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BANKRUPTCY WORKSHEET

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY. IF YOU DO NOT HAVE THE INFORMATION REQUESTED, LEAVE BLANK AND BRING IT TO MY ATTENTION DURING OUR FREE CONSULTATION. PLEASE FEEL FREE TO CALL ME AT THE NUMBER ABOVE WITH ANY QUESTIONS CONCERNING THIS FORM OR THE BANKRUPTCY PROCESS.

NAME & OTHER INFORMATION:(DEBTOR)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ ALT NUMBER: _____ AGE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ Email: _____

OTHER NAMES USED IN LAST 6 YEARS:(Include maiden, aka, etc.):

PRIOR ADDRESSES/PAST THREE YEARS:

1. ADDRESS: _____

CITY/STATE/ZIP: _____

DATES OF RESIDENCY: FROM: _____ to _____

2. ADDRESS: _____

CITY/STATE/ZIP: _____

DATES OF RESIDENCY: FROM: _____ to _____

WHERE DID YOU HEAR ABOUT THOMAS K. ATWOOD, ATTORNEY AT LAW?

(Please Circle One) Sign at Office Google, Yahoo or other Web Based Search

AT&T/Yellowpages.com Craigslist YELP NOLO.COM

Referral

Other: _____

PRINT or ONLINE? _____

JOINT-DEBTOR (spouse if filing jointly):

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ ALT NUMBER: _____ AGE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ Email: _____

OTHER NAMES USED IN LAST 6 YEARS:(Include maiden, aka, etc.):

PRIOR BANKRUPTCY

Have you or your spouse filed for Bankruptcy before? (circle one) Yes No

When?: _____

Where?: _____

Chapter 7 or Chapter 13?: (circle one if applicable) 7 13

Please provide your case # if available: _____

What was the disposition of your case?: _____

FILING INFORMATION

Will you be filing by yourself or with your spouse?

Please check the statement that applies:

- Filing as: ___ Individual
- ___ Individual married and living apart
- ___ Individual married and living together
- ___ Joint and living together
- ___ Joint and living apart

Are you or your spouse in business?

___ Not in business ___ Currently in business ___ Prior business with the past 2 years

Type of business:(briefly describe operation): _____

Sole proprietor, Partnership or Corporation?: _____

CREDIT COUNSELING SESSION

A “Credit Counseling Session” is mandatory PRIOR to filing your Bankruptcy. A list of the independent organizations who have programs approved by the United States Trustee’s Office can be found at:

http://www.usdoj.gov/ust/eo/bapcpa/ccde/cc_approved.htm, or please ask me to email or print out the current list for you. You must complete the credit counseling session within the 180 days PRIOR to filing Bankruptcy. Programs are available in person, via the internet, or by telephone, and take about an hour to complete.

Once you have retained my office, I am recommending www.1stopbk.com or www.debtorcc.org. (about \$10 - \$20) for the credit counseling which can be done online. They automatically send my office your certificate of completion when the class is completed if you enter in my email address tom@tomlaw.com, and you can pay for the course directly with a debit card.

PERSONAL FINANCIAL MANAGEMENT COURSE

There is also a mandatory “Personal Financial Management” program that can be taken AFTER you file but must be completed PRIOR to discharge. The current list of approved providers can be found at:

http://www.usdoj.gov/ust/eo/bapcpa/ccde/de_approved.htm. You should expect to pay about \$7 - \$15 for this class at www.1stopbk.com or www.debtorcc.org.

I WILL NEED THE FOLLOWING DOCUMENTS PRIOR TO FILING YOUR CASE.

After you have retained my office, please email these documents to me if possible, or mail to me at Thomas K Atwood, Attorney, PO Box 648, Conway, WA 98238-0648.

