

Debtor Information**A. Debtor**

Debtor Name:	<input type="text"/>	Date:	<input type="text"/>
Address:	<input type="text"/>		
Same as Mailing?	Yes	No	County: <input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Social Security No.:	<input type="text"/>	Date of Birth:	<input type="text"/>
Business names used in last six years:	<input type="text"/>		
Prior Bankruptcies:	Chapter 7	Chapter 13	Date Filed/Discharged: <input type="text"/>
Case No.:	<input type="text"/>	Pending Bankruptcies?	Yes No

B. Joint Debtor (if any)

Name:	<input type="text"/>		
Names used in last six years:	<input type="text"/>		
Address:	<input type="text"/>		
Same as Mailing?	Yes	No	County: <input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Social Security No.:	<input type="text"/>	Date of Birth:	<input type="text"/>
Business names used in last six years:	<input type="text"/>		
Prior Bankruptcies:	Chapter 7	Chapter 13	Date Filed/Discharged: <input type="text"/>
Case No.:	<input type="text"/>	Pending Bankruptcies?	Yes No
Debtor Signature:	<input type="text"/>	Date:	<input type="text"/>
Joint Debtor Signature:	<input type="text"/>	Date:	<input type="text"/>

Real Property – Primary Residence**Property**

Property Type: Fair Market Value:
Address:

First Mortgage

Mortgage Holder: Account No.:
Mailing Address:
Monthly Payment: Balance Owed: Co-Debtor:
Treatment: Reaffirm Surrender Other

Second Mortgage

Mortgage Holder: Account No.:
Mailing Address:
Monthly Payment: Balance Owed:
Treatment: Reaffirm Surrender Other

HOA / Association

HOA Name: Account No.:
Mailing Address:
Dues (Monthly/Yearly): Arrearage:
Collection Agency / Law Firm (if any):

Debtor Signature: Date:

Other Real Estate (Investment/Timeshare)**Property**

Description:

Fair Market Value:

HOA / Timeshare Fees

HOA Name:

Account No.:

Mailing Address:

Payment (Monthly/Yearly):

Balance Owed:

Treatment:

Reaffirm

Surrender

Collection Agency (if any):

Debtor Signature:**Date:**

Personal Property – Cash & Deposits

Cash on Hand

Amount:

Deposits of Money (Banks/Credit Unions)

Bank #1 Name:

Account Type:

Address:

Balance:

Bank #2 Name:

Account Type:

Address:

Balance:

Security Deposits

Company / Person Holding Deposit:

Amount:

Debtor Signature:**Date:**

Personal Property – Household Furnishings

List items and approximate yard-sale / second-hand value

Item Description	Value (\$)

Total Fair Market Value:

Debtor Signature:

Date:

Other Personal Property**Personal Property Categories**

Books / Pictures / Art:	<input type="text"/>
Wearing Apparel:	<input type="text"/>
Jewelry:	<input type="text"/>
Firearms / Sporting Goods / Hobby:	<input type="text"/>
Insurance Policies (cash value):	<input type="text"/>
Annuities:	<input type="text"/>

Retirement / Pension / Profit-Sharing (401k/IRA/etc.)

Plan #1 Company:	<input type="text"/>	Value:	<input type="text"/>
Address:	<input type="text"/>		
Plan #2 Company:	<input type="text"/>	Value:	<input type="text"/>
Address:	<input type="text"/>		

Stocks / Interests / Partnerships / Bonds (if any)

Describe:	<input type="text"/>
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Debtor Signature:	<input type="text"/>	Date:	<input type="text"/>
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Other Assets & Vehicles

Other Assets

Accounts Receivable:	<input type="text"/>
Child Support / Alimony Owed To You:	<input type="text"/>
Liquidated Debts Owed Debtor:	<input type="text"/>
Equitable / Future Interests:	<input type="text"/>
Interest in Estate / Inheritance:	<input type="text"/>
Other Claims:	<input type="text"/>
Intellectual Property:	<input type="text"/>
Licenses:	<input type="text"/>

Automobiles (list year/make/model, mileage, and value)

Vehicle #1:	<input type="text"/>	Mileage:	<input type="text"/>	Value:	<input type="text"/>
Vehicle #2:	<input type="text"/>	Mileage:	<input type="text"/>	Value:	<input type="text"/>
Vehicle #3:	<input type="text"/>	Mileage:	<input type="text"/>	Value:	<input type="text"/>

Boats / Other Motorized Recreational Vehicles:	<input type="text"/>
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Debtor Signature:	<input type="text"/>	Date:	<input type="text"/>
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Automobile Loans & Other Personal Property (Pets)

Automobile Loans (use creditor correspondence addresses)

