____

Back Pay Owed: \$ _____ None, I am current Don't Know

What do you plan to do with this asset? Keep Surrender

Attorneys/ Collection Agencies trying to collect on this? N/A

Name: _____

Address: _____

Secured Debt - Vehicles (cont'd)

Please list all debt that has an asset attached to it (e.g. house, car, furniture, etc.) Attach any related bills or correspondence.

N/A (I do not have any Vehicles being used as collateral on a loan.)

Vehicle #3

Type of Vehicle:

- Coupe Sedan SUV Truck
 RV Van Other _____

Year Make Model

Name of Creditor: _____

Address of Creditor: _____

Name on Account: Husband Wife Joint

Account Number: _____

Pay off/ Balance: \$ _____

Monthly Payment \$ _____

Time Remaining on Loan: _____

Back Pay Owed: \$ _____ None, I am current Don't Know

What do you plan to do with this asset? Keep Surrender

Attorneys/ Collection Agencies trying to collect on this? N/A

Name: _____

Address: _____

Secured Debt - Vehicles (cont'd)

Please list all debt that has an asset attached to it (e.g. house, car, furniture, etc.) Attach any related bills or correspondence.

N/A (I do not have any Vehicles being used as collateral on a loan.)

Vehicle #4

Type of Vehicle:

- Coupe Sedan SUV Truck
 RV Van Other _____

Year Make Model

Name of Creditor: _____

Address of Creditor: _____

Name on Account: Husband Wife Joint

Account Number: _____

Pay off/ Balance: \$ _____

Monthly Payment \$ _____

Time Remaining on Loan: _____

Back Pay Owed: \$ _____ None, I am current Don't Know

What do you plan to do with this asset? Keep Surrender

Attorneys/ Collection Agencies trying to collect on this? N/A

Name: _____

Address: _____

I have more than 4 Vehicles and have attached information on them.

Secured Debt - Other

Please list all debt that has an asset attached to it (e.g. house, car, furniture, etc.) Attach any related bills or correspondence.

Furniture/ Electronics/ Appliances

N/A (I do not have any furniture, electronics or appliances being used as collateral on a loan.)

Type of Furniture:

Living Room
 Dining Room
 Electronics
 Appliances

Description: _____

Name of Creditor: _____

Address of Creditor: _____

Name on Account:
 Husband
 Wife
 Joint

Account Number: _____

Pay off/ Balance: \$ _____

Monthly Payment \$ _____

Time Remaining on Loan: _____

Back Pay Owed: \$ _____
 None, I am current
 Don't Know

What do you plan to do with this asset?
 Keep
 Surrender

Attorneys/ Collection Agencies trying to collect on this?
 N/A

Name: _____

Address: _____

I have additional Furniture/ Electronics/ Appliances on loan and have attached information on them.

Unsecured Debts

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#1

Name of Creditor: _____

Address of Creditor: _____

Account Number: _____

Reason Debt Incurred:

Household/ Personal
 Business
 Medical
 Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____

Street
City
State
Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____

Street
City
State
Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#2

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#3

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#4

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#5

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#6

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#7

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

- Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

- Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#8

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#9

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#10

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

- Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

- Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#11

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

- Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

- Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#12

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

- Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

- Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#13

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

- Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

- Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#14

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#15

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

- Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

- Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#16

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#17

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

- Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

- Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#18

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

- Household/ Personal
 Business
 Medical
 Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this?
 Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

- Relative
 Friend
 Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#19

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

- Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

- Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

#20

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

Unsecured Debt

Please copy this page if you need extra space to complete your list of unsecured debt.

Please list all your other debts (e.g. credit cards, medical bills, educational loans, etc) and attach the corresponding bills.

Name of Creditor: _____

Address of Creditor: _____
Street City State Zip

Account Number: _____

Reason Debt Incurred:

Household/ Personal Business Medical Student Loan/ Tuition

Pay off Balance: \$ _____

Monthly Payment: \$ _____

Amount paid to Creditor
in last 3 months: \$ _____

Date debt incurred: _____

Attorneys/ Collection Agencies trying to collect on this? Yes No

Name: _____

Address: _____
Street City State Zip

Is there a Co-Signer on this loan? Yes No

Relative Friend Other

Name: _____

Address: _____
Street City State Zip

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Client Verification

By signing below I (we) state that the information provided on all the foregoing pages of this bankruptcy questionnaire is true and correct to the best of my (our) knowledge.

Print Name: [Signature]

Date:

Print Name: [Signature]

Date: