

LAW OFFICE of DOUGLAS L. BARRETT, LLC

1149 West Center Street - Orem, UT - 84057 Tel:(801) 221-9911 E-address: dbarrett@dlblaw.com

CLIENT CHECKLIST - BANKRUPTCY

Your next appointment is _____ at _____ am/pm

In order for us to prepare the documents needed to file your case with the U.S. Bankruptcy Court, prior to your next appointment, please make sure that you drop-off or mail the following items at our Orem office by _____.

- ☐ Signed and Complete CLIENT QUESTIONAIRE.
- ☐ Complete PHOTOCOPIES of State and Federal TAX RETURNS for the last four (4) years. (If unable to locate, obtain Federal Tax Transcripts from the IRS at 800-829-1040)
- ☐ Cricket Pre-Bankruptcy CREDIT COUNSELING CERTIFICATE (More info on other side) (Obtain from www.CricketDebt.com or via Telephone at 866-719-0400)
- ☐ PHOTOCOPIES of PAY STUBS: Last SEVEN (7) MONTHS of Pay Stubs for each job you have had, if your spouse is also filing, WE NEED THE SAME FOR YOUR SPOUSE'S JOBS. (If you do not have these stubs, please request a summary printout from your employer for this time period, there are no exceptions to this requirement); IF YOU ARE SELF-EMPLOYED, FILL OUT SIX (6) MONTHLY INCOME WORKSHEETS - ONE FOR EACH MONTH PRIOR TO YOUR CASE FILING; IF RETIRED WE NEED A STATEMENT OF MONTHLY RETIREMENT AND/OR SOCIAL SECURITY BENEFITS.
- ☐ Last three (3) months of EVERY BILL, LETTER, STATEMENT AND DOCUMENT RECEIVED FROM:
 - YOUR CREDITORS
 - MORTGAGE STATEMENT
 - BANKS/CREDIT UNIONS/401K/IRA
 - LIFE INSURANCE POLICIES
 - COLLECTION AGENCIES AND/OR ATTORNEYS
- ☐ PHOTOCOPIES of last three (3) months of STATEMENTS for all BANK ACCOUNTS.
- ☐ Make sure no BANK ACCOUNT has more than \$25.00 in it on the day you meet with us.
- ☐ PROOF of ALL Charitable Contributions made during the last 12 months.
- ☐ PHOTOCOPIES of TITLES or DMV PRINTOUTS to any property to which you are required to have a Utah vehicle title, such as, AUTOMOBILES, TRUCKS, ATV, BOAT, MOTORCYCLES, or MOBILE HOME TRAILERS.
- ☐ PHOTOCOPIES of all court papers. For example: COMPLAINTS, JUDGMENTS, GARNISHMENTS, ATTACHMENTS OR JUDGMENT LIENS; COPIES OF FINDINGS OF FACT, CONCLUSIONS OF LAW and FINAL DECREES OF DIVORCE.
- ☐ Completed CREDIT REPORT RELEASE FORM and PHOTOCOPIES of your DRIVERS LICENSE or STATE ID CARD as well as a Photocopy of your SOCIAL SECURITY CARD.
- ☐ Fees* (In the form of cash, cashiers check or money order, made payable to: "Law Office of Douglas L. Barrett, LLC")

Filing Fee	\$ _____	
Attorney Fees*	\$ _____	* (Chapter 13 Attorney Fees will be set by the US Bankruptcy Court)
Class Fees	\$ _____	
Total Amount Due	\$ _____	(Fee quote valid for 30 days from date of first consultation) #

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Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: _____
First Middle Last

Has your spouse used any other names in the past 8 years? ☐ No ☐ Yes **If yes, list other names:**

Social Security Number: ____ - ____ - ____

Telephone Number(s) Home: _____ Cell: _____ Work: _____

Address: **(if different from your address):** _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Spouse E-mail: _____

Part B (1). Source of Funds

If the funds you used to pay the fees for this bankruptcy came from someone other than yourself, please list the name(s) of the person paying the fees: _____

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years? ☐ No ☐ Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? ☐ No ☐ Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? ☐ No ☐ Yes (If yes, please attach a list and description of the property.)

Part D. Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you? ☐ No ☐ Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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Section 2 ♦ Property

Part A. Real Estate (If you own a Mobile Home please fill out next page)

*Photocopy Additional Pages For Every Separate Piece Of Real Estate That You Own

Check the type of real estate you own: ☐ House ☐ Condominium ☐ Vacant Lot ☐ Other

Name(s) on Deed of Title: _____

Address of Real Estate: _____

Name of Mortgage Company: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date you obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount on mortgage _____

Are you behind on payments? ☐ Yes ☐ NO If so, what months _____

What is the interest rate? _____ % Amount to catch up back payments \$ _____

What year was your last real estate appraisal? _____ What was the appraised value? \$ _____

Do you have a second mortgage on the real estate? ☐ Yes ☐ No What is the value of this property \$ _____

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date you obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount on mortgage _____

Are you behind on payments? ☐ Yes ☐ NO If so, what months _____

What is the interest rate? _____ % Amount to catch up back payments \$ _____

COLLECTION INFORMATION (IF APPLICABLE)

Name of collector or attorney _____

Address _____

City _____ State _____ Zip _____

Is the real estate in the process of foreclosure? ☐ Yes ☐ No

If in collection, please provide us a photocopy of the court documents you were served.

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Part B. Mobile Home (If you own a Home please fill out previous page)

Photocopy Additional Pages For Every Separate Mobile Home That You Own

Name(s) on Deed of Title: _____

Address of Mobile Home: _____

Does your mobile home sit in a mobile home park? ☐ Yes ☐ No What is the monthly lot rent? \$ _____

Does the mobile home sit on a piece of ground that you own? ☐ Yes ☐ No Size of ground _____

Do you make separate payments for the ground you mobile home sits on? ☐ Yes ☐ No

If so, explain: _____

If you own the ground free and clear, what is the resale value of the ground? \$ _____

Name of Mortgage Company: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date you obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount on mortgage _____

Are you behind on payments? ☐ Yes ☐ NO If so, what months _____

What is the interest rate? _____ % Amount to catch up back payments \$ _____

What year was your last real estate appraisal? _____ What was the appraised value? \$ _____

Do you have a second mortgage on the real estate? ☐ Yes ☐ No

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date you obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount on mortgage _____

Are you behind on payments? ☐ Yes ☐ NO If so, what months _____

What is the interest rate? _____ % Amount to catch up back payments \$ _____

COLLECTION INFORMATION (IF APPLICABLE)

Name of collector or attorney _____

Address _____

City _____ State _____ Zip _____

Is the real estate in the process of foreclosure? ☐ Yes ☐ No

If in collection, please provide us a photocopy of the court documents you were served.

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Section 3 ♦ Personal Property

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the market value as the resale value.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	(Resale) Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts Note: We will also need to know how much money you have in banks and/or credit union accounts, as of the date we are going to file your case with the Court. FYI: You will be asked by the Trustee to bring to your hearing an account statement showing the amount that was in your accounts on the date that your bankruptcy petition was filed.					
3. Security deposits held by utility companies, landlord		<input type="checkbox"/> Landlord Name _____ Address _____ <input type="checkbox"/> Utility Name _____ Address _____			

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Type of Property	Yes/ No	Description & Location	Husband, <u>W</u> ife, Joint, <u>C</u> ommunity	(Resale) Value	Office Use Only Exemptions?
4. Household goods <i>NOTE: The list to the right is merely a checklist of the most common household items that you may own.</i> <i>Please be sure to add to the list <u>all</u> the additional property that you may own.</i>		<input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Microwave <input type="checkbox"/> Cooking Utensils/Cookware <input type="checkbox"/> Sofa # _____ <input type="checkbox"/> Loveseat # _____ <input type="checkbox"/> Chairs # _____ Recliners # _____ <input type="checkbox"/> End Table(s) # _____ <input type="checkbox"/> Coffee Table # _____ <input type="checkbox"/> Dresser(s) # _____ <input type="checkbox"/> Nightstand(s) # _____ <input type="checkbox"/> Bed/Bedding # _____ <input type="checkbox"/> Lamps/Accessories <input type="checkbox"/> TV # _____ <input type="checkbox"/> VCR # _____ <input type="checkbox"/> DVD # _____ <input type="checkbox"/> Computer # _____ <input type="checkbox"/> Printer # _____ <input type="checkbox"/> Desk(s) # _____ <input type="checkbox"/> Bookshelf(s) # _____ <input type="checkbox"/> Stereo # _____ <input type="checkbox"/> Table # _____ w/Chairs # _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____			

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Type of Property	Yes/ No	Description & Location	Husband, <u>W</u> ife, Joint, <u>C</u> ommunity	(Resale) Value	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles		<input type="checkbox"/> Misc. Book's <input type="checkbox"/> Misc. Music CD's <input type="checkbox"/> Misc. DVD's <input type="checkbox"/> Misc. Video Tapes <input type="checkbox"/> Other:			
6. Clothing		<input type="checkbox"/> Wearing Apparel			
7. Furs and jewelry		<input type="checkbox"/> Wedding Ring(s) <input type="checkbox"/> Misc. Costume Jewelry <input type="checkbox"/> Other:			
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)					

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Type of Property	Yes/ No	Description & Location	Husband, <u>W</u> ife, Joint, <u>C</u> ommunity	(Resale) Value	Office Use Only Exemptions?
12. Interests in pension or profit sharing plans <i>Note: We are talking about accounts, such as IRAs, Keogh, ERISA, Profit Sharing Plans, ESOPs, 401K Savings Accounts, or 403B Savings Accounts.</i>					
13. Stock and interests in incorporated/unincorporated business					
14. Interests in partnerships, joint ventures					
15. Bonds					
16. Accounts receivable					
17. Alimony/family support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests or life estates					

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Type of Property	Yes/ No	Description & Location	Husband, <u>W</u> ife, Joint, <u>C</u> ommunity	(Resale) Value	Office Use Only Exemptions?
20. Interests in estate of decedent or life insurance plan or trust					
21. Other contingent/ unliquidated claims, including tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer list or other compilation					
25. Automobiles, trucks, trailers, and accessories. NOTE: You must fill out this section even if you are making payments to a lender for the vehicle(s) in your possession. TIP: For values you can go to NADA Blue Book at: www.nadaguides.com		(1) Yr _____ Make _____ Model _____ Mileage _____ Condition: good/fair/poor <u>Please provide a photocopy of the title.</u> (2) Yr _____ Make _____ Model _____ Mileage _____ Condition: good/fair/poor <u>Please provide a photocopy of the title.</u> (3) Yr _____ Make _____ Model _____ Mileage _____ Condition: good/fair/poor <u>Please provide a photocopy of the title.</u>			

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Type of Property	Yes/ No	Description & Location	Husband, <u>W</u> ife, Joint, <u>C</u> ommunity	(Resale) Value	Office Use Only Exemptions?
26. Boats, motors, and accessories		Yr _____ Make _____ Model _____ Mileage _____ Condition: good/fair/poor			
27. Aircraft and accessories					
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					
30. Inventory					
31. Animals					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					

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Type of Property	Yes/ No	Description & Location	Husband, <u>W</u> ife, Joint, <u>C</u> ommunity	(Resale) Value	Office Use Only Exemptions?
35. Other personal property of any kind not listed.					

Section 4 ♦ Executory Contracts and Unexpired Leases

Executory contracts include **leases** and outstanding **contracts in progress** (where there is something someone must do other than merely paying money). Examples are: (1) Apartment or house leases, (2) Business property leases, (3) Equipment leases, (4) Vehicle leases, (5) Contracts for the purchase or sale of real estate (that is where the deed to the property has not been handed over), (6) Spa memberships, (7) Rent-to-own contracts (8) Service contracts, and (9) Cell phone contracts.

	Debtor	Joint Debtor
Do you have any leases or other executory contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please fill in the following for each contract or lease you have:		
Other Party to Contract:	Address of Other Party to Contract:	
Type: <input type="checkbox"/> Residential Lease <input type="checkbox"/> Real Estate <input type="checkbox"/> Contract <input type="checkbox"/> Business Prop. Lease <input type="checkbox"/> Equipment Lease <input type="checkbox"/> Vehicle Lease <input type="checkbox"/> Spa Membership <input type="checkbox"/> Rent-To-Own <input type="checkbox"/> Service Contract <input type="checkbox"/> Cell Phone	Terms:	
	Buyout Option, if any:	
	Beginning Date:	
Description of property involved:	Do you want to keep this contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Party to Contract:	Address of Other Party to Contract:	
Type: <input type="checkbox"/> Residential Lease <input type="checkbox"/> Real Estate <input type="checkbox"/> Contract <input type="checkbox"/> Business Prop. Lease <input type="checkbox"/> Equipment Lease <input type="checkbox"/> Vehicle Lease <input type="checkbox"/> Spa Membership <input type="checkbox"/> Rent-To-Own <input type="checkbox"/> Service Contract <input type="checkbox"/> Cell Phone	Terms:	
	Buyout Option, if any:	
	Beginning Date:	
Description of property involved:	Do you want to keep this contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5 ♦ Current Income

Marital Status:

- ☐ Married
☐ Single
☐ Divorced
☐ Separated
☐ Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

Gender (Male or Female)	Age	Relationship

Part A. Debtor's Income

What is your occupation? _____

Name and address of your employer:

How long have you been employed there? _____

What is the gross amount of your paycheck, before taxes/other deductions are taken out? \$ _____

How often do you get paid? ☐ once a week

☐ every two weeks ☐ twice a month

☐ once a month ☐ other _____

Complete the below questions with your estimate of monthly averages.

Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____

How much is taken out of each paycheck for taxes and social security? \$ _____

How much is taken out for insurance? \$ _____

How much for union dues? \$ _____

Are there other deductions? If so, what are they and how much? _____

Do you receive

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?
- b) income from real estate property? If so, how much per month? ☐ No ☐ Yes \$ _____
- c) interest or dividends? If so, how much per month? ☐ No ☐ Yes \$ _____
- d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? ☐ No ☐ Yes \$ _____
- e) social security or other forms of monetary government assistance? ☐ No ☐ Yes \$ _____
- f) retirement or pension money? ☐ No ☐ Yes \$ _____

Do you have any other sources of income not listed?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

Part B. Joint Debtor's Income

What is your occupation? _____

Name and address of your employer:

How long have you been employed there? _____

What is the gross amount of your paycheck, before taxes/other deductions are taken out? \$ _____

How often do you get paid? ☐ once a week

☐ every two weeks ☐ twice a month

☐ once a month ☐ other _____

Complete the below questions with your estimate of monthly averages.

Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____

How much is taken out of each paycheck for taxes and social security? \$ _____

How much is taken out for insurance? \$ _____

How much for union dues? \$ _____

Are there other deductions? If so, what are they and how much? _____

Do you receive

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?
- b) income from real estate property? If so, how much per month? ☐ No ☐ Yes \$ _____
- c) interest or dividends? If so, how much per month? ☐ No ☐ Yes \$ _____
- d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? ☐ No ☐ Yes \$ _____
- e) social security or other forms of monetary government assistance? ☐ No ☐ Yes \$ _____
- f) retirement or pension money? ☐ No ☐ Yes \$ _____

Do you have any other sources of income not listed?

Section 5A ♦ Current Monthly Income

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months. (Remember we need copies of pay stubs or other evidences of earnings prior to filing your case.)

	Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____
Gross wages, salary, tips, bonuses, overtime, commissions.						
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.						
Rent and other real property income: a. Gross Income - b. Expense = c. Net Income.						
Interest, dividends, and royalties.						
Pension and retirement income (<i>NOT Social Security</i>).						
Regular contributions from others to the household expenses, including child support.						
Unemployment Compensation.						
Social Security income.						
Other sources not already mentioned. Specify:						

Section 6 ♦ Current Expenses

Do you and your spouse maintain separate households? ☐ Yes ☐ No

If so, fill one page out for your household and copy another for your spouse's household.

INSTRUCTIONS: Fill in all of your normal living expenses for your household.

If the expense is not paid monthly, figure out approximately how much the expense would be on a monthly basis.

For example: If you pay your car insurance on a budget plan, please provide what the monthly amount would be...for example, if your total car insurance bill for a year would be \$1200.00, then your monthly allowance for car insurance would be \$100.

Monthly Amount	Type of Expense
	Home: Rent / Home mortgage / Mobile home payment (include lot rent/HOA Fee, if any)
	Utilities: Electricity
	Gas or Oil
	Water and sewer
	Telephone/Cell Phone
	Cable / Satellite
	Garbage pickup
	Internet
	Home Maintenance (repairs/upkeep/lawn/pool)
	Food (groceries and meals out; include lunch at work/school lunch)
	Clothing (clothing/shoes/hosiery)
	Laundry and Dry Cleaning
	Medical and Dental and Prescription Expenses
	Transportation and Vehicle Expenses (Gas - how much each month)\$_____
	+ Repairs(number of oil changes in one (1) year/cost of each/cost for set of tires)\$_____
	+ Avg. Monthly Maintenance\$_____ : Add the above together and then divide by 12
	\$_____ (put this amount in the box)
	Recreation, Clubs, Entertainment, Newspapers, Magazines, Birthdays, Etc.
	Monthly Religious / Tithing / Charitable Contributions
	Name and Address of Church or Charity:_____

	Please provide a copy of your tithing statement received from your Church and check to see if this is same amount claimed on your Income Tax returns.
	Life Insurance:
	Property Insurance on your home (please include a copy of your insurance coverage sheet)
	Is this expense included in your house payment? Yes No
	Renter's Insurance
	Car / Truck Insurance
	Life and Disability
	Health and Dental

Monthly Amount	Type of Expense
	Alcohol/Tobacco/Cigarettes
	Taxes: (Not including the taxes deducted from your wages)
	Real Estate Taxes
	Is this expense included in your house payment? Yes No
	Personal Property taxes (On vehicles and/or business equipment)
	Estimated Income taxes (If you are self-employed)
	Overdue Income taxes
	Overdue Withholding/Sales taxes (If you are self-employed or from a business)
	Installment payments (purchase or lease):
	Motor Vehicle
	Motor Vehicle
	Motor Vehicle
	Mobile Home (Other than your home)
	Furniture (RC Willey)
	Furniture
	Jewelry
	Boat / 4-Wheeler / Camper / Other Recreational Vehicles
	Other (describe):
	Other (describe):
	Alimony and Child Support paid to others(Not already taken out of your wages)
	Payments for support of additional dependents not living at your home
	Business Expenses (Regular expenses for operation of a current business, profession or fa
	If so, please attach a list of the monthly business expenses and the amounts.
	Child Care
	Co-signed debts that must be paid
	Student loans
	Prospective Vehicle Purchase / Additional insurance
	Regular Monthly Expenses of Non-filing spouse or Live-in boyfriend/girlfriend:
	Describe:
	Describe:
	Describe:
	Describe:
	Describe:
	Personal Grooming
	Pets and Supplies
	Other expenses (describe):
	Other expenses (describe):
	Other expenses (describe):
	TOTAL

Section 6A ♦ DEBT SHEETS (1 of 6)

♦ PHOTOCOPY ADDITIONAL PAGES IF YOU HAVE MORE THAN 18 TOTAL DEBTS

♦ DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE—LIST EVERY DEBT YOU OWE, EVEN LOANS FROM REALATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET 2 of 6

♦ PHOTOCOPY ADDITIONAL PAGES IF YOU HAVE MORE THAN 18 TOTAL DEBTS

♦ DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE—LIST EVERY DEBT YOU OWE, EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET 3 of 6

♦ PHOTOCOPY ADDITIONAL PAGES IF YOU HAVE MORE THAN 18 TOTAL DEBTS

♦ DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE—LIST EVERY DEBT YOU OWE, EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET 4 of 6

♦ PHOTOCOPY ADDITIONAL PAGES IF YOU HAVE MORE THAN 18 TOTAL DEBTS

♦ DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE—LIST EVERY DEBT YOU OWE, EVEN LOANS FROM REALATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET 5 of 6

♦ PHOTOCOPY ADDITIONAL PAGES IF YOU HAVE MORE THAN 18 TOTAL DEBTS

♦ DO NOT JUST LIST DEBTS YOU WANT TO INCLUDE—LIST EVERY DEBT YOU OWE, EVEN LOANS FROM RELATIVES

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

DEBT SHEET 6 of 6

♦ PHOTOCOPY ADDITIONAL PAGES IF YOU HAVE MORE THAN 18 TOTAL DEBTS

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt \$ _____ Account No: _____

Date you obtained or established credit _____

If this is a credit card debt, what date (or year) did you last make a purchase? _____

What is this debt for? _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has the debt been turned over to a collection agency? ☐ Yes ☐ NO

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

HELPFUL HINT: Keep thinking: Is there anyone else that claims or might claim you owe them money?

If so, add them to the list above, even if you disagree with their claim!!!

NOW DOUBLE-CHECK FOR OTHER POSSIBLE DEBTS:

(IF YOU ANSWER YES TO ANY OF THESE QUESTIONS GO BACK AND MAKE SURE THAT YOU HAVE LISTED THE DEBT ON THE DEBT SHEETS IN SECTION 6A)

- | | | |
|---------------------|--|---|
| CREDIT UNIONS. . . | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any loans with a credit union? |
| TIMESHARES. . . | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a timeshare? |
| CAMPGROUNDS. . . | <input type="checkbox"/> Yes <input type="checkbox"/> No | What about campground memberships? |
| LEASES. . . | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any leases on motor vehicles, buildings or equipment? |
| SPA MEMBERSHIPS... | <input type="checkbox"/> Yes <input type="checkbox"/> No | What about spa, exercise club or gym memberships? |
| MEDICAL BILLS... | <input type="checkbox"/> Yes <input type="checkbox"/> No | How about medical bills that might not get paid by insurance? |
| EX-SPOUSES... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your ex-spouse have any claims against you, for instance a claim of equitable distribution? |
| STORE ACCOUNTS... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you owe any money on a store account? |
| BANK OVERDRAFT... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any overdraft protection (check protection) debts? |
| FURNITURE... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you owe money on the purchase of furniture? |
| DEBTS TAKEN OVER... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your name on the debt taken over by an ex-spouse or friend, such as a credit card or house loan? |
| ASSUMED DEBTS... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your name still on a debt taken over by someone else? That is, a debt where someone assumed your loan or simply took over your payments? |
| RETURNED ITEMS. . . | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you return to a creditor something you bought thinking that the balance would be cancelled? |

OLD REPOSSESSIONS...	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were there any repossessions or foreclosures in the past that might lead to deficiency claims against you?
FHA or VA. GUARANTEES...	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was a house or mobile home you lost covered by a loan guaranteed by FHA or VA?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your present home covered by a FHA or VA guarantee?
CO-SIGNERS...	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you happen to co-sign or guarantee a loan for someone else ?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did anyone co-sign or guarantee on a debt for you ? Note: Do not include your spouse, if your spouse is filing bankruptcy with you.
CAR ACCIDENTS...	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone have any claims <u>against</u> you because of a car accident?
TAXES...	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you owe any taxes?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any tax returns you did not file that you were supposed to?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, will you owe any taxes on those tax returns?
SOCIAL SECURITY	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you being billed for any overpayments by the Social Security Administration?
CHECK LOANS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any unpaid check cashing loans? <u>Note:</u> These loans are dischargeable in bankruptcy. If you have one or more of these, let us know whether you gave a post-dated check or whether you gave the check cashing lender authorization to take money out of your bank account.
PAY-DAY LOAN	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any unpaid pay-day loans? <u>Note:</u> These loans are dischargeable in bankruptcy. If you have one or more of these, let us know whether you gave a post-dated check or whether you gave the pay-day lender authorization to take money out of your bank account.

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS GO BACK TO THE DEBT SHEETS AND MAKE SURE THAT YOU HAVE LISTED THE DEBT.

Section 7 ♦ Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

☐ NONE

Period	\$ Amount	Source	Husband/Wife
January 1 of this year through date of commencement of case			
<hr/>			
Last year, (January 1 - December 31)			
<hr/>			
The year before last, (January 1 - December 31)			
<hr/>			

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

☐ NONE

Period	\$ Amount	Source	Husband/Wife
During the last year			
<hr/>			
Year before last			

3. Payments to creditors

If your debts are primarily consumer debts, list all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.

☐ NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
------------------------------	-------------------	-------------	-------------------

- b. If your debts are **not** primarily consumer debts, list each payment or other transfer, aggregating more than \$5,475.00 to any creditor made within **90 days** immediately preceding the commencement of this case.

☐ NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
------------------------------	-------------------	-------------	-------------------

- c. All debtors. List all payments made within **one year** immediately preceding the commencement of this case to creditors who were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

☐ NONE

Name and Address of Creditor

and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
-------------------------	-------------------	-------------	-------------------

4. Suits, executions, garnishments and attachments

- a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

☐ NONE

Caption of Suit	Court or Agency	Status or	
and Case Number	Nature of Proceeding	and Location	Disposition

- b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

☐ NONE

Name and Address of Person/Company	Description	
for Whom the Property Was Seized (Creditor)	Date of Seizure	and Value of Property

5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

☐ NONE

Date of Repossession,	Description
<u>Name and Address of Creditor</u>	<u>Foreclosure, Transfer or Return and Value of Property</u>

6. Assignments and receiverships

- a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

☐ NONE

Date of Assignment	Terms of Assignment/Settlement
<u>Name and Address of Assignee</u>	<u></u>

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

☐ NONE

Name and Address	Name and location of Court,	Date of	Description and Value
<u>of Custodian</u>	<u>Case Title and Number</u>	<u>Order</u>	<u>of Property</u>

7. Gifts

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 aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.)

If you have made any charitable contributions to your church or elsewhere during the last 12 months, please provide the name and address of your church or pastor and obtain a copy of a statement regarding the amount of last year's contributions.

☐ NONE

Name and Address	Date	Description
<u>of Recipient</u>	<u>Relationship to You, if Any</u>	<u>of Gift and Value of Gift</u>

8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case**.

☐ NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
--------------------------------------	---	--------------

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

☐ NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/ Description and Value of Property
------------------------------	--------------------	--	--

10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case.

☐ NONE

Name and Address of Transferee and Relationship to you	Date of Transfer	Description of Property Transferred and Value Received
---	------------------	---

b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

☐ NONE

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
------------------------------------	------------------	---

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

☐ NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
------------------------------------	---	---------------------------------------

12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

☐ NONE

Name and Address of Bank or Other Depository	Name and Address of Those With Access to Box or Depository	Description of Contents	Date of Transfer, if Any
---	---	----------------------------	-----------------------------

13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

☐ NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
------------------------------	----------------	------------------

14. Property held for another person

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

☐ NONE

Name and Address of Owner	Description and Value of Property	Location of Property
---------------------------	-----------------------------------	----------------------

15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

☐ NONE

Address	Your Name at the Time	Dates of Occupancy
---------	-----------------------	--------------------

16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

☐ NONE

Name _____

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

☐ NONE

	Name and Address of	Date	Environmental
Site Name and Address	Governmental Unit	of Notice	Law
_____	_____	_____	_____

b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

☐ NONE

	Name and Address of	Date	Environmental
Site Name and Address	Governmental Unit	of Notice	Law
_____	_____	_____	_____