- 1. Last 6 months of pay statements received for you and your spouse, even if your spouse is not filing for bankruptcy with you. If you do not have the last 6 months of statements, bring send in the most recent ones you have. Also, send in any statements regarding retirement, disability, unemployment compensation or other income.**
- 2. If you have a BUSINESS or are SELF-EMPLOYED, please send in a recent year-to-date profit and loss statement, along with your last 2 months of bank statements. Also please generate a profit and loss statement for the past 6 months, as we will need that information to qualify you through the means test.**
- 3. Tax returns for the last two years if completed and filed. If you have unfiled returns, please bring that to my attention at the consult.**
- 4. If you are making payments on your automobile(s) , please send in the last statement from your auto lender, and also the year and date it was financed. It is important to ascertain when the vehicle was purchased and/or financed to fully advise you of your options.**
- 5. If you have internet access, please obtain your credit reports online per the instructions on the last page of this questionnaire and bring them to the consult. The three major reporting bureaus are Experian, Equifax and TransUnion, and all reports can be obtained for free online once per year from www.annualcreditreport.com . If you do obtain them online, please email a copy to my office at tom@tomlaw.com , or print them out and mail them to my office.**
- 6. If you own real estate, please send in your most recent mortgage statements. If you have a recorded homestead on the property, please send in a copy of that also. It will also be important to determine the current value of your real estate. If you have had any recent appraisals or comparables done on the property (within 6 months), please send those in, or perhaps speak with a knowledgeable local real estate agent, and get a written comparative market analysis (CMA) if possible. (Available for free from most real estate brokers/salespersons)**
- 7. Also a good idea to send in the latest statement from each creditor, including collections agencies and law offices for accounts that are in collections.**

PROPERTY QUESTIONS

REAL PROPERTY: (Circle One)

HOUSE CONDO VACANT LOT OTHER: _____

LOCATION OF PROPERTY IF DIFFERENT FROM RESIDENCE:

NATURE OF INTEREST: WHOLE 1/2 1/3 OTHER: _____

DO YOU HAVE A CO-OWNER?: _____

WHAT YEAR DID YOU PURCHASE THIS PROPERTY? _____

WHAT DID YOU PAY FOR THE PROPERTY? _____

MARKET VALUE OF PROPERTY: _____

ARE PROPERTY TAXES OWED? _____ FROM WHAT YEARS?: _____

FIRST TRUST DEED HOLDER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

BALANCE OWED: _____ YEAR LOAN TAKEN OUT: _____

ACCOUNT # (LAST 4 DIGITS IS FINE): _____

MONTHLY PAYMENT: _____ HOA DUES? - HOW MUCH PER MONTH? _____

DOES THE MONTHLY PAYMENT INCLUDE IMPOUNDS FOR INSURANCE/TAXES? _____

ARE PAYMENTS CURRENT?: _____

IF BEHIND IN PAYMENTS, HOW MANY/HOW MUCH?: _____

SECOND TRUST DEED HOLDER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AMOUNT OWED: _____ YEAR LOAN TAKEN OUT: _____

ACCOUNT # (LAST FOUR DIGITS): _____

MONTHLY PAYMENT: _____ HOA DUES? - HOW MUCH PER MONTH? _____

ARE PAYMENTS CURRENT?: _____

IF BEHIND IN PAYMENTS, HOW MANY/HOW MUCH?: _____

Please list any additional encumbrances or liens against the property. If you are not sure, a title search may be needed to determine any lienholders.

ATTACH ADDITIONAL SHEETS FOR OTHER REAL PROPERTY ANSWERING ALL THE QUESTIONS ABOVE FOR EACH PROPERTY

PERSONAL PROPERTY

YOU MUST LIST ALL OF YOUR PROPERTY, EVEN IF YOU DO NOT HAVE POSSESSION OF IT. THIS INCLUDES EVERYTHING - WHEREVER IT MAY BE LOCATED INCLUDING PROPERTY IN OTHER STATES OR COUNTRIES. THIS ALSO INCLUDES ANY COMMUNITY PROPERTY IN POSSESSION OF YOUR CURRENT OR EX-SPOUSE. PLEASE PROVIDE CURRENT "AS IS" VALUE - WHAT THE PROPERTY IN ITS CURRENT CONDITION AND AGE WOULD BRING IN A PRIVATE SALE SUCH AS A CRAIGSLIST SALE. PLEASE ITEMIZE ALL ITEMS WITH A VALUE IN EXCESS OF \$500 PER ITEM - ALL OTHER SMALLER ITEMS CAN BE GROUPED ("Misc. household furnishings; Misc. tools; Misc. jewelry, etc.")

