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## BANKRUPTCY QUESTIONNAIRE

### Basic Information

YOUR INFORMATION	SPOUSE INFORMATION
FULL NAME _____	<i>If you are married but are not filing jointly, you may leave this section blank, except for the income section. The Court will require information on all family income, including from a non-filing spouse. In addition, we will need that spouse's income verification forms (pay stubs, profit/loss statements, etc.).</i>
First                      Middle                      Last	
Date of Birth: _____	
Where were you born (State)? _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	SPOUSE'S FULL NAME _____
If married, are you filing: <input type="checkbox"/> Joint with spouse <input type="checkbox"/> As an individual (my spouse is not filing bankruptcy)	First                      Middle                      Last
Have you used any other names in the past eight (8) years? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please list other names used: _____	Date of Birth: _____
Social Security Number: Have you ever used any other social security numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain: _____	Where were you born (State)? _____
Address: _____ City: _____ State: ___ Zip: _____ County: _____	Have you used any other names in the past eight (8) years? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please list other names used: _____
Have you lived at this address for at least 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you lived at this address for at least 730 days? (2 Years) <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered no to either of the two questions above, please list your previous address: Address: _____ City: _____ State: ___ Zip: _____ County: _____	Social Security Number: Have you ever used any other social security numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain: _____
Mailing Address (if different from street address): Address: _____ City: _____ State: ___ Zip: _____	Address: _____ City: _____ State: ___ Zip: _____ County: _____
Home Phone: _____	Have you lived at this address for at least 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you lived at this address for at least 730 days? (2 Years) <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered no to either of the two questions above, please list your previous address: Address: _____ City: _____ State: ___ Zip: _____ County: _____
Cell Phone: _____	Mailing Address (if different from street address): Address: _____ City: _____ State: ___ Zip: _____
Work Phone: _____	Home Phone: _____
Email: _____	Cell Phone: _____
	Work Phone: _____
	Email: _____

### Prior and/or Pending Bankruptcy Cases

YOUR INFORMATION	FILING SPOUSE INFORMATION
Have you filed a bankruptcy case in the last 8 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which district of which state was the case filed? _____ Case No: _____ Date Filed: _____	Have you filed a bankruptcy case in the last 8 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which district of which state was the case filed? _____ Case No: _____ Date Filed: _____
Are there currently any bankruptcy cases pending involving you, your business, your spouse, or your spouse's business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of debtor: _____ Relationship to you: _____ Case Number: _____ Date Filed: _____ District: _____ Judge: _____	Are there currently any bankruptcy cases pending involving you, your business, your spouse, or your spouse's business? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of debtor: _____ Relationship to you: _____ Case Number: _____ Date Filed: _____ District: _____ Judge: _____

### CREDIT COUNSELING REQUIREMENT

YOUR INFORMATION	FILING SPOUSE INFORMATION
Date of Pre-Filing Credit Counseling*:	Date of Pre-Filing Credit Counseling*:

\* Pre-Filing Credit Counseling can be obtained at Access Counseling at (800) 210-0522 or [www.accessbk.org](http://www.accessbk.org). Make sure that you provide them with our Attorney Code, which is: TDD222A

### EXHIBIT "C" TO THE VOLUNTARY PEITION (HAZARDS TO PUBLIC HEALTH\SAFETY

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent or identifiable harm to public health or safety? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list and describe the property:
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### DEBTORS WHO RESIDE AS TENANTS OF RESIDENTIAL PROPERTY

If you rent your place of residence, does a landlord hold a judgment against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name and address of the landlord:  Name: _____ Address: _____ City: _____ State: _____ Zip: _____
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## REAL ESTATE

List all real estate which you own or are joint owner of, even if you still owe money on the property. If you own more than 3 piece of property, please include the information on the back of this sheet.

### Property 1

Address and description of property:
Owned by Husband, Wife, Joint, or Community Property:
Current Value of Property:
Your percentage of ownership:
<u>First Mortgage, lien or equity line</u> Name of the bank, lender, or lien holder: Address of bank, lender, or lien holder: Amount of the Mortgage, Lien, or loan: What is your monthly payment? How many payments are left?
<u>Second Mortgage, lien or equity line</u> Name and address of the bank, lender, or lien holder: Amount of the Mortgage, Lien, or loan: What is your monthly payment? How many payments are left?

### Property 2

Address and description of property:
Owned by Husband, Wife, Joint, or Community Property:
Current Value of Property:
Your percentage of ownership:
<u>First Mortgage, lien or equity line</u> Name of the bank, lender, or lien holder: Address of bank, lender, or lien holder: Amount of the Mortgage, Lien, or loan: What is your monthly payment? How many payments are left?
<u>Second Mortgage, lien or equity line</u> Name of the bank, lender, or lien holder: Name and address of the bank, lender, or lien holder: Amount of the Mortgage, Lien, or loan: What is your monthly payment? How many payments are left?

### Property 3

Address and description of property:
Owned by Husband, Wife, Joint, or Community Property:
Current Value of Property:
Your percentage of ownership:
<u>First Mortgage, lien or equity line</u> Name and address of the bank, lender, or lien holder: Amount of the Mortgage, Lien, or loan: What is your monthly payment? How many payments are left?
<u>Second Mortgage, lien or equity line</u> Name of the bank, lender, or lien holder: Address of bank, lender, or lien holder: Amount of the Mortgage, Lien, or loan: What is your monthly payment? How many payments are left?

## PERSONAL PROPERTY

The US Bankruptcy Code requires a complete disclosure of all personal property that you own, including items purchased, found, or received as gifts. **Replacement value** is to be used when valuing your household goods. Replacement value means the price that a retail merchant would charge you for property of that kind considering the age and condition of the property.

**All information that you are required to provide with a Bankruptcy Petition and thereafter during your Bankruptcy Case is required to be complete, accurate and truthful. Information that you provide may be audited, and failure to provide such information may result in the dismissal of your Bankruptcy Case or other sanctions including criminal prosecution.**

For each type of property listed below, list the quantity and value for each item that you own. If you do not own any property in that category, Check [√] the provided box. If you have more property than room provided, please list additional property in the provided space at the end of this section.

.....

**1. Cash on Hand.** List the total amount of cash on hand to include any cash in your pocket, wallet, purse, coin jar, mattress, etc.

<input type="checkbox"/> Check [√] if you do <b>NOT</b> have any cash on hand.		
You: \$	Your Spouse: \$	<input type="checkbox"/> No Cash on Hand

**2. Financial Accounts.** Checking Accounts, Saving Accounts, Certificates of Deposit, Money Market Accounts, and any other financial accounts with any Bank, Credit Union or Other Financial Institution. List any and all accounts with your name on it, including if your name is on your child's account or your elderly parent's account.

<input type="checkbox"/> Check [√] if you do <b>NOT</b> have any bank accounts. If you have no financial accounts, please explain why:		
1	Type of Account:	
	Name of Bank or Credit Union:	
	Account Number:	
	Names on Account:	
	Account Balance:	
2	Type of Account:	
	Name of Bank or Credit Union:	
	Account Number:	
	Names on Account:	
	Account Balance:	
3	Type of Account:	
	Name of Bank or Credit Union:	
	Account Number:	
	Names on Account:	
	Account Balance:	
4	Type of Account:	
	Name of Bank or Credit Union:	
	Account Number:	
	Names on Account:	
	Account Balance:	
5	Type of Account:	
	Name of Bank or Credit Union:	
	Account Number:	
	Names on Account:	
	Account Balance:	

**3. Security Deposits for Rentals, Utilities, and Services.** List all security deposits that are behind held by your landlord,

by utility company or by any other entity.

<input type="checkbox"/> Check [√] if you do <b>NOT</b> have any security deposits for rentals, utilities or services		
1	Person or Company Holding Deposit:	
	Amount of Deposit:	
2	Person or Company Holding Deposit:	
	Amount of Deposit:	

**4. Household Goods.** List all property owned by you or your spouse at replacement value. For example, if you own a 10 year old stove, list the value that a retailer (perhaps such as Goodwill) would charge you for an item in similar condition (another 10 year old stove).

Kitchen							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Kitchen Table:		\$		Blender:		\$	
Kitchen Chairs:		\$		Toaster:		\$	
Breakfast Table:		\$		Coffee Maker:		\$	
Breakfast Chairs:		\$		Toaster Oven:		\$	
Bar:		\$		Crock Pot:		\$	
Bar Stools:		\$		Mixer:		\$	
Microwave cart/table:		\$		Dishes/Cups/Glasses :		\$	
Stove:		\$		Flatware/utensils:		\$	
Oven:		\$		Pots/Pans:		\$	
Convection Oven:		\$		Other:		\$	
Refrigerator:		\$		Other:		\$	
Dishwasher:		\$		Other:		\$	
Freezer:		\$		Other:		\$	
Microwave:		\$		Other:		\$	

Dining							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Dining Room Table:		\$		Buffet:		\$	
Dining Room Chairs:		\$		Servers:		\$	
China Cabinet/Hutch:		\$		Other:		\$	

Family Room/ Den							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Couch:		\$		Sofa:		\$	
Love Seat:		\$		Chair:		\$	
Recliner:		\$		Rocker/Glider:		\$	
Benches:		\$		Ottoman/Footstool:		\$	
Coffee Table:		\$		End Table:		\$	
Entertainment Center:		\$		TV Cart/Stand:		\$	
Curio Cabinet:		\$		Bookcase:		\$	
Desk:		\$		Other:		\$	
Folding/Card Table:		\$		Other:		\$	
Lamp(s):		\$		Other:		\$	

Bedroom 1							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own

Bed		\$		Armoire:		\$	
Dresser:		\$		Vanity:		\$	
Night Stand(s):		\$		Other:		\$	
Mirror:		\$		Other:		\$	
Lamp(s):		\$		Other:		\$	

Bedroom 2							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Bed		\$		Armoire:		\$	
Dresser:		\$		Vanity:		\$	
Night Stand(s):		\$		Other:		\$	
Mirror:		\$		Other:		\$	
Lamp(s):		\$		Other:		\$	

Bedroom 3							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Bed		\$		Armoire:		\$	
Dresser:		\$		Vanity:		\$	
Night Stand(s):		\$		Other:		\$	
Mirror:		\$		Other:		\$	
Lamp(s):		\$		Other:		\$	

Bedroom 4							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Bed		\$		Armoire:		\$	
Dresser:		\$		Vanity:		\$	
Night Stand(s):		\$		Other:		\$	
Mirror:		\$		Other:		\$	
Lamp(s):		\$		Other:		\$	

Electronics							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Television:		\$		Laptop		\$	
Stereo:		\$		Tablet		\$	
Surround Sound:		\$		CD Player:		\$	
DVD Player:		\$		Hand held gaming:		\$	
I-Pod:		\$		Scanner:		\$	
Gaming System:		\$		Other		\$	
Computer:		\$		Other:		\$	

Garage/Patio							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Lawnmower:		\$		Shed:		\$	
Outdoor Fridge:		\$		Other:		\$	
Outdoor Freezer:		\$		Other:		\$	
Patio Furniture:		\$		Other:		\$	

Other							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own

Window Treatments:		\$		Washing Machine:		\$	
Linens:		\$		Dryer:		\$	
Gun Rack:		\$		Other:		\$	
Tools:		\$		Other:		\$	
Baby Items:		\$		Other:		\$	
Musical Instruments:		\$		Other:		\$	
Patio Furniture:		\$		Other:		\$	
Power Tools:		\$		Other:		\$	
Garden Supplies:		\$		Other:		\$	

5. Collectibles - Books, Pictures, Art Objects, Records, Compact Disks							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Books:		\$		Records:		\$	
Pictures:		\$		Compact Disks:		\$	
Art:		\$		Other Collectibles:		\$	

6. Clothing		
Item	Value	Do Not Own
Men Clothing:	\$	
Women Clothing	\$	
Children Clothing	\$	

7. Jewelry and Furs. List all Jewelry, including wedding rings, chains, earrings, gems, etc.							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Furs:		\$		Watches:		\$	
Wedding Band - Male		\$		Rings:		\$	
Wedding Bank - Female		\$		Bracelets:		\$	
Wedding Ring - Female		\$		Charms:		\$	
Necklaces:		\$		Body Jewelry:		\$	
Earrings:		\$		Other:		\$	

8. Sports, Photography, Hobby Equipment, Exercise Equipment, Firearms:							
Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Sports Equipment:		\$		Hobby Equipment:		\$	
Camera:		\$		Golf Clubs:		\$	
Lenses:		\$		Exercise Equipment:		\$	
Other Photography:		\$		Firearms:		\$	
Camcorder:		\$		Other:		\$	
Fishing Equipment:		\$		Other:		\$	

**9 & 10 Life Insurance Policies & Annuities**

List all life insurance policies and annuities. You may need to contact your insurance agent or benefits manager at your place of employment for this information. Whole life insurance accrues cash value against which you can borrow or cash out money. For whole life insurance, list face value and current cash value. Term life insurance pays benefits only when you die therefore it only has face value.

Check  if you do **NOT** have any life insurance policies or annuities.

1	Name of Insurance Company:	
	Type of Policy:	
	Policy Number	
	Names on Account:	
	Face and Cash Value:	Face: \$                      Cash: \$
	Amount Owed (if Collateral):	
	Name of Persons Insured:	
2	Name of Insurance Company:	
	Type of Policy:	
	Policy Number	
	Names on Account:	
	Face and Cash Value:	Face: \$                      Cash: \$
	Amount Owed (if Collateral):	
	Name of Persons Insured:	

**11 Education IRAs**

Check [√] if you do **NOT** have any educational IRAs.