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

☐ NONE

Name and Address of

Governmental Unit	Docket Number	Status or Disposition
-------------------	---------------	-----------------------

18 . Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

☐ NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
------	------------------------------	---------	--------------------	---

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

☐ NONE

Name	Address
------	---------

The following questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. Books, records, and financial statements

- a. List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

☐ NONE

Name and Address	Dates Services Rendered
<hr/>	

- b. List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

☐ NONE

Name	Address	Dates Services Rendered
<hr/>		

- c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

☐ NONE

Name and Address	Comments
<hr/>	

- d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

☐ NONE

Name and Address	Date Issued
<hr/>	

20. Inventories

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

☐ NONE

		Dollar Amount of Inventory
<u>Date of Inventory</u>	<u>Inventory Supervisor</u>	<u>(specify cost, market, or other basis)</u>

- b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

☐ NONE

<u>Date of Inventory</u>	<u>Name and Address of Custodian of Inventory Records</u>

21. Current partners, officers, directors, and shareholders

- a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

☐ NONE

<u>Name and Address</u>	<u>Nature of Interest</u>	<u>Percentage of Interest</u>

- b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation.

☐ NONE

<u>Name and Address</u>	<u>Title</u>	<u>Nature and Percentage of Stock Ownership</u>

22. Former partners, officers, directors and shareholders

- a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

☐ NONE

<u>Name and Address</u>	<u>Date of Withdrawal</u>

- b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

☐ NONE

<u>Name and Address</u>	<u>Title</u>	<u>Date of Termination</u>

23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

☐ NONE

Name and Address of Recipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property
---	-----------------------------------	---

24. Tax Consolidation Group.

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

☐ NONE

Name of Parent Corporation	Taxpayer Identification Number
----------------------------	--------------------------------

25. Pension Funds.

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

☐ NONE

Name of Pension Fund	Taxpayer Identification Number
----------------------	--------------------------------

DECLAIRATION - CLIENT QUESTIONNAIRE WORKSHEET

I/we hereby acknowledge that the information provided in this *Client Questionnaire* is true, complete and correct to the best of my/our information, knowledge and belief.

I/we also certify that I/we have read and understood the instructions provided with the packet, and that I/we have listed all of our property and all of our debts as well as all sources of income.

Date_____

Client_____

Date_____

Client_____



Douglas L. Barrett, Attorney and Counselor at Law
1149 West Center Street
Orem, UT 84057
Tel 801-221-9911

Client Instructions

Under current Bankruptcy laws, you must receive Budget & Credit Counseling from an approved agency within 180 days prior to filing for bankruptcy. Cricket Debt Counseling will provide you with your required counseling through an easy-to-use online course, and a brief follow up email or phone call.* The whole process generally takes about 90 minutes to complete, and you do not have to finish it all at once. At Cricket Debt you can sign up online and take your time going through the materials. Our system saves all your information so you can exit the program and come back whenever and as often as you like.† We charge only \$36, and that fee covers both you and your spouse (if you have one). Your attorney has made arrangements to pay for the course on your behalf, so you won't have to pay us directly when you sign up online.

Attorney Code: 569054

How To Set Up An Account At Cricket Debt

- STEP 1** Go to www.cricketdebt.com and click on the button that says "First Course \$36" and follow the directions for New Clients.
- STEP 2** Enter The Requested Information. We'll ask you for some basic contact information, then we'll ask you to enter the attorney code printed on this sheet, and then you'll create your user name and password.
- STEP 3** Begin The Course.

What You'll Need To Complete The Course

- During the online counseling, you'll be asked to list all of your existing debts, with interest rate and monthly payment amount.
- You'll also be asked to enter your current income, and all monthly expenses, such as rent, utilities, gas, groceries, and anything else you spend money on in any given month so it might be a good idea to gather all of this information before you start the course.
- Finally, when you've finished going through all the materials, you'll be asked to complete your counseling by calling or emailing one of our trained counselors to review the information you entered online.‡ Email is available 24/7, and you can expect a response within 1 hour. If you choose to call, you will not need to be in front of a computer, and the call generally lasts about 10 minutes. When you are done emailing or talking to a counselor, a copy of your certificate will automatically be delivered to you and your attorney.

**Email Counselors are available 24/7. Phone Counselors Are Available
Mon-Fri 6AM-6PM Pacific Time, and Saturday 7AM-3PM Pacific Time
1-866-719-0400**

* If you prefer to take the course over the telephone please ask your attorney for an On Demand packet from Cricket Debt or call us at 1-866-719-0400.

† Client information is saved online for 180 days.

‡ Counselors are available in English and Spanish. Written materials are available in English, Spanish, Korean, Chinese, Vietnamese, Tagalog, Russian, and Romanian.