Auto Loan #1 – Vehicle:	<input type="text"/>	Account No.:	<input type="text"/>
Lienholder Name:	<input type="text"/>	Monthly Payment:	<input type="text"/>
Lienholder Address:	<input type="text"/>		
Balance Owed:	<input type="text"/>	Treatment:	Reaffirm Surrender
Auto Loan #2 – Vehicle:	<input type="text"/>	Account No.:	<input type="text"/>
Lienholder Name:	<input type="text"/>	Monthly Payment:	<input type="text"/>
Lienholder Address:	<input type="text"/>		
Balance Owed:	<input type="text"/>	Treatment:	Reaffirm Surrender

Pets (describe)

Debtor Signature:	<input type="text"/>	Date:	<input type="text"/>
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Secured Debts (Other Than Home/Auto)**List other secured debts (property taxes, appliances, jewelry, etc.)**Secured Debt #1 Creditor Name: Mailing Address: Account No.: Collateral: Balance Owed: Treatment: Reaffirm/Keep Surrender Secured Debt #2 Creditor Name: Mailing Address: Account No.: Collateral: Balance Owed: Treatment: Reaffirm/Keep Surrender Debtor Signature: Date:

Priority Claims & Unsecured Debts

Priority Claims (Taxes)

Describe (if any):

Unsecured Debts (Credit Cards/Medical/Repossession/Etc.)

Creditor Name	Mailing Address	Balance	Co-debtor / Collection
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

Debtor Signature:

Date:

Unsecured Debts (Continued)

Creditor Name	Mailing Address	Balance Owed	Notes (Co-debtor/Collection Agency)

Debtor Signature:

Date:

Unsecured Debts (Continued)

Creditor Name	Mailing Address	Balance Owed	Notes (Co-debtor/Collection Agency)

Debtor Signature:

Date:

Unsecured Debts (Continued)

Creditor Name	Mailing Address	Balance Owed	Notes (Co-debtor/Collection Agency)

Debtor Signature:

Date:

Unsecured Debts (Continued)

Creditor Name	Mailing Address	Balance Owed	Notes (Co-debtor/Collection Agency)

Debtor Signature:

Date:

Unsecured Debts (Continued)

Creditor Name	Mailing Address	Balance Owed	Notes (Co-debtor/Collection Agency)

Debtor Signature:

Date:

Income & Expenses**Income**

Marital Status: Dependents (names/ages): Pay Frequency – Debtor: Pay Frequency – Joint: **Monthly Income Breakdown (Amounts)**

Gross Wages: Debtor Joint Payroll Taxes: Debtor Joint Insurance: Debtor Joint Union/401k: Debtor Joint Net Monthly Income (Total): Debtor Joint Anticipated Changes (if any): **Monthly Expenses**

Rent/Mortgage:

Taxes & Insurance Included? Yes No

Other Expenses (describe): Total Monthly Expenses: Debtor Signature: Date:

Statement of Financial Affairs – Income (Part 1)

Income from Employment (Debtor)

Year-to-Date: Last Year: 2 Years Ago:

Income from Employment (Joint Debtor)

Year-to-Date: Last Year: 2 Years Ago:

Income Other Than Employment (if any)

Describe / Amount / Source:

Debtor Signature: **Date:**

Statement of Financial Affairs – Payments & Legal Actions (Part 2)

Payments to Creditors (Last 90 Days)

Payee/Creditor	Amount Paid	Dates (mm/dd/yy)	Amount Owed

Lawsuits / Garnishments / Executions (if any)

Describe (court, case title/number, status):

Debtor Signature:

Date:

Repossessions, Foreclosures, Seizures (Last 12 Months)

Repossession / Foreclosure / Return of Property

Creditor	Property	Date (mm/yyyy)	Value

Assignments / Receiverships (if any)

Describe:

Debtor Signature:

Date:

Closed Financial Accounts (Last 12 Months)

Closed Accounts

Institution	Account Type	Closing Date	Final Balance

Debtor Signature:

Date:

Gifts, Losses, and Debt Counseling Payments

Gifts (Last 2 Years)

Describe (if any):

Losses (Last 1 Year)

Describe (if any):

Payments Related to Debt Counseling

Payee:

Address:

Dates (list):

Amount(s):

Debtor Signature:

Date:

Safe Deposit Boxes / Setoffs / Property Held for Another

Safe Deposit Boxes

Describe (if any):

Setoffs (if any)

Describe:

Property Held for Another (if any)

Describe:

Prior Addresses (Last 3 Years)

Address(es):

Debtor Signature:

Date:

Business Information (Last 6 Years)

Nature and Location of Business

Business Name / DBA:

Nature of Business:

Business Address:

EIN:

Dates (mm/yyyy – mm/yyyy):

Debtor Signature:

Date:

Business Records

Books and Records

Where are business books/records kept?

Who keeps them?

Inventories

Describe inventories (if any):

Debtor Signature:

Date:

Business Partners / Officers

Current Partners / Officers

Name	Address	Interest / Role

Former Partners (if any)

Debtor Signature:

Date:

Withdrawals / Distributions

Withdrawals or Distributions to Owners/Partners (Last 2 Years)

Describe (amounts, dates, recipients):

Additional Notes / Attachments

Debtor Signature:

Date: