



Robert Russell Law Office

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BANKRUPTCY WORKSHEETS

We understand that this can be a very stressful time. We will help you through this process and make sure it goes smoothly so that you obtain relief and fresh start. How do we know this? We have helped thousands of people and businesses resolve their financial problems. We can help you, too.

INSTRUCTIONS – To best help you, we need you to take the following steps:

1. Relax As Much As You Can.

- * Filing Bankruptcy will immediately stop a garnishment, car repossession or home foreclosure.
- * Most people obtain a discharge of all their normal debts, and do not lose any asset.
- * If you want to keep a financed home or car, that is normally pretty easy to do.
- * Take a look at our client testimonials. One is copied at the bottom of this page. 😊

2. Fill out these **Worksheets** to the best of your ability. IF you need or want help filling out your *Worksheets*, let us know. Just call and make an appointment for help.

3. Fill out the **Debt/Lease Form** and include every debt you have or may have (even the ones you want to pay). IF you need or want help getting a list of your creditors from your credit report, just call and ask. There is a \$25 fee to get creditors for one person. There is a \$45 fee to get creditors for two people.

4. Deliver the completed *Worksheets, Debt/Lease Forms*, related documents and any necessary funds to our office. You do not need an appointment to do so.

5. Then make an appointment to come into our office and sit down with Robert Russell to go over your bankruptcy and nonbankruptcy options. We will help you choose the option you need to get the results you desire.

Client Testimonial: “Robert Russell and his assistants were very thorough, thoughtful, calming, ethical and efficient. They made a difficult situation painless with their compassion. He is a top class attorney and human being. You truly can’t go wrong with the Robert Russell Law Office.”

CLIENT INFORMATION

YOUR INFORMATION

Full name (first, middle, last, generation)	
Other names you used in the last 8 years including business names, maiden name, etc.	
Social Security No. / Date of birth	/
Street address	
City, State, Zip	
Phone number(s)	Home: Work: Cell:
County of residence (or principal place of business if business filing)	
Mailing address (if different than residence)	
E-mail address for confidential matters only	

SPOUSE INFORMATION

Check the applicable box:

I am not married. I am married.

Full name (first, middle, last, generation)	
Other names you used in the last 8 years including business names, maiden name, etc.	
Social Security No. / Date of birth	/
Street address	
City, State, Zip	
Phone number(s)	Home: Work: Cell:
County of residence or principal place of business	
Mailing address (if different than residence)	
E-mail address for confidential matters only	

QUESTIONS FOR DEBTOR ENGAGED IN BUSINESS

If you or your spouse are currently engaged in your own business, please provide the following:

Name of Business(es)	Type (Corp., LLC, Sole Prop)

PRIOR BANKRUPTCIES

I/We have not filed bankruptcy in the last eight (8) years. (Check the box if you have not filed.)

If you have filed a bankruptcy within the last 8 years, please provide the following information:

Case Number / Chapter	# / 7 or 13 (circle one)
Date of Filing for Prior Case	
Result of case (check the box)	<i>This Case Was <u>Completed</u> & Discharge Was Received</i> <input type="checkbox"/> <i>This Case Was <u>Not</u> Completed & No Discharge Was Received</i> <input type="checkbox"/>

Case Number / Chapter	# / 7 or 13 (circle one)
Date of Filing for Prior Case	
Result of case (check the box)	<i>This Case Was <u>Completed</u> & Discharge Was Received</i> <input type="checkbox"/> <i>This Case Was <u>Not</u> Completed & No Discharge Was Received</i> <input type="checkbox"/>

If you have filed bankruptcy in the last eight (8) years, please feel free to tell us anything you think we should know about the prior case(s) in the space provided below.

REAL PROPERTY (LAND)

Do you own or have any interest in any real property including a home, mobile home on land, condo, bare land, burial plot, timeshare etc? Check the applicable box.

<input type="checkbox"/> YES – I own real property. (Provide info below.)	<input type="checkbox"/> NO – I do not own any real property. (Skip this page.)
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IF your answer is NO, you can SKIP this page.