1	Type of Plan:	
	Plan Administrator:	
	Current Vested Amount:	\$
	Amount Owed (if collateral):	\$
	Ownership:	
2	Type of Plan:	
	Plan Administrator:	
	Current Vested Amount:	\$
	Amount Owed (if collateral):	\$
	Ownership:	

**12 Retirement Plans, Pension Plans, Profit Sharing Plans, IRAs, 401(k)s**

List all retirement, pensions, profit sharing, IRA, and 401(k) accounts. You may need to contact your employer/benefits manager for your plan information. If more than three, please list additional plans at the end of this section. For vested amount, list current amount against which you would receive if you cashed out today.

Check [√] if you do **NOT** have any retirement, pension, profit sharing, IRAs or 401(k) plans.

1	Employer:	
	Type of Plan:	
	Plan Administrator:	
	Current Vested Amount:	\$
	Amount Owed (if Collateral)	\$
2	Employer:	
	Type of Plan:	
	Plan Administrator:	
	Current Vested Amount:	\$
	Amount Owed (if Collateral)	\$
3	Employer:	
	Type of Plan:	
	Plan Administrator:	
	Current Vested Amount:	\$
	Amount Owed (if Collateral)	\$



**13 Stocks and Interest In Business**

List here any stocks and other interests in any business.

Check [√] if you do **NOT** have any stocks or interest in any business.

1	Description:	
	Business Name:	
	Number of Shares:	
	Value:	\$
	Ownership:	
2	Description:	
	Business Name:	
	Number of Shares:	
	Value:	\$
	Ownership:	

**14 Partnerships & Joint Ventures**

List any business partnerships and joint ventures.

Check [√] if you do **NOT** have any business partnerships and joint ventures.

1	Description:	
	Percentage of Ownership:	%
	Value of Ownership:	\$
2	Description:	
	Percentage of Ownership:	%
	Value of Ownership:	\$
3	Description:	
	Percentage of Ownership:	%
	Value of Ownership:	\$

**15 Government and Corporate Bonds and Other Negotiable and Non-Negotiable Instruments**

List any US Savings Bonds, Corporate Bonds, and other negotiable and non-negotiable instruments.

Check [√] if you do **NOT** have any bonds or negotiable/non-negotiable instruments.

1	Type of Bond:	
	Values:	Face: \$   Current: \$
	Effective Date:	
	Maturation Date:	
2	Type of Bond:	
	Values:	Face: \$   Current: \$
	Effective Date:	
	Maturation Date:	
3	Type of Bond:	
	Values:	Face: \$   Current: \$
	Effective Date:	
	Maturation Date:	

**16 Accounts Receivable**

List anyone who owes you money.

Check [√] if you do **NOT** have any accounts receivables.

1	Source:	
	Values and Frequency	Value:   Frequency:
2	Source:	
	Values and Frequency	Value:   Values and Frequency
3	Source:	
	Values and Frequency	Value:   Values and Frequency

**17 Alimony, Maintenance, Child Support, Other Support or Property Settlements**

List all support that you receive from any source, including alimony, maintenance, child support, other support, and property settlements of any kind.

Check [√] if you do **NOT** receive alimony, maintenance, child support, other support or have any property settlements.

1	Description:		
	Source:		
	Amount and Frequency	Amount: \$	Frequency:
2	Description:		
	Source:		
	Amount and Frequency	Amount: \$	Amount and Frequency

**18 Other Liquidated Debts Owed To You, Including Tax Refunds.**

List any liquidated debts owed to you.

Check [√] if you do **NOT** have any liquidated debts owed to you, included tax refunds within the next 6 months.

1	Type of Debt Owed to You:		
	Source:		
	Value:	\$	
2	Type of Debt Owed to You:		
	Source:		
	Value:	\$	

**19 Equitable or Future Interests, Life Estates, and Rights of Power**

List any equitable or future interests, life estates, and rights of power exercisable to benefit you.

Check [√] if you do **NOT** have any equitable or future interests, life estates, or rights of power.

1	Type of Debt Owed to You:		
	Source:		
	Value:	\$	
2	Type of Debt Owed to You:		
	Source:		
	Value:	\$	

**20 Interest in Estate of a Decedent, Death Benefit Plan, Life Insurance Policy or Trust**

List any inheritances which you are currently receiving. Please be advised that if you receive any inheritance during the term of your bankruptcy, we must report this information to the Trustee and the Court.

Check [√] if you do **NOT** have any equitable or future interests, life estates, or rights of power.

1	Type of Interest:		
	Source:		
	Value:	\$	
2	Type of Interest:		
	Source:		
	Value:	\$	

**21 Other Contingent and Unliquidated Claims, Counterclaims, and Rights to Setoff Claims**

List any filed or potential claims/lawsuits or counterclaims including personal injury claims, disability claims, divorce settlement or tax refunds, or any other setoff claim.

Check [√] if you do **NOT** have any contingent and unliquidated claims, counterclaims, or rights to setoff claims.

1	Type of Claim/Counterclaim:		
	Source:		
	Value:	\$	
2	Type of Claim/Counterclaim:		
	Source:		
	Value:	\$	

### 22 Patents, Copyrights, and Other Intellectual Property

List any patents, copyrights, and intellectual property that you possess.

Check [√] if you do **NOT** have any patents, copyrights, or other intellectual property.

1	Type :		
	Description:		
	Value:		\$
2	Type :		
	Description:		
	Value:		\$

### 23 Licenses, Franchises, and Other General Intangibles

List any special licenses or franchises that you hold, including licenses issued for professional services.

Check [√] if you do **NOT** have any licenses, franchises, or other general intangibles.

1	Type :		
	Description:		
	Value:		\$
2	Type :		
	Description:		
	Value:		\$

### 24 Customer Lists

Please attach to this questionnaire any customer lists or similar compilations provided to you in connection with obtaining a product or service primarily for personal, family, or household purposes.

Check [√] if you do **NOT** have any customer lists.

### 25. Vehicles.

List all vehicles that you own or for which your name is listed on the title/registration.

Check [√] if you do **NOT** have any vehicles.

