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READ THIS BEFORE FILLING OUT THIS FORM

Do not fill out this form until you have spoken with someone from Oregon Fresh Start. We want you to be familiar with the bankruptcy process. A consultation will help you know what you can expect from us and what will be expected from you. Also, we will discuss fees so there are no surprises. If you have not yet spoken with anyone from Oregon Fresh Start, you can contact Dale Smith at 541-382-3402 or at the following email address: oregonfreshstart@gmail.com

I have attempted to make this questionnaire as simple as possible to complete. The information required in this form is information that is required to prepare a bankruptcy petition for filing with the court. You must make a full disclosure of all of your financial affairs. If you do not and I find out about it, I am required to notify the court and you will be required to sign corrected documents for filing with the court. Depending upon the nature of the corrected information, the court may do nothing or the court may dismiss your bankruptcy. In addition, the FBI investigates bankruptcy crimes. Federal law provides severe penalties for bankruptcy crimes, which include bribery, hiding assets, making false statements, making fake claims, filing under a false name and perjury. Title 18, United States Code, Sec. 152, et. seq. provides penalties of up to 5 years imprisonment or a fine of not more than \$250,000 or both. The bottom line - FILL THIS FORM OUT COMPLETELY AND ACCURATELY! If you leave out information, it will simply slow down the process because you will need to be asked for it again.

In completing this questionnaire, you will be asked for information concerning yourself, your assets, your debts, your income, your expenses and your general finances. If any section requests information that does not pertain to you, skip that section.

Full Disclosure

Remember that Bankruptcy Petitions are sworn under penalty of perjury and require full disclosure of all assets, liabilities and creditors. Even loans to a relative or a member of your immediate family (or who is a partner, ex-spouse, close friend, etc.) must be fully disclosed.

Please note that the following information is REQUIRED in preparation of your petition in addition to, and/or accompanying the completed Client Information package. Please bring this information to your scheduled appointment.

1. Current personal information. Please provide current phone numbers and addresses where you can be reached during the Bankruptcy process. If any of this information changes, please contact us as soon as possible to update your information.
2. A copy of your social security card and drivers license.
3. A copy of any deeds for any real estate owned by you or in which you have had any interest in within the last 3 years.
4. Registration titles for any vehicles, boats, trailers, mobile homes or any other personal property that is titled.

5. Pay stubs for the last 6 months.
6. Copies of your tax returns for last year and the year before.
7. Bank statements.
8. Statements from all retirement and non-retirement accounts, such as 401(k)s, IRAs, mutual funds, etc.

GENERAL INFORMATION

Please fill out **ALL** the information requested in these forms. If a question or section does **NOT** apply to you, write "N/A" in the space. (N/A means "not applicable.")

References in this questionnaire will be to "Debtor 1" and "Debtor 2" rather than to "Husband" and "Wife." Make sure the information you list for "Debtor 1" and "Debtor 2" is always for the same person throughout this questionnaire.

DEBTOR 1

First Name	Middle (spell out)	Last
Social Security Number		Date of Birth (Month, Day, Year)
Street Address		
City	State	Zip
County	Length of Time at This Address	
Home Phone		Mobile Phone
Email address:		
MAILING ADDRESS – If you would like any correspondence by the bankruptcy court to be sent to a different mailing address than provided above (i.e., P. O. Box, etc.), please provide that address: <hr/> <hr/> <hr/>		

DEBTOR 2

First Name	Middle (spell out)	Last
Social Security Number		Date of Birth
Address (if living separately)		
City	State	Zip

Has either Debtor 1 or Debtor 2 been known by any other name(s) during the past 8 years?

Yes No

(Example: maiden name, last name from previous marriage, legal name change, etc.)

If yes, write the **NAME KNOWN AS** and **DATE(S) THIS NAME WAS USED** below:

Name Used _____

Name Used _____

Has either Debtor 1 or Debtor 2 used a business name during the past 8 years?

Yes No

If yes, give the business name and the Employer Identification Number (EIN)

Have you resided in the same state for at least three (3) years?

Yes No

If not, where have you resided?

Are you filing this bankruptcy petition with your spouse?

Yes No

If "no" please check one: Pending Divorce Unmarried Spouse Filing Separately

Other Reason _____

Have you filed bankruptcy within the last eight (8) years?