IF your answer is YES, please LIST below your real property below. If you are married, please indicate whether you both own the property or if only one spouse owns it. Please add an additional sheet for any properties you have that do not fit in the space below.

<u>Type of Property:</u> <u>Circle One</u>	<u>Address of Property?</u>	<u>How Much Is The Property Worth?</u>	<u>How Much Is Owed Against It?</u>	<u>Who Owns the Property?</u>	<u>Foreclosure Status:</u>
Home Mobile Home Condo Bare land Other	_____ Street Address _____ City _____ State ZIP	\$ _____	\$ _____		In Foreclosure? Yes / No If YES, then what is the Projected Sale Date: _____.
Home Mobile Home Condo Bare land Other	_____ Street Address _____ City _____ State ZIP	\$ _____	\$ _____		In Foreclosure? Yes / No If YES, then what is the Projected Sale Date: _____.
Home Mobile Home Condo Bare land Other	_____ Street Address _____ City _____ State ZIP	\$ _____	\$ _____		In Foreclosure? Yes / No If YES, then what is the Projected Sale Date: _____.

PERSONAL PROPERTY

1. Please list all your personal property of any and all kinds. In the box marked “Current Value” list the value of the property. The value is normally the price you would be willing to **pay** to buy the exact item(s) in its/their current condition (old, broken, etc) from someone else that regularly sells such items in the current condition.
2. **VALUE EXAMPLE:** If you can regularly buy the item on Craigslist/Ebay/Amazon/Goodwill, then you may use the price you might **pay** on Craigslist/Ebay/Amazon/Goodwill.
3. **NOTE:** If you have “jewelry” but it is not worth much, you still must estimate a value for what you have, e.g., \$10.
4. **“NONE”:** If you don’t have property in a specific category, please put an **“X”** in the box marked **“None”**.

Type of Property	N O N E	Description of Property and Location (if other than at your home)	What Is The Current Value?	Who Owns This Asset?
Motor Vehicle #1 Car, Van, truck, tractor, SUV, motorcycle, etc	<input type="checkbox"/>	<u>Year / Make / Model / Mileage</u> Condition:		
Motor Vehicle #2 Car, Van, truck, tractor, SUV, motorcycle, etc	<input type="checkbox"/>	<u>Year / Make / Model / Mileage</u> Condition:		
Motor Vehicle #3 Car, Van, truck, tractor, SUV, motorcycle, etc	<input type="checkbox"/>	<u>Year / Make / Model / Mileage</u> Condition:		
Other Motorized Craft/Vehicle Boat, RV, ATV, Snow mobile	<input type="checkbox"/>	<u>Year / Make / Model / Mile-Hours</u>		
Household Electronics TV, Cell Phone, Computer, GameBox, Cameras, Stereo, Etc	<input type="checkbox"/>	I/We Have The Usual items? Yes / No Other: _____	(Estimate is fine.)	
Household Goods / Furnishings Major Appliances, Furniture, Dishes, Etc	<input type="checkbox"/>	I/We Have The Usual items? Yes / No Other: _____	(Estimate is fine.)	
Collectibles Cards, Books, Paintings, Figurines, Stamps, Coins, Memorabilia, Etc	<input type="checkbox"/>			
Sport & Hobby Equipment Golf Clubs, Exercise, Ski, Pool, Kayak, Musical Instrument, Etc.	<input type="checkbox"/>			

Type of Property	N O N E	Description of Property and Location (if other than at your home)	What Is The Current Value?	Who Owns This Asset?
Firearms Pistols, Rifles, Shotguns, Ammo, Etc.	<input type="checkbox"/>	<u>Year / Make / Type</u>		
Clothes Everyday Clothes, Furs, Designer Ware, Etc	<input type="checkbox"/>	I/We Have The Usual items? Yes / No Other: _____		
Jewelry Everyday Jewelry, Rings, Heirlooms, Gems, Gold, Silver, Costume Jewelry, Etc	<input type="checkbox"/>	I/We Have The Usual items? Yes / No Other: _____		
Non-Farm Animals Cats, Dogs, Birds, Horses, Etc.	<input type="checkbox"/>			
Cash Actual Cash You Have In Your Wallet, Safe, Mattress, Can In Backyard, Etc.	<input type="checkbox"/>			
Deposits of Money: <u>IDENTIFY</u> for all ... (1) Type of Account(s) – Checking, Savings, Money Card, Cert of Deposit, and (2) Name of the Bank(s)/Credit Union, Store, Etc (3) Last 4 digits of the Account Number(s).	<input type="checkbox"/>	<u>Acct Type / Bank Name / Last 4 Digits</u>		
Non-Retirement Investments Investment Accounts, Trading Accounts, Mutual Funds, Stocks, Etc	<input type="checkbox"/>			
Retirement Accounts IRA, 401(k), 403(b), Thrift Savings Account, Pension Plan, Profit Sharing Plan, Etc.	<input type="checkbox"/>	<u>Acct Type / Held At or With ...</u>		
Any Other Investment Assets	<input type="checkbox"/>			
Security deposits Deposits with a Landlord, Utility Company, Secured Credit Card, Etc. Please state the name of the party holding the deposit.	<input type="checkbox"/>			

Type of Property	N O N E	Description of Property and Location (if other than at your home)	What Is The Current Value?	Who Owns This Asset?
Annuities Do you receive payments from an Annuity? How Much? For How Long?	<input type="checkbox"/>			
Educational IRA Or Similar	<input type="checkbox"/>			
Trust or Estate Beneficiary Are you the beneficiary of a Trust or Someone's Probate Estate, etc? If so, How much might you receive? When do you / might you receive money/property?	<input type="checkbox"/>			
Patents, Copyrights, Etc Do you own any patents, websites, trademarks, literary works, or other "intellectual" property, etc?	<input type="checkbox"/>			
Licenses, Etc Liquor License, Professional License, Building Permits, etc.	<input type="checkbox"/>			
Uncashed Checks or Money Orders, Etc Payable To You, Etc.	<input type="checkbox"/>			
Tax Refunds Are you owed tax refunds for tax returns filed or still not filed?	<input type="checkbox"/>			
Owed Back Child / Spousal Support	<input type="checkbox"/>			
Earned But Unpaid Wages How much do you expect your next paycheck to be?	<input type="checkbox"/>			
Benefits Due Social Security, Veterans, Insurance, Etc.	<input type="checkbox"/>			
Cash Value In Insurance Policies Cash Surrender or Refund Value	<input type="checkbox"/>			
Interest In Property Due You From Someone That Died Are you the beneficiary of a Trust, a Living Trust, a Life Insurance Policy,	<input type="checkbox"/>			

Type of Property	N O N E	Description of Property and Location (if other than at your home)	What Is The Current Value?	Who Owns This Asset?
Anyone Does Owe or Might Owe You Any Other Money? It does not matter if the debt is not collectible or that you do not intend to collect on the debt.	<input type="checkbox"/>			
Claims or Possible Claims Against Third Parties, Whether or Not You Have Filed A Lawsuit or Made A Demand For Payment Accident, Employment Claim, insurance claim, Right To Sue, Etc.	<input type="checkbox"/>			
Ownership Interest In a Business (Corporation or LLC) Stock in a Corporation, Member Interest in an LLC. NOTE: If you have an ownership interest in a business, you will need to fill out a separate "Balance Sheet" to show the Assets and Debts of that Business.	<input type="checkbox"/>			
Ownership of In a Business - (Sole Prop or Partnership)	<input type="checkbox"/>			
Business Related Assets Equipment, Inventory, Accounts Receivable, Trucks, Cars, Supplies, Furniture, etc	<input type="checkbox"/>			
Farming Related Assets	<input type="checkbox"/>			
Anything That Is Really Yours But Currently In The Name Of Another Person Or Entity	<input type="checkbox"/>			
ANYTHING ELSE That is Yours That Is Not Listed Above* Please describe any other asset, claim, possible claim, property or possible property you may now have or you believe you may be entitled to.	<input type="checkbox"/>			

