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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF MAINE, PORTLAND DIVISION	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:	About E	Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Kevin First name	First nar	me
		B. Middle name	Middle r	name
	Bring your picture identification to your meetin with the trustee.	g Dean Last name and Suffix (Sr., Jr., II, III)	Last nar	me and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1487		

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Debtor 1 Dean, Kevin B.

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Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EIN	EIN				
5.	Where you live		If Debtor 2 lives at a different address:				
		209 Sandbar Rd Windham, ME 04062-5541					
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Cumberland	0.000				
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for	Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I					
		have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

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Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 7. The chapter of the Bankruptcy Code you are 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number District When Case number District When Case number 10. Are any bankruptcy cases ■ No pending or being filed by a spouse who is not filing Yes. this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Dean, Kevin B.

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Case number (if known)

Part	3: Report About Any Bus	sinesses \	You Own	as a Sole Proprietor					
	Are you a sole proprietor of any full- or part-time business?	■ No.		Part 4.					
		☐ Yes.	Name	e and location of busine	ess				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach it		Numl	oer, Street, City, State	& ZIP Code				
	to this petition.		Chec		o describe your business:				
					s (as defined in 11 U.S.C. § 101(27A))				
				J	tate (as defined in 11 U.S.C. § 101(51B))				
				•	ned in 11 U.S.C. § 101(53A))				
				, ,	as defined in 11 U.S.C. § 101(6))				
				None of the above					
13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C.? § 1182(1)? If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor or a debtor or a debtor or a defined by 11 U.S.C.? § 1182(1)?									
	For a definition of <i>small</i>	□ No.	l am	not filing under Chapte	r 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bank Code.						
		☐ Yes.		I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and not choose to proceed under Subchapter V of Chapter 11.					
		Yes.	l am t	I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.					
Part	4: Report if You Own or	Have Any	Hazardo	us Property or Any P	roperty That Needs Immediate Attention				
14.	Do you own or have any	No.							
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is	the hazard?					
	safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	Number Chart City Otate 8 7in Orde				
					Number, Street, City, State & Zip Code				

Debtor 1 Dean, Kevin B.

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Debtor 1 Dean, Kevin B. Case number (if known)

Part 5: Explain Your Effor

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

I am not required to receive a briefing abou credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Dean, Kevin B.				Case numb	Der (if known)					
Part	6: Answer These Question	ons for Rep	orting Purposes	_							
16.	What kind of debts do you have?	16a. /	ined in 11 U.S.C.§ 101(8) as "incurred by an								
		I	No. Go to line 16b.								
		[☐ Yes. Go to line 17.								
		16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.									
		[☐ No. Go to line 16c.								
			Yes. Go to line 17.								
		16c. S	state the type of debts you or	we that are not consume	er debts or business	debts					
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter	r 7. Go to line 18.							
	Do you estimate that after any exempt property is excluded and		am filing under Chapter 7. E aid that funds will be availab			rty is excluded and administrative expenses are					
	administrative expenses	[□No								
	are paid that funds will be available for distribution to unsecured creditors?	[Yes								
18.	How many Creditors do you estimate that you owe?	1-49 50-99 100-199 200-999		□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,0	0	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000					
19.	How much do you estimate your assets to be worth?	□ \$100,00	,000 - \$100,000 1 - \$500,000 1 - \$1 million			☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion					
20.	How much do you estimate your liabilities to be?	□ \$100,00	,000 -\$100,000 -\$500,000 -\$1 million	\$1,000,001 \$10,000,000 \$50,000,000 \$100,000,000	1 - \$50 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion					
Part	7: Sign Below										
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.									
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, Unite States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.									
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).									
		I request re	request relief in accordance with the chapter of title 11, United States Code, specified in this petition.								
		case can re	sult in fines up to \$250,000, B. Dean		to 20 years, or both	property by fraud in connection with a bankruptcy . 18 U.S.C. §§ 152, 1341, 1519, and 3571.					
		Kevin B. Signature of			Signature of Debt	or 2					
		Executed o	MM / DD / YYYY	D, 2020 Executed on MM / DD / YYYY							