Yes No

If "yes" provide date(s) of filing and state where filed _____

What chapter? _____

Date bankruptcy was dismissed/discharged: _____

DEPENDENTS			
Name	Age	Relationship to You	Is this person/child living with you?
1.			Yes No
2.			Yes No
3.			Yes No
4.			Yes No

ASSETS

BANKRUPTCY LAW REQUIRES YOU TO **LIST EVERYTHING** YOU OWN OR ARE BUYING EVEN IF YOUR NAME IS NOT ON THE TITLE

The asset section is divided into three parts:

- 1 - Real estate -this includes the following
 - A - land you own or are buying
 - B - a house on land you own or are buying
 - C- a lease with an option to buy
 - D – mobile homes or manufactured homes
- 2 - Vehicles – this includes cars, trucks, motorcycles and ATVs
- 3 - Personal property – this includes all other property

REAL ESTATE

(If you own more than 2 pieces of real property, attach a separate page)

NOTICE: IF YOU OWN A MOBILE OR MANUFACTURED HOME, PLEASE FILL OUT THE SEPARATE SECTION BELOW

PARCEL 1

Check the type of real estate your own: House Condominium Vacant Lot Other

Name(s) on Deed _____

Address of Real Estate _____

Description of Real Estate: (example: 1,250 square foot home with 2 bedrooms, 2 baths, attached 2-car garage situated on 2 acres of ground with outbuildings) _____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date mortgage obtained _____

What are the monthly payments? _____ What is the pay-off amount of this mortgage? _____

Are you behind in payments? Yes No If yes, how much? _____

What interest rate do you pay? _____%

What year was your real estate last appraised? _____ What was the appraised value?

HOA/Condo Dues? Paid Monthly Quarterly Annually Are they current? Yes No

Do you intend to keep or surrender this home? KEEP SURRENDER

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date mortgage obtained _____

What are the monthly payments? _____ What is the pay-off amount of this mortgage? _____

Are you behind in payments? Yes No If yes, how much? _____

What interest rate do you pay? _____%

Is this real estate in the process of foreclosure action? Yes No

PARCEL 2

Check the type of real estate your own: House Condominium Vacant Lot Other

Name(s) on Deed _____

Address of Real Estate _____

Description of Real Estate: (example: 1,250 square foot home with 2 bedrooms, 2 baths, attached 2-car garage situated on 2 acres of ground with outbuildings) _____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date mortgage obtained _____

What are the monthly payments? _____ What is the pay-off amount of this mortgage? _____

Are you behind in payments? Yes No If yes, how much? _____

What interest rate do you pay? _____%

What year was your real estate last appraised? _____ What was the appraised value? _____

HOA/Condo Dues? Paid Monthly Quarterly Annually Are they current? Yes No

Do you intend to keep or surrender this home? KEEP SURRENDER

SECOND MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date mortgage obtained _____

What are the monthly payments? _____ What is the pay-off amount of this mortgage? _____

Are you behind in payments? Yes No If yes, how much? _____

What interest rate do you pay? _____%

Is this real estate in the process of foreclosure action? Yes No

MOBILE HOME

Name(s) on Title _____

Address of Mobile Home _____

Are the wheels completely removed from your mobile home and is it attached to the ground?

Yes No

Does your mobile home sit in a mobile home park? Yes No

If yes, what is the monthly lot rent? _____

Does your mobile home sit on land you own? Yes No

If yes, how large is the parcel of land? _____

Do you make separate payments for the land your mobile home sits on? Yes No

If yes, explain: _____

If you own the land free and clear, what is the value of this land? _____

Description of Mobile Home: (example, 28X40 doublewide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park)

Name of Mortgage Company _____

Address of Mortgage Company _____

City _____ State _____ Zip _____

Account Number _____ Date mortgage obtained _____

What are the monthly payments? _____ What is the pay-off amount of this mortgage? _____

Are you behind in payments? Yes No If yes, how much? _____

What interest rate do you pay? _____%

What year was your mobile home last appraised? _____ What was the appraised value? _____

MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, motor home, boats, trailers, campers, etc. that are TITLED IN YOUR (OR YOUR SPOUSE'S) NAME. **Use more sheets if you own more than 4 vehicles.**

VEHICLE 1

Type: Automobile Truck Motorcycle Motor Home Other: _____

Year _____ Make _____ Model _____

Describe condition of car (scratches, dents, engine, etc.) _____

Mileage _____

If you were to sell this car to a private party, how much could you get? _____

Name(s) on vehicle title _____

Is vehicle leased? Yes No What is the buy-out amount? _____

Name of company you make payments to for this vehicle _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Loan Established _____