***WARNING: Failure to disclose an asset in bankruptcy may result in a loss of the asset and loss of your ability to receive a discharge of debt.**

CONTRACTS AND LEASES

If you are a party to a contract or lease, other than a monthly rental agreement for a house or apartment, please provide the following information. **Also, make sure to fill out a Debt Form for this obligation.**

Who is the Creditor?	What is the Contract or Lease for?
	What is the leased property? CAR / APARTMENT / HOUSE / OTHER What is your interest in the contract or lease? Buying <input type="checkbox"/> Selling <input type="checkbox"/> Leasing to you <input type="checkbox"/> Leasing from you <input type="checkbox"/>
	What is the leased property? CAR / APARTMENT / HOUSE / OTHER What is your interest in the contract or lease? Buying <input type="checkbox"/> Selling <input type="checkbox"/> Leasing to you <input type="checkbox"/> Leasing from you <input type="checkbox"/>

CODEBTORS

Is anyone else liable with you on any of your debts? Examples would be a co-signor, guarantor, or ex-spouse. **Please remember to complete a Debt Form for this debt and note of the Debt Form that a codebtor exists.**

Who is the Creditor?	Who also owes money with you on this debt?
Name:	Name:
Street Address:	Street Address:
City:	City:
State and Zip:	State and Zip:

Who is the Creditor?	Who also owes money with you on this debt?
Name:	Name:
Street Address:	Street Address:
City:	City:
State and Zip:	State and Zip:

MARITAL STATUS

Marital Status:
(Check the box)

Single

Married

Separated

Divorced

Widowed

**DEPENDENTS
OF DEBTOR AND/OR SPOUSE**

Name	Age	Relationship	Does this person live with you?	If "no," with whom does the person live and where?

INCOME

	DEBTOR	SPOUSE
Occupation / Job Title		
Name of Employer		
Address of Employer	_____ Street Address _____ City _____ State Zip _____ Phone Number	_____ Street Address _____ City _____ State Zip _____ Phone Number
How long have you been employed by this employer?	Since: _____	Since: _____
Is your work seasonal? If "yes," what are the high and low income periods?		
Do you expect any changes in income in the next 12 months? If "yes," explain.		

CURRENT INCOME FROM ALL SOURCES

	DEBTOR	SPOUSE
HOW OFTEN ARE YOU PAID? (Check one)	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly
The Income and Deductions You Write Below is Per Paycheck or Pay Period		
(PER CHECK / PAY PERIOD) Gross Wages ----->	\$ _____	\$ _____
Estimated Overtime: ----->	\$ _____	\$ _____
ESTIMATED TOTAL GROSS INCOME ----->	\$ _____	\$ _____
DEDUCTIONS (per check / pay period):	(per check / pay period)	(per check / pay period)
Taxes, Social Security & Medicare	\$ _____	\$ _____
Retirement – <i>Mandatory</i>	\$ _____	\$ _____
Retirement – <i>Voluntary</i>	\$ _____	\$ _____
Retirement – <i>loan repayment</i>	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Child/Spousal Support	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Health Savings Account	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL DEDUCTIONS per paycheck ----->	\$ _____	\$ _____
TOTAL "TAKE HOME" / NET PAY -----> Per pay period & after the above deductions	\$ _____	\$ _____

OTHER MONTHLY INCOME	DEBTOR	SPOUSE
Operation of Business - Gross Income	\$ _____	\$ _____
Less Monthly Business Expenses	\$ _____	\$ _____
Net Monthly Profit From Business	\$ _____	\$ _____
Rental Income – Gross Rents Received	\$ _____	\$ _____
Less Mortgages, HOAs, Etc Paid, If any	\$ _____	\$ _____
Net Monthly Rental Income	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Child Support / Spousal Support	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension or Retirement Income	\$ _____	\$ _____
Government Assistance (TANF, Food, etc):	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Other:	\$ _____	\$ _____

