Pre-Filing Requirements

In order to file your case we will need the following:

1. **Last two years filed federal and state tax returns,**.

2. **We will need to document your income for the last six months. We also need income for your spouse even if he or she is not filing. This can include:**

   a. **Pay Stubs from regular W-2 employment – Most current 6 months.**

      i. *These cannot be supplemented by bank statements.*

      ii. If you request copies from your employer the paystubs must show the gross income, deductions and net income.

   b. **Work in which you are an independent contractor and are a 1099 employee.**

      i. This income can be documented in a profit and loss statement or with commission checks if applicable.

   c. **Social Security Income *Award Letter.***

      i. If you do not have the award letter a copy can be requested at your local social security office.

   d. **EDD or other unemployment compensation.**

      i. If you do not have complete stubs for the last 6 months you may request an award letter from an EDD office or online at *www.edd.ca.gov*

   e. **Retirement Pension or any other form of fixed income such as disability, welfare, etc.**

      i. For this source of income we would need an award letter or copies of retirement/pension statements for the last 6 months

   f. **Self Employment, see below**

      i. For self employment from a **sole proprietorship** a profit and loss statement will be included in the questionnaire to document the income and expenses from your business.

      ii. For a **corporation or LLC** provide the amounts that you were paid or funds you withdrew from the corporation over the past six months. **Additionally we need a copy of the Balance Sheet for your business (See next page for Sample).**

PLEASE CONTINUE TO SUBMIT PAY INFORMATION TO OUR OFFICE UNTIL YOUR CASE IS FILED WITH THE COURT

3. **Completion of a Credit Counseling Class**
   a. This can be done online or by telephone. If you are filling jointly with your spouse, both of you will have to have complete the course.
   b. **A website that is easy to use is www.ccadvising.com.** This is one of the least expensive courses; it is $9.76 for a single or $19.52 for a joint filing. You may search for other courses on-line but make sure they are approved by the Eastern District Bankruptcy Court. For an added cost there are also telephone courses available at **1-800-252-5277 or 1-800-516-3834.**
   c. **Please email the certificate to our office at *Jolieb@sierrabankruptcy.com*.**

DATE_____

LAW OFFICES of STEPHEN J. JOHNSON

Ph: 530-823-3655 Fax: 530-823-3572

13620 Lincoln Way Suite 220, Auburn, CA 95603

Receiving, Completing and/or returning this questionnaire does not form an attorney/ client contractual relationship. You are not represented until you have a fully executed attorney/client Retainer Agreement signed and dated by the attorney. Until the Retainer Agreement has been fully executed you and your spouse (if applicable) are representing yourself with regard to any and all legal matters. This law firm or any attorney representing this law firm assumes no responsibility in representing you and/or your spouse in any legal matters.

Please answer every question contained in this questionnaire as completely and accurately as you can. If you feel that a particular question is not applicable, then indicate with a "N/A" -- **Do not leave anything blank**. Please call our office with any questions.

Chapter ___7 Chapter ___13

MARITAL STATUS:_____

ARE YOU FILING JOINTLY WITH SPOUSE? YES_____ NO_____ N/A_____

FILING STATUS: ____Single ____Joint (Married) ___Business ___Corporate

DEBTOR: Name as it appears on Driver's License and Social Security Card:

_____ Social Security #:_____DOB_____

SPOUSE: Name as it appears on Driver's License and Social Security Card:

_____ Social Security #:_____DOB_____

Email Address_____ Spouse Email_____

Primary Phone Number:_____ Secondary Phone Number:_____

Circle Type: Mobile/Home/Work Circle Type: Mobile/Home/Work

Street Address:_____ City_____ Zip_____

Mailing Address (if different from above): _____

County: _____ How long have you lived at current address? _____

Have you lived in California for the past 180 days? Yes: _____ No: _____

Other names used by you in the last two years: _____

Have you filed bankruptcy before? Yes___ No___ If yes, provide the following information:

Filed under what name: _____Approximate date filed:_____

Where filed (County & State):_____ Discharged? _____

EMPLOYMENT INFORMATION

DEBTOR: Current Employer's name: _____
Employer's address:_____
*****Position: _____***Length of time employed: _____**
Occupation if self-employed: _____

CO-DEBTOR: Current Employer's name _____
Employer's address:_____
*****Position: _____***Length of time employed: _____**
Occupation if self-employed: _____

****If you hold a second job or have had another job in the last 6 months please provide information for the additional employer on another sheet***

OTHER TYPES OF INCOME (list monthly amounts):

Income from interest/dividends:	$ _____	$ _____
Income from RENTAL (monthly gross)	$ _____	$ _____
Social Security/Disability:	$ _____	$ _____
Unemployment:	$ _____	$ _____
Pension or other retirement income:	$ _____	$ _____
Child or Spousal Support:	$ _____	$ _____

Income from the operation of your BUSINESS (Net) $ _____ $ _____
Other (describe): _____
_____

Other Income received in the last 6 months such as 401K Withdrawls, Stock Cash outs, Family Contributions, etc._____
_____

Do you expect any substantial change in your regular income in the immediate future?
Yes___ No___ If so, please describe: _____

TOTAL NET MONTHLY INCOME (include income from W-2 wages):

Debtor $_____Spouse $ _____

Total income combined $_____

MONTHLY EXPENSES

Number of people in the household: _____
List people, and relationship to those people that you support outside of your household:_____
_____
List all individuals living with you below:

First Name Age Relationship
_____
_____
_____
_____

Rent or mortgage payment: $ _____ Second mortgage payment $_____
Does the mortgage include taxes? _____ Property Insurance? _____
Yes Yes

Second Property Mortgage: $_____ Second mortgage payment $_____
Does the mortgage include taxes? _____ Property Insurance? _____
Yes Yes

*Please list ***average monthly*** expenses, do **not** include credit card payments.

Real Estate (property) Taxes		Medical and Dental Expenses (not Insurance)	
Homeowner's/Renter's Ins		Transportation (gas, Tolls)	
Home maintenance		Entertainment, Clubs, Recreation	
Homeowner Assoc. dues		Charitable Contributions	
Electricity, Heat or Nat. Gas		Life Insurance **(excluding paycheck deductions)***	
Water, Sewer, Garbage		Health Insurance **(excluding paycheck deductions)***	
Telephone, Cell Phone		Auto Insurance	
Cable and Internet		Other Insurance – List Below	
Other Utilities – List Below		Auto Installment Payment	
Food		Auto Installment Payment 2nd	
Housekeeping Supplies		Auto Registration (annual amount divided by 12)	
Childcare, Education (child)		Student Loan Payments	
Clothing		Alimony/Child Support	
Laundry and Dry Cleaning		Expenses for Dependants Not At Home	
Personal Care Products		Other Expenses, list below	

*****Before stating a value for your property please read the attached letter "<u>OBTAINING A VALUATION FOR MY HOME, AND WHY IT IS IMPORTANT</u>"**

REAL PROPERTY: <u>Residence</u>

Address of Property _____City_____

State: _____Zip Code: _____County_____

Square Footage of Home: _____ Number of Bedrooms _____Number of Bathrooms_____

Whose names are on title? _____

_____

Fair Market Value:_____

Does property have equity? Yes____ No_____If so how much equity?_____

1st Mortgage Lender _____ Loan balance $ _____

Monthly payment $ _____ Payment arrearages $_____

Address of Lender: _____

Last four numbers of account number. _____

Property taxes owed (if any) $ _____

2nd Mortgage Lender _____ Loan balance $ _____

Monthly payment $ _____ Payment arrearages $_____

Address of Lender: _____

Last four numbers of account number. _____

Property taxes owed (if any) $ _____

Homeowners Association

Name and Address:_____

Account #. _____ Monthly payment $ _____

Payment arrearages (if any) $ _____

Are you working on a loan modification for this property? Yes/No

Do you want to keep the property Yes/ No/ Not Sure

REAL PROPERTY (Number 2 property other than residence)

Address of Property _____City_____

State: _____Zip Code: _____County_____

Square Footage of Home (if Applicable): _____

Whose names are on title?_____

Rental _____ Bare Land _____ Other_____

If rental list the amount of rental income you are currently receiving: $_____

Fair Market Value:_____

Does property have equity? Yes____ No_____If so how much equity?_____

1st Mortgage Lender _____ Loan balance $ _____

Monthly payment $ _____ Payment arrearages $_____

Address of Lender: _____

Last four numbers of account number. _____

Property taxes owed (if any) $ _____

2nd Mortgage Lender _____ Loan balance $ _____

Monthly payment $ _____ Payment arrearages $_____

Address of Lender: _____

Last four numbers of account number. _____

Property taxes owed (if any) $ _____

Homeowners Association

Name and Address:_____

Account #. _____ Monthly payment $ _____

Payment arrearages (if any) $ _____

Are you working on a loan modification for this property? Yes/No

Do you want to keep the property? Yes/ No/ Not Sure

REAL PROPERTY (Number 3 property other than residence)

Address of Property _____City_____

State: _____Zip Code: _____County_____

Square Footage of Home (if Applicable): _____

Whose names are on title?_____

Rental _____ Bare Land _____ Other_____

If rental list the amount of rental income you are currently receiving: $_____

Fair Market Value:_____

Does property have equity? Yes____ No_____If so how much equity?_____

1st Mortgage Lender _____ Loan balance $ _____

Monthly payment $ _____ Payment arrearages $_____

Address of Lender: _____

Last four numbers of account number. _____

Property taxes owed (if any) $ _____

2nd Mortgage Lender _____ Loan balance $ _____

Monthly payment $ _____ Payment arrearages $_____

Address of Lender: _____

Last four numbers of account number. _____

Property taxes owed (if any) $ _____

Homeowners Association

Name and Address:_____

Account #. _____ Monthly payment $ _____

Payment arrearages (if any) $ _____

Are you working on a loan modification for this property? Yes/No

Do you want to keep the property Yes/ No/ Not Sure

PERSONAL ASSETS
Common Questions

Cash on Hand: List what is in your wallet or in a coin jar at home

Bank Accounts: Be sure to list all accounts where your name is an owner or signer. These could be accounts that you are an owner for a minor child, family member or friend.

Household Goods: Value all of your assets in your home not fixed to the real property i.e. Furniture, appliances, electronics… (At a garage sale value) Value is typically between $1,000 and $3,000 based on family size

Books, Pictures and Antiques: This would be the value of any framed artwork, antiques or books in your home at a garage sale value

Wearing Apparel: Clothing, shoes, hats etc for each household member at a garage sale value. Typically between $50 and $100 a person

Jewelry: List all jewelry, watches, rings (Wedding rings), earrings, bracelets, and necklaces etc. including costume jewelry. Be sure to list at a pawn shop value.

Sports and Hobby Equipment: Common items include: bikes, camping equipment, fishing poles, gold clubs, work out equipment

Life Insurance Policies: There are three types of life insurance policies, Term, Whole and Universal. Term life insurance has no cash value as you can only receive funds upon death. Whole and Universal life insurance have a cash value as you can borrow against it.

Education IRA: Can be set up for your children to be used for continued education or is set up in the form of a Roth IRA or Mutual Fund. These accounts have a cash value as they can be withdrawn with interest and penalties.

Traditional IRA or 401k: Cannot be withdrawn unless you reach retirement or have a foreclosure situation. These accounts are completely protected under the bankruptcy code.

Alimony or Child Support: List any arrearages or back child support owed to you. Include the name and address (if known) of the individual or department that pays the child support.

Liquidated debts owed to you: Include any money that is owed to you that you expect to receive within six months of the bankruptcy filing. This most commonly includes your ***anticipated tax refund*.** It can also include settlements for a lawsuit, and any money owed to you by any entity.

Timeshares: There are two types of timeshares, Points or Real Property. Points timeshares are ones in which you pay a monthly maintenance fee and earn points. A Real Property timeshare is one in which you hold the deed and pay property taxes.