CIN LEGAL DATA SERVICES' CONSUMER AUTHORIZATION AND RELEASE FORM

I hereby instruct and authorize Credit Infonet, Inc., doing business as CIN Legal Data Services ("CIN"), to do the following:

☒ **Consumer Liability Report (CLR™):** Obtain my personal credit profile from Equifax, Experian, and/or TransUnion, in order to confirm my identity and avoid fraudulent transactions in my name; to compile, merge, and summarize data and data elements contained in my credit profile in order to present it in the bankruptcy-specific format of the Consumer Liability Report ("CLR") product; to provide the CLR and any products created there from to my Attorney via CIN's Internet portal or other secure electronic means for Attorney's use in performing due diligence and verification of my debts pursuant to the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005; to make data elements of the CLR available for electronic import into Attorney's bankruptcy forms preparation software program or automated bankruptcy filing system; and to provide a copy of the CLR to me via electronic posting to my secure account on the myHorizonToday™ Web Site and/or US Mail to the primary address listed within my credit profile.

☐ **myHorizon™ Credit Monitoring Program, 3-Month or 12-Month Subscription:** Monitor my Experian and/or TransUnion credit file on a daily basis in order to provide credit monitoring, credit scoring, and/or credit score monitoring and tracking products to me via email, instant message, and/or text message.

☐ **Post-Discharge Consumer Liability Report (PDCLR™):** Obtain my personal credit profile from Equifax, Experian, and/or TransUnion after the discharge or confirmation of my bankruptcy case in order to confirm my identity and avoid fraudulent transactions in my name; to compile, merge, and summarize data and data elements contained in my credit profile and present them in the format of the Post-Discharge Consumer Liability Report ("PDCLR") product; to provide a copy of the PDCLR to my bankruptcy attorney via CIN's Internet portal or other secure electronic means; and to provide a copy of the PDCLR to me via electronic posting to my secure account on the myHorizonToday™ Web Site and/or US Mail to the primary address listed within my credit profile.

This authorization is intended to constitute a consumer's written instructions requesting his/her own credit report as set forth in Section 604(a) of the Fair Credit Reporting Act ("FCRA", codified at 15 U.S.C. §1681 et. seq.). I specifically authorize the national credit repositories to provide CIN with all medical information that may be contained within my consumer credit file. I have provided photo identification to my Attorney to verify my identity, a copy of which is attached hereto. I acknowledge that the FCRA places no restrictions on how a consumer may utilize or share his/her own credit report that is ordered at his/her written instructions. I also acknowledge that the FCRA provides that anyone who knowingly and willfully obtains information under false pretenses shall be fined under Title 18, or imprisoned for not more than one year, or both. I acknowledge that the CLR™, PDCLR™, and Credit Monitoring products ("the Products") are provided "AS IS" and that CIN makes no representation or warranty, express or implied, with respect to the accuracy, validity, or completeness of the Products, or to their fitness for any particular purposes. I hereby release CIN and CIN's parent, sister, and affiliated companies; successors and assigns; and its and their directors, officers, agents, employees, and independent contractors (collectively, "CIN's Affiliates") from liability for any negligence in connection with the preparation of the Products; and from any losses, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity, incompleteness, delivery, or non-delivery of Product(s), or any portion or data element thereof. I acknowledge that when creating the Products, CIN may access my credit profile as maintained by Equifax, Experian, and TransUnion; any one of these credit bureaus; or any combination of two of these credit bureaus. I understand that any time CIN obtains my credit profile from one or more of these credit bureaus, a "hard inquiry" will be placed on my credit record. I acknowledge that not all of the data contained in my credit record as maintained by Equifax, Experian, and TransUnion will appear on the CLR™ or PDCLR™ products. I specifically acknowledge that neither the CLR™ nor the PDCLR™ will contain any calculation of or data on my current credit score. I acknowledge that CIN's myHorizon™ Credit Monitoring Program will provide me with daily notifications ("Alerts") of changes that are made to my credit report as maintained by Experian and/or TransUnion; that Alerts can be delivered to me via email or SMS text message; that standard text messaging rates will apply to each text message sent or received as provided in my wireless rate plan; and that I can set up my preferences through my secure account at the myHorizonToday™ Web Site. I agree that if one or more provisions of this document are held for any reason to be invalid, illegal, or unenforceable, the remaining provisions of this document will be unaffected, and this document will be construed as if such provision(s) had not been contained herein.

Date: _____

Primary Applicant Name:

Co-Applicant Name:

Primary Applicant SSN:

Co-Applicant SSN:

Primary Applicant Signature: _____

Co-Applicant Signature: _____