MONTHLY PERSONAL EXPENSES

Please estimate your **AVERAGE monthly expenses for you and your family.**

_____ Rent or home mortgage payment (include lot rental for mobile home)

_____ Real Estate Taxes (if not included in mortgage payment)

_____ Homeowners insurance (if not included in mortgage payment) or Renter's insurance

_____ Home maintenance (repairs and upkeep)

_____ Homeowner association or condominium dues

_____ Additional Mortgage payments for residence (HELOC, 2nd DOT/3rd DOT, Home Equity Loan)

Utilities:

_____ Electricity, Heat, natural gas

_____ Water, sewer, garbage collection

_____ Telephone, cell phone, internet, satellite and cable

_____ Other utility (describe): _____

_____ Food and housekeeping supplies

_____ Childcare and children's education costs (Year round or summer months only)

_____ Clothing, laundry, and dry cleaning

_____ Personal care products and services

_____ Medical and dental expenses (co-pays, prescriptions, counseling, etc.)

_____ Transportation - Gas

_____ Car Tires, Tune-ups, oil changes, known/expected repairs

_____ Entertainment, recreation, etc.

_____ Charitable contributions

Insurance **(Do NOT list insurance deducted from your wages):**

_____ Life

_____ Health

_____ Vehicle

_____ Other (describe): _____

_____ Taxes (not deducted from wages or included in home mortgage payments)

Installment or lease payments:

_____ Auto – Which car? _____:

_____ Auto – Which car? _____:

_____ Other: _____

_____ Alimony, maintenance, and child support paid to others **(Do NOT list if deducted from wages)**

_____ Other payments you make to support other who do not live with you (specify who and why): _____

Other Real Property expenses (rental property, etc.)including

_____ Mortgage on second property (including real property taxes)

_____ Property, homeowner's, or renter's insurance

_____ Maintenance, repair, and upkeep expenses

_____ Homeowner's association or condominium dues

Student Loans:

_____ Other: _____

_____ Other: _____

STATEMENT OF FINANCIAL AFFAIRS

Complete this sheet. Add your spouse's information EVEN IF they are not filing bankruptcy with you.

1. MARITAL STATUS

(Check the box): *Single* *Married* *Separated* *Divorced* *Widowed*

2. PRIOR ADDRESS OF DEBTOR

List all addresses for the last three years (not including your present address).

OLD ADDRESSES (including city and state)	NAME USED	DATES OF OCCUPANCY

3. SPOUSE AND FORMER SPOUSE

If you were married within the last eight years, including current and former spouses, please fill out the following.

NAME(S) OF (EX)SPOUSE(S)	THE STATES IN WHICH YOU LIVED WHILE MARRIED	YEAR(S) IN WHICH YOU WERE MARRIED AND DIVORCED	INCOME OF THE EX-SPOUSE FOR THE LAST THREE YEARS OF THE MARRIAGE (List the year and the dollar amount)

4. INCOME FROM WAGES/EMPLOYMENT

State the **gross** income you have received from your job or the **gross** receipts from the operation of your business. **Do NOT** leave blank or say "see attached." **YOU MUST FILL IN THESE BLANKS.**

	Amount (Debtor)	Source (Debtor)	Amount (Spouse)	Source (Spouse)
THIS YEAR TO DATE (You MUST fill in this)	You must fill in this information.		You must fill in this information	
LAST YEAR (You MUST fill in this)	You must fill in this information		You must fill in this information	
TWO YEARS AGO (You MUST fill in this)	You must fill in this information		You must fill in this information	

5. INCOME OTHER THAN FROM YOUR JOB

State the **gross** income you have received other than from your job or the operation of your business. This includes but is not limited to unemployment, Social Security, pensions, L&I payments, and food stamps. Please be specific about the source of this income.

