

BANKRUPTCY FORMS

DATE FORMS ARE TURNED IN _____ ATTORNEY: Mark W. Ishman
Date Retained: _____

Chapter 7: _____ Chapter 13: _____ (please indicate chapter filing by marking an "X")

____ Unmarried _____ Married
____ Divorced _____ Widowed

____ Unmarried person filing _____ Married living together, one partner filing
____ Married, living apart, filing jointly _____ Married, living together, filing jointly
____ Married, living apart, one partner filing

Ch 7 Attorney fee: _____ Ch. 13 Attorney fee: _____

FILING FEE: \$299.00 (Ch.7) \$274.00 (Ch.13)

Additional Fees: Consumer Credit Counseling - \$34.00 Online Credit Report - \$40.00

Attorney fee plus filing fee has to be paid prior to filing

Office Use Only

Please fill in the requested information about yourself and your spouse even if your spouse is not filing. If only one spouse is filing please indicate whether it is the husband or wife.

****INCLUDE YOUR FULL NAME, MAIDEN NAME AND/OR ANY OTHER NAMES USED.****

Please take your time filling out the forms, make sure you write legible

(Male) NAME: _____ S.S.# _____ - _____ - _____
(First) (Middle) (Last)

(Female) NAME: _____ S.S.# _____ - _____ - _____
(First) (Middle) (Last)

ANY OTHER NAMES USED WITHIN LAST 7 YEARS: _____
(including maiden, a/k/a, d/b/a)

STREET ADDRESS

MAILING ADDRESS

COUNTY YOU LIVE IN: _____

COUNTIES IN WHICH YOU OWN PROPERTY IN: _____

PHONE NUMBERS: HOME (____) _____

WORK (male) (____) _____ Pager/Cell (____) _____ (male)

WORK (female) (____) _____ Pager/Cell (____) _____ (female)
(when calling your employment, we will be discreet)

Do you have an email address? _____ @ _____ (male) _____ @ _____ (female)

PLEASE BE SURE TO READ INSTRUCTIONS ON NEXT PAGE!!!

IMPORTANT!

PLEASE READ AND FILL OUT THE FOLLOWING FORMS *COMPLETELY, ACCURATELY AND NEATLY.*

YOUR FORMS CANNOT AND WILL NOT BE PROCESSED IF THEY ARE INCOMPLETE OR ILLEGIBLE.

WE HAVE FOUND THAT IF WE ACCEPT INCOMPLETE FORMS, WE FIND IT DIFFICULT TO GET THE CORRECT INFORMATION.

THIS IS TO ENSURE THAT WE HAVE ALL THE NECESSARY INFORMATION THAT IS REQUIRED FOR YOUR CASE. THIS IS FOR YOUR BENEFIT FOR AN ACCURATE AND SUCCESSFUL CASE.

THANK YOU.

ISHMAN LAW FIRM, PC

Mark W. Ishman, Esq.

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INSTRUCTIONS FOR BANKRUPTCY FORMS

Enclosed is a set of paperwork that is vital for the processing of your bankruptcy. This document should be filled out completely. **The most common problem we find with clients is that important information is left out.**

Our goal is to help each of our clients to the best of our ability, but in order to do so **we need you to give complete, detailed information.** Also, please do not bring your bills when you turn in forms.

Listed below is information commonly left off the forms. Please make sure this information is on the forms, if the items apply to you. If you are not sure where to list a particular debt, just be sure to list it somewhere and we will sort it out

- Do Not Leave BLANKS! Some questions may seem repetitive, but please answer them all, put N/A in blanks that do not pertain to you.
- ATTACH additional sheets if necessary.
- You are required under penalty of perjury to list ALL Debts, including **NONDISCHARGEABLE** debts such as **school loans** and child support, and debts you intend to pay.
- Do not leave out property that you own or creditors that you owe. Especially if they are jointly owned or owned with spouse, family, or friend.

THE INFORMATION YOU PROVIDE ON THESE FORMS MUST BE COMPLETE AND TRUE, TO THE BEST OF YOUR KNOWLEDGE. YOU WILL BE SWEARING TO THE COMPLETENESS AND ACCURACY OF THIS INFORMATION AND COULD FACE CRIMINAL PENALTIES FOR FAILURE TO DISCLOSE INFORMATION. IF YOU HAVE ANY QUESTIONS ABOUT THIS, ASK US.

***When you turn in your forms, please bring the following items with you:**

- Copy of driver's license of each party filing.
- Copy of your most recent pay stubs, for each party filing.
(Bring Most Recent Stubs to Signing Appt.)
- Copy of contracts from finance companies that noted a list of your household goods (like electronics, sports equipment, etc.) for collateral.
- Please bring cash or a certified check for any balance remaining on the day of signing.
- If you are filing chapter 13, please bring proof of collision coverage on any vehicles that you still owe on and proof of homeowner's insurance if you are paying on a house or mobile home.

If you are missing any pages or have any questions, please call our office.

Thank you.

THE ISHMAN LAW FIRM, PC

LIST ALL OTHER ADDRESSES, WHICH ANY PARTY FILING HAS USED IN THE LAST 3 YEARS:

(List dates lived there & who lived there)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PREVIOUS BANKRUPTCIES

HAVE YOU FILED A BANKRUPTCY IN THE PAST 7 YEARS?

If yes:

Name of person(s) that filed: _____

Where was it filed: _____

Case Number: _____

Date Filed: _____

Attorney Name and Phone Number: _____

Status of Case: _____

ANY PENDING BANKRUPTCY CASE FILED BY SPOUSE?

Name of debtor: _____

Date filed: _____

Case Number: _____

Relationship: _____

District: _____

Judge: _____

*****IMPORTANT*****

Do you have any money on deposit at a bank or credit union or other financial institution, where you also owe any type of debt?

Yes _____ or No _____

If yes, be sure you are advised of the possible risks.

These questions must be answered and completed or your forms will not be processed.

When a client comes in for the signing appointment, all MOST RECENT paystubs must be brought in (if Applicable).

Income from Employment or Operation of a Business (Before Taxes):

Male Debtor's *Gross Income for all Job(s): **Female Debtor's *Gross Income from all Job(s):**

Year to date: _____ Year to date: _____

Gross Income for last year: _____ Gross Income for last year: _____

Gross Income for prior year: _____ Gross Income for prior year: _____

(When we file we will need to be provided with up-to-date information, so please be prepared to provide that information when you sign the bankruptcy petition).

ANY OTHER SOURCE OF INCOME BESIDES WORK: This includes disability benefits, workman's compensation, unemployment compensation, child support, sale of stocks, sales of residence, withdrawals from retirement accounts, etc.

Male debtor:

Year to date: _____ Source: _____

Last year: _____ Source: _____

Prior year: _____ Source: _____

Female debtor:

Year to date: _____ Source: _____

Last year: _____ Source: _____

Prior year: _____ Source: _____

The purpose of the first few pages of these forms is to obtain a complete and accurate listing of all your property. This includes all your real property, bank accounts, retirement accounts, and any debts owed to you by anybody for any reason. If any of this property has loans or liens against it, you must list the lien information following the property listing.

1. Description of residence: _____ Value \$ _____

ADDRESS: _____ (city, state & zip) _____

TITLE OWNER(S): _____, _____

Date Purchased: _____ Purchase Price: _____

Amount Insured For: _____ Tax Value: _____

Name of 1st mortgage holder: _____

PAYOFF: \$ _____ (call creditor and get this amount, forms will not be processed w/o this information)

Address for Lienholder _____ (city, state & zip) _____

Account #: _____ Monthly Payment \$ _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.
Amount Behind? \$ _____ Contract rate of interest: _____

Do you want to keep OR surrender the property? _____ Was loan received before 10-22-94? yes or no

Who is responsible for paying the debt? _____ Has the debt been assigned to an attorney? If so,
Name: _____

Address: _____

Has the creditor started foreclosure? _____ Has hearing been set? If yes, what is date? _____

Sale date? _____

Name of 2nd mortgage holder: _____

PAYOFF: \$ _____ (call creditor and get this amount, forms will not be processed w/o this information)

Address for Lienholder _____ (city, state & zip) _____

Account #: _____ Monthly Payment \$ _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.
Amount Behind? \$ _____ Contract rate of interest: _____

Do you want to keep OR surrender the property? _____ Was loan received before 10-22-94? yes or no

Who is responsible for paying the debt? _____ Has the debt been assigned to an attorney? If so,
Name: _____

Address: _____

Has the creditor started foreclosure? _____ Has hearing been set? If yes, what is date? _____

Sale date? _____

If there are other liens on the property, please note on separate sheet of paper.

Description of other real property owned: _____ **Value\$** _____

ADDRESS: _____ **(city, state& zip)** _____.

TITLE OWNER(S): _____, _____

Date Purchased: _____ **Purchase Price: \$** _____

Amount Insured For: \$ _____ **Tax Value: \$** _____

Name of 1st mortgage holder: _____

PAYOFF: \$ _____ (call creditor and get this amount, forms will not be processed w/o this information)

Address for Lienholder _____ **(city, state & zip)** _____

Account #: _____ **Monthly Payment \$** _____

Are your payments behind including this month? _____ **How Far Behind?** _____ **Mos.**
Amount Behind? \$ _____ **Contract rate of interest:** _____

Do you want to keep OR surrender the property? _____ **Was loan received before 10-22-94? yes or no**

Who is responsible for paying the debt? _____ **Has the debt been assigned to an attorney? If so,**

Name: _____

Address: _____

Has the creditor started foreclosure? _____ **Has hearing been set? If yes, what is date?** _____

Sale date? _____

Name of 2nd mortgage holder: _____

PAYOFF: \$ _____ (call creditor and get this amount, forms will not be processed w/o this information)

Address for Lienholder _____ **(city, state & zip)** _____

Account #: _____ **Monthly Payment \$** _____

Are your payments behind including this month? _____ **How Far Behind?** _____ **Mos.**
Amount Behind? \$ _____ **Contract rate of interest:** _____

Do you want to keep OR surrender the property? _____ **Was loan received before 10-22-94? yes or no**

Who is responsible for paying the debt? _____ **Has the debt been assigned to an attorney? If so,**

Name: _____

Address: _____

Has the creditor started foreclosure? _____ **Has hearing been set? If yes, what is date?** _____

Sale date? _____

BURIAL PLOTS:

of Plots & location _____

Owners: _____

Value: \$ _____ Amount you still owe: \$ _____

TIMESHARES:

Location: _____

Lienholder: _____

Address: _____ (city, state & zip) _____

Value of Property: \$ _____ Which week(s) do you own? _____
(What could you sell it for)

Account #: _____ Monthly Payment \$ _____ Payoff \$ _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.

Amount Behind? \$ _____ Contract rate of interest: _____ Do you want to keep it OR surrender it?
(circle one)

MOBILE HOMES:

Description: _____

Year	Make	Model	Dimensions	Value
_____	_____	_____	_____	_____

TITLE OWNER(S): _____, _____

Lienholder: _____

PAY OFF: \$ _____ (Call creditor and get this amount, forms will not be processed w/o this information)

Address for Lienholder _____ (city, state & zip) _____

Account #: _____ Monthly Payment \$ _____ Payoff \$ _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.
Amount Behind? \$ _____ Contract rate of interest: _____

Amount Behind? \$ _____ Contract rate of interest: _____ Do you want to keep it OR surrender it?
(circle one)

Who is legally responsible for paying the debt? _____

VEHICLES, MOTORCYCLES, BOATS, CAMPERS, RV'S, 4-WHEELERS, JET SKIS, OR WAVERUNNERS:

Description: _____

Year Make Model Number of Doors Mileage

Value of Vehicle: \$ _____ Special Features or Options: _____

Property damage or mechanical repair needed? _____

TITLE OWNER(S): _____, _____ VIN # _____

1ST Lienholder: _____

PAYOFF: \$ _____ (call creditor and get this amount, forms will not be processed w/o this information)

Address for Lienholder _____ (city, state & zip) _____

Account #: _____ Monthly Payment \$ _____

First payment due date: _____ How many months did you finance: _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.
Amount Behind? \$ _____ Contract rate of interest: _____

Do you want to keep OR surrender the property? _____

Who is responsible for paying the debt? _____

Description: _____

Year Make Model Number of Doors Mileage

Value of Vehicle: \$ _____ Special Features or Options: _____

Property damage or mechanical repair needed? _____

TITLE OWNER(S): _____, _____ VIN # _____

1ST Lienholder: _____

PAYOFF: \$ _____ (call creditor and get this amount, forms will not be processed w/o this information)

Address for Lienholder _____ (city, state & zip) _____

Account #: _____ Monthly Payment \$ _____

First payment due date: _____ How many months did you finance: _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.
Amount Behind? \$ _____ Contract rate of interest: _____

Do you want to keep OR surrender the property? _____

Who is responsible for paying the debt? _____

CONTINUED:

VEHICLES, MOTORCYCLES, BOATS, CAMPERS, RV'S, 4-WHEELERS, JET SKIS, OR WAVERUNNERS:

Description: _____

Year Make Model Number of Doors Mileage

Value of Vehicle: \$ _____ Special Features or Options: _____

Property damage or mechanical repair needed? _____

TITLE OWNER(S): _____, _____ VIN # _____

1ST Lienholder: _____

PAYOFF: \$ _____ (call creditor and get this amount, forms will not be processed w/o this information)

Address for Lienholder _____ (city, state & zip) _____

Account #: _____ Monthly Payment \$ _____

First payment due date: _____ How many months did you finance: _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.
Amount Behind? \$ _____ Contract rate of interest: _____

Do you want to keep OR surrender the property? _____

Who is responsible for paying the debt? _____

Description: _____

Year Make Model Number of Doors Mileage

Value of Vehicle: \$ _____ Special Features or Options: _____

Property damage or mechanical repair needed? _____

TITLE OWNER(S): _____, _____ VIN # _____

1ST Lienholder: _____

PAYOFF: \$ _____ (call creditor and get this amount, forms will not be processed w/o this information)

Address for Lienholder _____ (city, state & zip) _____

Account #: _____ Monthly Payment \$ _____

First payment due date: _____ How many months did you finance: _____

Are your payments behind including this month? _____ How Far Behind? _____ Mos.
Amount Behind? \$ _____ Contract rate of interest: _____

Do you want to keep OR surrender the property? _____

Who is responsible for paying the debt? _____

HOUSEHOLD GOODS

The values should be the amount you estimate you could SELL the item for at a garage sale or at an auction-
-NOT the amount you paid for the item:

- \$ _____ Kitchen Appliances
- \$ _____ Stove
- \$ _____ Refrigerator
- \$ _____ Freezer
- \$ _____ Washer
- \$ _____ Dryer
- \$ _____ China
- \$ _____ Silver
- \$ _____ Living Room Furniture
- \$ _____ Den Furniture
- \$ _____ Bedroom Furniture
- \$ _____ Dining Room Furniture
- \$ _____ Lawn Furniture
- \$ _____ Television(s)
- \$ _____ Other Video Equipment
- \$ _____ Stereo Equipment
- \$ _____ Radio(s)
- \$ _____ Other Audio Equipment
- \$ _____ Piano
- \$ _____ Organ
- \$ _____ Air Conditioner
- \$ _____ Other Household Goods, Supplies and Furnishings
- \$ _____ TOTAL

BOOKS, ART OBJECTS, AND COLLECTIONS

- \$ _____ Books
- \$ _____ Paintings/Art Objects
- \$ _____ Stamp Collections
- \$ _____ Coin Collections
- \$ _____ Other Collections
- \$ _____ TOTAL

CLOTHING AND PERSONAL EFFECTS

- \$ _____ Clothing
- \$ _____ Jewelry
- \$ _____ Musical Instruments
- \$ _____ Firearms
- \$ _____ Lawnmower
- \$ _____ Other Lawn Tools
- \$ _____ Power Tools
- \$ _____ Carpentry Tools
- \$ _____ Recreational Equipment
- \$ _____ Vacuum Cleaner
- \$ _____ Computer and Accessories
- \$ _____ Animals (livestock, horses or AKC Reg. pets)
- \$ _____ Other Personal Possessions
- \$ _____ TOTAL

\$ _____ TOTAL OF ALL THREE CATEGORIES ABOVE

FINANCIAL RESOURCES: List all bank accounts wholly or partly in your name.

1. Cash on hand: \$ _____

Bank Accounts--Name of Bank		Current Balance	All Names on Account
2.	Checking / Savings (CIRCLE ONE)	\$	
	Checking / Savings (CIRCLE ONE)		
	Checking / Savings (CIRCLE ONE)		
	Checking / Savings (CIRCLE ONE)		

SECURITY DEPOSITS:

NAME		AMOUNT
Landlord		\$
CP&L		\$
Telephone		\$
Other Utilities		\$
		\$
		\$
		\$

List the Name of the account or type. (example, 401K, IRA, etc.).

Retirement Accounts	Type of Account	Balance on Account	Type of Account
Belongs to: male or female (CIRCLE ONE)		\$	
Belongs to: male or female (CIRCLE ONE)		\$	
Belongs to: male or female (CIRCLE ONE)		\$	

If not IRA, Government Retirement or 401K, is retirement plan "ERISA" QUALIFIED? _____
(If you do not know, ask the benefits department at your employment)

Other Employee Benefit Plans (type)-----: \$ _____

Do you have any other investments? *Examples are Government Bonds, Stocks, Mutual Funds, Annuities, Limited Partnerships, Partnerships, ETC.* Yes or No

If yes, please list the investment and the current value (How much cash you can get for it.)

Description	Value
	\$
	\$
	\$
	\$

BE SURE TO READ THIS!!!!

Your assets include any money owed to you or claims you have against someone else. Examples are: claims for injuries, money you loaned that has not been repaid, back child support, tax refunds, and rights in the estate of a dead person. List any such property below.

	Owner (Male, female or Joint)	Amount
Tax Refunds: (List even if you think you won't get it for some reason)		\$
Personal Injury		\$
Other Claims for Money Owed to You		\$
If so, describe (By who? What for?)		

LIFE INSURANCE:

We need to know if you have any life insurance that has "cash surrender value." There are basically 3 kinds of life insurance: Term, Whole Life, and Universal.

Term is the type of insurance where benefits are only paid upon death—there is no cash value that you can borrow against or cash in during your lifetime. If your insurance is through your job, it is almost always term. IF YOU HAVE TERM INSURANCE, ALL YOU NEED TO DO IS LIST "Term" and the people who have the insurance (*i.e.*, husband, wife)

Yes, we have Term life Insurance: _____ (male) _____ (female)

Whole life: This is insurance that DOES build cash value.

Universal: This is a cross between term and whole life that usually has some cash surrender value. IF YOU HAVE ANY LIFE INSURANCE THAT IS NOT THROUGH YOUR WORK, AND YOU ARE NOT POSITIVE THAT IT IS TERM, CALL THE COMPANY AND ASK THEM IF YOU HAVE ANY "CASH SURRENDER VALUE" IN YOUR POLICY. This is not information that is usually printed on your statements, so you will have to call. If you have some cash surrender value in a life insurance policy, fill out the information below:

Ins. Company (Term, Whole, or Univ.)	Whose Life is Insured?	Who is Beneficiary?	Amt of Cash Value
			\$
			\$
			\$

OTHER PHYSICAL PERSONAL PROPERTY: If you own any other personal property, not already listed. Please provide a detailed list below.

