

**Important Information for New Bankruptcy Clients**

1. It is very important that your questionnaire be truthful, complete, and accurate. Do not omit any of the requested information. If you have a doubt about whether to tell us something, the answer is to ALWAYS tell us. We would rather know now than have a surprise later.
2. If you owe your bank money, the bank might close your checking account. For that reason, it is normally a good idea to switch banks before you file bankruptcy. Use a bank where you have no loans or overdrafts. If you do not owe your bank money, then you can keep it as normal and there is no need to switch banks.
3. Do not borrow money right before you file bankruptcy. If you have already borrowed money within the 90 days prior to filing the bankruptcy, make sure you let us know about it. Do not sell or give away any property (houses, cars, money, etc.) right before you file bankruptcy without checking with us first. Also, do not withdraw large sums of money from a retirement account right before filing bankruptcy. If you have already done any of those things, tell us about it. Your questionnaire asks questions about transactions like that and it is important that you answer those questions completely.
4. If you have a mortgage and are current on that mortgage, read this: Mortgage companies sometimes charge a fee because they will have an attorney review the bankruptcy to determine if their rights are being affected. This does not happen in every case and it is more likely to happen in a 13 than in a 7. The fee is normally around \$300 but could vary depending on the lender. If such a fee gets charged, it will be your responsibility to pay. It should be viewed as a cost of bankruptcy and there is nothing we can do about it. If you are already behind on the mortgage and are in a Chapter 13, the bankruptcy will include fees like that, so no need to worry.
5. If you are planning to pay for a mortgage, car payment, student loan, or other creditor directly to the creditor after the bankruptcy is filed (in other words, we are not including a certain debt in the bankruptcy), read this: Creditors may temporarily stop sending monthly statements and may stop accepting online or telephone payments. They do this out of fear that they may be violating the bankruptcy laws that prevent creditors from taking collection actions against you. Be prepared to mail such payments to the payment address on your own. You should keep an old statement available so that you have the account number and address. It is your responsibility to keep making your payments even if you do not receive a bill. Eventually, everything will get back to normal.

I acknowledge that I have read and understand this form:

\_\_\_\_\_ Date: \_\_\_\_\_  
 Client 1 Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
 Client 2 Signature

**QUESTIONNAIRE AND CHECKLIST OF REQUIRED DOCUMENTS**

Welcome to Reed Law Firm. We greatly value your business and our goal is to make the process as easy and efficient as possible. When you file a bankruptcy, we are required by law to submit a detailed financial statement along with supporting documentation. The Bankruptcy Court will not approve your case if we do not have these documents. Therefore, the following is a checklist of what we need to file your case. Please check each box as you complete the request. Thank you.

<b><u>Document</u></b>	<b><u>Submitted to Attorney?</u></b>			
	Yes	No	N/A	
<b>Completed Questionnaire.</b> Please complete the attached questionnaire in its entirety. If you come to a question that does not apply, please write "N/A."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of most recent <b>County Property Tax bill</b> for all real estate that you own (include your house, vacant lots, inherited property, commercial property, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Tax returns</b> for the last two (2) tax years. Include the Federal AND State returns. Also include ALL W-2s and 1099s. <b>If the returns are not signed, please add your signature.</b> If you don't have copies, please contact your tax preparer for copies. Copies can also be obtained by requesting a transcript at <a href="http://www.irs.gov">www.irs.gov</a> or calling 1-800-829-1040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pay Stubs/Proof of Income.</b> Last 2 months of paystubs from all sources of employment. For example, if you are paid weekly, we need the last 8 paystubs. If you have other sources of income such as social security or retirement, we must have a statement stating the current monthly amount. A bank statement is not acceptable – the statement must be from the source of the payment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Financial Account Statements.</b> Statements for the last <b>3 months</b> for all bank accounts and investment accounts. This includes checking, savings, retirement, money market, 401(k), stock & bond accounts, etc. <b>INCLUDE ALL FINANCIAL ACCOUNTS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Life Insurance Policies.</b> For any life insurance policies, provide a statement showing the owner, beneficiary and death benefit. If it is a Whole Life Policy, we also need a statement that includes the cash surrender or current cash value.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Retirement Loans:</b> If you have a loan against a 401(k) or other retirement account, provide a statement that shows the date of the loan, the original loan amount, the interest rate, the monthly payment, and the estimated payoff date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Credit Counseling:</b> This is an educational course that is required prior to filing for bankruptcy. It can be completed online at <a href="http://www.moneysharp.org">www.moneysharp.org</a> (use attorney code REEDLAWSC) or, if you prefer to complete it by telephone, you can call 1-866-859-7103 (use attorney code 96414 if you are a Columbia office client and use attorney code 92920 if you are a Florence office client).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mortgage Statement.</b> If you have a mortgage on your home or any other real estate, please provide a copy of your most recent monthly mortgage statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of a <b>Photo I.D.</b> and <b>Social Security Card</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you answered "No" or "N/A" to any of these questions, please explain why:

**Complete All Questions.** If you are separated or divorced from your spouse, and there is no possibility that your spouse will file bankruptcy along with you, you don't have to answer the questions about your spouse.

**Please respond to every blank. If it is not applicable, write N/A**

Date: \_\_\_\_\_ Married Separated Divorced Single Widowed

**Client #1** \_\_\_\_\_  
First Middle Last Suffix

Date of Birth: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_

List any other names or ways you have signed your name to papers and checks during the last two years:

\_\_\_\_\_

Prior/Other Bankruptcy: Have you filed any bankruptcy in the last 10 years? Yes No

If yes, please provide State you filed and approximate date: \_\_\_\_\_

\*\*\*\*\*

**Client #2** \_\_\_\_\_  
First Middle Last Suffix

Date of Birth: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_

List any other names or ways you have signed your name to papers and checks during the last two years:

\_\_\_\_\_

Prior/Other Bankruptcy: Have you filed any bankruptcy in the last 10 years? Yes No

If yes, please provide State you filed and approximate date: \_\_\_\_\_

**PERSONAL PROPERTY**

Please list all AUTOMOBILES, BOATS, MOTORCYCLES, ATVs , CAMPERS, ETC. (Running or Not) that you own, are purchasing or have co-signed for (VIN is on registration). **FILL IN ALL BLANKS.**

# 1. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type: \_\_\_\_\_

VIN: \_\_\_\_\_ (i.e. – SLT, XE, etc.)

Check One: 2-door      4-door      Hatchback      Two Wheel Drive

Check One: 4-cylinder      6-cylinder      8-cylinder      Four Wheel Drive

Odometer miles: \_\_\_\_\_ Is vehicle currently running?    YES      NO

Finance Co. (If any): \_\_\_\_\_

Name(s) in which Property is Titled: \_\_\_\_\_

# 2. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type: \_\_\_\_\_

VIN: \_\_\_\_\_ (i.e. – SLT, XE, etc.)

Circle One: 2-door      4-door      Hatchback      Two Wheel Drive

Circle One: 4-cylinder      6-cylinder      8-cylinder      Four Wheel Drive

Odometer miles: \_\_\_\_\_ Is vehicle currently running?    YES      NO

Finance Co. (If any): \_\_\_\_\_

Name(s) in which Property is Titled: \_\_\_\_\_

#3. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type: \_\_\_\_\_

VIN: \_\_\_\_\_ (i.e. – SLT, XE, etc.)

Circle One: 2-door      4-door      Hatchback      Two Wheel Drive

Circle One: 4-cylinder      6-cylinder      8-cylinder      Four Wheel Drive

Odometer miles: \_\_\_\_\_ Is vehicle currently running?    YES      NO

Finance Co. (If any): \_\_\_\_\_

Name(s) in which Property is Titled: \_\_\_\_\_

#4. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type: \_\_\_\_\_

VIN: \_\_\_\_\_

Circle One: 2-door      4-door      Hatchback      Two Wheel Drive

Circle One: 4-cylinder      6-cylinder      8-cylinder      Four Wheel Drive

Odometer miles: \_\_\_\_\_ Is vehicle currently running?    YES      NO

Finance Co. (If any): \_\_\_\_\_

Name(s) in which Property is Titled: \_\_\_\_\_

\*\*\*\*If you own more than 4 vehicles, please ask for additional sheet\*\*\*\*

**BOAT, MOTORS AND TRAILERS**

**Boat** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Hull # \_\_\_\_\_ Length \_\_\_\_\_

Fiberglass OR Aluminum Name(s) in which Property is Titled: \_\_\_\_\_

**Motor** Year \_\_\_\_\_ Make \_\_\_\_\_ Model/ Horsepower \_\_\_\_\_

Outboard OR Inboard # Cylinders \_\_\_\_\_ Type of Starter \_\_\_\_\_

**Trailer** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Vin# \_\_\_\_\_ Axles \_\_\_\_\_

PLEASE LIST ESTIMATED VALUE OF ALL OF YOUR HOUSEHOLD FURNISHINGS, JEWELRY, COLLECTIBLES, ANTIQUES, ETC. The value you list should be what the items would sell for in their current condition (think in terms of consignment, pawn shop or garage sale value), not necessarily what you originally paid for them. For example, a new television would normally cost more than a used television. If you and your spouse are filing jointly, the values should include what you both own.

<u>Category</u>	<u>Value</u>	<u>Category</u>	<u>Value</u>
Furniture	\$ _____	Electronics	\$ _____
Clothing	\$ _____	Jewelry	\$ _____
Books	\$ _____	Artwork	\$ _____
Collectibles of all kinds	\$ _____	Antiques	\$ _____
Firearms	\$ _____	Tools	\$ _____
Lawn Equipment	\$ _____	Animals (includes pets)	\$ _____
Health Aids (i.e. – motorized chairs, hearing aids, etc.)		\$ _____	

If you have any special items that are more valuable than ordinary household goods, please specify below. (For example, a lawn tractor, expensive tool, antique, a valuable individual piece of jewelry, a coin or baseball card collection, or animal such as a horse would need to be separately described.)

Specify make and model of each firearm and value of each: \_\_\_\_\_  
\_\_\_\_\_

Specify types of animals and value of each: \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST THE NAME, VALUE AND BENEFICIARY OF ANY LIFE INSURANCE POLICIES (INCLUDE JOB RELATED POLICIES). PROVIDE ENTIRE COPY OF WHOLE LIFE POLICIES.

1. Insurance Company: \_\_\_\_\_  
Whole or Term (Please check one)  
Face Value \$ \_\_\_\_\_ Current Cash Value \$ \_\_\_\_\_  
Name of Beneficiary \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_  
Whole or Term (Please check one)  
Face Value \$ \_\_\_\_\_ Current Cash Value \$ \_\_\_\_\_  
Name of Beneficiary \_\_\_\_\_

Do you have more than 2 life insurance policies? Check one. YES NO

Attach additional sheet if you answered yes.

**List ALL Savings, Checking, Money Market or Any Financial Accounts of any kind. All accounts must be listed even if someone else’s name is on it with yours and even if it has a small or negative balance.**

<u>Name of Bank</u>	<u>Name(s) on Account</u>	<u>Checking/saving/etc</u>	<u>Last 4 digits</u>	<u>Balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If more space is required, go to the space at the end of the questionnaire.

Do you owe a debt to any of the banks listed above?    YES            NO

If yes, describe:

**\*\* We generally recommend switching banks if you owe your bank money (please ask us about that)**

Have you closed any bank accounts in the past year? Check one.    YES            NO

If you answered yes, please list the following for all closed accounts:

<u>Bank name</u>	<u>Type of account</u>	<u>Account Number</u>	<u>Date Closed</u>	<u>Last balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please list all Pension or Retirement plans - This would include IRA, 401K, and any Retirement Fund**

1. Check One:            401K            IRA            Other – describe:

Name of Investment Company \_\_\_\_\_  
 Amount Currently Invested \_\_\_\_\_      Date the Investment Began \_\_\_\_\_  
 Name of Client Investing \_\_\_\_\_

2. Check One:            401K            IRA            Other – describe:

Name of Investment Company \_\_\_\_\_  
 Amount Currently Invested \_\_\_\_\_      Date the Investment Began \_\_\_\_\_  
 Name of Client Investing \_\_\_\_\_

Do you have more than 2 retirement accounts?    YES            NO If yes, describe at end of questionnaire

Are you currently paying back a 401K loan?    YES            NO

**If you have a loan on retirement, please bring in the original loan document. (Document to include date of loan, amount of original loan, interest rate, monthly payment and estimated payoff date.)**

**OTHER PERSONAL PROPERTY:**

- (1) Cash on hand, not in bank account, as of today's date (Be specific): \$ \_\_\_\_\_
- (2) Have you given a security deposit to any landlord, utility, or anyone else?      YES      NO  
If yes, please list to whom, for what service, and how much the deposit was for. \_\_\_\_\_  
\_\_\_\_\_
- (3) Do you own any stocks or bonds?      YES      NO  
If yes, please provide the name of the investment company. We will need a current statement of value so please refer to the page above where it asks you about investment accounts.  
\_\_\_\_\_
- (4) Does anyone owe you any money?      YES      NO  
If yes, describe: \_\_\_\_\_
- (5) Are you the beneficiary of a trust or future interest?      YES      NO      If yes, give details:  
\_\_\_\_\_
- (6) Are you suing anyone or have the right to sue anyone for any reason? For example, personal injury, car wreck, slip and fall, class action, etc.?      YES      NO      If yes, give details:  
\_\_\_\_\_
- (7) Do you have any ownership interest in any business, corporation, LLC, etc.?      YES      NO  
If yes, give a brief description here but we will also need you to complete a separate business questionnaire: \_\_\_\_\_  
\_\_\_\_\_
- (8) Are you entitled to receive any property or money from an inheritance, estate, trust, annuity, or the like?  
YES      NO      If yes, give details including the value: \_\_\_\_\_  
\_\_\_\_\_
- (9) Are you expecting a tax refund you have not already received?      YES      NO  
If so, how much? \_\_\_\_\_

**REAL PROPERTY**

Do you own or rent your home?      \_\_\_\_\_ Own      \_\_\_\_\_ Rent

If you rent, write N/A on Sections A and B, then move on to Section C. If your residence is a mobile home and you do *not* own the land or the land is not on the mortgage with the mobile home, write N/A on Section A, then complete Section B.

If you own the land *and* home where you live, please complete Section A as follows:

***\*If you own more than one piece of land, use extra copies of this page for each parcel of real estate\****

**A. Address of Residence:** \_\_\_\_\_ County: \_\_\_\_\_

Description: (Ex. 3 bedroom, 2 bath brick home): \_\_\_\_\_

What do you think the value of your house is? \$ \_\_\_\_\_

Purchase date of home? \_\_\_\_\_ Original purchase price of home? \$ \_\_\_\_\_

Has an appraisal been done in the last six years?      YES      NO

If so, how much was the appraisal? \_\_\_\_\_ When was appraisal completed? \_\_\_\_\_

**Mortgage company's name:** \_\_\_\_\_ (List creditor info with other creditors at the end)

Who is your homeowners insurance with? \_\_\_\_\_

**2<sup>nd</sup> Mortgage company's name:** \_\_\_\_\_ (List details on creditor list at the end)

**Homeowner=s Association's Name:** \_\_\_\_\_

HOA address: \_\_\_\_\_  
\_\_\_\_\_

Is payment:      yearly      quarterly      monthly? Amount of Payment: \_\_\_\_\_

How many months behind? \_\_\_\_\_, through what month and year? \_\_\_\_\_

***\* Again, if you own more than one home or more than one piece of land, use extra copies of this page for each parcel of real estate and provide all of the requested information for each parcel\****



**B. Mobile Home** (if applicable):

Address of Property where mobile home sits: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Dimensions (ex. 14x70) \_\_\_\_\_

Model number: \_\_\_\_\_ Vin # \_\_\_\_\_

What do you think the value of your mobile home is? \$ \_\_\_\_\_

What date did you purchase your mobile home? \_\_\_\_\_

What was the original purchase price of the mobile home? \$ \_\_\_\_\_

**Name of creditor/lien holder:** \_\_\_\_\_ (List details with other creditors at the end)

Who is your homeowners insurance with? \_\_\_\_\_

Do you Own or Rent the Land where the mobile home is located?                      Rent                      Own

If you own the land, is it paid for with no lien?                      YES                      NO

If you are buying the land, is it included with the same mortgage company?                      YES                      NO

**C. Other than your residence, do you own or have an interest in any of the following types of real estate:**

- |                       |     |    |   |
|-----------------------|-----|----|---|
| 1. Second Home        | YES | NO | <b>If so, provide same info as requested in Section A</b> |
| 2. Vacant lot/land    | YES | NO | <b>If so, provide same info as requested in Section A</b> |
| 3. Farmland           | YES | NO | <b>If so, provide same info as requested in Section A</b> |
| 4. Business Building  | YES | NO | <b>If so, provide same info as requested in Section A</b> |
| 5. Inherited Property | YES | NO | <b>If so, provide same info as requested in Section A</b> |
| 6. Co-signed Property | YES | NO | <b>If so, provide same info as requested in Section A</b> |
| 7. Heir Property      | YES | NO | <b>If so, provide same info as requested in Section A</b> |
| 8. Time Share         | YES | NO | Provide Description and Value: _____                      |
|                       |     |    | _____   |
| 9. Burial Plots       | YES | NO | Provide Description and Value: _____                      |
|                       |     |    | _____   |

**If you answered yes to any of the above, provide all the information requested in Section A for each parcel of real estate. There is room provided at the end of this questionnaire.**

Do you rent out any of your property to other persons?                      YES                      NO

If yes, please fill out:

Address of rented property: \_\_\_\_\_

Rent received each month: \$ \_\_\_\_\_

**Occupation and Income for you and your spouse**

**\*\*\*EVEN IF YOU ARE MARRIED AND FILING BY YOURSELF, BY LAW, YOU MUST PROVIDE YOUR SPOUSE'S PAY STUBS AND EMPLOYMENT INFORMATION.\*\*\***

**\*\*\*IF YOU ARE SELF-EMPLOYED, WRITE "SELF-EMPLOYED" BESIDE OCCUPATION. A BUSINESS QUESTIONNAIRE MUST BE COMPLETED. PLEASE ASK US FOR THIS DOCUMENT IF YOU DON'T HAVE IT.**

Are you employed?            YES            NO

If yes, Your Occupation: \_\_\_\_\_

If not employed, how long have you been unemployed? \_\_\_\_\_

Name and Address of Primary Employer:

If you have 2nd job: Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Month/Year you started job: \_\_\_\_\_

Month/Year you started job: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

If not employed, how long unemployed? \_\_\_\_\_

Name and Address of Primary Employer:

If you have 2nd job: Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Month/Year you started job: \_\_\_\_\_

Month/Year you started job: \_\_\_\_\_

**DO YOU OR YOUR SPOUSE RECEIVE ANY OF THE FOLLOWING?:**

			<u>CLIENT</u>	<u>SPOUSE</u>
Disability/SSI benefit?	YES	NO	\$ _____	\$ _____
Month/year you began receiving it? _____				
VA benefit?	YES	NO	\$ _____	\$ _____
Month/year you began receiving it? _____				
Child Support / Alimony?	YES	NO	\$ _____	\$ _____
Month/year you began receiving it? _____				
Is it court ordered?	YES	NO		
How long will you continue to receive it? _____				
Retirement/pension?	YES	NO	\$ _____	\$ _____
Month/year you began receiving it? _____				

**LIST ANY INCOME NOT ALREADY LISTED ABOVE** (i.e. food stamps, rental income, SSI for children, adoption subsidies, etc.): Please provide documentation any other source of income.

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**If you have changed jobs in the last 6 months, or had any other source of income not already listed above in the last 6 months (including jobs, unemployment, social security, worker’s comp, alimony/child support, retirement, etc) write the full amount grossed during the 6 month period. If none, write N/A:**

1. Source: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ How much you grossed \$ \_\_\_\_\_
2. Source: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ How much you grossed \$ \_\_\_\_\_
3. Source: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ How much you grossed \$ \_\_\_\_\_

**If additional room is needed for any answers, there is space provided at the end of the questionnaire.**

**HOUSEHOLD EXPENSES:**

What are your average **monthly** expenses for:

Mortgages .....1<sup>st</sup> \$ \_\_\_\_\_ 2<sup>nd</sup> \$ \_\_\_\_\_

Is property tax included in payment?      **YES**      **NO**

Is homeowners insurance included?      **YES**      **NO**

Rent..... \$ \_\_\_\_\_

Landlord's Name and Address \_\_\_\_\_

Did you sign a lease or contract with your landlord?      **YES**      **NO**  
 If yes, month/year the lease ends? \_\_\_\_\_ Are you current?      **YES**      **NO**  
 If not how many months behind are you? \_\_\_\_\_ through which month? \_\_\_\_\_

Please estimate your **monthly** expenses for the following. These should include your entire household (you, spouse and dependents). Do not include expenses that are automatically deducted from your paycheck.

Electricity \$ _____	Gas \$ _____	Water \$ _____	Telephone \$ _____
Home Maintenance \$ _____	Food/Groceries \$ _____	Clothing \$ _____	Laundry/Cleaning \$ _____
Newspapers, Magazines, School Books \$ _____	Health Insurance (not already deducted from wages) \$ _____	Homeowner=s/Renter=s Insurance \$ _____	Fire Insurance \$ _____
Life Insurance (not already deducted from wages) \$ _____	Public Transportation \$ _____	Automobile Insurance \$ _____	Gasoline/Oil \$ _____
Recreation/Entertnmnt \$ _____	Club/Union Dues (not already deducted from wages) \$ _____	Auto Property Taxes \$ _____	Real Property Taxes \$ _____
Mobile Home Property Taxes \$ _____	Alimony/Maintenance or Support Payments \$ _____	Other payments for support of dependents \$ _____	Medications \$ _____
Doctors/Dentist \$ _____	Charitable Contributions \$ _____	Cable \$ _____	Day Care \$ _____
Other Expenses (must give detailed list) \$ _____	Automobile Upkeep \$ _____	Homeowner=s Association Dues \$ _____	

If explanation for expense is required, write it here: \_\_\_\_\_

**If you listed charitable contributions, we may be required to provide written proof, so only list an average of what you paid over the last 12 months.**

If you are married but filing by yourself, please list the creditor, the monthly payment and balance of any debts your spouse is going to continue to pay (i.e. - credit cards, car payment, loans, etc.). Include any other expenses your spouse has that are separate from the normal household budget:

Name of Creditor	Monthly pymnt	Balance	Month/year pymt ends (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all **dependents**:

Age	Relationship	Your dependent on taxes?		Reside w/ you	
		YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO
_____	_____	YES	NO	YES	NO

If you need more space, check this space and list additional dependents in the space provided at the end of the questionnaire: \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS**

1. Marital Status:      Married      Not Married

2. Previous Addresses:

List all addresses you have had in the last three years. If husband and wife are filing bankruptcy together, list addresses for each for the last two years (include street, town, zip code, and date).

Address	Dates of Occupancy
(1) _____	_____
_____	_____
(2) _____	_____
_____	_____

**If necessary, additional space is provided at the end of the questionnaire.**

3. Debts Repaid: Have you made any payments on any debts in the last 90 days to **ANY** creditor or other person or entity totaling more than \$600.00 (i.e. Mortgage, car, credit cards, finance companies, check cashing, etc.)?      **YES**      **NO**  
**If yes, please specify below:**

<i>Name of Creditor or other person</i>	<i>Date of Payment</i>	<i>Amount</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need more space, check this box and list additional payments at the end: \_\_\_\_\_

4. Repaid Family members: Within the last 1 year, have you made any payments to any family member or business partner/affiliate that total more than \$600.00?      **YES**      **NO**  
**If yes, please specify below:**

<i>Name of person you paid</i>	<i>Date of Payment</i>	<i>Amount</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need more space, check this box and list additional payments at the end: \_\_\_\_\_

5. Within the last 2 years, have you made any payments to a creditor on behalf of a family member or business partner/affiliate that total more than \$600.00 (for example, making loan payments for a family member)?      **YES**      **NO**  
**If yes, please specify below:**

<i>Name of Creditor you paid</i>	<i>On Whose Behalf</i>	<i>Date of Payment</i>	<i>Amount</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Have you made any gifts to a charity of more than \$600 in the last two years (including church)?  
**YES**      **NO** If yes, give details:

7. Have you been a party to any lawsuits within the last year? For example, foreclosure, divorce, accident case, debt collection case, etc. **YES** **NO** If yes, provide details below:

Opposing Parties	Type of Case	Court	Case Number	Status/Outcome
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Do you have any outstanding judgments against you? **YES** **NO** If yes, provide details:

Name of Judgment Creditor	Type of Case	Court	Case Number	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Have you given away, sold or transferred in any way any real estate, homes, land, buildings, cash, automobiles or other valuable property to a family member or business associate in the last six (6) years? **YES** **NO**

10. Have you sold or transferred any real estate, automobiles or other valuable property to anyone in the last two (2) years? **YES** **NO**

If you answered **YES** to either question, give the following (this includes selling homes or anything else):

Name/Address of transferee	Relationship	Description of property	Date	Value rec'd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you need more space, check this box and provide details at end of questionnaire: \_\_\_\_\_

11. Have you paid college tuition or a student loan on behalf of your children or anyone else in the last five (5) years? **YES** **NO** If so, describe: \_\_\_\_\_

12. Are you in possession of any money or other property that belongs to another person? **YES** **NO**

If Yes: Property Held \_\_\_\_\_ Value of Property \$ \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

13. Is anyone holding any of your property? **YES** **NO** If **YES**, list give details: \_\_\_\_\_

14. Have you had any property or merchandise repossessed during the last year? **YES** **NO**

If **YES**, you must list it below and bring all papers regarding the repossession including all letters notifying you of the repossession or sale.

<i>Description of Property</i>	<i>Month &amp; Year of Repossession</i>	<i>Who Repossessed Item (Name, Address)</i>

15. Did you lose any substantial amount of money as a result of fire, theft, or gambling during the last year? **YES** **NO** If **YES**, give details:

\_\_\_\_\_  
\_\_\_\_\_

Did insurance pay for any part of the loss? **YES** **NO** If **YES**, give date of payment and amount paid: \_\_\_\_\_

16. Have you filed all of your tax returns that were required for the last 8 years? **YES** **NO**

If no, which years have not been filed?: \_\_\_\_\_

**\*\*All tax returns are required to be filed prior to filing bankruptcy\*\***

17. Have you obtained a new loan, cash advance, or used any credit card for the purchase of a luxury item in the last 90 days? **YES** **NO**

If **YES**, give details including the creditor, amount and what was purchased with money.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. In last year, you have paid anyone else other than Reed Law Firm, for bankruptcy services or debt management services? **YES** **NO** If yes, details: \_\_\_\_\_

19. In the last 10 years, have you created any trusts or made deposits into any trust? **YES** **NO** If yes, give details: \_\_\_\_\_



20. Do you have a safe deposit box or had one in the last year? YES NO  
 If yes give the following:

<i>Name of Bank</i>	<i>Contents</i>	<i>If closed, date of closing</i>
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21. Do you have a self storage unit or had one in the last year? YES / NO If yes give the following:

<i>Name of Place</i>	<i>Contents</i>	<i>If closed, date of closing</i>
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Please sign this questionnaire attesting that the information is accurate and that ALL CREDITORS have been listed to the best of your knowledge:

\_\_\_\_\_  
 Client No. 1

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Client No. 2

\_\_\_\_\_  
 Date

If any of your answers require additional information or explanation, please use this space to provide details.

**LISTING CREDITORS (PLEASE READ THE FOLLOWING)**

ON THE FOLLOWING PAGES, PLEASE LIST **ALL** OF YOUR CREDITORS, EVEN IF YOU WERE PLANNING ON LEAVING THEM OUT OR PAYING THEM YOURSELF. INCLUDE DEBTS THAT YOU CO-SIGNED FOR SOMEONE ELSE. INCLUDE ALL MORTGAGES, CAR PAYMENTS, LOANS, PAYDAY LOANS, MEDICAL BILLS, STUDENT LOANS, TAXES, CHILD SUPPORT, ETC.

UNLESS REQUESTED, PLEASE DO NOT BRING COPIES OF ALL YOUR BILLS. THEY ARE NOT NECESSARY. WE WILL ALWAYS LIKE TO HAVE A RECENT MORTGAGE STATEMENT AND RECENT AUTO LOAN STATEMENT. WE USUALLY DO NOT NEED THE STATEMENTS FOR OTHER TYPES OF CREDITORS.

IF YOU WOULD LIKE TO REVIEW YOUR CREDIT REPORT BEFORE YOU COMPLETE THE CREDITOR LIST, WE WILL PULL A CREDIT REPORT FOR YOU ONCE YOU HAVE RETAINED US. YOU MAY THEN LOOK AT YOUR CREDIT REPORT AND YOU WILL NOT BE REQUIRED TO ITEMIZE YOUR UNSECURED CREDITORS THAT ALREADY APPEAR ON THE CREDIT REPORT.

PLEASE SIGN HERE ACKNOWLEDGING THAT YOU HAVE READ THIS NOTICE:

\_\_\_\_\_  
CLIENT 1

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT 2

\_\_\_\_\_  
DATE

**PART I - MORTGAGES AND/OR MOBILE HOME LOANS****CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MONTHLY PAYMENTS\$ \_\_\_\_\_ CURRENT? YES NO IF NO, DUE FOR WHAT MONTH? \_\_\_\_\_

ARE YOUR TAXES AND INSURANCE INCLUDED WITH PAYMENT? YES NO

DATE LOAN OPENED: \_\_\_\_\_ DATE LOAN MATURES (ends): \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

DESCRIPTION OF PROPERTY – CHECK ONE: House and land MH and land MH only

NAMES ON THE LOAN: \_\_\_\_\_

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MONTHLY PAYMENTS\$ \_\_\_\_\_ CURRENT? YES NO IF NO, DUE FOR WHAT MONTH? \_\_\_\_\_

ARE YOUR TAXES AND INSURANCE INCLUDED WITH PAYMENT? YES NO

DATE LOAN OPENED: \_\_\_\_\_ DATE LOAN MATURES (ends): \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

DESCRIPTION OF PROPERTY – CHECK ONE: House and land MH and land MH only

NAMES ON THE LOAN: \_\_\_\_\_

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MONTHLY PAYMENTS\$ \_\_\_\_\_ CURRENT? YES NO IF NO, DUE FOR WHAT MONTH? \_\_\_\_\_

ARE YOUR TAXES AND INSURANCE INCLUDED WITH PAYMENT? YES NO

DATE LOAN OPENED: \_\_\_\_\_ DATE LOAN MATURES (ends): \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

DESCRIPTION OF PROPERTY – CHECK ONE: House and land MH and land MH only

NAMES ON THE LOAN: \_\_\_\_\_

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**\*IF ADDITIONAL MORTGAGES, DESCRIBE IN THE SPACE PROVIDED AT END OF QUESTIONNAIRE\***

**PART II – CAR, TRUCK, BOAT, MOTORCYCLE, OTHER VEHICLE LOANS**

**Include all of your loans for cars, trucks and other vehicles.**

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MONTHLY PAYMENTS\$ \_\_\_\_\_ CURRENT? YES NO IF NO, DUE FOR WHAT MONTH? \_\_\_\_\_

DATE LOAN OPENED: \_\_\_\_\_ DATE LOAN MATURES (ends): \_\_\_\_\_

YEAR, MAKE AND MODEL OF COLLATERAL: \_\_\_\_\_

NAMES ON THE LOAN: \_\_\_\_\_

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MONTHLY PAYMENTS\$ \_\_\_\_\_ CURRENT? YES NO IF NO, DUE FOR WHAT MONTH? \_\_\_\_\_

DATE LOAN OPENED: \_\_\_\_\_ DATE LOAN MATURES (ends): \_\_\_\_\_

YEAR, MAKE AND MODEL OF COLLATERAL: \_\_\_\_\_

NAMES ON THE LOAN: \_\_\_\_\_

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MONTHLY PAYMENTS\$ \_\_\_\_\_ CURRENT? YES NO IF NO, DUE FOR WHAT MONTH? \_\_\_\_\_

DATE LOAN OPENED: \_\_\_\_\_ DATE LOAN MATURES (ends): \_\_\_\_\_

YEAR, MAKE AND MODEL OF COLLATERAL: \_\_\_\_\_

NAMES ON THE LOAN: \_\_\_\_\_

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**\*IF YOU HAVE ADDITIONAL VEHICLE LOANS, PROVIDE DETAILS IN SPACE PROVIDED AT END OF QUESTIONNAIRE\***

**PART III – TAX DEBT**

DO YOU OWE FEDERAL TAXES TO THE IRS?      YES                      NO

IF YES, LIST THE FOLLOWING:

<u>TAX YEAR</u>	<u>AMOUNT</u>	<u>IS THERE A LIEN?</u>			<u>TAX RETURN FILED ON TIME?</u>		
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____

DO YOU OWE TAXES TO THE STATE OF SOUTH CAROLINA?      YES / NO

IF YES, LIST THE FOLLOWING:

<u>TAX YEAR</u>	<u>AMOUNT</u>	<u>IS THERE A LIEN?</u>			<u>TAX RETURN FILED ON TIME?</u>		
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____
_____	_____	YES	NO	UNKNOWN	YES	NO	If late, mo/year filed _____

DO YOU OWE TAXES TO ANY OTHER STATES?      YES                      NO If yes, complete the following:

STATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ YEARS OWED: \_\_\_\_\_  
 STATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ YEARS OWED: \_\_\_\_\_

DO YOU OWE ANY CITY OR COUNTY TAXES?      YES                      NO If yes, complete the following:

COUNTY/CITY: \_\_\_\_\_ AMOUNT OWED: \_\_\_\_\_ YEARS: \_\_\_\_\_  
 TYPE OF TAX (ex. Property, for what property, etc.): \_\_\_\_\_

COUNTY/CITY: \_\_\_\_\_ AMOUNT OWED: \_\_\_\_\_ YEARS: \_\_\_\_\_  
 TYPE OF TAX (ex. Property, for what property, etc.): \_\_\_\_\_

**IF ADDITIONAL SPACE IS NEEDED, THERE IS SPACE PROVIDED AT THE END OF THIS LIST:**

**PART III – DOMESTIC SUPPORT OBLIGATIONS**

DO YOU PAY ALIMONY OR CHILD SUPPORT? YES / NO IF YES, LIST THE FOLLOWING:

How many different accounts do you pay for a family court obligation? \_\_\_\_\_

If you have more than 3 of these obligations, use the space provided at the end for the extras.

**Name of Person Who Receives the Payment:** \_\_\_\_\_

Address of that Person: \_\_\_\_\_  
\_\_\_\_\_

Phone Number of that Person (\*Required): \_\_\_\_\_

Type of Support: Alimony Child Support

Other (explain): \_\_\_\_\_

Is it Court Ordered YES NO If yes, what County/State? \_\_\_\_\_ \*Provide copy of the Order

How much longer do you have to pay? Give month and year when support ends: \_\_\_\_\_

Are you current? YES NO If no, amount behind? \_\_\_\_\_ Through what month? \_\_\_\_\_

If filing a joint bankruptcy with your spouse, who owes this debt? Husband Wife

**Name of Person Who Receives the Payment:** \_\_\_\_\_

Address of that Person: \_\_\_\_\_  
\_\_\_\_\_

Phone Number of that Person (\*Required): \_\_\_\_\_

Type of Support: Alimony Child Support

Other (explain): \_\_\_\_\_

Is it Court Ordered YES NO If yes, what County/State? \_\_\_\_\_ \*Provide copy of the Order

How much longer do you have to pay? Give month and year when support ends: \_\_\_\_\_

Are you current? YES NO If no, amount behind? \_\_\_\_\_ Through what month? \_\_\_\_\_

If filing a joint bankruptcy with your spouse, who owes this debt? Husband Wife

**Name of Person Who Receives the Payment:** \_\_\_\_\_

Address of that Person: \_\_\_\_\_  
\_\_\_\_\_

Phone Number of that Person (\*Required): \_\_\_\_\_

Type of Support: Alimony Child Support

Other (explain): \_\_\_\_\_

Is it Court Ordered YES NO If yes, what County/State? \_\_\_\_\_ \*Provide copy of the Order

How much longer do you have to pay? Give month and year when support ends: \_\_\_\_\_

Are you current? YES NO If no, amount behind? \_\_\_\_\_ Through what month? \_\_\_\_\_

If filing a joint bankruptcy with your spouse, who owes this debt? Husband Wife

**PART IV – ALL OTHER DEBT**  
**(Credit Cards, finance companies, loans, medical bills, student loans, etc.)**

If you are filing a joint bankruptcy with your spouse, please indicate under “Names on Loan” by circling H, W or J to indicate if the debt is in the name of the husband, wife, or both (joint).

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PART IV – ALL OTHER DEBT**  
**(Credit Cards, finance companies, loans, medical bills, student loans, etc.)**

If you are filing a joint bankruptcy with your spouse, please indicate under “Names on Loan” by circling H, W or J to indicate if the debt is in the name of the husband, wife, or both (joint).

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



**PART IV – ALL OTHER DEBT**  
**(Credit Cards, finance companies, loans, medical bills, student loans, etc.)**

If you are filing a joint bankruptcy with your spouse, please indicate under “Names on Loan” by circling H, W or J to indicate if the debt is in the name of the husband, wife, or both (joint).

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PART IV – ALL OTHER DEBT**  
**(Credit Cards, finance companies, loans, medical bills, student loans, etc.)**

If you are filing a joint bankruptcy with your spouse, please indicate under “Names on Loan” by circling H, W or J to indicate if the debt is in the name of the husband, wife, or both (joint).

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PART IV – ALL OTHER DEBT**  
**(Credit Cards, finance companies, loans, medical bills, student loans, etc.)**

If you are filing a joint bankruptcy with your spouse, please indicate under “Names on Loan” by circling H, W or J to indicate if the debt is in the name of the husband, wife, or both (joint).

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

Is there collateral? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the items here:

DATE LOAN OPENED: \_\_\_\_\_ NAMES ON THE LOAN: \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CREDITOR NAME:** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Credit Card \_\_\_\_\_ Loan \_\_\_\_\_ Medical / Other (specify here): \_\_\_\_\_

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ACCOUNT # \_\_\_\_\_ PAYOFF: \_\_\_\_\_

PO BOX OR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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