#### Vehicle 1

Vehicle 1 Information		Mark <input checked="" type="checkbox"/> Body Style	
Name(s) on Title:		<input type="checkbox"/> 2 Door Coupe	<input type="checkbox"/> 4 Door Sedan
Year, Make & Model:		<input type="checkbox"/> Pick Up Truck	<input type="checkbox"/> SUV
Class: (LE, GT, SE, SEL, Sport, Ltd etc):		<input type="checkbox"/> Mini/Cargo Van	<input type="checkbox"/> Wagon
Mileage:		<input type="checkbox"/> Sport/Convertible	
Date of Purchase:		<input type="checkbox"/> Hybrid	
Engine (2.2L, V6, V8):		<input type="checkbox"/> Crossover	
2 Door or 4 Door:		<input type="checkbox"/> Van/Truck Conversion	
2 WD or AWD:		<input type="checkbox"/> Limousine	
Condition:		<input type="checkbox"/> Motorcycle	
Ownership Status:		<input type="checkbox"/> Motor home	
		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
		<input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Leasing	
Factory Installed Equipment and Options - Mark <input checked="" type="checkbox"/> all that apply to this vehicle			
<input type="checkbox"/> Sun Roof	<input type="checkbox"/> Power Mirrors	<input type="checkbox"/> Leather Seats	<input type="checkbox"/> Fixed Running Boards
<input type="checkbox"/> Power Steering	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Aluminum Alloy Wheels	<input type="checkbox"/> Power Running Boards
<input type="checkbox"/> Power Brakes	<input type="checkbox"/> Navigation System	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> Sports Package
<input type="checkbox"/> Power Windows	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Bed Liner	<input type="checkbox"/> Handling Package
<input type="checkbox"/> Power Locks	<input type="checkbox"/> Entertainment Package	<input type="checkbox"/> Luggage Rack	<input type="checkbox"/> Camping Package
<input type="checkbox"/> Power Seats	<input type="checkbox"/> Navigation System	<input type="checkbox"/> Roll Bar	<input type="checkbox"/> Towing Package
Lender Information:		Lease Information:	
Lender:		Leasor:	
Monthly Payment:		Monthly Payment:	
Payments Missed:		Payments Missed:	
Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender the vehicle?		Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender the vehicle?	
Has the vehicle been repossessed?		Has the vehicle been repossessed?	

Vehicle 2			
Vehicle 2 Information		Mark <input checked="" type="checkbox"/> Body Style	
Name(s) on Title:		<input type="checkbox"/> 2 Door Coupe	<input type="checkbox"/> 4 Door Sedan
Year, Make & Model:		<input type="checkbox"/> Pick Up Truck	<input type="checkbox"/> SUV
Class: (LE, GT, SE, SEL, Sport, Ltd etc):		<input type="checkbox"/> Mini/Cargo Van	<input type="checkbox"/> Wagon
Mileage:		<input type="checkbox"/> Sport/Convertible	
Date of Purchase:		<input type="checkbox"/> Hybrid	
Engine (2.2L, V6, V8):		<input type="checkbox"/> Crossover	
2 Door or 4 Door:		<input type="checkbox"/> Van/Truck Conversion	
2 WD or AWD:		<input type="checkbox"/> Limousine	
Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Motorcycle	
Ownership Status:	<input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Leasing	<input type="checkbox"/> Motor home	
Factory Installed Equipment and Options - Mark <input checked="" type="checkbox"/> all that apply to this vehicle			
<input type="checkbox"/> Sun Roof	<input type="checkbox"/> Power Mirrors	<input type="checkbox"/> Leather Seats	<input type="checkbox"/> Fixed Running Boards
<input type="checkbox"/> Power Steering	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Aluminum Alloy Wheels	<input type="checkbox"/> Power Running Boards
<input type="checkbox"/> Power Brakes	<input type="checkbox"/> Navigation System	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> Sports Package
<input type="checkbox"/> Power Windows	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Bed Liner	<input type="checkbox"/> Handling Package
<input type="checkbox"/> Power Locks	<input type="checkbox"/> Entertainment Package	<input type="checkbox"/> Luggage Rack	<input type="checkbox"/> Camping Package
<input type="checkbox"/> Power Seats	<input type="checkbox"/> Navigation System	<input type="checkbox"/> Roll Bar	<input type="checkbox"/> Towing Package
Lender Information:		Lease Information:	
Lender:		Leasor:	
Monthly Payment:		Monthly Payment:	
Payments Missed:		Payments Missed:	
Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender the vehicle?		Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender the vehicle?	
Has the vehicle been repossessed?		Has the vehicle been repossessed?	

Vehicle 3			
Vehicle 3 Information		Mark <input checked="" type="checkbox"/> Body Style	
Name(s) on Title:		<input type="checkbox"/> 2 Door Coupe	<input type="checkbox"/> 4 Door Sedan
Year, Make & Model:		<input type="checkbox"/> Pick Up Truck	<input type="checkbox"/> SUV
Class: (LE, GT, SE, SEL, Sport, Ltd etc):		<input type="checkbox"/> Mini/Cargo Van	<input type="checkbox"/> Wagon
Mileage:		<input type="checkbox"/> Sport/Convertible	
Date of Purchase:		<input type="checkbox"/> Hybrid	
Engine (2.2L, V6, V8):		<input type="checkbox"/> Crossover	
2 Door or 4 Door:		<input type="checkbox"/> Van/Truck Conversion	
2 WD or AWD:		<input type="checkbox"/> Limousine	
Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Motorcycle	
Ownership Status:	<input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Leasing	<input type="checkbox"/> Motor home	
Factory Installed Equipment and Options - Mark <input checked="" type="checkbox"/> all that apply to this vehicle			
<input type="checkbox"/> Sun Roof	<input type="checkbox"/> Power Mirrors	<input type="checkbox"/> Leather Seats	<input type="checkbox"/> Fixed Running Boards
<input type="checkbox"/> Power Steering	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Aluminum Alloy Wheels	<input type="checkbox"/> Power Running Boards
<input type="checkbox"/> Power Brakes	<input type="checkbox"/> Navigation System	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> Sports Package
<input type="checkbox"/> Power Windows	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Bed Liner	<input type="checkbox"/> Handling Package
<input type="checkbox"/> Power Locks	<input type="checkbox"/> Entertainment Package	<input type="checkbox"/> Luggage Rack	<input type="checkbox"/> Camping Package
<input type="checkbox"/> Power Seats	<input type="checkbox"/> Navigation System	<input type="checkbox"/> Roll Bar	<input type="checkbox"/> Towing Package
Lender Information:		Lease Information:	
Lender:		Leasor:	
Monthly Payment:		Monthly Payment:	
Payments Missed:		Payments Missed:	
Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender the vehicle?		Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender the vehicle?	
Has the vehicle been repossessed?		Has the vehicle been repossessed?	

**26. Boats, Motors, Motorbikes, Four Wheelers, and Trailers.** List all boats, motors, motorbikes, four wheelers and trailers.

Check [√] if you do **NOT** have any boats, motors, motorbikes, four wheelers or trailers.