Property	Owner (Male, female or Joint)	Value(What you could sell it for)
		\$
		\$
		\$
		\$

PURCHASE MONEY SECURITY INTEREST DEBTS("PMSI")

PMSI debts are incurred at a particular store (appliance, furniture or electronics, usually) and maybe financed by the store or a loan company for the store. These loans are made on hard, durable goods that cost more than \$100 or more. PMSI debts do not include clothing or "soft" goods, for example a set of tires where each tire costs less than \$100. These are not debts charged on a Visa, MasterCard, American Express or Discover.

(Examples of PMSI debts: Circuit City; Rooms to Go, Best Buy and similar department stores.)

Creditor: _____
Address: _____ (city, state, & zip) _____
Account #: _____ **Payoff Amount:** \$ _____

Description of Collateral	Date Purchased	Purchase Price
		\$
		\$
		\$

(Please list items you have purchased within the last three years)

Value of collateral: \$ _____ **Monthly Payment** \$ _____

Are Payments Current? _____ **How Far Behind?** _____ **Mos.**

Amount Behind? _____ **Do you want to keep OR surrender the property?** _____

Who is legally responsible for paying the debt? _____

Has the debt been assigned to an attorney/collection? If so, Name: _____

Address: _____ (city, state, & zip) _____

Creditor: _____
Address: _____ (city, state, & zip) _____
Account #: _____ **Payoff Amount:** \$ _____

Description of Collateral	Date Purchased	Purchase Price
		\$
		\$
		\$

(Please list items you have purchased within the last three years)

Value of collateral: \$ _____ **Monthly Payment** \$ _____

Are Payments Current? _____ **How Far Behind?** _____ **Mos.**

Amount Behind? _____ **Do you want to keep OR surrender the property?** _____

Who is legally responsible for paying the debt? _____

Has the debt been assigned to an attorney/collection? If so, Name: _____

Address: _____ (city, state, & zip) _____

PMSI'S CONTINUED-----

Creditor: _____

Address: _____ (city, state, & zip) _____

Account #: _____ **Payoff Amount:** \$ _____

Description of Collateral	Date Purchased	Purchase Price
		\$
		\$
		\$

(Please list items you have purchased within the last three years)

Value of collateral: \$ _____ **Monthly Payment** \$ _____

Are Payments Current? _____ **How Far Behind?** _____ **Mos.**

Amount Behind? _____ **Do you want to keep OR surrender the property?** _____

Who is legally responsible for paying the debt? _____

Has the debt been assigned to an attorney/collection? If so, Name: _____

Address: _____ (city, state, & zip) _____

Creditor: _____

Address: _____ (city, state, & zip) _____

Account #: _____ **Payoff Amount:** \$ _____

Description of Collateral	Date Purchased	Purchase Price
		\$
		\$
		\$

(Please list items you have purchased within the last three years)

Value of collateral: \$ _____ **Monthly Payment** \$ _____

Are Payments Current? _____ **How Far Behind?** _____ **Mos.**

Amount Behind? _____ **Do you want to keep OR surrender the property?** _____

Who is legally responsible for paying the debt? _____

Has the debt been assigned to an attorney/collection? If so, Name: _____

Address: _____ (city, state, & zip) _____

NON-PURCHASE MONEY SECURITY INTEREST LOANS

(These loans are obtained when you go to a creditor to borrow money and they ask you about your household goods, such as televisions as collateral)

YOU NEED TO PROVIDE US WITH THE CONTRACT SHOWING LIST OF HOUSEHOLD GOODS LISTED AS COLLATERAL AND MARK ON IT WHAT YOU COULD SELL THE ITEMS FOR NOW, IF YOU STILL HAVE THEM

Creditor: _____

Address: _____ (city, state, & zip) _____

Account #: _____ **Payoff Amount:** \$ _____

Who is legally responsible for the debt? _____

Has the debt been assigned to an attorney/collection? If so, Name: _____

Address: _____ (city, state, & zip) _____

Creditor: _____

Address: _____ (city, state, & zip) _____

Account #: _____ **Payoff Amount:** \$ _____

Who is legally responsible for the debt? _____

Has the debt been assigned to an attorney/collection? If so, Name: _____

Address: _____ (city, state, & zip) _____

Creditor: _____

Address: _____ (city, state, & zip) _____

Account #: _____ **Payoff Amount:** \$ _____

Who is legally responsible for the debt? _____

Has the debt been assigned to an attorney/collection? If so, Name: _____

Address: _____ (city, state, & zip) _____

Creditor: _____

Address: _____ (city, state, & zip) _____

Account #: _____ **Payoff Amount:** \$ _____

Who is legally responsible for the debt? _____

Has the debt been assigned to an attorney/collection? If so, Name: _____

Address: _____ (city, state, & zip) _____

TAXES (Income, Property, Self-Employment, Withholding)

If you owe taxes this section is very important please call the correct tax office to obtain all the requested information. If you owe for more than one year you need to attach a sheet with a breakdown of the taxes owed for each year. **SOME TAXES CAN BE WIPED OUT BY THE BANKRUPTCY--PROVIDING ACCURATE INFORMATION MAY SAVE YOU A GREAT DEAL OF MONEY!!!**

Federal Taxes

Amount you owe: \$ _____ For what year(s): _____

Type of Tax (Ex. Income, franchise, etc.): _____

Who is liable? _____

Has the IRS filed a Federal Tax Lien?
YES OR NO

Are wages being garnished to pay the debt?
YES OR NO

If yes, how much per month? _____

Are there any years in which you have not filed a tax return, for any reason? If yes, please list.