Do NOT leave blank or say "see attached." **YOU MUST FILL IN THESE BLANKS.**

	Amount (Debtor)	Source (Debtor)	Amount (Spouse)	Source (Spouse)
THIS YEAR TO DATE				
LAST YEAR				
TWO YEARS AGO				

6. VOLUNTARY PAYMENTS TO CREDITORS

In the last three months have you made any payments to any **one** creditor **that total more than \$600.00**? For example, if you paid one creditor (**car, house, boat, trailer, credit card, etc.**) \$200 for each of the last three months, that would be \$600 in total in the last three months and it should be listed below.

Name Of Creditor	Date Of Each Payment	Payment(S)	Amount Still Owed

7. PAYING A DEBT OWED TO AN "INSIDER"

In the last year have you made any payments to an "insider" (a relative, friend or business associate)?

Name Of Relative Or Associate	Relationship To You	Date Of Each Payment	Amount Of Each Payment	Amount You Still Owe, If Any

8. PAYMENTS/TRANSFERS THAT BENEFIT AN "INSIDER"

In the last year have you made any payments or transfers on account of a debt that benefitted a relative, friend or business associate?

NAME OF PERSON BENEFITTING	RELATIONSHIP TO YOU	NAME OF CREDITOR PAID	DATE OF EACH PAYMENT	AMOUNT OF EACH PAYMENT

9. LAWSUITS

List all lawsuits in the last year in which you were involved, including a divorce.

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING (collection, divorce, etc)	COURT AND LOCATION	STATUS OR DISPOSITION

10.A. GARNISHMENTS OR SEIZURES OF YOUR PROPERTY

Has any of your property been attached, garnished or seized in the last year?

NAME OF CREDITOR	DATE(S) OF SEIZURE	PROPERTY TAKEN; AMOUNT OF WAGES TAKEN

10.B. REPOSSESSIONS, SURRENDERS, FORECLOSURES AND RETURNS

In the last year has any of your property been repossessed, foreclosed upon or voluntarily returned to any creditor?

WHO WAS THE CREDITOR?	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	WHAT WAS TAKEN AND WHAT WAS ITS VALUE?

11. SETOFFS

In the last year have any of your creditors (e.g., the IRS) retained any of your property (including tax refunds) in full or partial satisfaction of a debt you owed to them?

WHO WAS THE CREDITOR?	DATE OF SETOFF	HOW MUCH DID THEY TAKE?

12. ASSIGNMENTS AND RECEIVERSHIPS

In the last four months have you assigned any of your property to another person for the benefit of your creditors?

IDENTITY OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT

13/14. GIFTS

In the last year have you given away money or anything worth more than \$600.00 to a friend, relative, charity or church?

IDENTITY OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT

15. LOSSES

In the last year have you lost any property due to a fire, theft, gambling or similar event?

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS

16/17. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

In the last year have you or anyone for you paid/transferred property to anyone for debt counseling or bankruptcy advice?

IDENTITY OF PAYEE	DATE OF PAYMENT NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

18. OTHER TRANSFERS

Is there anything you had **TWO YEARS** ago that you do **NOT** have today? In the last **TWO YEARS** have you sold or transferred any of your property, or used any of your property as collateral for a debt? Also, fill this section out if you have refinanced your home or vehicle(s) within the last one year.

TO WHOM TRANSFERRED	DATE	DESCRIPTION OF PROPERTY TRANSFERRED AND VALUE RECEIVED
Name _____ Street Address _____ City, State, Zip _____		
Name _____ Street Address _____ City, State, Zip _____		

19. TRUST TRANSFERS

Within 10 years prior to filing bankruptcy, did you transfer any property to a trust, etc. of which you are a beneficiary?

NAME OF TRUST	DATE	DESCRIPTION & VALUE PROPERTY TRANSFERRED

20. CLOSED FINANCIAL ACCOUNTS

Have you or your bank or credit union closed a bank account in the last year?