IT IS EXTREMELY IMPORTANT TO LIST ALL PROPERTY SO WE CAN DETERMINE WHAT CAN BE CLAIMED EXEMPT AND RETAINED - THE BANKRUPTCY CODE REQUIRES THAT ALL PROPERTY BE LISTED, AND YOU WILL BE SIGNING A DECLARATION UNDER PENALTY OF PERJURY THAT THE LIST OF PROPERTY YOU FILE WITH THE COURT IS CORRECT AND COMPLETE.

CASH: \$ _____ (Total for currency, coins)

LIST ALL BANK ACCOUNTS INCLUDING CHECKING/SAVINGS/CD'S/MONEY MARKET FUNDS

BANK: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____

ACCOUNT #: _____

BALANCE: _____

BANK: _____

ADDRESS: _____

TYPE OF ACCOUNT: _____

ACCOUNT #: _____

BALANCE: _____

USE ADDITIONAL SHEETS IF NECESSARY

SECURITY DEPOSITS WITH LANDLORDS OR UTILITIES:

NAME OF PERSON OR COMPANY HOLDING DEPOSIT: _____

AMOUNT OF DEPOSIT: _____

NAME OF PERSON OR COMPANY HOLDING DEPOSIT: _____

AMOUNT OF DEPOSIT: _____

BOOKS/PICTURES/COLLECTIONS (Paintings, Prints, Stamp Collections/Baseball Cards):

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

JEWELRY & FURS (Wedding bands, necklaces, rings, etc.):

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

FIREARMS, SPORTING & HOBBY EQUIPMENT:

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

ITEM: _____ VALUE: \$ _____

FURNITURE:

ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____

STEREOS/TVs/CAMERAS/CAMCORDERS/OTHER ELECTRONICS:

ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____

ALL OTHER HOUSEHOLD FURNISHINGS/PROPERTY:

ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____
ITEM: _____ VALUE: \$ _____

LIFE INSURANCE POLICIES/WHOLE LIFE POLICIES: (Please indicated whether insurance is "term" or "whole life" and provide cash surrender value if applicable.)

COMPANY: _____ CASH VALUE: _____

COMPANY: _____ CASH VALUE: _____

COMPANY: _____ CASH VALUE: _____

COMPANY: _____ CASH VALUE: _____

STOCKS, BONDS, ANNUITIES, ETC.: (Attached additional sheet if necessary - please provide current statement from all brokerage accounts held showing stocks and portfolio value:

COMPANY: _____

SHARES: _____ PRESENT VALUE: _____

COMPANY: _____

SHARES: _____ PRESENT VALUE: _____

COMPANY: _____

SHARES: _____ PRESENT VALUE: _____

IRAs, KEOGHs, 401Ks, PENSION OR PROFIT SHARING PLAN: Please provide recent statements from each pension, IRA or profit sharing Plan

PLAN: _____ WHERE: _____

CAN YOU WITHDRAW THESE FUNDS?: _____

IF SO, WHEN AND HOW?: _____

WHAT IS THE CASH VALUE?: _____

PLAN: _____ WHERE: _____

CAN YOU WITHDRAW THESE FUNDS?: _____

IF SO, WHEN AND HOW?: _____

WHAT IS THE CASH VALUE?: _____

**MONEY OWED TO YOU INCLUDING: JUDGMENTS, SUPPORT ARREARS, PROPERTY SETTLEMENTS, TAX REFUNDS, EXPECTED INHERITANCES:
LIST ALL POSSIBLE SOURCES.**

SOURCE: _____ EXPECTED AMOUNT: _____

WHEN DO YOU EXPECT THESE FUNDS?: _____

SOURCE: _____ EXPECTED AMOUNT: _____

WHEN DO YOU EXPECT THESE FUNDS?: _____

SOURCE: _____ EXPECTED AMOUNT: _____

WHEN DO YOU EXPECT THESE FUNDS?: _____

AUTOMOBILES, TRUCKS, BOATS, TRAILERS AND OTHER MOTOR VEHICLES:

PLEASE PROVIDE COPY OF PURCHASE CONTRACT IF FINANCED

VEHICLE #1

MAKE: _____ YEAR: _____ MODEL: _____

OPTIONS: _____

MILEAGE: _____ CONDITION: GOOD FAIR POOR

CURRENT FAIR MARKET VALUE: _____

IS VEHICLE SECURITY FOR A LOAN?: YES NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF PURCHASE: **(IMPORTANT IF FINANCED!!)** _____

AMOUNT PAID: _____ ARE PAYMENTS CURRENT?: _____

CURRENT BALANCE ON LOAN: _____ MONTHLY PAYMENT: _____

DO YOU PLAN TO KEEP THIS VEHICLE?: _____

DO YOU HAVE A CO-SIGNER ON THIS LOAN?: _____

NAME OF CO-SIGNER/ADDRESS: _____

VEHICLE #2

MAKE: _____ YEAR: _____ MODEL: _____

OPTIONS: _____

MILEAGE: _____ CONDITION: GOOD FAIR POOR

CURRENT FAIR MARKET VALUE: _____

IS VEHICLE SECURITY FOR A LOAN?: YES NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF PURCHASE: **(IMPORTANT IF FINANCED!!)** _____

AMOUNT PAID: _____ ARE PAYMENTS CURRENT?: _____

CURRENT BALANCE ON LOAN: _____ MONTHLY PAYMENT: _____

DO YOU PLAN TO KEEP THIS VEHICLE?: _____

DO YOU HAVE A CO-SIGNER ON THIS LOAN?: _____

NAME OF CO-SIGNER/ADDRESS: _____

VEHICLE #3

MAKE: _____ YEAR: _____ MODEL: _____

MILEAGE: _____ CONDITION: GOOD FAIR POOR

CURRENT FAIR MARKET VALUE: _____

IS VEHICLE SECURITY FOR A LOAN?: YES NO

NAME OF CREDITOR: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF PURCHASE: **(IMPORTANT IF FINANCED!!)** _____

AMOUNT PAID: _____ ARE PAYMENTS CURRENT?: _____

CURRENT BALANCE ON LOAN: _____ MONTHLY PAYMENT: _____

DO YOU PLAN TO KEEP THIS VEHICLE?: _____

DO YOU HAVE A CO-SIGNER ON THIS LOAN?: _____

PLEASE ATTACH ADDITIONAL SHEETS FOR OTHER VEHICLES/BOATS/ETC.

ANY OTHER PROPERTY NOT MENTIONED ABOVE - PLEASE MAKE CERTAIN YOU HAVE LISTED ALL OF YOUR PROPERTY:

WHAT: _____

WHERE: _____ FMV: _____

WHAT: _____

WHERE: _____ FMV: _____

WHAT: _____

WHERE: _____ FMV: _____

WHAT: _____

WHERE: _____ FMV: _____

WHAT: _____

WHERE: _____ FMV: _____

WHAT: _____

WHERE: _____ FMV: _____

WHAT: _____

WHERE: _____ FMV: _____

BUSINESS DEBTORS ONLY

14. ACCOUNTS RECEIVABLE:

HOW MUCH?: _____

HOW OLD ARE THESE RECEIVABLES?: _____

DO YOU EXPECT THESE RECEIVABLES TO BE PAID?: _____

IF YOU HAVE SUBSTANTIAL RECEIVABLES, PLEASE ATTACH AN ACCOUNTING SHOWING AMOUNTS, FROM WHOM AND WHEN INCURRED.