Boat, Motor, Motorbike, Four Wheeler or Trailer 1			
Vehicle 1		Mark <input checked="" type="checkbox"/> Type	
Name(s) on Title:		<input type="checkbox"/> Boat <input type="checkbox"/> Motor <input type="checkbox"/> Trailer <input type="checkbox"/> Other	
Year, Make & Model:			
Size/Dimension:			
Ownership Status: <input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Leasing			
Lender Information:		Lease Information:	
Lender/Leasor:		Monthly Payment:	\$
Payments Missed:		Payments Missed:	
Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender the property?		Has the property been repossessed?	

Boat, Motor, Motorbike, Four Wheeler or Trailer 2			
Vehicle 2		Mark <input checked="" type="checkbox"/> Type	
Name(s) on Title:		<input type="checkbox"/> Boat <input type="checkbox"/> Motor <input type="checkbox"/> Trailer <input type="checkbox"/> Other	
Year, Make & Model:			
Size/Dimension:			
Ownership Status: <input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Leasing			
Lender Information:		Lease Information:	
Lender/Leasor:		Monthly Payment:	\$
Payments Missed:		Payments Missed:	
Do you intend to <input type="checkbox"/> keep or to <input type="checkbox"/> surrender the property?		Has the property been repossessed?	

**27. Aircraft and Accessories.**  Check [√] if you do **NOT** have any aircraft and accessories.

List any aircraft and accessories:

28 Office								
List all office items.								
<input type="checkbox"/> Check [√] if you do <b>NOT</b> have any office property.								
Item	Quantity	Value	Do Not Own		Item	Quantity	Value	Do Not Own
Desk:		\$			Bookcase:		\$	
Chair:		\$			Photocopier:		\$	
Filing Cabinets		\$			Other:		\$	
Fax Machine		\$			Other:		\$	

29 Business Machinery, Fixtures, and Supplies								
List all business machinery, fixtures, and supplies.								
<input type="checkbox"/> Check [√] if you do <b>NOT</b> have any office property.								
Item	Quantity	Value	Do Not Own		Item	Quantity	Value	Do Not Own
Item:		\$			Item:		\$	
Item:		\$			Item:		\$	

30 Inventory								
List all inventory. If you have a list of inventory, please attach the list to this questionnaire.								
<input type="checkbox"/> Check [√] if you do <b>NOT</b> have any inventory.								
Item	Quantity	Value	Do Not Own		Item	Quantity	Value	Do Not Own
Item:		\$			Item:		\$	
Item:		\$			Item:		\$	
Item:		\$			Item:		\$	
Item:		\$			Item:		\$	

**31 Animals: Pets, Domesticated Animals, and Livestock**

List all animals that you own, including any adopted or rescued pets.

Check [√] if you do **NOT** have any animals.

Item	Breed	Quantity	Pure breed?	Value
Animal:			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Animal:			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Animal:			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Animal:			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

**32 Crops - Growing or Harvested**

List all crops.

Check [√] if you do **NOT** have any crops.

Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Crop:		\$		Crop:		\$	
Crop:		\$		Crop:		\$	

**33 & 34 Farming Equipment and Implements and Farm Supplies, Chemical and Feed**

List all farming equipment or implements.

Check [√] if you do **NOT** have any farm equipment, implements, or supplies, or chemical and feed.

Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Item:		\$		Item:		\$	
Item:		\$		Item:		\$	

**Other Personal Property of Any Kind**

List any personal property that wasn't listed above.

Check [√] if you do **NOT** have any other personal property of any kind.

Item	Quantity	Value	Do Not Own	Item	Quantity	Value	Do Not Own
Item:		\$		Item:		\$	
Item:		\$		Item:		\$	
Item:		\$		Item:		\$	
Item:		\$		Item:		\$	
Item:		\$		Item:		\$	
Item:		\$		Item:		\$	
Item:		\$		Item:		\$	
Item:		\$		Item:		\$	
Item:		\$		Item:		\$	

Use this space to add information that you did not have room to add above:

## DEBTS

Please provide our office with the **most recent** bill or statement that you can locate for each of the following:

- Legal papers, lawsuits, divorce papers (i.e. judgments, garnishments) – please provide copies only
- Credit card statements (including all collection agency letters)
- Student loan statement(s)
- Bank loan statement(s)
- Unpaid medical bill statements (including all collection agency letters)
- Unpaid utility bill statements (including all collection agency letters)
- Statements regarding all tax debts

For any creditors that you did not provide a bill or statement, you must list all creditors below including:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Taxes                | <input type="checkbox"/> Child Support Alimony              | <input type="checkbox"/> Schools/Tuition  |
| <input type="checkbox"/> Mortgages            | <input type="checkbox"/> Store charges                      | <input type="checkbox"/> Criminal restitution debts                                 |
| <input type="checkbox"/> Medical bills        | <input type="checkbox"/> Judgments                          | <input type="checkbox"/> Debts you cosigned   |
| <input type="checkbox"/> Student loans        | <input type="checkbox"/> Unpaid rent                        | <input type="checkbox"/> Loans from relatives, friends, bosses, business associates |
| <input type="checkbox"/> Auto Loans           | <input type="checkbox"/> Personal loans                     | <input type="checkbox"/> Bills owed to former landlords                             |
| <input type="checkbox"/> Payday loans         | <input type="checkbox"/> Unpaid medical bills               | <input type="checkbox"/> Welfare debts  |
| <input type="checkbox"/> Cash Advance loans   | <input type="checkbox"/> Unpaid services fees               | <input type="checkbox"/> Ex-Spouse or partners                                      |
| <input type="checkbox"/> Unpaid utility bills | <input type="checkbox"/> Unpaid Condo Assessments           |   |
| <input type="checkbox"/> Credit Cards         | <input type="checkbox"/> Unpaid HOA Fees/Assessments        |   |
| <input type="checkbox"/> Mail order bills     | <input type="checkbox"/> Traffic tickets or parking tickets |   |

Do not leave anyone out. List anyone who thinks that you owe them money. List ex-spouses or partners on the list of creditors, whether or not you believe they are owed any money. If complete information concerning a debt is not provided, it cannot be discharged in bankruptcy and you will still be legally responsible for paying the debt.

Our office will download a credit report on your behalf. However, do not rely on the credit report as a complete and accurate list of your debts. Credit reports are nearly always inaccurate and incomplete.

Please read and [√]:

- Yes  No Are there any judgments against you? If yes, who holds the judgment: \_\_\_\_\_
- Yes  No Do you understand that use of all credit cards must cease?
- Yes  No Do you understand that you should not use your credit cards or incur any additional debt now that you have decided to file bankruptcy?
- Yes  No Do you understand that any debt incurred just prior to filing may not be dischargeable?
- Yes  No Do you understand that all creditors must be listed with correct addresses?
- Yes  No Do you understand that you may not choose to not list any particular creditor?
- Yes  No Do you understand that most student loans are not discharged in bankruptcy?
- Yes  No Do you understand that the payments for all child support and alimony/maintenance must continue to be made, even during bankruptcy?
- Yes  No Do you or your spouse have any fines or governmental/court imposed liabilities?
- Yes  No Have you been accused (in a lawsuit or otherwise) or found guilty of fraud?
- Yes  No Do you understand that any debt incurred by alleged or actual fraud is not dischargeable?
- Yes  No Do you understand that a doctor may choose to not provide medical services if they are included in the bankruptcy?
- Yes  No Do you understand that any debt incurred by alleged or actual fraud is not dischargeable?