NAME OF BANK	TYPE OF ACCOUNT, ACCOUNT NUMBER, & AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING

21. SAFE DEPOSIT BOXES

Have you had a safe deposit box in the last year?

NAME OF BANK	NAME(S) OF THOSE PERSON(S) WITH ACCESS TO BOX	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY

22. STORAGE UNIT/SPACE

Have you stored property in a storage unit or place (other than your home) in the 1 year before filing bankruptcy?

NAME OF STORAGE FACILITY	NAME(S) OF THOSE PERSON(S) WITH ACCESS TO BOX	DESCRIPTION OF CONTENTS	DO YOU STILL HAVE IT?

23. PROPERTY HELD FOR ANOTHER PERSON

Do you have in your possession at home or elsewhere any property that belongs to somebody else? Is your name on anyone else's bank account? Is your name on the title of anyone else's car? Are you storing anything for anyone else? Are you borrowing anything from someone else? (This property can be lost to the Trustee if not disclosed.)

NAME OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

24/25/26. ENVIRONMENTAL INFORMATION

Have you ever been advised in writing by any governmental entity/agency that you may be liable for violation of any environmental law?

Circle one YES / NO If "yes", give the details: _____

Have you ever provided written notice to a governmental entity/agency of any release of any hazardous material into the environment?

Circle one YES / NO If "yes", give the details: _____

Have you ever been a party to any lawsuit or administrative proceeding concerning environmental issues?

Circle one YES / NO If "yes", give the details: _____

THE REMAINING QUESTIONS ARE REQUIRED TO BE FILLED OUT ONLY IF YOU NOW OWN/OPERATE OR HAVE OWNED/OPERATED A BUSINESS IN THE LAST SIX YEARS.

27. NATURE, LOCATION AND NAME OF BUSINESS

NAME OF BUSINESS	NATURE OF BUSINESS	Why Type Of Entity Is The Business? Corp., LLC, Sole Prop.	BEGINNING & ENDING DATE OF OPERATION

28. CURRENT PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS

For each business in which you have an interest, who owns any part of the business aside from you?

NAME OF BUSINESS	Name of Everyone That Has An Interest In This Business	How Much Of The Business Do The Own?

29. FINANCIAL STATEMENTS GIVEN

In the last two years has the business given a Financial Statement to any person or bank?

TO WHOM GIVEN	DATE OF FINANCIAL STATEMENT

30. KEPT/SUPERVISED RECORDS

In the last six years who kept or supervised the keeping of the books and records for the business?

NAME OF BOOKKEEPER OR ACCOUNTANT	DATE KEPT OR SUPERVISED

31. INVENTORIES – WHEN AND WHO

Please provide the following for the last two inventories of the business assets.

WHO DID THE INVENTORY	WHEN	VALUE OF ASSETS	VALUATION METHOD? COST OR MARKET	WHOI HAS THE RECORDS NOW

MEANS TEST

WAGE INCOME DETAIL

The Bankruptcy Code requires that your petition show how much income you grossed in each of the **last six months** prior to filing.

If you have had income in the last six months from being an employee or independent contractor working for another, please fill out the chart below. **“Check Date”** means the date of the pay check given to you. **“Gross Income”** means the income on that check before anything is deducted (e.g., taxes, insurance, 401K loans/contributions, child support)

DEBTOR	
I am paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	
Check Date	Gross Income
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
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	\$
	\$

SPOUSE	
I am paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	
Check Date	Gross Income
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
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OTHER MONTHLY INCOME DETAIL

Certain other income or benefits are paid Monthly. The “Source” of that income might be a Pension, Social Security, Disability benefits, Child Support, etc. Please write in the “Source” of the money, the “Date Received”, and the “Amount Received” in the columns below.

DEBTOR		
I received the following monthly income:		
Source	Date Received	Amount
		\$
		\$
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SPOUSE		
I received the following monthly income:		
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OTHER INCOME/RECIPTS/BENEFITS

PLEASE EXPLAIN any other income you may have received in the last six months in the space below. Please list the source and the amount.

(End of Worksheets)