15. BUSINESS EQUIPMENT AND OFFICE SUPPLIES:

WHAT: _____ HOW MANY: _____

FAIR MARKET VALUE (FMV): _____

WHAT: _____ HOW MANY: _____

FAIR MARKET VALUE (FMV): _____

WHAT: _____ HOW MANY: _____

FAIR MARKET VALUE (FMV): _____

WHAT: _____ HOW MANY: _____

FAIR MARKET VALUE (FMV): _____

WHAT: _____ HOW MANY: _____

FAIR MARKET VALUE (FMV): _____

BUSINESS DEBTORS ONLY

16. INVENTORY:

WHAT: _____ HOW MANY: _____

FAIR MARKET VALUE: _____

HOW DID YOU COME BY THIS VALUATION?:

WHAT: _____ HOW MANY: _____

FAIR MARKET VALUE: _____

HOW DID YOU COME BY THIS VALUATION?:

WHAT: _____ HOW MANY: _____

FAIR MARKET VALUE: _____

HOW DID YOU COME BY THIS VALUATION?:

WHAT: _____ HOW MANY: _____

FAIR MARKET VALUE: _____

HOW DID YOU COME BY THIS VALUATION?:

TAX LIABILITIES

DO YOU HAVE ANY OUTSTANDING TAX LIABILITIES? YES NO

a. Personal income tax? YES NO

Federal or State? FEDERAL STATE

From what years & for how much? _____

b. 941 taxes? (Payroll/Employee taxes)? YES NO

From what years & for how much? _____

c. Property taxes? YES NO

From what years, for how much and on which property? _____

DOES THE FEDERAL OR STATE GOVERNMENT HOLD A LIEN AGAINST YOUR PROPERTY? (Federal tax lien, etc. - Please describe - attach lien notices)

ANY OTHER TAX LIABILITIES? _____

PLEASE ATTACH ANY NOTICES AND/OR STATEMENTS YOU HAVE RECEIVED FROM THE FEDERAL OR STATE TAXING AUTHORITIES REGARDING TAX LIABILITY

DEBTOR QUESTIONS - CURRENT AND PAST INCOME

GROSS INCOME FROM EMPLOYMENT, TRADE, PROFESSION, BUSINESS INCOME: (Please list your annual gross income for the years requested - please locate and provide your tax returns for these years if possible) (SELF EMPLOYED please provided a current year to date profit and loss statement showing gross income and deductible expenses)

PLEASE PROVIDE A COMPLETE COPY OF YOUR LAST FILED TAX RETURN

YOU	SPOUSE
INCOME 2022 (SO FAR): _____	INCOME 2022 (SO FAR): _____
SOURCE: _____	SOURCE: _____
INCOME 2021: _____	INCOME 2021: _____
SOURCE: _____	SOURCE: _____
INCOME 2020: _____	INCOME 2020: _____
SOURCE: _____	SOURCE: _____

ANY OTHER SOURCES OF INCOME (Rentals, Unemployment comp., disability, pension, etc.):

YOU	SPOUSE
INCOME 2022 (SO FAR): _____	INCOME 2022 (SO FAR): _____
SOURCE: _____	SOURCE: _____
AMOUNT: _____	AMOUNT: _____
INCOME 2021: _____	INCOME 2021: _____
SOURCE: _____	SOURCE: _____
AMOUNT: _____	AMOUNT: _____
INCOME 2020: _____	INCOME 2020: _____
SOURCE: _____	SOURCE: _____
AMOUNT: _____	AMOUNT: _____

**HAVE YOU MADE ANY PAYMENTS TO ANY CREDITOR OVER THE LAST 3 MONTHS
ADDING UP TO MORE THAN \$600 TO THAT CREDITOR?**

- a. WHO? _____
ADDRESS: _____
ITEMIZE PAYMENTS: _____

- b. WHO? _____
ADDRESS: _____
ITEMIZE PAYMENTS: _____

- c. WHO? _____
ADDRESS: _____
ITEMIZE PAYMENTS: _____

**HAVE YOU MADE ANY LARGE PAYMENTS TO A FAMILY MEMBER, FRIEND OR
BUSINESS ASSOCIATE OVER THE LAST YEAR (OVER \$1000 IN TOTAL TO THAT ONE
FAMILY MEMBER, FRIEND OR ASSOCIATE)?**