How much have you charged, cash advanced, or balance transferred on your credit cards in the past 3 months:

- Zero
- some, but less than \$500
- Between \$500 and \$1000
- Between \$1,000 and \$2,000
- more than \$2,000

For any debt that you have NOT provided a bill or statement, list all debts in this section, EVEN IF YOU ARE CURRENT WITH THE PAYMENTS.

**Secured Creditors:** When your agreement with a creditor allows the creditor to take certain property from you if you do not pay, the debt is “secured” by the property, which is called “collateral.”

Check [√] if you do **NOT** have any other personal property of any kind.

Creditor Name:	
Creditor Address:	
Account Number:	
Collateral:	
Amount Owed:	
Co-Debtors:	

Creditor Name:	
Creditor Address:	
Account Number:	
Collateral:	
Amount Owed:	
Co-Debtors:	

Creditor Name:	
Creditor Address:	
Account Number:	
Collateral:	
Amount Owed:	
Co-Debtors:	

Creditor Name:	
Creditor Address:	
Account Number:	
Item Collateral:	
Amount Owed:	
Co-Debtors:	

**Creditors Holding Unsecured Priority Claims. List all domestic support obligations and taxes here.**

Check [√] if you do **NOT** have any domestic support obligations or tax debts.

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	



Do you pay child support or alimony?  Yes  No. If yes, please fill out this Domestic Support Obligation Form.

### DOMESTIC SUPPORT OBLIGATION FORM

Please note, this only needs to be filled out if you pay child support, alimony, or have any other domestic support obligation.

**Name and Address of Holder of Claim for a Domestic Support Obligation:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

State Court Case Number (if applicable): \_\_\_\_\_

**Debtor's Information**

In Re: Name: \_\_\_\_\_

Bankruptcy Case No: \_\_\_\_\_

Social Security No: \_\_\_\_\_

**Name, Address and Telephone Number of State Agency (If Known):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Debtor(s) last known Employer: \_\_\_\_\_

Address of Debtor(s) last known Employer: \_\_\_\_\_

**Unsecured Creditors. List all other debts here.** If you have more creditors than pages provided, please copy this page. For all unsecured debts, list all creditors, including creditors who have judgments or whose claims you dispute, anyone who you think may have a claim against you must be listed even if the claim is old. It is essential that you show the full name, and complete mailing address. Also list all collection agencies and attorneys, if any, to whom the debt was referred.

Check [√] if you do **NOT** have any other creditors other than the bills and statements that were provided to our office.

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Creditor Name:	
Creditor Address:	
Account Number:	
Amount Owed:	
Co-Debtors:	
If this is a credit card debt, have you used this account in the past 90 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EXPIRED LEASES OR CONTRACTS**

List any leases or contracts that are still current that you are a party to. Including residential leases, vehicle leases, spa memberships, rent-to-own contracts, cellular telephone contracts and business leases, service or business contracts, and settlement agreements.

- Yes  No Are you renting an apartment or home? If yes, please list information below.  
 Yes  No Are you leasing a vehicle? If yes, please list information below.  
 Yes  No Are you in a contract for cell phone services? If yes, please list information below.  
 Check [√] if you do **NOT** have any unexpired leases or contracts.

1	Nature and Description of Contract:	
	Name of other party/parties	
	Address of other party/parties	
	Date that contract expires:	
	Do you want to keep the contract?	
2	Nature and Description of Contract:	
	Name of other party/parties	
	Address of other party/parties	
	Date that contract expires:	
	Do you want to keep the contract?	
3	Nature and Description of Contract:	
	Name of other party/parties	
	Address of other party/parties	
	Date that contract expires:	
	Do you want to keep the contract?	

**CO-DEBTORS**

List any co-debtors that are listed on any accounts or who shares in any debt that you owe.

- Check [√] if you do **NOT** have any co-debtors.

1	Creditor:	
	Account Number:	
	Name of Co-Debtor:	
	Address of Co-Debtor:	
2	Creditor:	
	Account Number:	
	Name of Co-Debtor:	
	Address of Co-Debtor:	
3	Creditor:	
	Account Number:	
	Name of Co-Debtor:	
	Address of Co-Debtor:	

**DEPENDANTS**

What is your marital status?	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Number of persons living in your household:	
Do you have Dependants?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, fill out the next section.
Dependant 1:	Relationship to you: _____ Age: _____ Does dependant live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependant 2:	Relationship to you: _____ Age: _____ Does dependant live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependant 3:	Relationship to you: _____ Age: _____ Does dependant live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependant 4:	Relationship to you: _____ Age: _____ Does dependant live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependant 5:	Relationship to you: _____ Age: _____ Does dependant live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

**INCOME**

YOUR INFORMATION	SPOUSE INFORMATION <i>Your spouse's income is required even if they are not filing.</i>
<input type="checkbox"/> Check [√] if you are not employed.	<input type="checkbox"/> Check [√] if your spouse is not employed
Occupation:	Occupation:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Job Title:	Job Title:
How long employed:	How long employed:
Are you self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often are you paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____	How often is your spouse paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____
Estimated Salary per pay period: \$	Estimated Salary per pay period: \$
Do you receive bonuses in addition to your regular salary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____	Do you receive bonuses in addition to your regular salary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____
Has anyone in your household received any of the following types of income in the past seven months:	
<input type="checkbox"/> Check [√] if you have not received any income in the past seven months other than employment wages listed above.	
<input type="checkbox"/> Child Support or Alimony <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Social Security or SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Disability Payments <input type="checkbox"/> Survivor Benefits <input type="checkbox"/> Gambling	<input type="checkbox"/> Investment Income <input type="checkbox"/> Business or self-employment income <input type="checkbox"/> Inheritance <input type="checkbox"/> Food Stamps or FL Temp. Cash Assistance <input type="checkbox"/> 401k Distribution <input type="checkbox"/> Rent or other financial contribution from roommates <input type="checkbox"/> Liquidation of investments or other assets <input type="checkbox"/> Gift income or family assistance <input type="checkbox"/> Other: _____
If you checked [√] any of the boxes above, explain how much you received in the past seven (7) months.	
Income type: _____ Amount received in past seven months: \$ _____ <input type="checkbox"/> This is my monthly amount.	
Income type: _____ Amount received in past seven months: \$ _____ <input type="checkbox"/> This is my monthly amount.	
Income type: _____ Amount received in past seven months: \$ _____ <input type="checkbox"/> This is my monthly amount.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you expect your income to change in the next year? If yes, please explain: _____	

**EXPENSES**

List all regular expenses.