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Debtor 1 Dean, Kevin B. Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ George J. Marcus	Date	November 20, 2020
Signature of Attorney for Debtor		MM / DD / YYYY
George J. Marcus		
Printed name		
Marcus Clegg		
Firm name		
16 Middle St Ste 501		
Portland, ME 04101-5166		
Number, Street, City, State & ZIP Code		
Contact phone	Email address	bankruptcy@marcusclegg.com
1273		
Bar number & State		

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Earnings Statement

SAPPHIRE MANAGEMENT, INC

PO BOX 1150

AUBURN, ME 04211-1150

(207) 777-4700

Period Beginning:

09/01/2020

Period Ending:

09/30/2020

Pay Date:

09/15/2020

Taxable Marital Status: Married

Exemptions/Allowances: Federal:

ME:

KEVIN DEAN 209 SANDBAR RD. WINDHAM ME 04062

Earnings	rate salary/hours	s this period	year to date	Important Notes	
Regular	6667.00 40.00	6,667.00	60,003.00	BASIS OF PAY: SALARY	
	Gross Pay	\$6,667.00	60,003.00		
Deductions	Statutory				
W/W-1860-960-98-01-9-01-	Federal Income Tax	-648 . 12	5,833.08		
	Social Security Tax	-413 .36	3,720.19		
	Medicare Tax	-96 . 67	870.04		
	ME State Income Tax	-291 .37	2,622.33		
	Net Pay	\$5,217.48			
	Checking 2	-5 ,217.48			
	Net Check	\$0.00			

Your federal taxable wages this period are \$6,667.00

C 2000 ADP. LLC

SAPPHIRE MANAGEMENT, INC PO BOX 1150 AUBURN, ME 04211-1150 (207) 777-4700

Advice number:

00000370002 09/15/2020

account number

transit ABA

amount

xxxxx3674

\$5,217.48

NON-NEGOTIABLE

Case 20-20427

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Earnings Statement



SAPPHIRE MANAGEMENT, INC

PO BOX 1150

AUBURN, ME 04211-1150

(207) 777-4700

Period Beginning:

10/01/2020

Period Ending:

10/31/2020

Pay Date:

10/15/2020

Taxable Marital Status: Married Exemptions/Allowances:

Federal:

ME:

0

KEVIN DEAN 209 SANDBAR RD. WINDHAM ME 04062

Earnings	rate salary/hours	this period	year to date	Important Notes	
Regular	6667.00 40.00	6,667.00	66,670.00	BASIS OF PAY: SALARY	
	Gross Pay	\$6,667.00	66,670.00		
Deductions	Statutory				
	Federal Income Tax	-648 . 12	6,481.20		
	Social Security Tax	-413 .35	4,133.54		
	Medicare Tax	-96 .68	966.72		
	ME State Income Tax	-291 .37	2,913.70		
	Net Pay	\$5,217.48			
	Checking 2	-5,217.48			
	Net Check	\$0.00			

Your federal taxable wages this period are \$6,667.00

C 2000 ADP, LLC

SAPPHIRE MANAGEMENT, INC PO BOX 1150 AUBURN, ME 04211-1150 (207) 777-4700

Advice number:

00000420002 10/15/2020

account number

transit ABA

amount

xxxxx3674

XXXX XXXX

\$5,217.48

NON-NEGOTIABLE

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Earnings Statement



SAPPHIRE MANAGEMENT, INC PO BOX 1150 AUBURN, ME 04211-1150

Period Beginning: 11/01/2020 Period Ending: 11/30/2020 Pay Date: 11/13/2020

Taxable Marital Status: Married Exemptions/Allowances:

Federal: ME:

(207) 777-4700

KEVIN DEAN 209 SANDBAR RD. WINDHAM ME 04062

Earnings	rate salary/hours	this period	year to date	Important Notes	
Regular	6667.00 40.00	6,667.00	73,337.00	BASIS OF PAY: SALARY	
	Gross Pay	\$6,667.00	73,337.00		
Deductions	Statutory				
	Federal Income Tax	-648 . 12	7,129.32		
	Social Security Tax	-413 .35	4,546.89		
	Medicare Tax	-96 . 67	1,063.39		
	ME State Income Tax	-291 .37	3,205.07		
	Net Pay	\$5,217.49			
	Checking 2	-5,217.49			
	Net Check	\$0.00			

Your federal taxable wages this period are \$6,667.00

C 2000 ADP. LLC

SAPPHIRE MANAGEMENT, INC PO BOX 1150 AUBURN, ME 04211-1150 (207) 777-4700

Advice number:

00000460002 11/13/2020

account number

transit ABA

amount

xxxxx3674

XXXX XXXX

\$5,217.49

NON-NEGOTIABLE

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Start date End date	09/01/2020 11/17/2020 HSP001217															
Select position ID					Regular											
Employment Profile - Effective Date	Effective as of 11/17/202				Earnings			Federal Income	Federal Income	Medicare	Medicare	Medicare	Medicare	Social Security	Worked in State	Worked In State -
Payroll Company Code	First Name	Name	Position ID	Pay Date	Total	Gross Pay		Employee Tax	Employee Tax	Employee Tax	Employee Taxable	Employer Tax	Employer Taxable	Employee Tax	Employee Tax	Employee Taxable
HSP	Kevin	Dean	HSP001217	09/04/2020	\$3,077.00	\$3,077.00	\$2,203.34	\$464.67	\$0.00	\$44.61	\$0.00	\$0.00	\$0.00	\$190.77	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	09/11/2020	\$3,077.00	\$3,077.00	\$2,203.32	\$464.67	\$0.00	\$44.62	\$0.00	\$0.00	\$0.00	\$190.78	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	09/18/2020	\$3,077.00	\$3,077.00	\$2,203.33	\$464.67	\$0.00	\$44.62	\$0.00	\$0.00	\$0.00	\$190.77	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	09/25/2020	\$3,077.00	\$3,077.00	\$2,203.33	\$464.67	\$0.00	\$44.61	\$0.00	\$0.00	\$0.00	\$190.78	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	10/02/2020	\$3,077.00	\$3,077.00	\$2,203.33	\$464.67	\$0.00	\$44.62	\$0.00	\$0.00	\$0.00	\$190.77	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	10/09/2020	\$3,077.00	\$3,077.00	\$2,203.33	\$464.67	\$0.00	\$44.62	\$0.00	\$0.00	\$0.00	\$190.77	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	10/16/2020	\$3,077.00	\$3,077.00	\$2,203.33	\$464.67	\$0.00	\$44.61	\$0.00	\$0.00	\$0.00	\$190.78	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	10/23/2020	\$3,077.00	\$3,077.00	\$2,203.33	\$464.67	\$0.00	\$44.62	\$0.00	\$0.00	\$0.00	\$190.77	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	10/30/2020	\$3,077.00	\$3,077.00	\$2,203.32	\$464.67	\$0.00	\$44.62	\$0.00	\$0.00	\$0.00	\$190.78	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	11/06/2020	\$3,077.00	\$3,077.00	\$2,250.77	\$464.67	\$0.00	\$44.61	\$0.00	\$0.00	\$0.00	\$143.34	\$173.61	\$0.00
HSP	Kevin	Dean	HSP001217	11/13/2020	\$3,077.00	\$3,077.00	\$2,394.10	\$464.67	\$3,077.00	\$44.62	\$3,077.00	\$44.62	\$3,077.00	\$0.00	\$173.61	\$3,077.00
Grand Totals																
Total					\$33,847.00	\$33,847.00	\$24,474.83	\$5,111.37	\$3,077.00	\$490.78	\$3,077.00	\$44.62	\$3,077.00	\$1,860.31	\$1,909.71	\$3,077.00