PERSONAL ASSETS

Cash on Hand	$
Please list all bank accounts below even if you are not the primary account holder. If your name is on any account, it must be listed here. If you have additional bank accounts please attach another page.	
Checking Account: ***Bank Name:** Acct. #:	$
Checking Account: **Bank Name:** Acct. #:	$
Checking Account: **Bank Name:** Acct. #:	$
Savings Account: **Bank Name:** Acct. #:	$
Savings Account: **Bank Name:** Acct. #:	$
Certificate of Deposit **Bank Name:** Acct. #:	$

HOUSEHOLD GOODS – Garage Sale Value

****If other is selected in any category, please list on a separate sheet what the other items are and each value separately.**

LIVING & FAMILY RM **# of Items- GSV**

Couch....._____$_____

Chairs ....._____ $_____

Coffee Table ..... _____ $_____

End Table ....._____ $_____

Entertainment Center ..... _____ $_____

Lamps....._____ $_____

Other ....._____ $_____

DINING ROOM

Dining Table ..... _____ $_____

Dining Chairs ....._____ $_____

China Cabinet..... _____ $_____

Other ..... _____ $_____

KITCHEN

Refrigerator ..... _____ $_____

Stove ..... _____ $_____

Microwave ....._____ $_____

Kitchen Table ....._____ $_____

Kitchen Chairs ....._____ $_____

Pots & Pans....._____ $_____

Small Kitchen Appliances ..._____ $_____

Other ....._____ $_____

LAUNDRY ROOM **# of Items- GSV**

Washer ....._____ $_____

Dryer ....._____ $_____

Freezer ....._____ $_____

Refrigerator ....._____ $_____

Other ....._____ $_____

BEDROOM #1

Bed(s) ....._____ $_____

Dresser ....._____ $_____

Night Stand..... _____ $_____

Lamp ....._____ $_____

Other ....._____ $_____

BEDROOM #2

Bed(s) ..... _____ $_____

Dresser ..... _____ $_____

Night Stand ..... _____ $_____

Other ..... _____ $_____

BEDROOM #3

Bed(s) ..... _____ $_____

Dresser ..... _____ $_____

Night Stand ..... _____ $_____

Lamps ..... _____ $_____

Other ..... _____ $_____

ELECTRONICS **# of Items- GSV**

TV ..... _____ $_____

VCR/DVD ..... _____$_____

Stereo ..... _____ $_____

Camera / Camcorder..... _____ $_____

Computer ..... _____ $_____

Other ..... _____ $_____

GARAGE

Hand / Power Tools ..... _____ $_____

Lawn Equip. ..... _____ $_____

Other ..... _____ $_____

Other ..... _____ $_____

PATIO / DECK **# of Items- GSV**

BBQ Equipment ..... _____ $_____

Patio Equip ..... _____ $_____

Other ..... _____ $_____

Other ..... _____ $_____

SPORTS / EXERCISE EQUIPMENT

Bicycles ..... _____ $_____

Camping Equip ..... _____ $_____

Fishing Equip ..... _____ $_____

Exercise Equipment ..... _____ $_____

Other ..... _____ $_____

Other ..... _____ $_____

Books, Pictures & Antiques	$
Wearing Apparel (Garage sale value)	$
Furs and Jewelry (Pawn Shop Value)	$
*Firearms, Sports and Hobby Equipment (List Make and Model of any Firearms below)	$
Any Life Insurance Policies:_____ Cash Value if Applicable (able to borrow against):_____ Policy is held with:_____	$
Retirement Account Type of Account: _____ Account is held with:	$

Second Retirement Account Type of Account: _____ Account is held with:	$
Education IRA, Type of Account: _____ Account is held with:	$
Second Education IRA, Type of Account: _____ Account is held with:	$
Security Deposit	$
Annuities	$
Government or Corporate Bonds	$
Stocks – Held with_____ list # of shares owned: Value per share:	$
Alimony, Child Support (**Arrearages owed to you**)	$
Liquidated Debts owed to you, including **Anticipated 2014 Tax Refund**	$
Equitable or future interest, life estates, and rights of powers	$
Contingent and Non-contingent interests in estate of a decedent	$
Patents, copyrights and other intellectual property	$
Licenses, franchises and other general intangibles	$
Automobiles, trucks, trailers, other accessories	See Automobile Page
Boats, motors, and accessories	See Automobile Page
Aircraft and accessories	$
Animals	$
Crops-growing or harvested	$
Points Timeshare (If you pay a monthly maintenance fee)	$
Real Property Timeshare (If you pay property taxes or have a deed)	$
Interests in Partnerships or Joint Ventures	$

BUSINESS ASSETS

Please list all bank business bank accounts below. If you have additional bank accounts please attach another page.	
Business Checking Account: ***Bank Name:** Acct. #:	$
Business Savings Account: ***Bank Name:** Acct. #:	$
Office Furniture, Electronics or Appliances Describe:	$
Inventory Describe:	$
Tools, Machinery etc. Describe:	$
Accounts Receivable	$

Additional Business Questions:

1. Does your business have walk in traffic? Yes_____ No_____ If yes explain:
_____
_____

2. Does your business carry liability insurance? Yes_____ No_____ If yes explain:
_____
_____

***If your business carries liability insurance your trustee may require you to add him/her to the policy upon filing.

3. Is your business:

_____Sole Proprietorship

_____Corporation (S or C Corp)

_____ Partnership (LLP/LLC)

Autos, Trucks, Tractors, Dirt Bikes, Trailers, Boats

IF YOU NEED MORE ROOM ATTACH ANOTHER SHEET OR WRITE ON THE BACK OF THIS FORM. **Be sure to include all vehicles in your name, even if you are not listed as the primary owner.**

Vehicle 1

Year_____Make_____Model (*detailed*)_____Mileage_____

Value:_____Do you wish to keep the car?_____Leased?_____

Name of Lender: _____ Address of Lender_____

Total Amount Owed_____ Monthly Payment_____ Back Payments Owed_____

Condition: ____ Excellent _____ Good _____ Fair _____ Poor

***PLEASE ATTACH KELLY BLUE BOOK PRINT OUT (Private Party Value)**

Vehicle 2

Year_____Make_____Model (*detailed*)_____Mileage_____

Value:_____Do you wish to keep the Car?_____Leased?_____

Name of Lender: _____ Address of Lender_____

Total Amount Owed_____ Monthly Payment_____ Back Payments Owed_____

Condition: ____ Excellent _____ Good _____ Fair _____ Poor

***PLEASE ATTACH KELLY BLUE BOOK PRINT OUT (Private Party Value)**

Vehicle 3

Year_____Make_____Model (*detailed*)_____Mileage_____

Value:_____Do you wish to keep the Car?_____Leased?_____

Name of Lender: _____ Address of Lender_____

Total Amount Owed_____ Monthly Payment_____ Back Payments Owed_____

Condition: ____ Excellent _____ Good _____ Fair _____ Poor

***PLEASE ATTACH KELLY BLUE BOOK PRINT OUT (Private Party Value)**

TAXES

21. Do you owe taxes to the IRS, State or County? Yes___ No___ If yes, give details:

Internal Revenue Service (IRS) (Delinquent Taxes currently owed)

Tax year _____ How much owed (total amount) $_____

Did you file a return for that year? _____ Was it filed timely? _____

Tax year _____ How much owed (total amount) $_____

Did you file a return for that year? _____ Was it filed timely? _____

Tax year _____ How much owed (total amount) $_____

Did you file a return for that year? _____ Was it filed timely? _____

State Franchise Tax Board

Tax year _____ How much owed (total amount) $_____

Did you file a return for that year? _____ Was it filed timely? _____

Tax year _____ How much owed (total amount) $_____

Did you file a return for that year? _____ Was it filed timely? _____

Tax year _____ How much owed (total amount) $_____

Did you file a return for that year? _____ Was it filed timely? _____

State Board of Equalization (Sales tax or excise tax)

Name of agency: _____

Address: _____

How much owed: _____ Year(s) incurred: _____

What Business? _____

DELINQUENT PROPERTY TAXES (county)

Name and address of taxing agency: _____

_____

Amount owed: $ _____ What property?_____

.

