

GENERAL INFORMATION

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N/A" in the space. (N/A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. 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 on these forms. Thank you for taking the time to be thorough and complete, resulting in faster turnaround.

Name, First	Middle (spell out)	Last
Social Security Number		Date of Birth
Street Address		
City	State	Zip
County of Residence	Length of Time at This Address	
Home Phone	Other Phone	
Email address		

MAILING ADDRESS - If you would like any correspondence by the bankruptcy court to be sent to a different mailing address than the physical address you provided above (i.e., PO Box, etc.), please provide that address below:

INFORMATION ABOUT YOUR SPOUSE

SPOUSE, First Name	Middle (spell out)	Last
Social Security Number		Date of Birth
Address (if living separately)		
City	State	Zip

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 one: Unmarried Spouse filing separately Other Reason

Have you filed bankruptcy within the last eight (8) years? Yes No

If "yes" provide date(s): _____

Have you met the Debt Counseling requirement for your state? Please check one of the choices below:

Counseling not completed Received counseling within the past 180 days Request waiver

Does not apply to my district

GENERAL INFORMATION (continued)

Check this box if you are a disabled veteran with debts incurred primarily during active duty or homeland defense.

DEPENDENTS

Name	Age	Relationship to You	Is this person/child living with you?
1. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER INFORMATION

Has either you or your spouse been known by any other name during the past 8 years? Yes No
 (Example: maiden name, last name from previous marriage, legal name change, etc.)
 If yes, write the **NAME KNOWN AS** and **DATE(S) THIS NAME WAS USED** below:

Name Used _____ Dates Used _____ thru _____

Name Used _____ Dates Used _____ thru _____

Has your income significantly increased or decreased during the past six (6) months? If so, please provide details below:

CREDIT COUNSELING

The bankruptcy code requires that you obtain a Credit Counseling Certificate before you file bankruptcy. If not directed by your attorney, you can complete this requirement online at <http://yourbankruptcypartner.com/>

DO YOU OWN A HOME? _____

IF YES, PLEASE DESCRIBE (i.e. 2 BR, 1 BA, 750 SQFT w/ att. 2 car gar.)

WHAT IS THE VALUE OF YOUR HOME (list estimate, appraisal, etc.)

HOW MUCH DO YOU OWE (ALL MORTGAGES) ON YOUR HOME?

DO YOU OWN OTHER REAL ESTATE (INCLUDING TIMESHARES)? _____

IF YES, BRIEFLY DESCRIBE: _____

DO YOU OWN MOTOR VEHICLES?

YEAR MAKE MODEL MILEAGE PAYOFF

YEAR MAKE MODEL MILEAGE PAYOFF

APPROXIMATE AMOUNT OF CREDIT CARD DEBT?: _____

DO YOU HAVE UNPAID MEDICAL BILLS OR PERSONAL LOANS? _____

DO YOU HAVE UNPAID BACK TAXES? _____

DO YOU HAVE OTHER DEBTS NOT LISTED? IF SO PLEASE DESCRIBE: _____

INCOME

PLEASE LIST YOUR JOB TITLE: _____

LENGTH OF TIME AT JOB: _____

HOW OFTEN DO YOU GET PAID: _____

AVERAGE GROSS WAGES PER PAYCHECK: _____

DO YOU HAVE ANY ADDITIONAL INCOME? _____

PLEASE LIST YOUR SPOUSE'S JOB TITLE: _____

LENGTH OF SPOUSE'S TIME AT JOB: _____

HOW OFTEN DOES YOUR SPOUSE GET PAID: _____

AVERAGE GROSS WAGES BEFORE DEDUCTIONS: _____

DOES YOUR SPOUSE HAVE ANY ADDITIONAL INCOME? _____

DO EITHER YOU OR YOUR SPOUSE HAVE A BUSINESS? _____

- PLEASE DESCRIBE ANY RECENT OR FUTURE INCOME CHANGES:

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amounts in the spaces below each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole 12 month period.

Housing Expenses

Rent (if you do not own your home) \$ _____
 First Mortgage payment or mobile home monthly payment \$ _____
 Second mortgage (if applicable) \$ _____
 Third mortgage (if applicable) \$ _____
 Lot Payment (if applicable) \$ _____
 Are real estate **taxes** included in your mortgage payment? Yes No
 Taxes not included in house payment \$ _____
 Is your home **insurance** included in your mortgage payment? Yes No
 Insurance not included in house payment \$ _____

Utilities (Normal Monthly Average)

Electricity and Gas \$ _____
 Water \$ _____
 Telephone (Basic Service) \$ _____
 Trash Pick-Up \$ _____

Basic Needs

Home Maintenance (home owners) \$ _____
 Food (Monthly) \$ _____
 Clothing (Monthly Expense) \$ _____
 Laundry, dry cleaning, soap, etc. \$ _____
 Medical expenses not paid by insurance \$ _____

Transportation

Gasoline/auto maintenance \$ _____
 Recreation, Entertainment \$ _____
 Charitable Giving (if claimed on taxes) \$ _____

Insurance

Renters Insurance \$ _____
 Life Insurance (other than employer) \$ _____
 Health Insurance (other than employer) \$ _____
 Automobile Insurance \$ _____
 Other Insurance \$ _____

Taxes

Are any other taxes deducted from your wages? If so, what type of taxes are they? \$ _____

Other Expenses

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 \$ _____
 Newspapers, Books, Magazines \$ _____
 Personal Care Items \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Use the space below to describe any additional monthly expenses that you must pay out of your pocket that are not covered here. Explain the type of expense, amount of expense and how long you will continue to have this expense:

PLEASE LIST YOU AND YOUR SPOUSE'S BANK ACCOUNTS:

BANK	CHECKING/SAVINGS	BALANCE

LIST YOUR HOUSEHOLD GROSS INCOME FOR _____
2012 2013

DO YOU EXPECT TO INHERIT FROM SOMEONE WHO HAS DIED? _____

ARE YOU THE BENEFICIARY OF A TRUST? _____

ARE YOU PARTY TO A PENDING LAWSUIT? IF SO, EXPLAIN: _____

HAVE YOU FILED BANKRUPTCY IN THE LAST EIGHT YEARS? _____

HAVE YOU HAD A BUSINESS IN THE LAST EIGHT YEARS? _____

IF SO, WHAT WAS THE NATURE OF THE BUSINESS? _____

HAVE YOU BEEN DIVORCED IN THE PAST FOUR YEARS? _____

DO YOU HAVE STOCKS, BONDS, VALUABLE COLLECTIBLES, CASH VALUE LIFE INSURANCE, OR ANY OTHER MAJOR ASSETS BESIDES YOUR HOME AND CAR(S)? IF SO, PLEASE DESCRIBE BRIEFLY: _____

DO YOU HAVE STUDENT LOANS? APPROXIMATE AMOUNT? _____

HAVE YOU TRANSFERRED ANY PROPERTY IN LAST 4 YEARS? _____

HAVE YOU REFINANCED ANY PROPERTY IN LAST 2 YEARS? _____

ANY ANTICIPATED FINANCIAL CHANGES/OTHER INFORMATION? _____