State Taxes:

Amount you owe: \$ _____ For what year(s): _____

Type of Tax (Ex. Income, franchise, etc.): _____

Who is liable? _____

Are wages being garnished? _____ If yes, how much per month? _____

If it is owed to a state other than North Carolina, List the state and address: _____

County Taxes

Name of County & Address: _____

Amount you owe: \$ _____ For what year(s): _____

Type of Tax: _____

Who is liable: _____

Are wages being garnished to pay the debt? _____ If yes, how much per month? \$ _____

Please be aware, if you are going to file chapter 13 and there are any years for which you have not filed, those tax returns need to be prepared and ready to file within 30 days of filing chapter 13.

UNSECURED CREDITORS: 1

Examples of unsecured creditors are as follows: medical bills, business services, credit cards and Student Loans.)

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

UNSECURED CREDITORS: 2

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

UNSECURED CREDITORS: 3

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

UNSECURED CREDITORS: 4

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

UNSECURED CREDITORS: 5

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

UNSECURED CREDITORS: 6

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

UNSECURED CREDITORS: 7

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

UNSECURED CREDITORS: 8

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

UNSECURED CREDITORS: 9

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

UNSECURED CREDITORS: 10

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

Creditor		Creditor	
Address		Address	
Account #		Account #	
Amount Owed		Amount Owed	
Type of Debt (Visa, Medical bill, etc.)		Type of Debt (Visa, Medical bill, etc.)	
Who is liable?		Who is liable?	
Has the debt been assigned to a collection agency? If Yes, List the Name and Address:		Has the debt been assigned to a collection agency? If Yes, List the Name and Address:	
Name		Name	
Address		Address	
Has the creditor brought a lawsuit against you? If so:		Has the creditor brought a lawsuit against you? If so:	
In what County?		In what County?	
Case Number:		Case Number:	
Date Filed?		Date Filed?	
Judgment entered? Yes or No		Judgment entered? Yes or No	

EXECUTORY CONTRACTS OR UNEXPIRED LEASES - (Leased Vehicles, Gym Contracts, etc.)

Creditor: _____
Address: _____

Account#: _____
Type of Contract: _____
Collateral, if any: _____

Do you want to Continue with the Lease / Contract or terminate it? _____

Creditor: _____
Address: _____

Account#: _____
Type of Contract: _____
Collateral, if any: _____

Do you want to Continue with the Lease / Contract or terminate it? _____

Creditor: _____
Address: _____

Account#: _____
Type of Contract: _____
Collateral, if any: _____

Do you want to Continue with the Lease / Contract or terminate it? _____

CO-SIGNERS

If anyone else is a cosigner or any of your debts or liable with you on any of your debts or liable with you on any of your debts, plan provide the information below.

Name of Co-signer: _____ **Debt co-signed on:** _____
Address: _____

Name of Co-signer: _____ **Debt co-signed on:** _____
Address: _____

CURRENT EMPLOYMENT

MALE DEBTOR:

Employer's Name: _____
Address: _____
Position with employer: _____ **Length of time employed:** _____

FEMALE DEBTOR:

Employers Name: _____
Address: _____
Position with employer: _____ **Length of time employed:** _____

DEPENDANT NAMES

Age

Relationship

DEPENDANT NAMES	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS INCOME AND EXPENDITURES

Income and expenses will vary from month to month for self-employed people. Please use the average (not the highest or the lowest) per month that you believe it will be in the future.

Name of Business: _____

Type of Business: _____

Average monthly business income: \$ _____

- 1. \$ _____ : **Rent/Mortgage payment**
- 2. \$ _____ : **Repair/Upkeep**
- 3. \$ _____ : **Electricity & heating fuel**
- 4. \$ _____ : **Water & Sewer**
- 5. \$ _____ : **Telephone**
- 6. \$ _____ : **Security**
- 7. \$ _____ : **Other utilities**
- 8. \$ _____ : **Insurance**
- 9. \$ _____ : **Taxes**
- 10. \$ _____ : **Installment payments on equipment or vehicles**
- 11. \$ _____ : **Rental/lease payments**
- 12. \$ _____ : **Maintenance of equipment**
- 13. \$ _____ : **Advertising**
- 14. \$ _____ : **Bank service charges**
- 15. \$ _____ : **Interest**
- 16. \$ _____ : **Depreciation**
- 17. \$ _____ : **Office expenses**
- 18. \$ _____ : **Dues & publications**
- 19. \$ _____ : **Laundry & cleaning**
- 20. \$ _____ : **Supplies & publication**
- 21. \$ _____ : **Transportation**
- 22. \$ _____ : **Travel & entainment**
- 23. \$ _____ : **Wages & Salaries**
- 24. \$ _____ : **Commissions**
- 25. \$ _____ : **Production costs**
- 26. \$ _____ : **Garbage**
- 27. \$ _____ : **Cell Phone(s)**
- 28. \$ _____ : **Other expenses**
- 29. \$ _____ : _____
- 30. \$ _____ : _____
- 31. \$ _____ : _____

