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AMANDA CODAY, PARALEGAL

Appointment Date: _____

Please complete this questionnaire and gather the requested documents, then bring them back to our office so that we can start preparing your bankruptcy. Here are some important points before you start:

- **List everything you own**, including bank accounts and titles that have your name on them.
- **List everybody you owe money**, not just the debts you want to be considered for discharge
- Provide information accurately and truthfully, if you knowingly and fraudulently conceal assets or make false statements in a bankruptcy case you may be fined or imprisoned.
- For property values, please provide Kelley Blue Book or NADA for the vehicles, and Zillow or a CMA for real estate.
- Please don't bring us original documents, if we have to make copies we may charge a fee.
- It is very important that you fill out this questionnaire completely and provide all the necessary documents. You may incur additional fees for the extra time required if we don't receive a complete questionnaire and copies of the necessary documents.
- If you get stuck on part of the questionnaire, or have questions about what we are asking, please don't hesitate to call and one of the paralegals can help you.

BRINGING BACK YOUR QUESTIONNAIRE

You do not need an appointment to return the questionnaire. Please bring the questionnaire and documents back during these days and times:

Monday through Friday from 9:00am until 4:00pm

We do not accept debit or credit card payments. You can pay with cash or check.

We are a Debt Relief Agency. We help people file for Bankruptcy Relief under the Bankruptcy Code.

DOCUMENT LIST FOR BANKRUPTCY FILING

We need copies of the following documents to prepare your bankruptcy filing:

- **Certificate of Credit Counseling**
- **Driver's license(s) & Social Security card(s)**
- **Tax returns or transcripts for the last 2 years**
- **Pay stubs or other verification of all income for the last 6 months**
- **Property valuation (CMA or Zillow – www.zillow.com)**
- **Vehicle Valuation (Kelley Blue Book or NADA – links on our website)**
- **Records of all secured transactions, especially for vehicle purchases, during the past 910 days (2.5 years)**
- **Current statements for all financial accounts: bank accounts, CDs, IRA accounts, 401k accounts**
- **Most recent statements for secured debt, especially vehicle purchases.**
- **Copies of current expense billings (utilities, insurance payments, garbage, rent, phone, etc.)**
- **Any pending lawsuits where you are either Plaintiff or Defendant**
- **Divorce decrees filed within the last 2 years and orders creating domestic support obligations**
- **Signed copy of the bankruptcy fee agreement that we provided to you at your initial consultation.**

REMEMBER -- *Bring copies, please do not bring us original documents or bills in envelopes.*

→ **Client Questionnaire** ←

Basic Information

Name and Address

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____ Cell: _____

Email address: _____

Have you used any other names in the past eight years? No Yes **If yes, list other names:**

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived in the State of Washington for the last 730 days (2 years)? No Yes

If you answered no to any of the questions above, list all previous addresses for the last 2 1/2 years:

Address: _____

City: _____ State: _____ Zip: _____

County: _____ →→(attach additional pages if necessary)

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

List any business names and Employer Identification Numbers you have used in the last eight years:

Name and Address of Spouse

Fill in the following information about your spouse, even if filing separately:

Filing joint Filing separate: Not filing:

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____ Cell: _____

Email address: _____

Has your spouse used other names in the past eight years? No Yes **If yes, list other names:**

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Address: *(if different from your address):* _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Prior/Pending Bankruptcy Cases

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

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

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? No Yes

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

Case Number: _____ Date filed: _____ Judge: _____

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

Debtors Who Reside as Tenants of Residential Property

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

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

Hazardous Property

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

Vehicle Purchases

Have you purchased a vehicle in the last 6 months? No Yes

If yes, which vehicle(s) and when? _____

Credit Card Purchases

Have you made any credit card purchases totaling **more than \$550.00** on one credit card in the **last 90 days**? No Yes Amount? _____

If yes, which credit card (list all)? _____

When? _____ What was purchased? _____

Cash Advances

Have you received any cash advances **totaling \$825.00 or more** from one creditor in the last **70 days**? No Yes

If yes, which creditor (list all)? _____

When? _____

What was the total amount? _____

Do you owe State or Federal income taxes? No Yes

Do you owe alimony or child support? No Yes

If yes, name and address of who it is owed to: _____

If yes, name and address of who it is owed to: _____

Do you owe criminal restitution or fines? No Yes

Do you owe student loans? No Yes

Do you owe overpayments to welfare, foodstamps, unemployment, social security, or veterans affairs? No Yes

Do you have any debts where a creditor is claiming fraud? No Yes

Your questions:

Property

Real Estate: List all real estate where you have an ownership interest, even if you still owe money on the property.

| Address & Description: | Mortgage, home equity loans, or other liens against the property: | Other details: |
|--|--|--|
| <hr/> <hr/> <hr/> <p> <input type="checkbox"/> Single family home <input type="checkbox"/> Raw land <input type="checkbox"/> Rental property <input type="checkbox"/> Other: _____ </p> | <p>Who issued the mortgage, lien, or loan:</p> <hr/> <hr/> <p>Amount owed: _____</p> <p>Interest rate: _____ Adjustable? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Monthly payment: _____</p> <p>Does your payment include taxes and/or insurance? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Homeowner association dues? <input type="checkbox"/> yes <input type="checkbox"/> no</p> | <p>Estimated value of property: _____</p> <hr/> <p>Owned by: <input type="checkbox"/> you <input type="checkbox"/> spouse <input type="checkbox"/> joint <input type="checkbox"/> other: _____</p> <p>If you are not the owner, what % owned by you: _____</p> <p>Are you behind any mortgage payments?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, how much:</p> <p>First: _____</p> <p>Second: - _____</p> |

Who issued the mortgage, lien, or loan:

- Single family home
- Raw land
- Rental property
-

Other: _____

Amount owed: _____

Interest rate: _____ Adjustable? yes no

Monthly payment: _____

Doe
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men ue
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incl of
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taxe pert
s y: =
and/ _____
or _____
insu _____
ranc _____
e? _____
yes _____

no

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due
s?

yes

no

Owned by: you spouse joint other: _____

If
you
are
not
the
only
owne
r,
what
% is
owne

d by
you:

Are you behind on any mortgage payments?

yes no

If yes, how much: First:

Second: -

| <p>→ It is the debtor(s) responsibility to determine if any liens are attached to real property. All liens, including judgment liens, must be listed above. Please provide a copy of the judgment.</p> <p>Vehicles</p> <p>Cars · Vans · Trucks · Tractors · SUVs · Motorcycles · RVs · Watercraft · Aircraft · Motor Homes · ATVs · Other Vehicles</p> <p>Type of Property</p> | <p>Do you own this type of property?</p> | <p>Description</p> | <p>Value of Property</p> | <p>Owned by:</p> | <p>Office Use Only Exemptions?</p> |
|---|--|---|---------------------------------|---|---|
| <p>Vehicle #1</p> <p>Vehicle Lender: _____</p> <p>Amount Owed: \$ _____</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Year: _____</p> <p>Make: _____</p> <p>Model: _____</p> <p>Mileage: _____</p> <p>Other Information:</p> | | <p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> | |

| | | | | | |
|---|---|---|--|--|--|
| <p>Vehicle #2</p> <p>Vehicle Lender: _____</p> <p>Amount Owed: \$ _____</p> | <input type="checkbox"/> No <input type="checkbox"/> Yes | <p>Year: _____</p> <p>Make: _____</p> <p>Model: _____</p> <p>Mileage: _____</p> <p>Other Information:</p> | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| <p>Vehicle #3</p> <p>Vehicle Lender: _____</p> <p>Amount Owed: \$ _____</p> | <input type="checkbox"/> No <input type="checkbox"/> Yes | <p>Year: _____</p> <p>Make: _____</p> <p>Model: _____</p> <p>Mileage: _____</p> <p>Other Information:</p> | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |
| <p>Watercraft/Aircraft/Motor Homes/ATVs/Other (<i>list year, make, and model</i>)</p> | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: | |

Your questions:

Personal Property - List everything you own.

The value is the price a retail merchant like Goodwill would charge for a property of that kind, considering the age and condition of the property. You don't need to itemize all the items you own, but make sure to list items that have value exceeding \$500.

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: | Office Use Only Exemptions? |
|--|---|---|-------------------|---|-----------------------------|
| Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | Ordinary household goods and furnishings including: | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Electronics (<i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Collectibles of value (<i>art, paintings, prints, memorabilia, and antiques</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Sports, photo, exercise, and other hobby equipment; musical instruments | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Firearms, ammunition, and related equipment | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Clothing (<i>everyday clothes, furs, leather coats, designer wear, shoes, accessories</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Jewelry – costume or otherwise | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Pets/non-farm animals | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| All other household items not listed | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |

Financial Assets

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: | Office Use Only Exemptions? |
|--|---|-------------|-------------------|---|-----------------------------|
| Cash (<i>spare change/money in your purse or wallet, cash not in accounts</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Checking & Savings Accounts | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Certificate of deposit (<i>list name(s) on account, bank name, and account number</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Other financial accounts (Including online accounts such as Paypal) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Bonds, mutual funds, and public/non public stocks | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Government and corporate bonds and instruments (<i>including U.S. Savings Bonds</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Retirement, pension, or profit-sharing plans (<i>IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Security deposits (<i>typically with landlord or utility</i>) (<i>list holder</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Prepayments (<i>prepaid rent, layaway, gift cards, etc.</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Annuities (<i>list company</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Education IRA, Sec. 529 or Sec. 530 account, state tuition plan | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |

| Type of Property | Do you own this type of property? | Description | Value of Property | Owned by: | Office Use Only Exemptions? |
|---|---|-------------|-------------------|---|-----------------------------|
| Trusts, life estates, future, and equitable interests in property or assets | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Patents, copyrights, trademarks, trade secrets, and other intellectual property | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Licenses, franchises, and other general intangibles | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Tax refunds owed to you (<i>list years due</i>) | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Alimony and child support owed to you | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Other amounts someone owes you | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Cash value of insurance policies | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Inheritances, estate distributions, and death benefits | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Personal injury claims or awards | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Lawsuits or claims against anyone for anything | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |
| Any other financial asset not listed | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint | |

Debts

List below **all** debts that you owe, or that creditors claim that you owe, even if you wish you pay them.

| Type of Debt | 1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different | Amt owed | Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.) | Do you dispute the debt? | Office Use Only | |
|--------------|--|----------|---|--------------------------|------------------|--|
| | | | | | Sched D, E or F? | Lawsuit pending? Collection agency assigned? Counsel for creditor? |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |

| Type of Debt | 1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different | Amt owed | Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.) | Do you dispute the debt? | Office Use Only | |
|--------------|--|----------|---|--------------------------|------------------|--|
| | | | | | Sched D, E or F? | Lawsuit pending? Collection agency assigned? Counsel for creditor? |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |

| Type of Debt | 1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different | Amt owed | Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.) | Do you dispute the debt? | Office Use Only | |
|--------------|--|----------|---|--------------------------|------------------|--|
| | | | | | Sched D, E or F? | Lawsuit pending? Collection agency assigned? Counsel for creditor? |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |

| Type of Debt | 1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different | Amt owed | Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.) | Do you dispute the debt? | Office Use Only | |
|--------------|--|----------|---|--------------------------|------------------|--|
| | | | | | Sched D, E or F? | Lawsuit pending? Collection agency assigned? Counsel for creditor? |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |
| | Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____ | | Co-debtor Name/Address _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____ | | | |

Unexpired Leases and Contracts

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

| Nature and Description of Contract | Name and Address of Other Party or Parties | Date that Contract Expires |
|------------------------------------|--|----------------------------|
| | | |

Current Income

Marital Status and Dependents

Please select your current Marital Status:

- | | | |
|-----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed | |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Common Law | |

Part B. Debtor's Employer Information

Name and Address of your employer:

Length of time with employer: _____

Occupation: _____

Second Employer, if applicable:

Length of time with employer: _____

Occupation: _____

Part C. Joint Debtor's (Spouse's) Employer Information

Name and Address of your employer:

Length of time with employer: _____

Occupation: _____

Second Employer, if applicable:

Length of time with employer: _____

Occupation: _____

Wage Information:

What is the gross amount of your paycheck, before taxes/other deductions are taken out? **Debtor:** _____

..... **Spouse:** _____

How often do you get paid?

Debtor: once a week every two weeks twice a month once a month other _____

Spouse: once a week every two weeks twice a month once a month other _____

Do you receive overtime? **Debtor:** Yes No **If yes, how much?** **Debtor: \$** _____

Spouse: Yes No **If yes, how much?** **Spouse: \$** _____

Do you receive bonuses? **Debtor:** Yes No **If yes, how much?** **Debtor: \$** _____

Spouse: Yes No **If yes, how much?** **Spouse: \$** _____

Do you receive income from business operations outside of your regular paycheck listed above? **Debtor:** Yes No

Spouse: Yes No

If yes, average amount per month: **\$** _____
\$ _____

Do you receive income from interest or dividends outside of your regular paycheck listed above?

Debtor: Yes No **If yes, how much?**

Spouse: Yes No **If yes, how much?**

Debtor: \$ _____

Spouse: \$ _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

If yes, how much?

Debtor: \$ _____

If yes, how much?

Spouse: \$ _____

Debtor: Yes No

Spouse: Yes No

Do you receive income from Unemployment?

If yes, how much?

Debtor: \$ _____

If yes, how much?

Spouse: \$ _____

Debtor: Yes No

Spouse: Yes No

Do you receive income from Social Security?

If yes, how much?

Debtor: \$ _____

If yes, how much?

Spouse: \$ _____

Debtor: Yes No

Spouse: Yes No

Do you receive monetary government assistance?

If **yes**, please describe: _____

Debtor: Yes No

Spouse: Yes No

Do you receive retirement or pension money?

If yes, how much?

Debtor: \$ _____

If yes, how much?

Spouse: \$ _____

Debtor: Yes No

Spouse: Yes No

Do you have any other source of income not listed?

If **yes**, please describe _____

Debtor: Yes No

Spouse: Yes No

Are you expecting any increase or decrease in salary next year?

Spouse: Yes No

Debtor: Yes No

Questions / Additional Information:

Current Monthly Income Calculation

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

| | Last Month | 2 Months Ago | 3 Months Ago | 4 Months Ago | 5 Months Ago | 6 Months Ago |
|---|-----------------------|--------------|--------------|--------------|--------------|--------------|
| | / | / | / | / | / | / |
| Gross wages, salary, tips, bonuses, overtime, commissions. | Debtor: Joint: | | | | | |
| Gross Income from operation of business: | Debtor: Joint: | | | | | |
| Gross Rent and other real property income:: | Debtor: Joint: | | | | | |
| Interest, dividends, and royalties. | Debtor: Joint: | | | | | |
| Pension and retirement income (NOT Social Security). | Debtor: Joint: | | | | | |
| Regular contributions from others to the household expenses, including child support. | Debtor: Joint: | | | | | |
| Unemployment Compensation. | Debtor: Joint: | | | | | |
| Social Security income. | Debtor: Joint: | | | | | |
| Other sources not already mentioned. Describe: | Debtor: Joint: | | | | | |

Current Expenses

If married, are you filing with your spouse?

No Yes

Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

| Name/ age/ relationship | Who does the dependent live with? |
|-------------------------|-----------------------------------|
| | |
| | |
| | |
| | |

Do you and your spouse live separately and maintain separate households? No Yes. If **yes**, please let your attorney know, and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

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

Do your expenses include another person's expenses other than yourself and your dependents?

No Yes

Monthly Expenses:

Rent or Home Mortgage: \$ _____

Does that include real estate taxes? No Yes If no, how much do you pay? \$ _____

Does that include property, homeowner's, or renters insurance? No Yes If no, how much do you pay? \$ _____

Do you have any homeowner association dues? No Yes If yes, how much do you pay? \$ _____

Are there additional mortgage or equity lines of credit payments? No Yes If yes, how much do you pay? \$ _____

| | |
|-----------------------------------|----------|
| Electricity and heating fuel: | \$ _____ |
| Water and sewer: | \$ _____ |
| Cell phone: | \$ _____ |
| Internet and cable: | \$ _____ |
| Other utilities not listed: _____ | \$ _____ |
| _____ | \$ _____ |

Write down the average amount you spend each month on:

| | |
|--|----------|
| Food and housekeeping supplies: | \$ _____ |
| Childcare costs: | \$ _____ |
| Children education costs (average school fees, books, supplies) | \$ _____ |
| Clothing, laundry, and dry cleaning: | \$ _____ |
| Personal care products and services (such as shampoo, perfumes, etc.): | \$ _____ |
| Medical or dental expenses (including co-pays and OTC medications): | \$ _____ |
| Transportation costs (gas and vehicle maintenance) | \$ _____ |

Care expenses for pets: \$ _____

Recreation and entertainment: \$ _____

Charitable contributions and religious donations: \$ _____

Insurance (Don't include if deducted from wages)

 Life Insurance: \$ _____

 Health Insurance: \$ _____

 Auto Insurance: \$ _____

Taxes (Don't include if deducted from wages) \$ _____

Installment payments for:

 Vehicle Payment: make/model: _____ \$ _____

 Vehicle Payment: make/model: _____ \$ _____

 Vehicle Payment: make/model: _____ \$ _____

Alimony, maintenance, and support paid to others: \$ _____

Any other expenses:

_____ \$ _____

_____ \$ _____

Questions:

Statement of Financial Affairs

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

1. What is your current marital status? _____

2. In the last 8 years have you lived with your spouse or a domestic partner in a community state? (AZ, CA, ID, LA, NV, PR, TX, WA, and WI)

Yes No

If yes, list name and address: _____

3. Have you lived at the same address for the last 3 years? Yes No

If no, please list:

| | | |
|----------------------|------|----|
| Previous Address(es) | From | To |
|----------------------|------|----|

4. Have you received employment or business income, including part-time activities, during this year and the two previous calendar years?

Yes No

| | Source of income | Gross income (before deductions) |
|-------------------------------|------------------------------------|--|
| Year to date for current year | Debtor: _____ Spouse: _____ | Debtor: \$ _____ Spouse: \$ _____ |
| Last year | Debtor: _____ Spouse: _____ | Debtor: \$ _____ Spouse: \$ _____ |
| Two years prior | Debtor: _____ Spouse: _____ | Debtor: \$ _____ Spouse: \$ _____ |

5. Have you received any other income this year and the two previous calendar years? Yes No

(Social security, pension, child support, alimony, workman's compensation, VA income, inheritance, personal injury recovery, 401K cashouts, unemployment)

| | Source of income | Gross income (before deductions) |
|-------------------------------|------------------------------------|--|
| Year to date for current year | Debtor: _____ Spouse: _____ | Debtor: \$ _____ Spouse: \$ _____ |
| Last year | Debtor: _____ Spouse: _____ | Debtor: \$ _____ Spouse: \$ _____ |
| Two years prior | Debtor: _____ Spouse: _____ | Debtor: \$ _____ Spouse: \$ _____ |

6. Have you paid more than \$600 to any of your creditors in the last 90 days, not including child support or alimony? Yes No

| Name of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------|------------------|-------------------|-------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

7. Have you paid more than \$6,425 towards any business debts in the last 90 days? **Yes** **No**
 If yes, please list the creditor and amount paid:

8. Have you made any payments to “insiders”, such as relatives, business partners or affiliates in the **last year**? **Yes** **No**
 If yes, please list the name and amount paid:

9. Have you transferred any property to an “insider”, such as relatives, business partners or affiliates in the last year? **Yes** **No**
 If yes, please list the name and what property was transferred:

10. Have you had any part in any lawsuits, court actions, or administrative proceedings within the past **1 year**?
 Yes **No**

| Case Title and Case Number | Nature of the Case | Court or Agency and Location | Status or Disposition |
|----------------------------|--------------------|------------------------------|-----------------------|
|----------------------------|--------------------|------------------------------|-----------------------|

11. Have you had any property that has been repossessed, foreclosed, garnished, attached, seized, or levied within the past **1 year**? **Yes** **No**

| Creditor's Name and Address | Description and Value of Property | Date | Explain what happened |
|-----------------------------|-----------------------------------|------|---|
| | | | <input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input type="checkbox"/> Property was attached, seized, or levied |

12. Have you had any setoffs made by any creditor, including a bank or financial institution, against a debt or deposit within **90 days** before the filing of this case, including any refusals by a creditor to make a payment because you owed a debt? **Yes** **No**
 If yes, please list the creditor:

13. Within the past **1 year**, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? **Yes** **No**

14. Have you given any gifts within the past **2 years** that have a total value of more than \$600 to any one person? **Yes** **No**

| Name and Address of Recipient | Relationship to You | Description of Gifts | Dates Gifts Given | Value |
|-------------------------------|---------------------|----------------------|-------------------|-------|
|-------------------------------|---------------------|----------------------|-------------------|-------|

15. Have you given more than \$600 in gifts or charitable contributions in the last **2 years**? **Yes** **No**

| Name and Address of Charity | Description of Contribution | Contribution Date | Value |
|-----------------------------|-----------------------------|-------------------|-------|
|-----------------------------|-----------------------------|-------------------|-------|

16. Have you had any losses from gambling, fire, theft, or other disaster within the last year?

Yes No

| Description of Property and How Loss Occurred | Description of any Insurance Coverage (include the amount that insurance has paid) | Date of Loss | Value of Property Lost |
|---|--|--------------|------------------------|
|---|--|--------------|------------------------|

17. List payments made for consulting about filing for bankruptcy or preparing a bankruptcy petition within the past **1 year**, include any attorneys, bankruptcy petition preparers, or credit counseling agencies.

| Name | Name of Person Who Made the Payment, if Not You | Date of Payment | Amount of Payment |
|--------------------|---|-----------------|-------------------|
| Weinberg & Ziegler | | | |
| | | | |

18. Have you made any payments in the last year to anyone who promised to help you deal with your creditors or to make payments to your creditors? Yes No

If yes, who did you pay and how much did you pay them:

19. Have you sold, traded, or transferred any property out of the ordinary course of business in the last **two years**?

Yes No

| Name and Address of Person Who Received the Transfer/ Relationship to You | Description and Value of Property Transferred | Describe Any Property or Payments Received or Debts Paid in Exchange | Date of Transfer |
|---|---|--|------------------|
|---|---|--|------------------|

20. Have you transferred to a self-settled trust or a similar device of which you are a beneficiary within the last ten years? Yes No

If yes, name of Trust and description of transfer:

21. Have you closed, sold or moved financial accounts in the **last year**? **Yes** **No**

| Name and Address of Institution | Last 4 Digits of Account Number | Type of Account or Instrument (checking, saving, brokerage etc.) | Date Account closed/moved | Last Balance Before Closing |
|---------------------------------|---------------------------------|--|---------------------------|-----------------------------|
|---------------------------------|---------------------------------|--|---------------------------|-----------------------------|

22. Do you have any deposit boxes or other depository for securities, cash, or other valuables that you have had within the past **1 year**? **Yes** **No**

If yes, list description of contents and location:

23. Do you have a storage unit or place other than your home in which you have stored property within the past **1 year**? **Yes** **No**

If yes, list description of contents and location:

24. Do you possess any property that is owned by someone else? **Yes** **No**

| Name and Address of Owner | Location of Property | Description of Property | Value |
|---------------------------|----------------------|-------------------------|-------|
|---------------------------|----------------------|-------------------------|-------|

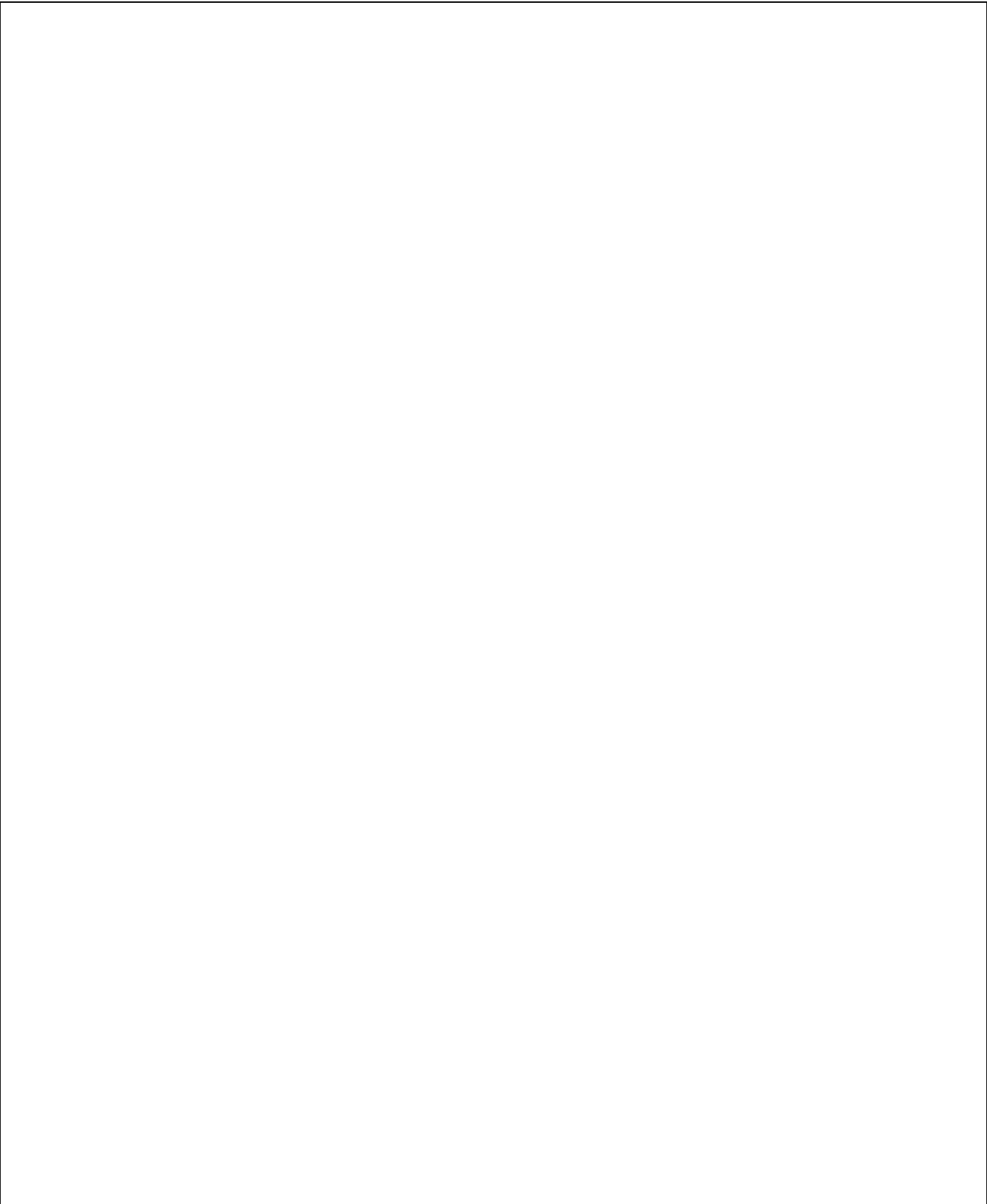
25. Have you received notice by a governmental agency that you may be liable for a violation under an environmental law? **Yes** **No**

26. In the last **4 years** have had any of the following connections to a business? **Yes** **No**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

| Business Name and Address | Nature of Business | Name of Accountant or Bookkeeper | Employer Identification Number (EIN) | Beginning and End Dates of Operation |
|---------------------------|--------------------|----------------------------------|--------------------------------------|--------------------------------------|
|---------------------------|--------------------|----------------------------------|--------------------------------------|--------------------------------------|

Your questions:

A large, empty rectangular box with a thin black border, intended for the user to write their questions. It occupies the majority of the page's vertical space.