

Items needed to file bankruptcy and complete the following questionnaire and submit to the office prior to filing

Chapter 7 13

- Certificate of credit counseling
- Two forms of ID
 - Copy of Social Security Card
 - Copy of State ID
- Proof of Income and Asset Documents
 - Income tax returns (2 years)
 - Bank and other financial account statements (3 Months)
 - Pay stubs and other proof of income (2 Months)
 - Self-Employed: Breakdown of business income and expenses
 - Educational IRAs or state-qualified tuition plans
 - Retirement account statement(s)
 - Copies of any stocks or bonds
 - Whole life insurance (premiums, cash value, and death benefit)
- Expense List
 - Car loan or lease statement(s)
 - Collection letters
 - Credit card statements
 - Judgments
 - Lease or rental agreement(s), including any eviction notices
 - Mortgage statement(s)
 - Pending legal actions - wage garnishments/assignments, other
 - Student loan statement(s)
 - Unpaid bills
 - Foreclosure Documents
- Proof of Vehicle insurance
- Copy of Any Suit you are a plaintiff

Section 1 Basic Information

Part A. Name and Address

Debtor	Joint Debtor
Name:	Name:
Address:	Address:
City, ST Zip:	City, ST Zip:
Telephone:	Telephone:
Cell Phone:	Cell Phone:
Place of Employment:	Place of Employment:
Email address:	Email address:
Date of Birth:	Date of Birth:
Social Security Number:	Social Security Number:
<i>Have you used any other names in the past eight years?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Have you used any other names in the past eight years?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, list other names:	If yes, list other names:
Have you lived at this address for at least 180 days? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you lived at this address for at least 180 days? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you lived at this address for at least 730 days (2 years)? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you lived at this address for at least 730 days (2 years)? <input type="checkbox"/> No <input type="checkbox"/> Yes
If you answered no to either of the questions above, please list your previous address:	If you answered no to either of the questions above, please list your previous address:
Address:	Address:
City, ST Zip:	City, ST Zip:
If you have a different mailing address, please list:	If you have a different mailing address, please list:
Address:	Address:
City, ST Zip:	City, ST Zip:

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?

No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes (If yes, please attach a list and description of the property.)

Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name	
Address	
City, ST Zip	
Telephone	

Section 2 Property

Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Homestead	Address and Description of Property	Value	Year Acquired		
	Name and Address of Mortgage Holder	Balance of Mortgage	Monthly Payment	Amount Delinquent	Year Acquired
1st Mortgage					
2nd Mortgage					

Other Real Property	Address and Description of Property	Value	Year Acquired		
	Name and Address of Mortgage Holder	Balance of Mortgage	Monthly Payment	Amount Delinquent	Year Acquired
1st Mortgage					
2nd Mortgage					

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

	Type of Property	Yes/No	Description & Location	Husband Wife Joint	Value
1	Cash on hand				
2	Checking/Savings Account, Certificates of deposit, other bank accounts				
3	Security deposits held by utility companies, landlord				
4	Household goods, furniture, including audio, video, computer equipment and appliances				
5	Books, pictures, art objects, records, compact discs, collectibles				

6	Clothing				
7	Furs and jewelry				
8	Sports, photographic, hobby equipment, firearms				
9	Interest in insurance policies-specify refund or cancellation value				
10	Annuities				
11	Automobiles, trucks, trailers, and accessories.				
12	Interests in an education IRA, as defined in 26 USC § 530(b)(1)				
13	Interests in pension or profit sharing plans				
14	Other liquidated debts owed to you, including tax refunds				
15	Interest in claims or lawsuits you are involved in				
16	Interests in estate of decedent or life insurance plan or trust				
17	Alimony/family support to which you are entitled				
18	Boats, motors, Aircraft and accessories				
19	Office equipment, supplies Machinery, fixtures etc. for business				
20	Bonds, Stock and interests in incorporated/ unincorporated business, Interests in partnerships/joint ventures				
21	Alimony/family support to which you are entitled				
22	Equitable or future interests or life estates				
23	Patents, copyrights, other intellectual property Licenses, franchises, Licenses, Customer List or other compilation, Inventory				
24	Animals, Crops-growing or harvested, Farm supplies, chemicals, feed, Farming equipment and implements				
25	Other personal property of any kind not listed.				

Section 3 Debts

List below all debts that you owe, or that creditors claim that you owe, collection letters, **OR** provide a copy of the debt/bill and whose name the debt is in.

Secured Creditors

	Creditor: Name, Address, Account Number	Amount owed	Length of Loan	Husband Wife Joint
1	Car loans			
2	Other bank loans			
3	Personal loans			

Credit Cards

	Creditor: Name, Address, Account Number	Amount owed	Last Used	Husband Wife Joint
1	Major credit card debts (Visa, Am Ex, Mastercard, Discover)			
2	Department store credit card debts			
3	Other credit card debts (Gas cards, phone cards, etc.)			
3	Unpaid line of credit			

Creditor: Name, Address, Account Number	Amount owed	Husband Wife Joint	Date Acquired
Unpaid medical bills			
Unpaid utility bills			
Unpaid rent			
Unpaid taxes			
Unpaid alimony or child support			
Unpaid service fees			
All other unpaid debts/bills			

Section 4 Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Date that Contract Expires	Husband Wife Joint

Section 5 Current Income

Part A. Debtor's Income	Part B. Joint Debtor's Income
1 What is your occupation?	1 What is your occupation?

2 Name and address of your employer:	2 Name and address of your employer:
3 How long have you been employed there? _____	3 How long have you been employed there? _____
4 Gross pay (before taxes) _____	4 Gross pay (before taxes) _____
5 How often do you get paid?	5 How often do you get paid?
<input type="checkbox"/> once a week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month <input type="checkbox"/> other _____	<input type="checkbox"/> once a week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month <input type="checkbox"/> other _____
Complete the below questions with your estimate of monthly averages.	Complete the below questions with your estimate of monthly averages.
1 Do you receive overtime outside of your salary? <input type="checkbox"/> No <input type="checkbox"/> Yes	1 Do you receive overtime outside of your salary? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much per pay period \$ _____	How much per pay period \$ _____
2 How much is taken out of each paycheck for taxes and social security? \$ _____	2 How much is taken out of each paycheck for taxes and social security? \$ _____
3 How much is taken out for insurance? \$ _____	3 How much is taken out for insurance? \$ _____
4 How much for union dues? \$ _____	4 How much for union dues? \$ _____
5 Are there other deductions? <input type="checkbox"/> No <input type="checkbox"/> Yes	5 Are there other deductions? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much per pay period \$ _____	How much per pay period \$ _____
Do you receive:	Do you receive:
1 income from business operations outside of your regular paycheck listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes	1 income from business operations outside of your regular paycheck listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much per month \$ _____	How much per month \$ _____
2 income from real estate property? <input type="checkbox"/> No <input type="checkbox"/> Yes	2 income from real estate property? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much per month \$ _____	How much per month \$ _____
3 interest or dividends? <input type="checkbox"/> No <input type="checkbox"/> Yes	3 interest or dividends? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much per month \$ _____	How much per month \$ _____
4 alimony or family support payments for your use or for the care of your dependents? <input type="checkbox"/> No <input type="checkbox"/> Yes	4 alimony or family support payments for your use or for the care of your dependents? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much per month \$ _____	How much per month \$ _____
5 social security or other forms of monetary government assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes	5 social security or other forms of monetary government assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much per month \$ _____	How much per month \$ _____
6 retirement or pension money? <input type="checkbox"/> No <input type="checkbox"/> Yes	6 retirement or pension money? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much per month \$ _____	How much per month \$ _____
Do you have any other sources of income not listed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any other sources of income not listed? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much per month \$ _____	How much per month \$ _____

Section 5A Current Monthly Income

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) ___/___	Month 2 (2 months ago) ___/___	Month 3 ___/___	Month 4 ___/___	Month 5 ___/___	Month 6 ___/___
Gross wages, salary, tips, bonuses, overtime, commissions.						
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.						
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.						
Interest, dividends, and royalties.						
Pension and retirement income (<i>NOT Social Security</i>).						
Regular contributions from others to the household expenses, including child support.						
Unemployment Compensation.						
Social Security income.						
Other sources not already mentioned. Specify:						

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	List all dependents of you and your spouse, their ages, and their relationship to you:		
	Name	Age	Relationship

Section 6 Current Expenses

Do you and your spouse maintain separate households? No Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