TOTAL AVERAGE MONTHLY EXPENSES: \$ _____

MONTHLY PROFIT: (Income minus expenses) \$ _____

This amount should be inserted under self-employment on the previous page.)

PERSONAL / LIVING EXPENSES:

Use per month figures for everything. For example, if expense is weekly, multiply by 52, then divide by 12 to get monthly amount

- \$ _____ : Rent/Mortgage payments
 - \$ _____ : Electricity/Gas
 - \$ _____ : Telephone
 - \$ _____ : Security
 - \$ _____ : Food/Groceries/Eating out
 - \$ _____ : Laundry and dry cleaning
 - \$ _____ : Transportation (gas, oil changes, etc.)
 - \$ _____ : Charitable contributions
 - \$ _____ : Homeowner/renters insurance
 - \$ _____ : Life Ins.: (not deducted from payroll check)
 - \$ _____ : Health Ins. (not deducted from payroll check)
 - \$ _____ : Auto Ins.
 - \$ _____ : Property taxes (Personal/Real)
 - \$ _____ : Auto installment payment
 - \$ _____ : Other installment payments (specify)
 - \$ _____ : CHILD CARE (Not deducted on Payroll)
 - \$ _____ : Miscellaneous
 - \$ _____ : Payment for Child Support (specify below):
- \$ _____ : Home Maintenance
 - \$ _____ : Water and Sewer
 - \$ _____ : Trash removal
 - \$ _____ : Cablevision
 - \$ _____ : Clothing
 - \$ _____ : Medical and dental services
 - \$ _____ : Recreation, entertainment, newspapers
 - \$ _____ : Tobacco products
 - \$ _____ : Lot Rent
 - \$ _____ : Homeowners Dues
 - \$ _____ : Pet expenses
 - \$ _____ : Personal Grooming
 - \$ _____ : Cell Phone(s) or Beeper(s)

Name of child	Age	Relationship
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Name of child	Age	Relationship
----------------------	------------	---------------------

Name of child	Age	Relationship
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\$ _____ (per month): Payment for Alimony (to whom?) _____

\$ _____ (per month): Other monthly payments for dependents.

Any other monthly expenses not already listed

- \$ _____ - _____
- \$ _____ - _____
- \$ _____ - _____
- \$ _____ - _____

Do you have any payments deducted or automatically taken from your pay check? If yes, list name and telephone number of the creditor(s).

Name: _____
 Phone No.: (_____) _____

Name: _____
 Phone No.: (_____) _____

Name: _____
 Phone No.: (_____) _____

FINANCIAL HISTORY

THESE ARE VERY IMPORTANT QUESTIONS. DO NOT SKIP THEM!!!!!!!!!!!!!!!!!!!!

1(a). List payment to each creditor including the regular monthly payments on your mortgages and vehicle loans, to whom have you paid more than \$600.00 total within the last 100 days. For example: \$200 per month for 3 months. List the following information.

<u>Name of Creditor</u>	<u>Date(s) of Payment</u>	<u>Amount</u>

(If there are more than two, please attach additional sheets with the information.)

1(b). Have you made any payments on any debts to family members or to any other person with whom you have a very close relationship within the last twelve months? If yes, provide the following:

Name and Address of person: _____

Relationship: _____ **Amount of debt? \$** _____

Dates of Payments _____ **Amounts of Payments** _____

1(c). Within the last twelve months, have you made payments on any debts in which the debt is in someone else's name? Yes or No

If so, list the details of the payments (If you are filing a joint case, you do not need to list payments on each other's debts.)

2(a). Have you been involved ANY lawsuits suits within the last twelve months? _____

(This includes you suing someone else or someone suing you. It also includes divorces.)

