

# 2026 PACKET CHECKLIST

	Take the Credit Counseling Class
	2024 Tax Return
	Six (6) Months of Paycheck Stubs – Individual Filing. <i>If filing jointly or individually, but are married, Six (6) Months of Paystubs from BOTH spouses is required.</i>
	Make sure all creditors have complete Names, Addresses, Account Numbers and Amount owed.
	Two forms of identification is required. One must be a photo ID such as a Drivers License/State ID Card or Passport. The other MUST be your Social Security Card.
	<b>I acknowledge that failure to provide completed information will delay my case being filed until provided.</b>
	It is my responsibility to check and verify all creditors that have a lien against my real property up and until the date my bankruptcy is filed with the U.S. Bankruptcy Court. Title searches of real estate are not included, but may be provided for additional fees.

# **ATTENTION**

- 1. Please make sure to complete each line. Section in the packet ( if not applicable, indicate N/A).**
- 2. Attach all required documents in order to assure your Petition is processed without DELAY!**
- 3. You MUST have completed the 1<sup>st</sup> credit counseling course before we can upload the petition.**

# IMPORTANT NOTICE

If you own property, please state whether this property is scheduled for foreclosure:

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes, please give date foreclosure is set: \_\_\_\_\_

Please provide this firm with a copy of the Notice of Foreclosure.

\_\_\_\_\_ Foreclosure notice attached

I/we acknowledge that if I/we have not signed the Final Chapter 13 Petition within 14 days from the date this Notice was signed, I/we will resubmit updated information before the final bankruptcy petition is filed.

I/we acknowledge that if there is a foreclosure sale set, I will contact the office of C. Kelly Wilson 24 hours prior to the foreclosure to confirm that it has been cancelled.

DATED: \_\_\_\_\_

\_\_\_\_\_  
CLIENT

DATED: \_\_\_\_\_

\_\_\_\_\_  
CLIENT

## The Wilson Law Firm

C. Kelly Wilson  
Austin K. Wilson

100 Public Square East  
P.O Box 103  
Shelbyville, TN 37162

Dear Clients,

The attached information will assist you in deciding whether or not this is a course of action you need to take. Please read the information attached and fill out the questionnaire completely. We have to have current amounts owed, monthly payment, complete addresses and phone numbers. If this information is not filled out completely, we will be unable to complete your bankruptcy.

The court filing fees, administrative cost, and attorney fees are as follows:

Chapter 7	Attorney Fee	\$1500.00
	Filing Fee	\$388.00
	Administrative Fee	\$12.00
	Total	\$1900.00

Prior to filing you must pay \$950.00 representing the required filing fee, administrative cost, and ½ Attorney fee. The balance of \$950.00 Attorney fee is due prior to your court date.

Chapter 13	Filing Fee	\$313.00
	Attorney Fee (to be paid through the plan)	\$4,500.00
	Administrative Fees (copies and postage)	\$37.00
	Total	\$4850.00

You must pay the \$350.00 Filing fee and administration fees up front. Attorney fees are included in the Chapter 13 Plan. If you can not pay the \$350.00 up front, we can ask the court for fees to be paid by installments through the plan. You would have to pay the \$37.00 up front.

All filing fees are due upon receipt of the Bankruptcy Packet. Chapter 13 Attorney Fees are paid through the Plan, and the Chapter 13 Bankruptcy may be filed upon receipt of the \$313.00 for filing fee or \$37.00 for Administrative Fees.

Chapter 7 Attorney Fees are to be paid in full by the time the client appears at the Meeting of Creditors. This can be paid in one lump sum or can be paid in two payments, \$950.00 at the time of filing and the other \$950.00, before the Meeting of Creditors.

Please contact the Register of Deeds office regarding liens on your property and contact the City and or County regarding property taxes due.

I look forward to assisting you with your decisions. If I can be of further assistance, please contact my office.

Sincerely,

C. Kelly Wilson

The Wilson Law Firm

C. KELLY WILSON  
AUSTIN K. WILSON

100 PUBLIC SQUARE EAST  
P.O. BOX 103  
SELBYVILLE, TENNESSEE  
37162

Telephone: 931-694-5424  
Fax: 931-6846442

CONSULTATION AGREEMENT  
AND  
ACKNOWLEDGMENT OF RECEIPT OF DISCLOSURES AND  
INSTRUCTION

This Agreement is entered into on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by and between (hereinafter referred to as "Client" whether one or more) and C. **KELLY WILSON**  
(hereinafter referred to as "Attorney").

Client has requested the opportunity to consult with and obtain information and advice from Attorney obtaining relief from debts, including relief from debts by filing bankruptcy under the United States Bankruptcy Code. This agreement is for purposes of that consultation only. If at the end of the initial consultation, the parties agree that Attorney is to provide any additional services short of being retained to file a bankruptcy, the parties shall attach an addendum to this contact setting forth the additional services Attorney is to provide to Client, the obligations of Client, and Attorney's fees for such services. If Client retains Attorney to file a bankruptcy, the parties shall execute a separate contract setting forth the fees and other terms of such representations. With respect to the consultation, the parties agree as follows:

\_\_\_\_\_  
*Client's initials*

1. There is no fee for the initial consultation.
2. Attorney shall provide the client with the following services:
  - a. Analyze the client's financial circumstances based on the information provided by Client.
  - b. To the extent possible, based on the information provided by Client, advise Client of Client's bankruptcy options and non-bankruptcy options.
  - c. If Client has not provided Attorney with sufficient information upon which to fully advise Client on Client's options, Attorney will inform Client what information Client needs to provide to enable Attorney to provide such advice and information.
  - d. Advise Client of the requirements placed upon Client to file a Chapter 7 or 13 bankruptcy.
  - e. To the extent possible, quote Client an estimated fee for Attorney's services to provide bankruptcy assistance or other legal services to Client.
3. Client acknowledges that the first date upon which Attorney has first offered to provide any bankruptcy assistance service is this date, and that Attorney provided Client with the required disclosures pursuant to 11 USC §527(a), (b), and (c), copies of which are attached to this Consultation Agreement.

Date: \_\_\_\_\_ Attorney: \_\_\_\_\_

Date: \_\_\_\_\_ Client: \_\_\_\_\_

\_\_\_\_\_ All information that I am required to provide with a Petition and thereafter during my bankruptcy case is required to be complete, accurate and truthful.

\_\_\_\_\_ All of my assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in Section 506 must be stated in those documents where requested after reasonable inquiry to establish such value.

\_\_\_\_\_ Current monthly income, the amounts specified in Section 707(b)(2), and in a case under Chapter 13 of this title, disposable income (determined in accordance with Section 707(b)(2)), are required to be stated after reasonable inquiry.

\_\_\_\_\_ Information that I provide during my case may be audited pursuant to this title, and that failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

**CERTIFICATION BY DEBTOR**

I certify that I have received these instructions and have responded to the questions herein truthfully, accurately and completely.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

*NOTE:* After reading each instruction, *please* gather the appropriate documentation and initial in the blank.

Statement Mandated by Section 527(b) of the Bankruptcy Code.

# Bankruptcy Counseling Requirements

In order to file for bankruptcy relief, two courses are required!

**FIRST COURSE:** You must complete the pre-file counseling course and have a certificate before Wilson & Haynes Law Offices can file your case.

**SECOND COURSE:** You must complete the pre-discharge counseling course after your case has been filed and before attending your Meeting of Creditors.

RECOMMENDED CREDIT COUNSELING AGENCY TO CONTACT:

**[www.DebtHelper.com](http://www.DebtHelper.com)**

In order to receive the discounted fees  
for the courses, please use our exclusive  
Wilson & Haynes Law Offices

***ATTORNEY CODE: TN0248***

**By Internet:** To begin, go to [www.debtHelper.com](http://www.debtHelper.com)  
\$24 for the first course and \$14 for the second course

**By Phone:** To begin, call 800-920-2262  
\$44 for the first course and \$44 for the second course

**Have Questions? Call 1-800-920-2262**

***FAILURE TO COMPLETE THE SECOND COURSE AND PROVIDE WILSON & HAYNES  
LAW OFFICES WITH THE CERTIFICATE WILL CAUSE YOUR CASE TO BE CLOSED  
WITHOUT A DISCHARGE OF YOUR DEBTS.***

Our Fax Number: (931) 684-6442  
Our Email Address: [bankruptcy@wilsonhayneslawfirm.com](mailto:bankruptcy@wilsonhayneslawfirm.com)

REQUIRED TO BE PROVIDED UNDER THE BANKRUPTCY CODE

\_\_\_\_\_ You must list and value each of your assets at its replacement value of such asset after reasonable inquiring to establish such value. For assets securing a loan, the replacement value means the replacement value of the date of the filing of the bankruptcy without deduction for costs of sale or marketing. With respect to property acquired for personal, family, or household purposes, replacement value means the price a retail merchant would charge for property of that kind considering the age and condition of the property at the time value is determined.

\_\_\_\_\_ You must state your current monthly income which is calculated as the average of the last full six months of your gross wages. Excluded from this amount will be certain governmental benefits and support payments.

\_\_\_\_\_ In determining whether or not you qualify for Chapter 7 relief or to calculate the amount required to pay to your creditors in a Chapter 13 case, from your current monthly income, you are allowed to deduct certain allowances for housing, transportation, food, and certain other allowable living expenses. These amounts are based on your income level and family size and are derived from the standards Formulated by the Internal Revenue Service.

\_\_\_\_\_ You must list for the court the name, address, account number and balance for each of your creditors. This includes everyone, even family members, who you owe -- even if it is a debt you *will still owe* at the *conclusion* of your bankruptcy case. The appropriate address will be the correspondence address listed at least twice on two communications you have received from your creditor in the past 90 days. The balance owed will be the most recent balance listed on your most recent statement.

\_\_\_\_\_ Certain property that you own may be exempt from creditors. To determine what property is exempt and how much the exemption is, it will be necessary for you to advise of your current and past address(es) for the past 2.5 years. Your residency will dictate what your allowable exemptions are.

CERTIFICATION BY DEBTOR

I certify that I have received these instructions and have responded to the questions herein truthfully, accurately and completely.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

*NOTE: After reading each instruction, please gather the appropriate documentation and initial in the blank.*

## SCHEDULE A: CHECKLIST OF INFORMATION TO BE PROVIDED

	Copy of last tax return (1040, 1040A, etc.) Filed.
	Last 6 months of check stubs from employer.
	Briefing certificates from an approved credit counseling provider. We will provide you with a pamphlet with instructions to secure your certificates. There are 2 parts to the counseling requirement- a pre-filing certificate and a pre-discharge certificate. At the conclusion of each session, they will provide us with the certificates to file with the court as proof that you completed this requirement.
	Recent credit report to help fill out your creditor's information in packet. By obtaining a copy of your credit report, this will ensure that you have included all creditors in your bankruptcy. But creditors are not required to report to the credit bureaus (This may be obtained free of charge by visiting <a href="http://www.annualcreditreport.com">www.annualcreditreport.com</a> )
	Copies of all deeds for every real estate transaction for the past 10 years.
	Copies of all divorce and or child support orders.
	Verified statement from child support office that there are no arrear or statement of the correct amount of child support arrears.
	Copies of all contracts or loan documents for vehicles, homes and any other secured debt.
	Documentation of all educational IRAs or Stat Tuition Program accounts.
	Proof of Insurance for vehicles, homes and any other property for which you owe money.
	Two forms of identification showing current address. One must be a photo ID such as a driver's license or Passport. The other must be a social security card or W2 with full social security number.
	Most recent property tax card.
	Budget (form included in this packet.)

I understand that these documents are required for the attorney to adequately inform me of my bankruptcy and non-bankruptcy options and for filing of a bankruptcy petition.

DATE: \_\_\_\_\_

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

**PRE-FILING DEBT COUNSELING REQUIREMENT:**

You are not eligible to file a bankruptcy unless you receive an individual or group briefing from an approved non-profit budget and counseling agency. The briefing must outline your opportunities for available credit counseling and assist you in performing a related budget analysis. It must occur within 180 days prior to the filing of your bankruptcy. It can take place over the telephone or Internet. If you have not yet received the counseling, you will need to do before filing.

For your convenience, we will provide you with the information for a counseling agency. The brochure will provide you with an attorney code that will allow you full access to your counseling session. The company will email your certificate to us directly.

Upon completion of your counseling you will be provided with a certificate of completion and forms showing budgets and plans that were formulated specifically for you.

Of course you may choose to do your counseling through another agency of your choosing, we are providing this to you for your convenience. Should you choose another approved agency, you will be responsible for providing us with a copy of your counseling certificate.

**CERTIFICATION OF DEBTOR**

I certify that I have read the Pre-filing Debt Counseling requirements, and I understand that I must complete my credit counseling before my bankruptcy petition can be filed.

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Date

**"PRE-DISCHARGE" PERSONAL FINANCIAL MANAGEMENT REQUIREMENT:**

\_\_\_\_\_ You are not eligible for a discharge under a Chapter 7 or a Chapter 13 unless you complete a personal financial *management* course. If *you are* in a Chapter 7, *this course must* be completed no later than 45 days following your Meeting of Creditors. If you are in a Chapter 13, you must complete this course prior to making your last payment.

\_\_\_\_\_ For your convenience we have joined Debthelper.com. The charge for the pre-discharge financial management course is fourteen (\$14.00) if completed online.

\_\_\_\_\_ Once you have successfully completed this course, you will receive certificate that we must *provide to the Court as* proof of completion of this requirement.

\_\_\_\_\_ If you have filed a joint bankruptcy each Debtor must complete their own financial management course, however, you will only be charged 1 time per household, if you use the agency we have provided.

\_\_\_\_\_ Of course you may choose to do your pre-discharge financial management course through any approved organization. If you choose to do so you will be responsible for providing us with a copy of your certificate(s) for filing with the Court.

\_\_\_\_\_ If you fail to complete this course your bankruptcy will be closed without a discharge and you will be responsible for the filing fee to re-open to your case to file the pre-discharge certificate.

**CERTIFICATION OF DEBTOR**

I certify that I have read the Pre-discharge financial management course requirements, and I understand that I must pay for the class and make sure my attorney has a copy to file with the court before 45 days has passed following the Meeting of Creditors.

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Date

## Median Income Table for Bankruptcy Filings (Effective Nov. 1, 2025 – Used in 2026)

State / Territory	1 Person	2 People	3 People	4 People
Alabama	\$62,672	\$75,465	\$90,321	\$104,003
Alaska	\$83,617	\$109,662	\$109,662	\$138,492
Arizona	\$72,039	\$86,745	\$102,274	\$118,067
Arkansas	\$56,923	\$71,742	\$80,218	\$94,566
California	\$77,221	\$100,161	\$113,553	\$135,505
Colorado	\$85,685	\$106,690	\$127,495	\$149,566
Connecticut	\$82,141	\$103,501	\$131,022	\$155,834
Delaware	\$67,733	\$92,445	\$108,420	\$128,854
District of Columbia	\$83,202	\$157,259	\$157,259	\$162,327
Florida	\$68,085	\$84,305	\$95,039	\$111,819
Georgia	\$66,722	\$82,787	\$98,877	\$120,315
Hawaii	\$83,068	\$103,479	\$120,289	\$138,536
Idaho	\$71,531	\$83,951	\$95,859	\$116,594
Illinois	\$71,304	\$91,526	\$110,712	\$134,366
Indiana	\$62,808	\$79,884	\$93,175	\$112,691
Iowa	\$65,883	\$86,523	\$101,463	\$122,826
Kansas	\$67,423	\$85,199	\$101,189	\$122,741
Kentucky	\$60,071	\$71,998	\$83,027	\$106,637
Louisiana	\$57,923	\$70,493	\$82,433	\$100,971
Maine	\$73,946	\$88,126	\$104,083	\$128,204
Maryland	\$84,699	\$111,673	\$132,464	\$161,913
Massachusetts	\$85,941	\$109,818	\$135,837	\$173,947
Michigan	\$65,625	\$81,293	\$100,797	\$119,856
Minnesota	\$75,704	\$95,807	\$123,244	\$146,039

Mississippi	\$52,594	\$68,525	\$80,722	\$94,965
Missouri	\$63,306	\$79,971	\$97,658	\$115,491
Montana	\$69,482	\$89,107	\$100,637	\$118,578
Nebraska	\$65,206	\$88,402	\$100,754	\$121,867
Nevada	\$70,370	\$85,660	\$99,032	\$111,184
New Hampshire	\$85,049	\$106,521	\$137,902	\$151,224
New Jersey	\$84,938	\$104,136	\$133,620	\$163,817
New Mexico	\$64,537	\$77,534	\$85,784	\$96,074
New York	\$71,393	\$90,520	\$112,616	\$135,475
North Carolina	\$65,396	\$82,221	\$98,932	\$113,744
North Dakota	\$71,663	\$93,882	\$103,951	\$134,284
Ohio	\$64,541	\$81,578	\$99,876	\$120,531
Oklahoma	\$59,611	\$75,229	\$84,618	\$99,188
Oregon	\$77,061	\$91,268	\$113,736	\$136,434
Pennsylvania	\$70,378	\$85,290	\$107,327	\$132,379
Rhode Island	\$75,662	\$96,205	\$116,357	\$133,954
South Carolina	\$63,146	\$81,614	\$93,219	\$113,332
South Dakota	\$67,416	\$87,506	\$98,297	\$127,386
Tennessee	\$62,339	\$80,722	\$95,011	\$106,775
Texas	\$65,123	\$84,491	\$96,728	\$114,938
Utah	\$85,644	\$93,302	\$109,860	\$128,363
Vermont	\$70,603	\$94,477	\$111,150	\$134,056

Virginia	\$76,479	\$98,577	\$120,001	\$141,113
Washington	\$86,314	\$104,354	\$128,360	\$152,553
West Virginia	\$62,270	\$66,833	\$89,690	\$91,270
Wisconsin	\$69,343	\$87,938	\$105,734	\$129,964
Wyoming	\$69,906	\$89,156	\$95,951	\$107,469
Puerto Rico	\$25,037	\$32,494	\$40,327	\$48,153

Note: For households larger than four, add \$11,100 for each additional person. Source: U.S. Trustee Program, Department of Justice.

## STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. §341

### INTRODUCTION

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of...

- (1) the potential consequences of seeking a discharge in bankruptcy including the effects on credit history;
- (2) the effect of receiving a discharge of debts
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute to legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer:

### WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharge in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a Chapter 7 discharge once every eight (8) years.

### WHAT ARE THEN POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed for bankruptcy.

### WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you *promise* to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting of the creditors.

Reaffirmation agreements are strictly voluntary --- they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues your discharge order within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

### OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five-year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtor's farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,347,500 (\$836,900 in unsecured debts and \$1,010,650 in secured debts).

**AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.**

\_\_\_\_\_  
Debtor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Debtor's Signature

\_\_\_\_\_  
Date

**United States Bankruptcy Court  
Eastern District of Tennessee**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

for legal services, I have agreed to accept ..... \$ \_\_\_\_\_  
Prior to the filing of this statement, I have received ..... \$ \_\_\_\_\_  
BBI d l l C e                      DUE ..... \$ \_\_\_\_\_

2. The source of the compensation paid to me was:

Debtor                       Other (specify):

3. The source of compensation to be paid to me is:

Debtor                       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]  
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(l)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
Representation of the debtors in any discharge ability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

---

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Da ted: \_\_\_\_\_  
  
C. KELLY WILSON  
Wilson & Haynes  
100 Public Square East  
P.O. Box 103  
Shelbyville, TN 37162  
931-684-5424 Fax: 931-684-6442  
bankruptcy@wilsonhayneslawfirm.com

I AGREE TO BE BOUND BY THE TERMS OUTLINED IN THE ABOVE DISCLOSURE OF COMPENSATION.

**DATED:** \_\_\_\_\_  
CLIENT

**DATED:** \_\_\_\_\_  
CLIENT



3. The source of the compensation paid to me is:

Debtor     Other:

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

Or

I have agreed to share the above-disclosed compensation with a person or persons who are not members of my law firm. A copy of the agreement and a list of the names of the people sharing in the compensation are attached.

**ATTORNEY'S CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or an'angement for payment to me for representation of the debtor in connection with this chapter 13 case. I further certify that the Base Fee set forth above is based on the consideration of the benefit and necessity of my services to tho debtor and all other relevant factors, including the time spent or to be spent on such services, the rates charged for such services, the total amount of the secured and unsecured debt, the nature of the case (whether consumer or business), and the complexity of the case. I further certify that I have furnished a copy of this fee disclosure to the debtor and the chapter 13 trustee.

Dated: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ATTORNEY  
C. KELLY WILSON  
Wilson & Haynes  
100 Public Square East  
P.O. Box 103  
Shelbyville, TN 37162  
931-684-5424  
Fax: 931-684-6442  
bankruptcy@wilsonhayneslawfirm.com

I AGREE TO BE BOUND BY THE TERMS OUTLINED IN THE ABOVE DISCLOSURE OF COMPENSATION.

DATED: \_\_\_\_\_

\_\_\_\_\_  
CLIENT

DATED: \_\_\_\_\_

\_\_\_\_\_  
CLIENT

ADDENDUM TO CONSULTATION AGREEMENT

The undersigned Client has consulted with Attorney concerning bankruptcy assistance. Additional information is needed for Attorney to more completely counsel Client on Client's options. The parties agree as follows:

1. Client shall provide Attorney with the information set-out on the attached Schedule A.
2. Upon obtaining the information, Attorney will consult with Client and provide additional information and advice to Client concerning Client's bankruptcy and non-bankruptcy options. Specific services to be provided by Attorney are as follows: calculation of means test and/or disposable income test and calculation of Chapter 13 plan payment.

The fees for such additional services are as follows:

- A. If Debtor retains Attorney to represent him in filing his bankruptcy, there are no additional fees, other than the base fee rate included in the Contact for Bankruptcy Services.
- B. If Debtor does not retain Attorney to represent him in filing his bankruptcy and Debtor has already had his free first consultation with Attorney, the fee will be \$ \_\_\_\_\_ an hour for all services performed in advising Debtor of his bankruptcy and non-bankruptcy options. Said fee is due and payable at the time the bankruptcy assistance is provided.

Date: \_\_\_\_\_ Attorney: \_\_\_\_\_

Date: \_\_\_\_\_ Client: \_\_\_\_\_

Date: \_\_\_\_\_ Client: \_\_\_\_\_

Client Questionnaire Section I  
- Basic Information

Part A. Name and Address

Name: \_\_\_\_\_

Have you used any other names in the past eight years?  No  Yes

*If yes, please list other names used:*

Telephone Numbers\Email address:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number:

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Have you lived at this address for at least 730 days (2 years)?  No  Yes

*If you answered no to either of the questions above, please list your previous address:*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If you have a different mailing address, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: \_\_\_\_\_

Has your spouse used any other names in the past eight years?  No  Yes

*If yes, please list other names used:*

Telephone Numbers\Email address:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number:

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

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

Address: enter *only* if different address/ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Mailing Address (enter if only different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Part C. Prior and/or Pending Bankruptcy Cases**

Have you filed a bankruptcy case 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 involving you, your business, your spouse, or your spouse's business  No  Yes

If yes, name of debtor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

District (If known): \_\_\_\_\_

Judge (If known): \_\_\_\_\_

**Part D. Exhibit "C" to the Voluntary Petition (Hazards to Public Health\Safety)**

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 list and describe the property:

**Part E. Debtors who reside as Tenants of Residential Property**

If you rent your place of residence, does a landlord hold a judgment against you?  No  Yes If

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

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2 - Property

### Part A. Real Estate (Schedule A)

List ALL real estate which you individually or jointly own. This could include your primary residence (house, condo or apartment (if owned)), additional residence (house, condo or apartment (if owned)), rental property, burial plot, undeveloped land and farm land:

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below	Estimated Value of Property	If filing jointly: Owned by Husband and wife, jointly or Community	If you are not the only owner: Please enter the % of the property you own?	Office use only <i>Exemptions?</i>
Address:      Description:	1. Who issued the mortgage, lien or loan? <i>(Name and Address)</i>  2. What is the amount of the mortgage, lien or loan?  3. What is your current interest rate on the loan?  4. What is your monthly payment?  5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes  6. How many payments are left?				
Address:      Description:	1. Who issued the mortgage, lien or loan? <i>(Name and Address)</i>  2. What is the amount of the mortgage, lien or loan?  3. What is your current interest rate on the loan?  4. What is your monthly payment?  5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes  6. How many payments are left?				

If you have additional property, please list the necessary information on a separate page and attach to this questionnaire.

**Part B. Personal Property (Schedule B)**

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Do you own this type of Property?	Description and location of Property	Value of Property	If filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only
1. Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes				
2. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes				
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> No <input type="checkbox"/> Yes				
4. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes				
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes				
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes				
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes				
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes				
9. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes				
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes				
11. Interest in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and Location of Property	Value of Property	If Filing Jointly: Owned by Husband, Wife, Joint or Community?	Office Use Only:
12. Interests in pension or profit-sharing plans.	<input type="checkbox"/> No <input type="checkbox"/> Yes				
13. Stock and Interest in incorporated/unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes				
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
16. Accounts receivable.	<input type="checkbox"/> No <input type="checkbox"/> Yes				
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes				
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes				
20. Interests in estates of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes				
21. Other Contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes				
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes				
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Type of Property	Do you own this type of property?	Description and location of Property	Value of Property	If filing jointly: Owned by Husband, wife, jointly or Community?	Office Use only
24. Customer list or other compilation	<input type="checkbox"/> No <input type="checkbox"/> Yes				
25. Automobiles, trucks, Trailer, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
26. Boats, Motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes				
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes				
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes				
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes				
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes				
32. Crops: growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes				
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes				
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes				
35. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes				

### Section 3- DEBTS

#### Part A. Debts Secured by Property

Please list below all debts that you OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only <i>Exemptions?</i>
Home Loan And or Mortgage	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:   3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No  <input type="checkbox"/> Yes	
Home Loan And or Mortgage	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:   3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

Please list below all debts that you OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only <i>Exemptions?</i>
Car Loans	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Car Loans	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other property loans	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	

## Part B. Unsecured Debt

Please list below all unsecured debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only <i>Exemptions?</i>
Other Loans	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:   3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Loans	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:   3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other loans	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:   3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only <i>Exemptions?</i>
Credit Cards	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:    3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address		
Credit Cards	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:    3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address		
Credit Cards	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:    3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address		

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only <i>Exemptions?</i>
Other Loans	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:  3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Loans	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:  3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other loans	1. Amount Owed (Amount of claim):  2. Creditor Name and Address:  3. Account Number, If any:  4. Date/ range of dates when debt was incurred:  5. Contact person's name and address if different:	1. Describe property:  2. Monthly payment amount:  3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	

## Part C. Medical Debts

Please list below all unpaid medical bill debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only <i>Exemptions?</i>
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only <i>Exemptions?</i>
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	1. Amount Owed (Amount of claim): 2. Creditor Name and Address: 3. Account Number, If any: 4. Date/ range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Codebtor	Do you dispute the debt?	Office use only <i>Exemptions?</i>
Unpaid Medical Bills	<ol style="list-style-type: none"> <li>1. Amount Owed (Amount of claim):</li> <li>2. Creditor Name and Address:</li> <li>3. Account Number, If any:</li> <li>4. Date/ range of dates when debt was incurred:</li> <li>5. Contact person's name and address if different:</li> </ol>	<ol style="list-style-type: none"> <li>1. Describe property:</li> <li>2. Monthly payment amount:</li> <li>3. Number of payments remaining:</li> </ol>	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	<ol style="list-style-type: none"> <li>1. Amount Owed (Amount of claim):</li> <li>2. Creditor Name and Address:</li> <li>3. Account Number, If any:</li> <li>4. Date/ range of dates when debt was incurred:</li> <li>5. Contact person's name and address if different:</li> </ol>	<ol style="list-style-type: none"> <li>1. Describe property:</li> <li>2. Monthly payment amount:</li> <li>3. Number of payments remaining:</li> </ol>	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unpaid Medical Bills	<ol style="list-style-type: none"> <li>1. Amount Owed (Amount of claim):</li> <li>2. Creditor Name and Address:</li> <li>3. Account Number, If any:</li> <li>4. Date/ range of dates when debt was incurred:</li> <li>5. Contact person's name and address if different:</li> </ol>	<ol style="list-style-type: none"> <li>1. Describe property:</li> <li>2. Monthly payment amount:</li> <li>3. Number of payments remaining:</li> </ol>	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address	<input type="checkbox"/> No <input type="checkbox"/> Yes	

## Part D. Tax Debts

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Codebtor	Do you dispute the debt?	Office Use Only
Unpaid taxes	<p>1. Amount Owed (amount of claim):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
Unpaid taxes	<p>1. Amount Owed (amount of claim):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p> <p>6. Any additional information about the debt:</p>	<p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	

Part E. Student Loan Debts

Please list below all Student Loan debts that you owe OR that creditors claim you owe

Type of Debt	Creditor Information	Codebtor	Do you dispute the debt?	Office use only
Student Loan	1. Amount Owed (amount of claim):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No  <input type="checkbox"/> Yes  If yes, please provide name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe.

Please describe the type of debt. (i.e. unpaid rent, alimony, child support, service fees, other bank loans)	Creditor Information	Codebtor	Do you dispute the debt?	Office Use only
Describe:	1. Amount Owed (amount of claim):  2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No  <input type="checkbox"/> Yes  If yes, please provide name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	

## Part F. Other Debts

Please list below all debts not listed above that you owe OR that creditors claim you owe

Please describe the type of debt. (i.e. unpaid rent, alimony, child support, service fees, other bank loans)	Creditor Information	Codebtor	Do you dispute the debt?	Office Use only
Describe:	1. Amount Owed (amount of claim):  2. Creditor Name and Address:   3. Account Number, if any:  4. Date/range of dates when debt was incurred:  5. Contact person's name and address if different:  6. Any additional information about the debt:	Is there a codebtor or cosigner on this loan?  <input type="checkbox"/> No  <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No  <input type="checkbox"/> Yes	



Section 5 - Current Income Part

A. Marital Status and Dependents

Please select your current Marital Status:

- Single
 Married
 Divorced
 Separated
 Widowed

Part B. Debtor's Employer Information

Name and Address of your employer:

Four horizontal lines for entering employer name and address.

How long have you been employed at this job:
Occupation (please state job title or provide brief description):

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

Name and Address of your spouse's employer:

Four horizontal lines for entering spouse's employer name and address.

How long has spouse been employed at this job:
Occupation (please state job title or provide brief description):

Part D. Debtor's Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out?.....

How often do you get paid? [ ] once a week [ ] every two weeks
[ ] twice a month [ ] once a month [ ] other

What is your estimated overtime pay per month? .....

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total) .....

How much is taken out of each paycheck for Mandatory Contributions to Retirement? .....

How much is taken out of each paycheck for Voluntary Contributions to Retirement? .....

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? .....

How much is automatically deducted for insurance? .....

How much is taken out for Domestic Support Obligations? .....

How much is deducted for union dues? .....

Other Deduction (describe): .....

Other Deduction (describe): .....

Other Deduction (describe): .....

Do you receive income from business operations outside of your regular paycheck listed above\*
[ ] No [ ] Yes

If yes, how much do you receive per month?.....

Do you receive income from interest or dividends outside of your regular paycheck listed above?
[ ] No [ ] Yes

If yes, how much do you receive per month?.....

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

No  Yes

If yes, how much do you receive per month?.....

Do you receive income from Unemployment?

No  Yes

If yes, how much do you receive per month?.....

Do you receive income from Social Security?

No  Yes

If yes, how much do you receive per month?.....

Do you receive monetary government assistance?

No  Yes

If yes, please describe: .....

How much do you receive per month? .....

Do you receive retirement or pension money?

No  Yes

If yes, how much do you receive per month?.....

Do you have any other source of income not listed?

No  Yes

If yes, please describe .....

How much do you receive per month? .....

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

No  Yes

If yes, please describe .....

**Part E. Joint Debtor's (Spouse's) Wage Information**

What is the gross amount of your paycheck, before taxes/other deductions are taken out?.....

How often do you get paid?  once a week  every two weeks  
 twice a month  once a month  other .....

What is your estimated overtime pay per month? .....

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total)

How much is taken out of each paycheck for Mandatory Contributions to Retirement? .....

How much is taken out of each paycheck for Voluntary Contributions to Retirement? .....

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? .....

How much is automatically deducted for insurance? .....

How much is taken out for alimony or family support for the care of your dependents? .....

How much is deducted for union dues? .....

Other Deduction (describe): .....

Other Deduction (describe): .....

Other Deduction (described): .....

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

Yes

If yes, how much do you receive per month?.....

Do you receive income from interest or dividends outside of your regular paycheck listed above?  No

Yes

If yes, how much do you receive per month?.....

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

No  Yes

If yes, how much do you receive per month?..... \_\_\_\_\_

Do you receive income from Unemployment\*

No  Yes

If yes, how much do you receive per month†..... \_\_\_\_\_

Do you receive income from Social Security<sup>2</sup>

No  Yes

If yes, how much do you receive per month?..... \_\_\_\_\_

Do you receive monetary government assistance?

No  Yes

If yes, please describe: \_\_\_\_\_

How much do you receive per month? ..... \_\_\_\_\_

Do you receive retirement or pension money?

No  Yes

If yes, how much do you receive per month?..... \_\_\_\_\_

Do you have any other source of income not listed?

No  Yes

If yes, please describe \_\_\_\_\_

How much do you receive per month? ..... \_\_\_\_\_

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

No  Yes

If yes, please describe \_\_\_\_\_

### Section 6 - Current Expenses

1. Is this a Joint Filing with your Spouse?

No  Yes

If Yes, does the Joint Debtor live in a separate household?

No  Yes

2. 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.

8. Do your expenses include another person's expenses other than yourself and your dependents†

No  Yes

Indicate how much you pay for each item each month:

4. Primary Rent or Home Mortgage: \$ \_\_\_\_\_  
Does that amount include real estate taxes?  
 No  Yes  
If yes, how much do you pay† \$ \_\_\_\_\_  
Does that amount include property, homeowner's, or renter's insurance?  
 No  Yes  
If yes, how much do you pay? \$ \_\_\_\_\_  
Does that amount include any home maintenance, repair, or upkeep expenses?  
 No  Yes  
If yes, how much do you pay? \$ \_\_\_\_\_  
Does that amount include any Homeowner's association or condominium dues?  
 No  Yes  
If yes, how much do you pay? \$ \_\_\_\_\_

5. Are there Additional Mortgage payments? \$ \_\_\_\_\_  
 No  Yes  
If yes, how much do you pay? \_\_\_\_\_

6. Utilities:  
a. Electricity and heating fuel: ..... \$ \_\_\_\_\_  
b. Water and sewer: ..... \$ \_\_\_\_\_  
c. Telephone service/long distance: ..... \$ \_\_\_\_\_  
d. Do you have any other utility bills† If yes, describe and enter monthly amount below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Food and housekeeping supplies ..... \$ \_\_\_\_\_  
8. Childcare and Children Education Costs ..... \$ \_\_\_\_\_  
9. Clothing, laundry, and dry cleaning: ..... \$ \_\_\_\_\_  
10. Personal care products and services: ..... \$ \_\_\_\_\_  
11. Medical and dental expenses: ..... \$ \_\_\_\_\_  
12. Transportation (do NOT include car payments)..... \$ \_\_\_\_\_  
13. Recreation, entertainment, newspapers, magazines, and books: ..... \$ \_\_\_\_\_  
14. Charitable contributions and religious donations: ..... \$ \_\_\_\_\_

15. Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: **(Do not include amounts entered in Line 4 or Line 20)**  
a. Life insurance: ..... \$ \_\_\_\_\_  
b. Health insurance: ..... \$ \_\_\_\_\_  
c. Auto insurance: ..... \$ \_\_\_\_\_  
d. Other insurance (describe and list monthly amount):  
\_\_\_\_\_  
\_\_\_\_\_

16. Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. *Installment payments for car, furniture, etc. (Describe):*

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

18. Alimony, maintenance and support paid to others:..... \$

19. Payments for support of additional dependent's not living at your home: .....\$

20. Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5)

a. Mortgage payment on other Real Estate Property \$

b. Taxes on other Real Estate Property \$

c. Other Real Property, Homeowner's, or Renter's Insurance payments \$

d. Home maintenance (including repairs and upkeep) \$

e. Homeowner's association or condominium dues \$

21. Other expenses (*Describe*). (please see "Additional Expenses" below before putting anything here)

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

Describe any increase or decrease in expenses you expect to occur within the next year?

\_\_\_\_\_

Due to the nature of the Federal Bankruptcy forms, there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

**Additional Expenses (707(b) Expenses 7 or Form 22)**

26. or 31. Mandatory payroll deductions not already listed:

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

29. or 34. Court ordered payments not already listed:

\_\_\_\_\_  
\_\_\_\_\_ \$

Education for employment or for a physically or mentally challenged child: ..... \$

30. or 35. Child care (*babysitting, day care, nursery & preschool, etc.*) ..... \$

34b. or 39b. Disability Insurance (*if not listed above*) ..... \$

34c. or 39c. Health Savings Account: ..... \$

35. or 40. Care for elderly, chronically ill or disabled family members: ..... \$

36. or 41. Protection from family violence: ..... \$

38. or 43. Education expense for your children under 18:.....\$

55. (*c13's*) Non-mandatory contributions to retirement accounts (*including loan repayments*):

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

## Section 7 - Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you know that 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.

If you have no information to report for a question, check the "NONE" box.

### 1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the two years immediately preceding this calendar year, check this box:

NONE

#### Debtor

Period	Dollar Amount you were paid	Source (i.e. employer name or business name)
January 1 of this year through date of commencement of case	_____	_____
Last year (January 1 - December 31)	_____	_____
The year before last (January 1 - December 31)	_____	_____

#### Joint Debtor or Spouse (if applicable)

Period	Dollar Amount you were paid	Source (i.e. employer name or business name)
January 1 of this year through date of commencement of case	_____	_____
Last year (January 1 - December 31)	_____	_____
The year before last (January 1 - December 31)	_____	_____

### 2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the two years immediately preceding the commencement of this case:

NONE

#### Debtor

Period	Dollar Amount you were paid	Source
During the last year	_____	_____
Year before last	_____	_____

#### Joint Debtor or Spouse (if applicable)

Period	Dollar Amount you were paid	Source
During the last year	_____	_____
Year before last	_____	_____

### 3. Payments to creditors

a. **If your debts are primarily consumer debts (i.e. non-business),** list all payments totaling over \$600 made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (\*) any payments that were made on account of a domestic support obligation {i.e. alimony, child support, etc.) or that were made as part of an alternative repayment plan.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed
_____	_____	_____	_____

b. If your debts are primarily non-consumer debts (*i.e. business*), list all payments totaling over \$5,850 made within the last 90 days to any creditor.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed
------------------------------	-------------------	-------------	-------------------

c. All creditors, list all payments made within one year to any "insider" or for the benefit of any "insider". (*"Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.*)

NONE

Name and Address of Creditor / Relationship to Debtor	Dates of Payments	Amount Paid	Amount Still Owed
--	-------------------	-------------	-------------------

4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within one year preceding the filing of this case.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
---------------------------------	----------------------	---------------------------------	-----------------------

b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within one year immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company for Whom the Property was Seized (Creditor)	Date of Seizure	Description and Value of Property
---	-----------------	-----------------------------------

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.

NONE

Name and Address of Creditor	Date of Repossession	Description and Value of Property
------------------------------	----------------------	-----------------------------------

Foreclosure, Transfer or Return

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case.

NONE

Name and Address of Assignee

Date of Assignment

Terms of Assignment/Settlement

b. 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.

NONE

Name and Address of Custodian	Name and location of Court	Date of Order	Description and Value of Property
_____	Case Title and Number _____	_____	_____

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

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift
_____	_____	_____	_____

8. Losses

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

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
_____	_____	_____

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

@ NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/Description and Value of Property
_____	_____	_____	_____

10. Other transfers (including sale of your property)

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

NONE

Name and Address of Transferee / Relationship to Debtor	Date of Transfer	Description of Property and Value Received
_____	_____	_____

b. List all property you transferred within 10 years immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
_____	_____	_____

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.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
_____	_____	_____

12. Safe deposit boxes

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

NONE

Name and Address of Bank or Other Depository	Name and Address of those with Access to Box or Depository	Description of Contents	Date of Transfer, if any
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13. Setoffs

List all set offs made by any creditor, including a bank, against a debt or deposit of yours within 90 days preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
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14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

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

15. Prior address of debtor

If you have moved within the three years immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
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16. Spouses and 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 the **eight-year** period immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name
------

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes material into the air, land, soil surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which you 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.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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b. 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.

NONE

Site Name and Address                      Name and Address of Governmental Unit                      Date of Notice                      Environmental Law

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which 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.

NONE

Name and Address of Governmental Unit                      Docket Number                      Status or Disposition

18. Nature, location and name of business

a. 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, partnership, sole partnership, or was a self-employed professional within the 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 the 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 the six years immediately preceding the commencement of this case.

NONE

<u>Name</u>	<u>Taxpayer I.D. Number (EIN)</u>	<u>Address</u>	<u>Nature of Business</u>	<u>Beginning and End Dates of Operation</u>
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as define in 11 U.S.C. § 101.

NONE

<u>Name</u>	<u>Address</u>
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The following questions, #19-25, are only to be answered if you are a **corporation** or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than limited partner, of a partnership; a sole **proprietor**, or otherwise self-employed.

19. Books, records, and financial statements

a. List all bookkeepers and accountants who, within the two years immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

NONE

<u>Name and Address</u>	<u>Dates Services Rendered</u>
-------------------------	--------------------------------

b. List all firms or individuals who, within the 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.

NONE

<u>Name</u>	<u>Address</u>	<u>Dates Services Rendered</u>
-------------	----------------	--------------------------------

c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

Name and Address

Comments

d. 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.

NONE

Name and Address

Dates Issued

20. Inventories

a. 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.

NONE

Date of Inventory

Inventory Supervisor

Dollar Amount of Inventory (specify cost, market, or other basis)

b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory

Name and Address of Custodian of Inventory Records

21. Current partners, officers, directors, and shareholders

a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address

Nature of Interest

Percentage of Interest

b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or holds 5% or more of the voting securities of the corporation.

NONE

Name and Address

Title

Nature and Percentage of Stock Ownership

22. Former partners, officers, directors and shareholders

a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE

Name and Address

Date of Withdrawal

b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NONE

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date of Termination

23. Withdrawals from a partnership or distributions by a corporation

If your business 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.

NONE

\_\_\_\_\_  
Name and Address of Recipient, and

\_\_\_\_\_  
Date and Purpose of Withdrawal

\_\_\_\_\_  
Amount of Money or Description and

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Value of Property

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 the six-year period immediately preceding the commencement of the case.

NONE

\_\_\_\_\_  
Name of Parent Corporation

\_\_\_\_\_  
Taxpayer Identification Number

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 the six-year period immediately preceding the commencement of the case.

NONE

\_\_\_\_\_  
Name of Pension Fund

\_\_\_\_\_  
Taxpayer Identification Number