

DATE: _____

MACHI & ASSOCIATES, P.C.

1521 N. Cooper, Suite 550
Arlington, Texas 76011

990 N. Walnut Creek, Suite 2004
Mansfield, Texas 76063

**Local 817-335-8880 – Metro 972-445-5387
Toll Free 866-DEBTDRS (866-332-8377)
www.DEBTDRS.com**

INITIAL INTERVIEW QUESTIONNAIRE (BANKRUPTCY)

Please print all of your answers completely and legibly.
Please answer each question fully. If it does not apply to you or the answer is none,
please write N/A in the space provided.

HOW DID YOU HEAR ABOUT US? (Please circle one): Television – Radio – Web Site –
AT&T Directory – Verizon (idearc) Directory – Yellow Book Directory – Mailer –
Referred by: _____
Other: _____
Briefly explain you financial circumstances? _____

MARITAL STATUS: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed
If you are married, you must complete information for both you and your spouse, even if
only one is seeking our services.

DEBTOR 1 INFORMATION:
LAST NAME: _____
FIRST NAME: _____
MIDDLE: _____
SS #: _____
PHYSICAL
ADDRESS: _____
CITY: _____
STATE: _____
ZIPCODE: _____
COUNTY: _____

DEBTOR 2 (SPOUSE) INFORMATION:
LAST NAME: _____
FIRST NAME: _____
MIDDLE: _____
SS #: _____
PHYSICAL
ADDRESS: _____
CITY: _____
STATE: _____
ZIPCODE: _____
COUNTY: _____

If you have a present mailing address that is different from your present physical address please write it below:

DEBTOR 1
MAILING
ADDRESS: _____
CITY: _____
STATE: _____
ZIPCODE: _____
EMAIL: _____

DEBTOR 2 (SPOUSE):
MAILING
ADDRESS: _____
CITY: _____
STATE: _____
ZIPCODE: _____
EMAIL: _____

How long have you lived at this address? _____ yrs _____ mos
If less than three (3) years, please list all previous physical addresses for the past three (3) years and the dates lived there.

DEBTOR 1:
PHONE: _____
WORK: _____
CELL: _____
EMAIL: _____
DL #: _____ State _____

DOB: ____ / ____ / ____

Other Names Used in Last 6 Years

DEBTOR 2 (SPOUSE):
PHONE: _____
WORK: _____
CELL: _____
EMAIL: _____
DL #: _____ State _____

DOB: ____ / ____ / ____

Other Names Used in Last 6 Years

HAVE EITHER OF YOU FILED BANKRUPTCY BEFORE? YES / NO

IF YES, state who, when and where: _____

DEPENDENTS and/or CHILDREN INFORMATION:

NAME	AGE	SCHOOL GRADE	LIVE AT HOME? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State all other members of your household:

Please provide Names & Phone Numbers of two (2) friends and/or family members that can be contacted in case of an EMERGENCY.

NAME: _____ **PHONE #:** (_____) _____
NAME: _____ **PHONE #:** (_____) _____

ARE EITHER OF YOU SELF EMPLOYED? YES / NO

If yes, state the name, address and type of business:

EMPLOYER INFORMATION:

DEBTOR 1:
OCCUPATION: _____
EMPLOYER NAME: _____
ADDRESS: _____
CITY/STATE _____
ZIP CODE _____
LENGTH OF EMPLOYMENT _____

DEBTOR 2 (SPOUSE):
OCCUPATION: _____
EMPLOYER NAME: _____
ADDRESS: _____
CITY/STATE _____
ZIP CODE _____
LENGTH OF EMPLOYMENT _____

If more than one present employer, please provide the same information about other employers as above for each Debtor:

ANTICIPATED CHANGES IN INCOME IN NEXT 12 MONTHS:

Are you behind on mortgage payments? YES / NO If so, how much? \$ _____
Do either of you have any interest in any real property besides your residence? YES / NO
Are any of your mortgages Adjustable Rate Mortgage? YES / NO
Are any of your properties facing foreclosure? YES / NO If so, when? _____
Are you behind on vehicle payments? YES / NO If so, how much? \$ _____
Do either of you have any title loans on any of your vehicles? YES / NO
Are you behind on property taxes? YES / NO If so, how much? \$ _____
Are either of you required to pay child/spousal support? YES / NO
 If yes, are you behind? YES / NO If so, how much? \$ _____
Any bad checks still circulating for either of you? YES / NO If so, how much? \$ _____
Are either of your wages being garnished? YES / NO
 If yes, who? _____ How much? \$ _____
Has anyone co-signed on a debt for either of you? YES / NO
Have either of you co-signed on a debt for anyone? YES / NO
Do either of you have any Judgments against you? YES / NO
Are either of you presently named and/or involved in any type of lawsuit? YES / NO
Are all years of IRS and State taxes filed for both of you? YES / NO
 If no, which years are not filed and for whom (IRS / State)? _____
Do either of you owe any IRS or State taxes? YES / NO
 If yes, who? _____ How much? \$ _____
Do either of you have over \$500.00 in a savings account or CD? YES / NO
 If yes, who? _____ How much? \$ _____
Have either of you received any cash advances, payday loans, credit for luxury items or
signature loans of \$550.00 or more within the past ninety (90) days? YES / NO
Do either of you have a 401K loan? YES / NO If so, when will it be paid off? _____
Do either of you regularly contribute to any charitable organizations? YES / NO
 If yes, please provide documentation showing your contributions.
Do either of you expect to receive an inheritance or windfall within six (6) months of the filing
date of your case? YES / NO If yes, please explain: _____

Besides a Drivers' License, please state any and all other types of Licenses either of you possess: _____

Please provide documentation if regular monthly healthcare out of pocket expenses exceed the following guidelines (not including insurance taken from your pay checks):
\$57.00 per person per month in the household under age 65.
\$144.00 per person per month in the household age 65 and older.

BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO KEEP THE PROPERTY.

IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE LIST OF CREDITORS, THAT PROPERTY MAY NOT BE PROTECTED IN YOUR BANKRUPTCY.

PROPERTY QUESTIONS

Please complete this section with "market values" on all property that you own or are owed. Please base your answers on the quick sale value, not the retail value of EACH ITEM. We can obtain the value of your real estate. If you owe debts on any of the property, please ensure the market value you list here matches the market value listed in the Creditors' Section.

REAL PROPERTY:	MARKET VALUE:
Address # 1: _____ Residence – Rental Property – Business Property – Land	\$ _____
Address # 2: _____ Residence – Rental Property – Business Property -- Land <i>(If more space is needed due to additional properties, please write on back)</i>	\$ _____

PERSONAL PROPERTY:	MARKET VALUE:
1. Cash/Checks on hand: _____	\$ _____
2. Bank Name, Type (Checking/Savings/CD) & Acct # _____ Bank Name, Type (Checking/Savings/CD) & Acct # _____	\$ _____ \$ _____
3. Security Deposits: _____ Describe: _____ _____	\$ _____
4. Household goods & furnishings: _____ Describe: _____ _____	\$ _____
5. Books, pictures, antiques, collections: _____ Describe: _____ _____	\$ _____
6. Wearing apparel (clothes, shoes, accessories, etc.): _____ Describe: _____ _____	\$ _____
7. Furs and Jewelry: _____ Describe: _____ _____	\$ _____
8. Firearms, sports and hobby equipment: _____ Describe: _____ _____	\$ _____
9. Interests in insurance policies: _____ Describe: _____ _____	\$ _____

10. Annuities: _____ \$
Describe: _____

11. Education IRAs: _____ \$
Describe: _____

12. IRA's, other pension plans: _____ \$
Describe: _____

13. Stock interests in businesses: _____ \$
Describe: _____

14. Interests in partnerships, joint ventures: _____ \$
Describe: _____

15. Government and corporate bonds: _____ \$
Describe: _____

16. Accounts receivable - are you owed money (tax refunds, etc.): _____ \$
Describe: _____

17. Alimony, support, etc.: _____ \$
Describe: _____

18. Other debts owed debtor: _____ \$
Describe: _____

19. Equitable or future interests: _____ \$
Describe: _____

20. Interest in decedents estate, death benefit plans: _____ \$
Describe: _____

21. Other contingent and unliquidated claims: _____ \$
Describe: _____

22. Patents, copyrights, etc.: _____ \$
Describe: _____

23. Licenses, franchises, etc. : _____ \$

Describe: _____

24. Customer Lists: _____ \$
 Describe: _____

25. Motor vehicles and accessories

Year	Make	Model	Miles
Did you purchase this vehicle over 2 ½ years ago?		YES / NO	\$ _____
Is this vehicle used for business purposes?		YES / NO	
Year	Make	Model	Miles
Did you purchase this vehicle over 2 ½ years ago?		YES / NO	\$ _____
Is this vehicle used for business purposes?		YES / NO	
Year	Make	Model	Miles
Did you purchase this vehicle over 2 ½ years ago?		YES / NO	\$ _____
Is this vehicle used for business purposes?		YES / NO	

26. Boats, motors, and accessories: _____ \$
 Describe: _____

27. Aircraft and accessories: _____ \$
 Describe: _____

28. Office equipment, furnishings and supplies: _____ \$
 Describe: _____

29. Machinery, equipment, supplies used in business: _____ \$
 Describe: _____

30. Inventory: _____ \$
 Describe: _____

31. Animals: _____ \$
 Describe: _____

32. Crops: _____ \$
 Describe: _____

33. Farming equipment and implements: _____ \$
 Describe: _____

34. Farm supplies, chemicals, and feed: _____ \$
 Describe: _____

35. Other personal property of any type: _____ \$
 Describe: _____

STATEMENT OF FINANCIAL AFFAIRS

Each question must be answered, if it does not apply write N/A or None.
If you are married you must include information for BOTH spouses whether or not you are both filing, unless you are separated and only one of you is filing.

1. INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS: State the GROSS amount of income you have received from employment, trade, or profession, or from operation of a business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the present. State also the GROSS amounts received during the two years immediately preceding this calendar year. If you maintain, or have maintained, financial records on the basis of a fiscal rather than a calendar year, you may report fiscal year income. Identify the beginning and ending dates of the fiscal years. State income for each spouse separately.

DEBTOR 1:

YTD 2011 \$ _____

2010 \$ _____

2009 \$ _____

DEBTOR 2 (SPOUSE):

YTD: 2011 \$ _____

2010 \$ _____

2009 \$ _____

2. INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS: State the amount of income received by you other than from employment, trade, profession, or operation of a business during the two years immediately preceding the commencement of this case. Give particulars. State income for each spouse separately.

DEBTOR 1:

YTD 2011 \$ _____

2010 \$ _____

2009 \$ _____

DEBTOR 2 (SPOUSE):

YTD: 2011\$ _____

2010 \$ _____

2009 \$ _____

3. PAYMENTS TO CREDITORS:

A. REGULAR PAYMENTS, INDIVIDUAL/JOINT WITH PRIMARILY CONSUMER DEBTS: Primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within ninety (90) days immediately preceding the commencement of this case if the overall total is \$600.00 or more.

B. REGULAR PAYMENTS, NOT PRIMARILY CONSUMER DEBTS: Primarily non-consumer debts: List all payments or other transfer to any creditor made within ninety (90) days immediately preceding the commencement of this case if the overall total is \$5,000.00 or more.

C. INSIDERS, RELATIVES: Both parties: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders.

4. SUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS:

A. SUITS TO WHICH DEBTOR IS A PARTY: List all suits and administrative proceedings to which you are or were a party within one year immediately preceding the commencement of this case.

B. PROPERTY ATTACHED, GARNISHED OR SEIZED: Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case.

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.

6. ASSIGNMENTS & RECEIVERSHIPS:

A. PROPERTY ASSIGNED FOR BENEFIT OF CREDITORS: Describe any assignment of property for the benefit of creditors made within one hundred and twenty (120) days immediately preceding the commencement of this case.

B. PROPERTY IN HANDS OF CUSTODIAN OR RECEIVER: 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.

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 (less than \$200 in value per individual family member) and charitable contributions (less than \$100 per recipient.)

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

9. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY: List all payments made or property transferred by or on behalf of you to any persons, including attorneys, for

consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

10. OTHER TRANSFERS:

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

B. TO SELF-SETTLED TRUST OR SIMILAR: List all property transferred by you within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the you are a beneficiary.

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. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions.

12. SAFE DEPOSIT BOXES: List each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within one year immediately preceding the commencement of this case.

13. SETOFFS: List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within ninety (90) days preceding the commencement of this case.

14. PROPERTY HELD FOR ANOTHER PERSON: List all property owned by another person that you hold or control (including vehicles in your possession).

15. PRIOR ADDRESS OF DEBTOR: If you have moved within three years immediately preceding the commencement of this case, list all premises which you occupied during that

period and vacated prior to the commencement of this case. List names used while residing at these premises.

16. SPOUSES & FORMER SPOUSES: If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, **Texas**, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of your spouse and any former spouse who resides or resided with you in the community property state.

17. ENVIRONMENTAL INFORMATION:

A. RECEIVED NOTICE FROM GOVERNMENTAL UNIT: List the name and address of every site for which you have 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:

B. PROVIDED NOTICE TO GOVERNMENTAL UNIT: 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.

C. JUDICIAL OR ADMINISTRATIVE PROCEEDINGS: List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law that 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.

QUESTIONS 18 – 25 DISCUSS BUSINESSES, SOLE PROPRIETORSHIPS, PARTNERSHIPS & CORPORATIONS. IF YOU HAVE NO INTEREST IN ANY SORT OF BUSINESS OPERATION, MARK “N/A” FOR 18 – 25. ANSWER THE “LAST QUESTION” ON PAGE 22 AND SIGN & DATE THE LAST PAGE.

18. NATURE, LOCATION & NAME OF BUSINESS:

A. INDIVIDUAL, PARTNERSHIP, & CORPORATE DEBTORS: 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, partner in a partnership, 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, or in which the debtor owned 5 percent or more of the voting or equity securities within 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 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 six years immediately preceding the commencement of this case.

B. SINGLE ASSET REAL ESTATE: Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

19. BOOKS, RECORDS & FINANCIAL STATEMENTS:

A. BOOKKEEPERS & ACCOUNTANTS: List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

B. AUDITS & FINANCIAL STATEMENTS PERFORMED: List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

C. POSSESSION OF BOOKS OF ACCOUNTS & RECORDS: List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

D. FINANCIAL STATEMENTS ISSUED: List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

20. INVENTORIES:

A. LAST TWO (2) INVENTORIES TAKEN: List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

B. PERSONS HAVING POSSESSION OF RECORDS OF INVENTORIES: List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. CURRENT PARTNERS, OFFICERS, DIRECTORS & SHAREHOLDERS:

A. NATURE & PERCENTAGE OF PARTNERSHIP INTERESTS: If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

B. OFFICERS, DIRECTORS & SHAREHOLDERS OF CORPORATION: If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. FORMER PARTNERS, OFFICERS, DIRECTORS & SHAREHOLDERS:

A. FORMER PARTNERS: If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

B. FORMER OFFICERS, DIRECTORS, SHAREHOLDERS OF CORPORATION: If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

23. WITHDRAWALS FROM A PARTNERSHIP OR DISTRIBUTIONS BY A CORPORATION:

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

24. TAX CONSOLIDATION GROUP: If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

25. PENSION FUNDS: If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

"LAST QUESTION"

When you visit our office what do you wish to achieve for yourself and family?

I certify that the information given above in this questionnaire is true and correct and my listing of assets, debts as follows , income & expenses is complete to the best of my knowledge.

DATE: _____

Signature: _____

Signature: _____

BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.

IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.

SECURED CREDITOR INFORMATION

Mortgages, Car Lenders, Property Taxes, Furniture, Appliances, Mechanic's Liens or any other lender to whom collateral is pledged as security on the loan.

NAME (Mortgage): _____ Date Incurred: _____
ADDRESS: _____ Pay-off: \$ _____
CITY: _____ Value: \$ _____
STATE: _____ ZIP: _____ Monthly Payment: \$ _____
ACCOUNT #: _____
Collateral Description: _____ Next due date: _____
Are you behind: YES / NO If Yes, how much: \$ _____ * & # of months behind: _____
Are you facing FORECLOSURE? YES / NO If YES, what is the sale date? _____
Intention: KEEP / SURRENDER Creditor Phone #: (_____) _____ - _____

CO-SIGNER: _____ **COLLECTION AGENT:** _____
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME (Mortgage): _____ Date Incurred: _____
ADDRESS: _____ Pay-off: \$ _____
CITY: _____ Value: \$ _____
STATE: _____ ZIP: _____ Monthly Payment: \$ _____
ACCOUNT #: _____
Collateral Description: _____ Next due date: _____
Are you behind: YES / NO If Yes, how much: \$ _____ * & # of months behind: _____
Are you facing FORECLOSURE? YES / NO If YES, what is the sale date? _____
Intention: KEEP / SURRENDER Creditor Phone #: (_____) _____ - _____

CO-SIGNER: _____ **COLLECTION AGENT:** _____
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME (Auto): _____ Date Incurred: _____
ADDRESS: _____ Pay-off: \$ _____
CITY: _____ Value: \$ _____
STATE: _____ ZIP: _____ Monthly Payment: \$ _____
ACCOUNT #: _____
Collateral Description: _____ Next due date: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER Creditor Phone #: (_____) _____ - _____

CO-SIGNER: _____ **COLLECTION AGENT:** _____
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.
IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.

SECURED CREDITOR INFORMATION

Continued:

NAME (Auto): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO	If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER	Creditor Phone #: (_____) - _____
CO-SIGNER:	COLLECTION AGENT:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

NAME (Other): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO	If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER	Creditor Phone #: (_____) - _____
CO-SIGNER:	COLLECTION AGENT:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

NAME (Other): _____	Date Incurred: _____
ADDRESS: _____	Pay-off: \$ _____
CITY: _____	Value: \$ _____
STATE: _____ ZIP: _____	Monthly Payment: \$ _____
ACCOUNT #: _____	
Collateral Description: _____	Next due date: _____
Are you behind: YES / NO	If Yes, how much: \$ _____ & # of months behind: _____
Intention: KEEP / SURRENDER	Creditor Phone #: (_____) - _____
CO-SIGNER:	COLLECTION AGENT:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____

BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.

IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.

If more space is needed due to additional SECURED CREDITORS, please write on back.

PRIORITY CREDITOR INFORMATION

IRS Taxes, State Taxes, Business Taxes; Child Support or Spousal Support (Domestic Support Obligations - DSO)*. You must list DSO even if you are current on all payments.

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Monthly Payment: \$ _____
STATE: _____ ZIP: _____ Next due date: _____
ACCOUNT #: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Creditor Phone #: () - _____

CO-DEBTOR:

If DSO*, list who is entitled to the support:

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Monthly Payment: \$ _____
STATE: _____ ZIP: _____ Next due date: _____
ACCOUNT #: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Creditor Phone #: () - _____

CO-DEBTOR:

If DSO*, list who is entitled to the support:

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Monthly Payment: \$ _____
STATE: _____ ZIP: _____ Next due date: _____
ACCOUNT #: _____
Are you behind: YES / NO If Yes, how much: \$ _____ & # of months behind: _____
Creditor Phone #: () - _____

CO-DEBTOR:

If DSO*, list who is entitled to the support:

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.

IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.

If more space is needed due to additional PRIORITY CREDITORS, please write on back.

UNSECURED CREDITOR INFORMATION

Credit Cards, Payday Loans, Medical Bills, Signature Loans, Mail Orders, Student Loans, Services Provided, Bad Checks, Gas Cards or any other debt that you owe that is not already listed above (even if you believe the debt has been charged off).

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Type of Debt: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Type of Debt: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Type of Debt: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____

Creditor Phone #: (____) _____ - _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.

IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY

UNSECURED CREDITOR INFORMATION

Continued:

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Type of Debt: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Type of Debt: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____ Date Incurred: _____
ADDRESS: _____ Balance: \$ _____
CITY: _____ Type of Debt: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

UNSECURED CREDITOR INFORMATION

CONTINUED:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____

Date Incurred: _____
Balance: \$ _____
Type of Debt: _____

CO-SIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

COLLECTION AGENT:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

**If more space is needed due to additional UNSECURED CREDITORS,
please write on back.**

DO YOU HAVE ANY OTHER DEBTS NOT LISTED ABOVE? YES / NO
If so, state name, amount owed and past due amount: _____

If so, why are they not listed above: _____

BY LAW, YOU ARE REQUIRED TO LIST ALL CREDITORS REGARDLESS OF YOUR INTENT TO PAY BACK THE DEBT.

IF YOU DO NOT PROVIDE OUR OFFICE WITH A COMPLETE ADDRESS AND ACCOUNT NUMBER FOR EACH CREDITOR, THAT DEBT MAY NOT BE DISCHARGED IN YOUR BANKRUPTCY.

EXECUTORY CONTRACTS & LEASES

Residential Leases, Vehicle Leases, Cell Phone Contracts, Gym Memberships, Country Club Memberships, Service Contracts, Contracts for Deed, Rent to Own or any other contract that if broken you will be charged penalties.

NAME: _____ Date Began: _____
ADDRESS: _____ Date Ending: _____
CITY: _____ Type of Contract: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____ Monthly Payment: _____
Are you in default? YES / NO If Yes, how much: \$ _____ & # of months behind: _____
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

NAME: _____ Date Began: _____
ADDRESS: _____ Date Ending: _____
CITY: _____ Type of Contract: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____ Monthly Payment: _____
Are you in default? YES / NO If Yes, how much: \$ _____ & # of months behind: _____
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

NAME: _____ Date Began: _____
ADDRESS: _____ Date Ending: _____
CITY: _____ Type of Contract: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____ Monthly Payment: _____
Are you in default? YES / NO If Yes, how much: \$ _____ & # of months behind: _____
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

NAME: _____ Date Began: _____
ADDRESS: _____ Date Ending: _____
CITY: _____ Type of Contract: _____
STATE: _____ ZIP: _____
ACCOUNT #: _____
Creditor Phone #: (____) _____ - _____ Monthly Payment: _____
Are you in default? YES / NO If Yes, how much: \$ _____ & # of months behind: _____
What is your intent with this contract/lease: ASSUME (Keep) / REJECT (Break)

If more space is needed due to additional EXECUTORY CONTRACTS & LEASES, please write on back.

BUDGET QUESTIONS

Gross wages **PER PAY CHECK** (please select only one pay period per Debtor)

DEBTOR 1:

_____ Weekly
 _____ Every Two Weeks
 _____ Twice Monthly
 _____ Monthly
 _____ Other (Explain)

DEBTOR 2 (SPOUSE):

_____ Weekly
 _____ Every Two Weeks
 _____ Twice Monthly
 _____ Monthly
 _____ Other (Explain)

PAY CHECK INCOME:

How much are you paid per
 Pay check? (BEFORE TAXES)
 Amount of overtime per
 Pay period, if any?

DEBTOR 1:

\$ _____
 \$ _____

DEBTOR 2 (SPOUSE):

\$ _____
 \$ _____

Deductions per pay period

Federal & State Taxes *
 Social Security *
 Medicare *
 Insurance (Health, Life & AD&D) *
 Union Dues *
 Retirement (Voluntary / Mandatory) *
 Other Deductions (Explain)

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Total Monthly Income (Office Use Only)

\$ _____

\$ _____

OTHER INCOME PER MONTH:

If self-employed, regular income after expenses:

(Please provide Profit / Loss Statements)
 Income from real property:
 Interest and dividends:
 Alimony & Child Support:
 Social Security / Disability:
 Pension / Retirement:
 Other income: (Explain)

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

TOTAL MONTHLY NET INCOME:
(Office Use Only)

\$ _____

\$ _____

Any anticipated changes in income?
 If YES, please explain: _____

YES / NO

Any deduction marked with an asterisk () may qualify for the Means Test (Office Use Only)*

MONTHLY EXPENSES: Please answer these as completely as you can using averages

Rent/Mortgage: *	\$ _____
Are your property taxes included? If not, state amount *	\$ _____
Is property insurance included? If not, state amount *	\$ _____
Electricity and gas	\$ _____
Water and sewer	\$ _____
Telephones & Cell Phones (Basic Service)	\$ _____
Long Distance *	\$ _____
Pagers *	\$ _____
Caller ID / Call Waiting *	\$ _____
Security System *	\$ _____
Cable / Satellite	\$ _____
Internet Service *	\$ _____
Other Utilities (Explain) _____	\$ _____
Home Maintenance	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Medical/Dental *	\$ _____
Transportation (Gas, Repairs, etc.)	\$ _____
Entertainment/Magazines	\$ _____
Charitable Contributions *	\$ _____
Insurance:	
Home/Renters' Insurance *	\$ _____
Life Insurance *	\$ _____
Auto Insurance	\$ _____
Health Insurance *	\$ _____
Other Insurance (Explain) _____	\$ _____
Installment Payments:	
Automobile *	\$ _____
Automobile *	\$ _____
Other (Explain)	\$ _____
Other (Explain)	\$ _____
Other (Explain)	\$ _____
Other Taxes Not Withheld *	\$ _____
Child Care *	\$ _____
Alimony/Support Payments *	\$ _____
Support of Dependents not at Home (Elderly or Disabled Family) *	\$ _____
Other Expenses _____	\$ _____
Other Expenses _____	\$ _____
Other Expenses _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

Any anticipated changes in expenses? YES / NO
 If YES, please explain: _____

Any expense marked with an asterisk () may qualify for the Means Test (Office Use Only)*