Name of parties involved in the lawsuit: _____

County where case was filed: _____ **Date it was filed:** _____

Case Number: _____ **Outcome:** _____

Name of parties involved in the lawsuit: _____

County where case was filed: _____ **Date it was filed:** _____

Case Number: _____ **Outcome:** _____

2(b). Have there been any attachments or garnishments on your property or your pay within the last twelve months? If so:

Name of party receiving the money: _____

Why is money being garnished (Ex. child support): _____

How much per month: \$ _____

How much is the total debt: \$ _____ Date(s) of Garnishment: _____

3. Has anything belonging to you been repossessed, returned, or foreclosed upon within the last twelve months?

Name of party who repossessed the property: _____

Description and Value of property: _____

Date of foreclosure or repossession: _____

4. Has any of your property been assigned for the benefit of creditors within the last 180 days or has any of your property been under the control of a custodian or court appointed official within the last twelve months? Yes or No

5. Have you given any gifts or charitable contributions (including church contributions) totaling more than \$100.00 within the last year? _____

Name and address of person or organization: _____

Relationship to Debtor, If any: _____

Date of Gift: _____

Description and Value of Gift: _____

6. Have you suffered any loss due to theft, flood, accidents, or gambling within the last twelve months? If so: Description of property: _____

Value: \$ _____ Date of Loss: _____

Was it covered by insurance in whole or part? Give details: _____

7. Have you paid anyone other than this law firm to aid you with debt counseling within the last year?

<u>Name of Firm and Address</u>	<u>Date of Payment</u>	<u>Amt of Fee</u>	<u>Description of Service</u>
---------------------------------	------------------------	-------------------	-------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Have you sold or given away any property or personal belongings within the last twelve months? If, so:

Date of Transfer **Receiver Name & Address** **Description Value**

9. List any and all bank accounts, certificates of deposit, or other accounts that your name was on that have closed within the last twelve months?

Name and Address of Bank: _____

Type of Account: _____ Final Balance: \$ _____

Date of Closing: _____

10. Do you have a safe deposit box or have you closed a safe deposit box within the last twelve months?

Name and Address of Bank or Depository: _____

Name and Address of those who have access to the box: _____

Description of Contents: _____

Date of Transfer or Surrender (if any): _____

11(a). Has a tax refund been withheld from you because you owed prior taxes or child support in the last 90 days? If yes, give amount and dates: _____

11(b) In the last 90 days, has any bank taken money from your checking account because you owed them a debt? If yes give amount and date? _____

12. Are you using or holding anything that belongs to someone else? (Example: vehicle, furniture, tools, etc.)

Name and Address of Owner: _____

Description and Value of Property Held: _____

Location of Property: _____

13. Have you been an Officer, Director, Shareholder, or owner of any type of business within the last six years?

Name of Business: _____

Address: _____

Dates of Operation: _____

Nature of interest: _____ Tax ID #: _____

**** If you own a business or substantial share of a business, attach a separate sheet of paper listing all assets and debts belonging to the business. You will need to indicate whether or not you have personally guaranteed the debt.****

14. List any bookkeepers and/or accountants who kept or handled your business financial books or records within the last six years.

Name: _____

Address: _____

Explain this person's duties with regard to your books and records:

15. Have you or anyone else ever taken an inventory of your business property?

Name of person in possession of inventory: _____

Address: _____

Are you in possession of the inventory? Yes or No **Date of Inventory:** _____

16. In the last six years, have you or your spouse lived outside the state of NC? If so, what states? _____

17. In the last six years, have you owned any real property which had any environmental problems? If so, please explain.

18. DO YOU HAVE ANY DRAFTS {AUTOMATIC DEBIT WITHDRAWAL(s)} FROM CURRENT BANK ACCOUNTS? IF YES: IT IS VERY IMPORTANT THAT OUR OFFICE BE MADE AWARE, SO WE CAN TAKE APPROPRIATE ACTION CONCERNING THESE DEDUCTIONS. LIST DETAILS BELOW:

*** I hereby certify that I have filled out and/or provided all of the information contained in the preceding forms and that this information is true and correct to the best of my knowledge. I further certify that, to the best of my knowledge, I have not left out anyone that I owe money to, nor have I left out any property that I have any interest in.**

*** I UNDERSTAND THAT FAILURE TO LIST ALL OF MY DEBTS AND ASSETS, OR FAILURE TO PROVIDE COMPLETE AND TRUTHFUL ANSWERS TO THE QUESTIONS IN THESE FORMS MAY SUBJECT ME TO CRIMINAL PENALTIES IN THE FUTURE.**

_____ Date: _____
Debtor

_____ Date: _____
Debtor

INFORMATION UPDATE FORM

BECAUSE THE FOLLOWING INFORMATION MAY CHANGE FROM THE DATE YOU ORIGINALLY TURNED IN YOUR FORMS TO THE DATE YOU ACTUALLY SIGN YOUR PETITION, PLEASE KEEP THIS FORM, FILL IT OUT COMPLETELY AND BRING IT WITH YOU TO THE SIGNING OF YOUR BANKRUPTCY PETITION.

Male debtor's year-to-date income from all jobs: _____

Female debtor's year-to-date income from all jobs: _____

Male debtor's year-to-date income from sources other than jobs: _____

Female debtor's year-to-date income from sources other than jobs: _____

Balances in Bank Account:

Account	Balance
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payoffs on Secured debts:

Secured Creditor	Current Payoff
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payments on debts since you completed the forms: Except regular payments on mortgages and car loans. You do not need to list payment of regular monthly expenses such as: utility bills, car insurance, etc.

Creditor	Date	Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____