Indicate how much you pay for each item each month...		
1	rent or your home mortgage	\$ _____
	Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
	Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
2	electricity and heating	\$ _____
3	water and sewage	\$ _____
4	telephone service/long distance	\$ _____
5	cable/satellite	\$ _____
6	subscriptions (netflix, hulu, etc.)	\$ _____
7	home maintenance, (repairs and general upkeep)	\$ _____
8	food	\$ _____
9	clothing	\$ _____
10	laundry and dry cleaning	\$ _____
11	medical and dental expenses	\$ _____
12	transportation (not including car payments)	\$ _____
13	entertainment, recreation, newspapers, magazines	\$ _____
14	charitable contributions	\$ _____
15	insurance not deducted from paycheck	\$ _____
16	homeowner's or renter's insurance	\$ _____
17	life insurance	\$ _____
18	health insurance	\$ _____
19	auto insurance	\$ _____
20	other insurance _____	\$ _____
21	taxes not deducted from paycheck	\$ _____
22	car note	\$ _____
23	car (2) note	\$ _____
24	other note (1) _____	\$ _____
25	other note (2) _____	\$ _____
26	alimony, maintenance, support paid to others	\$ _____
27	payments for support of dependents not living at home	\$ _____
28	expenses from operation of business	\$ _____
29	mandatory payroll deductions not already listed	\$ _____
30	_____	\$ _____
31	_____	\$ _____
32	court ordered payments not already listed	\$ _____
33	_____	\$ _____
34	_____	\$ _____
35	education necessary to maintain employment	\$ _____

36	education for a physically or mentally challenged child	\$ _____
37	childcare	\$ _____
38	disability insurance	\$ _____
39	health savings accounts	\$ _____
40	care for elderly, chronically ill, or disabled family members	\$ _____
41	protection from family violence	\$ _____
42	education expense for your children under 18	\$ _____
43	non-mandatory contributions to retirement accounts	\$ _____
44	retirement loan repayment	\$ _____
45	_____	\$ _____
46	other expenses not listed above	\$ _____
47	_____	\$ _____
48	_____	\$ _____
49	_____	\$ _____

Section 7 Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

1. Income from employment or operation of business

None if yes complete the following

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

	Husband	Source	Wife	Source
This year	\$ _____	_____	\$ _____	_____
Last year	\$ _____	_____	\$ _____	_____
Year before last	\$ _____	_____	\$ _____	_____

2. Income other than from employment or operation of business

None if yes complete the following

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

	Husband	Source	Wife	Source
This year	\$ _____	_____	\$ _____	_____
Last year	\$ _____	_____	\$ _____	_____
Year before last	\$ _____	_____	\$ _____	_____

3. Payments to creditors

- a. *If your debts are primarily consumer debts*, list all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.

None if yes complete the following

Name of Creditor	Dates of Payments	Amount Paid	Balance Due

- b. *If your debts are **not** primarily consumer debts*, list each payment or other transfer, aggregating more than \$5,000 to any creditor made within **90 days** immediately preceding the commencement of this case.

None if yes complete the following

Name of Creditor	Dates of Payments	Amount Paid	Balance Due

- c. *All debtors*. List all payments made within **one year** immediately preceding the commencement of this case to creditors who were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

None if yes complete the following

Name of Creditor	Dates of Payments	Amount Paid	Balance Due

4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

None if yes complete the following

Court and Case #	Nature of Case	Location	Caption of Suit

b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

None if yes complete the following

Creditor	Date of Seizure	What was seized	Value

5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

None if yes complete the following

Creditor	Date of Foreclosure	What was foreclosed	Value

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

None if yes complete the following

Assignee	Date of Assignment	Terms	Value

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

None if yes complete the following

Court and Custodian	Date	Description of Property	Value

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

None if yes complete the following

Recipient	Relationship	Description of Property, Gift	Value

8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

None if yes complete the following

Property Lost	Date of Loss	Amount Covered by Insurance	Value

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

None if yes complete the following

Payee	Date	Description of Property	Value
Ware Law Firm, PLLC		Cash	

10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case.

None if yes complete the following

Transferee/Relationship	Date	Description of Property	Value

b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

None if yes complete the following

Name of Trust	Date	Description of Property	Value

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

None if yes complete the following

Name/Address of Institution	Date	Type of Account	Final Value

12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

None if yes complete the following

Bank/Depository	Date	Description of Property	Value

13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

None if yes complete the following

Name of Creditor	Date	Value

14. Property held for another person

List all property that you hold or control that is owned by another person.

None if yes complete the following

Name of Owner/Address	Description of Property	Value

15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

None if yes complete the following

Prior Address	From Date	To Date

16. Spouses and Former Spouses

N/A

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"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

- a. List the name and address of every site for which you 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:

None if yes complete the following

Site and Address	Name and Address of Government Unit	Environmental Law	Date of Notice

- b. List the name and address of every site for which you 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.

None if yes complete the following

Site and Address	Name and Address of Government Unit	Environmental Law	Date of Notice

- c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None if yes complete the following

Docket Number	Name and Address of Government Unit	Disposition	Date of Filing

18 . Nature, location and name of business

- a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

- None if yes complete the following**

Taxpayer Name/Address	I.D. Number (EIN)	Nature of Business	Dates of Operations

- b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

- None if yes complete the following**

Name	Address