Rent or Mortgage:	\$
If not included in your rent or mortgage payment:	
Real Estate Taxes:	\$
Property, homeowner, or renter insurance:	\$
Home maintenance, repair, and upkeep expenses:	\$
Homeowner Association (HOA) or Condominium Dues:	\$
Additional mortgage payments such as 2 <sup>nd</sup> mortgage or home equity loans:	\$
Utilities	
Electricity, heat, natural gas:	\$
Water, sewer, garbage collection:	\$
Telephone, cell phone, internet, satellite, and cable:	\$
Other utilities:	\$
Food and housekeeping supplies:	\$
Childcare and children's education costs:	\$
Clothing, laundry, and dry cleaning:	\$
Personal care products and services:	\$
Medical and dental expenses:	\$
Transportation (including gas, maintenance, bus, train, but not car payments):	\$
Entertainment, clubs, recreation, newspapers, magazines, and books:	\$
Charitable contributions and religious donations:	\$
Insurance (only list insurance that is NOT deducted from your wages, or included elsewhere on this worksheet)	
Life Insurance:	\$
Health Insurance:	\$
Vehicle Insurance:	\$
Other Insurance: _____	\$
Taxes (only list taxes that are not deducted from wages or listed elsewhere on this worksheet):	\$
Installment or lease payments:	
Car payments for vehicle 1:	\$
Car payments for vehicle 2:	\$
Other Installment payments: _____	\$
Payments of alimony, maintenance, and support (only list here if not deducted from your wages):	\$
Other payments you make to support others who do not live with you:	\$
Other real property expenses for other property:	
Mortgages:	\$
Real estate taxes:	\$
Property, homeowner's, or renter's insurance:	\$
Maintenance, repair, and upkeep:	\$
Homeowner Association (HOA) or Condominium Dues:	\$
Other Expenses:	
_____:	\$
_____:	\$
_____:	\$
_____:	\$
_____:	\$
_____:	\$
_____:	\$

**STATEMENT OF FINANCIAL AFFAIRS**

The "Statement of Financial Affairs" is a summary of your complete financial history, over certain periods of time before you file your bankruptcy case. It is important that you pay special attention to these different time periods that will be requested in the questions.

**If you are filing with your spouse, all questions pertain to both you and your spouse. If your spouse is not filing, your spouse information is only required if you are filing a chapter 13.**

1	<input type="checkbox"/> Yes <input type="checkbox"/> No List Income from employment or operation of business in the past three years. <i>If your spouse is not filing bankruptcy, spouse information is only required if you are filing a chapter 13 bankruptcy.</i>			
	Your Information		Spouse Information	
	2015 (to date):	\$	2015 (to date):	\$
	2014:	\$	2014:	\$
	2013:	\$	2013:	\$

2	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you received income in the past three years from any source other than wages? If yes, indicate below the income type and amount per year. <i>If your spouse is not filing bankruptcy, spouse information is only required if you are filing a chapter 13 bankruptcy.</i>					
	<input type="checkbox"/> Child Support or Alimony <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Social Security or SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Disability Payments <input type="checkbox"/> Survivor Benefits			<input type="checkbox"/> Gambling <input type="checkbox"/> Investment Income <input type="checkbox"/> Business or self-employment income <input type="checkbox"/> Inheritance <input type="checkbox"/> Food Stamps or FL Temp. Cash Assistance <input type="checkbox"/> 401k Distribution <input type="checkbox"/> Rent or other financial contribution from roommates <input type="checkbox"/> Liquidation of investments or other assets <input type="checkbox"/> Gift income or family assistance <input type="checkbox"/> Other: _____		
	Your Information			Spouse Information		
	Year	Income Type	Amount	Year	Income Type	Amount
	2015		\$	2015		\$
			\$			\$
	2014		\$	2014		\$
			\$			\$
	2013		\$	2013		\$
			\$			\$

3a	<input type="checkbox"/> Yes <input type="checkbox"/> No Within the past <b>90 days</b> , have you made payments to any single creditor which total more than \$600. Any creditor whose monthly payment, such as your mortgage or car payment, is more than \$200 should be listed in this section. If yes, describe below.		
	Creditor	Date of Payment	Total amount paid in past 90 days
			\$
			\$

3b	<input type="checkbox"/> Yes <input type="checkbox"/> No Within the past <b>90 days</b> , have you made payments for any business debts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did the payments total more than \$5,475? If yes, list the creditor and amount paid.		
	Creditor	Date of Payment	Total amount paid in past 90 days
			\$
			\$

3c	<input type="checkbox"/> Yes <input type="checkbox"/> No Within the past <b>year</b> , have you repaid any loans to family, friends, or business associates? If yes. describe below.			
	Person paid	Relationship	Amount Paid	Payment date(s)



4a  Yes  No Within the past **year**, have you been sued or been the party of any lawsuit? This includes lawsuits for debt collection as well as divorce proceedings, personal injury cases, or any other type of lawsuit in state or federal court. If yes, describe below.

Case Name (Ex: Bank of America vs. Smith)	Case Number (Ex: 12-CC-1234)	Type of Case	Court and Location (Ex: Lee County Small Claims)	Case Status

4b  Yes  No Within the past **year**, have you had any property that has been garnished, seized, or attached under any legal or equitable process? If yes, describe below.

Creditor	Property	Date	Value of Property
			\$
			\$
			\$

5  Yes  No Within the past **year**, have you had any property repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller? If yes, describe below.

Creditor	Property	Date	Value of Property
			\$
			\$
			\$

6a  Yes  No Within the past **120 days**, have you assigned any property for the benefit of creditors? If yes, describe below.

Assignee	Property	Date	Value of Property
			\$
			\$
			\$

6b  Yes  No Within the past **year**, has any of your property been in the hands of a custodian, receiver, or court-appointed official? If yes, describe below.

Case Number	Court	Date of Order	Property	Value of Property
				\$
				\$
				\$

7  Yes  No Within the past **year**, have you made any gifts to family members which total more than \$200?  
 Yes  No Within the past **year**, have you made any charitable contributions which total more than \$100 per recipient?  
 If yes, describe below.

Recipient	Recipient Address	Date	Amount/Value
			\$
			\$
			\$

8  Yes  No Within the past **year**, have you had any from fire, theft, gambling or other casualty?  
 Yes  No Within the past **year**, have you been harmed or injured in any way that you have the right to sue someone?  
 Yes  No Within the past **year**, suffered any loss which would give you a right to sue someone?  
 If yes, describe below.

Date of Loss	Describe Circumstances of Loss	Value
		\$
		\$
		\$

9	List all payments by you or on your behalf to any person for consultation or advice regarding bankruptcy, consolidation of debts, or debt counseling.			
	Recipient	Amount	Date	Was the payment made by you or another party?
	Trunkett Law Firm	\$		<input type="checkbox"/> Me/Us <input type="checkbox"/> Other:
		\$		<input type="checkbox"/> Me/Us <input type="checkbox"/> Other:
	\$		<input type="checkbox"/> Me/Us <input type="checkbox"/> Other:	

10a	<input type="checkbox"/> Yes <input type="checkbox"/> No Within the past <b>two years</b> , have you sold, transferred, or disposed of any real property?				
	If yes, list below name and address of the person or entity that received the property, that person or entity's relationship to, date of the transfer, a description of the property, and the value you received for the property.				
	Name	Relationship	Date	Description	Value
					\$
				\$	
				\$	
10b	<input type="checkbox"/> Yes <input type="checkbox"/> No Within the past <b>two years</b> , have you sold, transferred, or disposed of any other property, such as cars, furniture, jewelry, firearms, etc.?				
	If yes, list below the name and address of the person or entity that received the property, that person or entity's relationship to, date of the transfer, a description of the property, and the value you received for the property.				
	Name	Relationship	Date	Description	Value
					\$
				\$	
				\$	
10c	<input type="checkbox"/> Yes <input type="checkbox"/> No Within the past <b>ten years</b> , have you transferred any property to a self-settled trust or a similar device of which you are the beneficiary. If yes, explain here.				

11	<input type="checkbox"/> Yes <input type="checkbox"/> No Within the past <b>year</b> , have you closed, sold, or transferred any financial accounts or instruments held in your name or for your benefit.				
	This includes checking, savings, or other bank accounts, certificates of deposit, or other instruments, shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses, and other financial institutions, IRAs, mutual funds, bonds, savings plans, and annuities.				
	Bank/Institution	Account Number	Type of Account	Final Balance	Close Date
				\$	
				\$	
			\$		

12	<input type="checkbox"/> Yes <input type="checkbox"/> No Within the past <b>year</b> , have you held securities, cash, or other valuables in a safe deposit or other box or depository? If yes, list the name and address of the bank or depository, name and address of those with access to the box or depository, a description of the contents, and the date of any transfer or surrender.				
	Bank or Depository	Bank Address	Persons with Access	Contents	Date of Transfer or Surrender

13	<input type="checkbox"/> Yes <input type="checkbox"/> No Within the past <b>90 days</b> , were any setoffs made by any of your creditors? A "setoff" is when part or all of a debt you owe to a creditor is "canceled out" by a preexisting debt owed by a creditor to you. List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within 90 days before you filed your case.		
	Creditor	Amount	Nature of Setoff
		\$	
		\$	
	\$		

14	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you hold or control any property that is owned by another person? This includes any property in your residence that does not belong to you or any property you hold or control as a trustee, or as a bailee, or property held on consignment.		
	Owner	Type of Property	Property Value
			\$
			\$

15	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you moved within the past <b>three years</b> ? If yes, list each prior address below.		
	Address	Dates of Occupancy	Name Used While at that Address

16	<input type="checkbox"/> Yes <input type="checkbox"/> No For the past <b>eight</b> years, have you resided in one of the following states: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin?
	If yes, identify the name of your spouse and of any former spouse who resides or resided with you:

17	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you received any notice of environmental liability, notice of release of hazardous material, or been involved in any judicial or administrative proceeds under any environmental law? If yes, provide information below.
	"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.
	<ul style="list-style-type: none"> <li>a. List the name and address of every site for which the debtor has 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:</li> <li>b. List the name and address of every site for which the debtor 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:</li> <li>c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number:</li> </ul>

**STATEMENT OF BUSINESS FINANCIAL AFFAIRS**

18  Yes  No Have you had 5% or more interest in any business, whether as officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or were a self-employed professional within the past **six years**?

**If yes, please list businesses below and then continue to fill out sections 19 - 15 below. In addition, you will need to provide our office with the most recent six months of business bank statements, two years of tax returns, and six months of profit and lost statements.**

**If you have not had any interest in a business in the past six years, please skip sections 19-25 and go directly to page 30.**

Business Name	Business Address	Last 4 Digits of SSN or EIN or Other Taxpayer ID	Nature of Business	Beginning and Ending Dates of Operation

Yes  No Are any of the businesses listed above, a "single asset real estate" as defined in 11 U.S.C. § 101? If yes, explain:

**Books, Records, and Financial Statements**

19a List all bookkeepers and accountants who, within the **two years**, kept or supervised the keeping of books of account and records.

19b 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.

19c List all firms or individuals who were in possession of your books of account and records. If the records are not available, explain.

19d 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.

**Inventories**

20a 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.

20b List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

**Current Partners, Officers, Directors, and Shareholders**

21a	If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.
21b	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.

**Former Partners, Officers, Directors, and Shareholders**

22a	If your business is a partnership, list each member who withdrew from the partnership within <b>one year</b> .
22b	If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within <b>one year</b> .

**Withdrawals from a Partnership or Distributions by a Corporation**

23	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 <b>one year preceding</b> .
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**Tax Consolidation Group**

24	If 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 <b>six-year period preceding</b> .
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**Pension Funds**

25	If 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 <b>six-year period</b> immediately preceding the commencement of the case.
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Final Questions

- Yes  No Is anyone responsible for your debts?
- Yes  No Have you cosigned anyone else's debt which is still unpaid?
- Yes  No Do you expect anyone to sue you for any reason other than ordinary debts?
- Yes  No Do you have a reason to file a worker's compensation claim, a disability claim, or property insurance claim?
- Yes  No Is it likely that you will inherit anything within the next year?
- Yes  No Have any of your creditors sued you?
- Yes  No Have your bank accounts or wages been garnished during the past 12 months?
- Yes  No Have you filed all tax returns that you are required to do so in the past 10 years?
- Yes  No Are there any criminal charges pending against you?
- Yes  No Do you control anyone else's assets (executor, custodian, payee, etc.)?
- Yes  No Have you been harassed by a creditor or debt collector in the past 12 months?

Yes  No Have you had any transactions on your bank statements or have you received any funds from any source other than your regular monthly income in the past one year period? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE INFORMATION IN THIS QUESTIONNAIRE WILL BE USED TO PREPARE YOUR BANKRUPTCY PETITION AND SCHEDULES WHICH WILL BE FILED IN THE UNITED STATES BANKRUPTCY COURT. IT IS A FEDERAL CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION, OR TO CONCEAL ASSETS, IN A BANKRUPTCY PROCEEDING.**

I, \_\_\_\_\_, and/or \_\_\_\_\_, of lawful age, state that the above facts stated herein are true and correct to the best of my/our knowledge and belief.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_