- a. WHO? _____
ADDRESS: _____
ITEMIZE PAYMENTS: _____

- b. WHO? _____
ADDRESS: _____
ITEMIZE PAYMENTS: _____

- c. WHO? _____
ADDRESS: _____
ITEMIZE PAYMENTS: _____

LAWSUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS WITHIN ONE YEAR OF FILING THIS BANKRUPTCY?(Please describe):

REPOSSESSIONS, FORECLOSURES AND RETURNS WITHIN ONE YEAR OF FILING THIS BANKRUPTCY?(Please describe): _____

LOSSES FROM FIRE, THEFT OR GAMBLING?(Please describe):

PAYMENTS MADE TO OTHERS FOR DEBT COUNSELING OR BANKRUPTCY?:

ANY TRANSFERS OF PROPERTY (HOUSES/LARGE SUMS OF MONEY OR OTHER BIG TICKET ITEMS) WITHIN ONE YEAR PROCEEDING THIS BANKRUPTCY?:

CLOSED, SOLD OR TRANSFERRED ACCOUNTS WITHIN THE LAST YEAR?:

SAFE DEPOSIT BOXES MAINTAINED WITHIN THE PAST YEAR?:

PROPERTY YOU ARE HOLDING FOR ANOTHER PERSON?:

EXECUTORY CONTRACTS, UNEXPIRED LEASES OR TIMESHARES?:

BUDGET OF DEBTOR AND SPOUSE

INCOME

DEBTOR

EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS _____
CITY/STATE/ZIP: _____
OCCUPATION AND/OR NATURE OF BUSINESS: _____
WHEN DID YOU START THERE?: _____

JOINT DEBTOR/SPOUSE

EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS _____
CITY/STATE/ZIP: _____
OCCUPATION AND/OR NATURE OF BUSINESS: _____
WHEN DID YOU START THERE?: _____

CURRENT INCOME/MONTHLY: PLEASE ATTACH YOUR 4 MOST RECENT PAY STATEMENTS AND LAST YEAR'S TAX RETURN - IF YOU ARE SELF-EMPLOYED, ATTACH A DETAILED PROFIT AND LOSS STATEMENT YEAR TO DATE AND YOUR LAST 2 TAX RETURNS

	YOU	SPOUSE
CURRENT MONTHLY GROSS WAGES, SALARY & COMMISSIONS:	_____	_____
ESTIMATED MONTHLY OVERTIME:	_____	_____
SUBTOTAL CURRENT INCOME:	_____	_____
PAYROLL DEDUCTIONS:		
FIT, SIT & FICA (TAXES):	_____	_____
INSURANCE:	_____	_____
UNION DUES:	_____	_____
SUBTOTAL DEDUCTIONS:	_____	_____
NET WAGES, SALARY & COMMISSION: INCOME CONTINUED:	_____	_____

NET INCOME FROM OPERATION OF BUSINESS: (ATTACH PROFIT & LOSS STATEMENT)	_____	_____
INCOME FROM REAL PROPERTY:	_____	_____
INTEREST AND DIVIDENDS:	_____	_____
SPOUSAL OR CHILD SUPPORT RECEIVED:	_____	_____
SOCIAL SECURITY OR GOVERNMENT BENEFITS:	_____	_____
PENSION OR RETIREMENT INCOME:	_____	_____
OTHER MONTHLY INCOME:	_____	_____
TOTAL MONTHLY INCOME:	_____	_____

DESCRIBE ANY INCREASE OR DECREASE OF MORE THAN 10% ANTICIPATED IN ANY OF THE ABOVE INCOME CATEGORIES OVER THE NEXT YEAR: _____

DEPENDENTS OF DEBTOR AND SPOUSE(minors 18 & under):

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

NAME: _____ AGE: _____ SEX: _____

CURRENT MONTHLY EXPENDITURES OF DEBTOR AND JOINT DEBTOR:

(Fill out separate column for spouse only if separated, otherwise, combine expenditures in one column)

		YOU	SPOUSE
1.	RENT OR 1 st MORTGAGE PAYMENT:	_____	_____
	INCLUDES IMPOUNDS FOR TAXES?: YES NO	_____	_____
	If not, how much are property taxes per month?	_____	_____
	INCLUDES IMPOUNDS FOR INSURANCE?: YES NO	_____	_____
	If not, how much is fire/homeowner/renter's insurance?	_____	_____
	Home maintenance, repair and upkeep expense:	_____	_____
	HOA Dues/Condominium Fees per month:	_____	_____
	If you have a 2 nd mortgage or HELOC, how much per month?	_____	_____
2.	UTILITIES:		
	ELECTRICITY; HEATING FUEL; GAS:	_____	_____
	WATER, SEWER and GARBAGE:	_____	_____
	TELEPHONE , CELL PHONES, INTERNET CABLE AND SATELLITE:	_____	_____
	OTHER UTILITIES:	_____	_____
3.	FOOD and HOUSEKEEPING SUPPLIES:	_____	_____
4.	CHILDCARE and CHILDREN'S EDUCATION COSTS:	_____	_____
5.	CLOTHING, LAUNDRY and DRY CLEANING:	_____	_____
6.	PERSONAL CARE PRODUCTS AND SERVICES:	_____	_____
7.	MEDICAL and DENTAL EXPENSES:	_____	_____
8.	TRANSPORTATION (GAS, OIL, REPAIRS):	_____	_____
	Includes public transportation if any		
9.	ENTERTAINMENT, RECREATION:	_____	_____
	Includes newspapers, magazines, books, movies		
10.	CHARITABLE CONTRIBUTIONS:	_____	_____
	Includes church tithing, offering, cash/check donations only		
11.	INSURANCE (not deducted directly on pay statements):		
	LIFE:	_____	_____
	HEALTH:	_____	_____
	AUTO:	_____	_____
12.	INSTALLMENT PAYMENTS: VEHICLE #1	_____	_____
	VEHICLE #2	_____	_____
	VEHICLE #3	_____	_____

13. SPOUSAL & CHILD SUPPORT PAID TO OTHERS: _____
Not already deducted from pay statements _____

14. Other Support Payments to family members, etc _____
Parents, siblings, elderly/disabled family members - all others than child and spousal support _____

15. OTHER REAL PROPERTY THAN RESIDENCE
Mortgage payments on other properties: _____
Real Estate Taxes: _____
Property insurance: _____
Maintenance, repairs and upkeep: _____
HOA Dues: _____

PLEASE ATTACH A SEPARATE PAGE IF YOU HAVE MORE THAN ONE PARCEL OF
REAL ESTATE

16. OTHER EXPENSES:

TOTAL MONTHLY EXPENSES: _____

LIST OF CREDITORS

PLEASE LIST ALL CREDITORS COMPLETE WITH ADDRESSES INCLUDING ZIP CODE. CORRECT ADDRESSES WITH ZIP CODE ARE **VERY** IMPORTANT FOR PROPER NOTICE SO PLEASE BE ACCURATE AND COMPLETE. ALSO PLEASE PROVIDE AN ESTIMATE OF AMOUNT OWED AND ACCOUNT NUMBER IF KNOWN. IF AVAILABLE, PLEASE ATTACH THE 2 MOST RECENT STATEMENTS/BILLS FROM EACH CREDITOR.

PLEASE INDICATE THE BASIS FOR THE DEBT: (Loan, credit line, credit card, services, consumer goods, etc.) AND WHETHER THE DEBT IS SECURED AND BY WHAT PROPERTY.

PLEASE GIVE THE DATE(S) THE DEBT WAS INCURRED - DATE(S) MONEY WAS BORROWED (Please provide exact dates if debt incurred within the past three months)

FOR CREDIT CARDS, PLEASE GIVE THE RANGE OF DATES THAT CHARGES WERE INCURRED ON THE CARD (Example - If you have a Visa card that has a balance left from charges made in 2009 and your last charge was in January of 2014, please indicate that the debt was incurred "2009 through Jan/2014") A good way to look at this is determine when the account was last at \$0, which is the first date, and then when the last charge was made, which is the last date.

PLEASE LIST ALL CO-SIGNERS AND PROVIDE A COPY OF THE ORIGINAL CONTRACT SHOWING COSIGNER LIAIBILITY : (Co-signers - Other parties who also signed the contract with your creditor)

PLEASE INCLUDE **EVERYONE** THAT YOU OWE MONEY TO INCLUDING RELATIVES AND PERSONAL LOANS. IT IS IN YOUR BEST INTEREST TO LIST **ALL** CREDITORS AND IS REQUIRED UNDER BANKRUPTCY LAW. THESE CREDITORS WILL BE LISTED IN YOUR PETITION FOR BANKRUPTCY WHICH YOU WILL BE SIGNING UNDER PENALTY OF PERJURY. FAILURE TO LIST ALL CREDITORS WILL RESULT IN AN INCOMPLETE PETITION FOR BANKRUPTCY AND MAY AFFECT THE COST AND VALIDITY OF YOUR BANKRUPTCY.

1. NAME OF CREDITOR: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____

DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)

BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan

Other: _____

APPROXIMATE AMOUNT OWED: _____

IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____

ANY CO-SIGNERS FOR DEBT?: YES NO

WHO?: _____

ADDRESS : _____

2. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

3. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

4. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

5. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

6. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

7. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

8. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

9. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

10. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

11. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

12. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

13. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

14. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

15. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

16. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

17. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

18. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

19. NAME OF CREDITOR: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
Other: _____
APPROXIMATE AMOUNT OWED: _____
IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
ANY CO-SIGNERS FOR DEBT?: YES NO
WHO?: _____
ADDRESS : _____

20. NAME OF CREDITOR: _____
 ADDRESS: _____
 CITY, STATE AND ZIP CODE: _____
 LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
 DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
 BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
 Other: _____
 APPROXIMATE AMOUNT OWED: _____
 IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
 ANY CO-SIGNERS FOR DEBT?: YES NO
 WHO?: _____
 ADDRESS : _____

21. NAME OF CREDITOR: _____
 ADDRESS: _____
 CITY, STATE AND ZIP CODE: _____
 LAST FOUR DIGITS OF ACCOUNT NUMBER IF KNOWN: _____
 DATE(S) DEBT WAS INCURRED: _____ through _____ / _____
(YEAR THAT ACCOUNT WAS LAST PAID OFF OR AT ZERO) (MONTH/YEAR)
(DATE OF LAST CHARGE)
 BASIS FOR DEBT: Credit Card/Consumer Goods & Services Cash advances Loan
 Other: _____
 APPROXIMATE AMOUNT OWED: _____
 IS THIS DEBT SECURED BY ANY PROPERTY?: _____ WHAT?: _____
 ANY CO-SIGNERS FOR DEBT?: YES NO
 WHO?: _____
 ADDRESS : _____

**PLEASE USE ATTACHMENTS IF YOU HAVE MORE CREDITORS
 PLEASE LIST ALL CREDITORS!**

CREDIT REPORT BUREAUS - CONTACT INFORMATION

The Fair and Accurate Credit Transactions Act (FACT) now allows you to obtain a free credit report from each major credit reporting bureau once per year. I urge you to get the free reports which are very useful in making certain you have listed all creditors. The free reports can be obtained via the internet at:

www.annualcreditreport.com

or by phone: 877-322-8228

or by mail: Annual Credit Report Request Service
P.O. Box 105281
Atlanta, GA 30348-5281

Please PRINT out the credit reports and bring or mail them to my office, or save them to your hard drive and email them directly to me at docs@tomlaw.com.

If you prefer, I can obtain a merged credit bureau report for you for a fee of \$33 single, \$60 for a couple.

If you need to contact the credit bureaus directly, their contact information is below:

1. Experian
P.O. Box 2104
Allen, TX 75013-2104
Website: www.experian.com
Phone: 888-397-3742
2. Equifax Credit Information Services, Inc
P.O. Box 740241
Atlanta, GA 30374
Website: www.equifax.com
Phone: 800-685-1111
3. TransUnion
Post Office Box 2000
Chester, PA 19022
Website: www.transunion.com
Phone: 800-916-8800

Sincerely,
Thomas K. Atwood
425-996-4145
206-569-4685