UNSECURED CREDITORS

An Unsecured Creditor is any person or business to whom you owe money, (the loan or credit was extended to you on your "signature" rather than any collateral or security), and who cannot foreclose or repossess a specific piece of your property. Unsecured debts may include but not limited to: credit cards, personal loans, student loans, any person/business claiming a debt against you (even if you disagree)

WE WILL PULL YOUR CREDIT REPORT FOR A LIST OF YOUR DEBTS, HOWEVER SOME DEBTS ARE NOT INCLUDED ON YOUR CREDIT REPORT.
THESE INCLUDE: MEDICAL/DENTAL BILLS, UTILITIES, (CABLE, PHONE, GAS, ELECTRIC COLLECTION NOTICES, PERSONAL LOANS AND PRIMARLY BUSINESS RELATED DEBTS.

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

Name of Creditor: _____

Address: _____

Account No:_____Date_____Amount Owed $ _____

*If debt has been assigned to a collection agency or attorney, complete below:

Name of agency or attorney: _____

Address: _____

1. List the total amount of income received per individual for the years below. This information can be obtained from W-2's, 1099's and Tax Returns. List the ***gross*** (before tax) amount.

*****Please do NOT provide documents in lieu of completing the form.**

2015 Year to Date: Source of Income	**Debtor: Amount Received**	**Spouse: Amount Received**
W2 employment/1099/Self Employment		
Social Security/Disability/Worker's Comp		
Ongoing financial assistance		
Unemployment		
Retirement		
Stocks/Dividends		
Child/Spousal Support		
Rental Income		
2014: Source of Income	**Debtor: Amount Received**	**Spouse: Amount Received**
W2 employment/1099/Self Employment		
Social Security/Disability/Worker's Comp		
Ongoing financial assistance		
Unemployment		
Retirement		
Stocks/Dividends		
Child/Spousal Support		
Rental Income		
2013: Source of Income	**Debtor: Amount Received**	**Spouse: Amount Received**
W2 employment/1099/Self Employment		
Social Security/Disability/Worker's Comp		
Ongoing financial assistance		
Unemployment		
Retirement		
Stocks/Dividends		
Child/Spousal Support		
Rental Income		

2. Please provide the following:

ANTICIPATED: 2014 Tax Refund: Federal $_____ State $_____

Amount of 2013 Tax Refund: Federal $_____ State $_____

Amount of 2012 Tax Refund: Federal $_____ State $_____

3. Have you paid a creditor (ex. mortgage payments, car payments, credit card) more than $600 total within the last 90 days? Yes___ No___ If so, name and address of the creditor and the amount and date of each payment:

Name	Address
_____	_____
_____	_____
_____	_____

4(a). Are you the plaintiff or defendant in any lawsuit that is currently pending?
Yes___ No___ (Please also provide paperwork received)

Type/Party Names: _____

Case Number: _____

Nature: _____

Status (e.g. Pending, Dismissed, or Judgment): _____

4(b). Has your property or wages been attached or garnished by a person or entity?

Yes___ No___ If so, details:_____

Property or amount of wages: _____

Name of creditor: _____

Date taken (approximate): _____

5. Have you returned any property to a creditor or had any property repossessed during the last year? Yes___ No___ If so, give details:_____

Name & address of creditor: _____

Date repossessed or returned: _____

Description of property: _____

Current estimated value of property: _____

6(a). Have there been any assignments of your property for the benefit of any creditors within the last year? Yes___ No___ If yes, give details:_____

_____

6(b). Is any of your property, in the hands of a receiver, trustee or other liquidating agent? Yes___ No___ If yes, Name & Address of receiver:_____

Name and location of court: _____

Nature of case: _____

Date of order: _____

Description and value of property: _____

7. Have you made charitable contributions within the last year more than $100 a month? Yes___ No___ If so, details _____

Name & address where donation was made: _____

Description and value of gift or contribution: _____

Frequency of Contribution: _____

8. Have you had any losses you suffered from fire, theft, or other casualty or gambling within the last year? Yes___ No___

Description of the property_____

Amount or value_____

Description of the circumstances of the loss _____

Is it covered in whole or in part by insurance_____

Description of the insurance coverage_____

Date of loss.: _____

9. Have you made a payment within the last year to any attorney (other than the attorney currently representing you in the filing of this bankruptcy petition), for debt or bankruptcy counseling or representation? Yes___ No___ If so, provide name, address and services provided:_____

10. Have you made any transfer of title on any real or personal property to another person during the last 24 months? Yes___ No___ If yes, give details:_____

Description of Property:_____

Date of Sale or Transfer:_____

Name and Address of Receiving Party:

_____

Amount Received from Transfer or Sale:_____

Relationship to Receiving Party:_____

11. Have you closed a bank account in the past year? Yes___ No____ if yes provide the name of the financial institution, date account closed & balance in the account when closed:

Bank Name	Bank Address	Date of Closing	Balance at Closing
1.			
2.			

12. Have you had a safe deposit box or storage unit during the last year? Yes___ No____ If yes:

Location_____

Address_____

Contents_____

Current status _____

13. Do you have any property that is <u>NOT yours that you are holding for someone else?</u>

Yes___ No___ If yes:

Details of item_____

Address of person whose item it is_____

14. Prior addresses in which you have resided in the past **3 years** including dates:

Address of Residence	Dates of Residency mo/year-mo/year

15. List any spouses or former spouses who have resided with you in the past **8 years**.

Name	Date of Marriage	Date of Separation	Date of Divorce
1.			
2.			

16. **IF YOU ARE IN A BUSINESS** please answer the following question;

Note: You do not have to complete this section if you are an independent contractor

1. Provide information for any business you were involved in for the last **SIX** years. This includes any business in which you were an officer, director, partner, or managing executive of a corporation, partner in a partnership (or owned 5 percent or more of the voting or equity securities), sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case.

Name and Address of Business	**Tax ID**	**Nature of Business**	**Start & End Date**

17. Do you currently have a loan from a family member or friend? Name_____

Address _____Amount_____

18. Have you paid back any money owed to a family member in the past 12 months? Yes____ No____

    If Yes: Name of Family Member_____

    Address_____

    Amount Paid_____

19. Do you have any domestic support obligation? Yes___ No___ If yes, give details:_____

    _____

20. Does anyone owe you money for any reason? Yes___ No___ If yes, give details:_____

    _____

21. Do you have any rights to or have you filed any law suits against a company not listed in the questionnaire? Yes___ No___ If yes, give details:_____

    _____

22. Are you a beneficiary or any will, trust or estate? Yes___ No___ If yes, give details:_____

    _____

23. Are you entitled to any life insurance proceeds/inheritance as a result of someone's death?

    Yes___ No___ If yes, give details: _____

    _____

24. Do you expect to inherit anything in the six months following your filing?Yes___ No___ If yes, give details: _____

25. Have you transferred any balances on your credit cards in the last 6 months?Yes___ No____ If yes, give details: _____

26. Have you authorized any bank to take funds directly from your account in the last year (besides Bill Pay)? Yes___ No___ If yes, give details: _____

    _____

27. Do you have credit cards with the bank you have a checking account with?Yes___ No___ If yes,

give details: _____

28. Have you completed a cash advance from a credit card in the last 2 months? Yes__ No___ If yes,

give details: _____

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Acknowledgment Statement Under Penalty of Perjury

I have read each and every question and have answered them to the best of my ability and knowledge. I hereby represent that the information I have provided on this questionnaire is true and correct and I understand that this information is going to be used to complete the Petition that will ultimately be filed with the bankruptcy court. I hereby acknowledge that I have received and read additional information with regard to my duties pertaining to any secured debts that I may have.

Client _____ Date _____

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Client _____ Date _____