Monthly Payment _____ How many months are you behind in payments? _____

What is the "pay off" amount on this vehicle? _____

Do you intend to: Keep Surrender

Did you own this vehicle before you obtained the above loan? Yes No

VEHICLE 2

Type: Automobile Truck Motorcycle Motor Home Other: _____

Year _____ Make _____ Model _____

Describe condition of car (scratches, dents, engine, etc.) _____

Mileage _____

If you were to sell this car to a private party, how much could you get? _____

Name(s) on vehicle title _____

Is vehicle leased? Yes No What is the buy-out amount? _____

Name of company you make payments to for this vehicle _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Loan Established _____

Monthly Payment _____ How many months are you behind in payments? _____

What is the "pay off" amount on this vehicle? _____

Do you intend to: Keep Surrender

Did you own this vehicle before you obtained the above loan? Yes No

VEHICLE 3

Type: Automobile Truck Motorcycle Motor Home Other: _____

Year _____ Make _____ Model _____

Describe condition of car (scratches, dents, engine, etc.) _____

Mileage _____

If you were to sell this car to a private party, how much could you get? _____

Name(s) on vehicle title _____

Is vehicle leased? Yes No What is the buy-out amount? _____

Name of company you make payments to for this vehicle _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Loan Established _____

Monthly Payment _____ How many months are you behind in payments? _____

What is the "pay off" amount on this vehicle? _____

Do you intend to: Keep Surrender

Did you own this vehicle before you obtained the above loan? Yes No

VEHICLE 4

Type: Automobile Truck Motorcycle Motor Home Other: _____

Year _____ Make _____ Model _____

Describe condition of car (scratches, dents, engine, etc.) _____

Mileage _____

If you were to sell this car to a private party, how much could you get? _____

Name(s) on vehicle title _____

Is vehicle leased? Yes No What is the buy-out amount? _____

Name of company you make payments to for this vehicle _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date Loan Established _____

Monthly Payment _____ How many months are you behind in payments? _____

What is the "pay off" amount on this vehicle? _____

Do you intend to: ___Keep ___ Surrender

Did you own this vehicle before you obtained the above loan? ___Yes ___ No

PERSONAL PROPERTY

You have already listed land, mobile homes and vehicles. Everything else you own gets listed here.

FOR BANKRUPTCY VALUATION PURPOSES, LIST THE GARAGE SALE VALUE – NOT WHAT YOU PAID FOR IT OR HOW MUCH IT WOULD COST TO REPLACE IT

Household goods and furnishings: *Examples:* Major appliances, furniture, linens, china, kitchenware

Total value: _____

Electronics: *Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games _____

Total value: _____

Collectibles of value: *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles _____

Total value: _____

Equipment for sports and hobbies: *Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments _____

Total value: _____

Firearms: *Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

Total value: _____

Clothes: *Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

Total value: _____

Jewelry: *Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

Total value: _____

Non-farm animals: *Examples:* Dogs, cats, birds, horses _____

Total value: _____

Cash: *Examples:* Money you have in your wallet, in your purse, cookie jar, in a safe deposit box, under your mattress _____

Total value: _____

Do you have any checking or savings account(s)? Yes No

1ST ACCOUNT

Name of bank _____

Address of bank _____

City _____ State _____ Zip _____

Type of account: Checking Savings Both

Name(s) on the account _____

Account number for checking _____ Present balance _____

Account number for savings (if applicable) _____ Present balance _____

2ND ACCOUNT

Name of bank _____

Address of bank _____

City _____ State _____ Zip _____

Type of account: Checking Savings Both

Name(s) on the account _____

Account number for checking _____ Present balance _____

Account number for savings (if applicable) _____ Present balance _____

3RD ACCOUNT

Name of bank _____

Address of bank _____

City _____ State _____ Zip _____

Type of account: Checking Savings Both

Name(s) on the account _____

Account number for checking _____ Present balance _____

Account number for savings (if applicable) _____ Present balance _____

4TH ACCOUNT

Name of bank _____

Address of bank _____

City _____ State _____ Zip _____

Type of account: Checking Savings Both

Name(s) on the account _____

Account number for checking _____ Present balance _____

Account number for savings (if applicable) _____ Present balance _____

Bonds, mutual funds, or publicly traded stocks: *Examples:* Bond funds, investment accounts with brokerage firms, money market accounts _____

Total value: _____

Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

Total value: _____

Government and corporate bonds and other negotiable and non-negotiable instruments

Examples include personal checks, cashiers' checks, promissory notes, and money orders.

Total value: _____

Retirement or pension accounts: *Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing Plans

Total value: _____

Security deposits and prepayments: Your share of all unused deposits you have made so that you may continue service or use from a company. *Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

Total value: _____

Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

Total value: _____

Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified state tuition plan as defined in 26 U.S.C. § 529(b)(1).

Total value: _____

Trusts, equitable or future interests in property, and rights or powers exercisable for your benefit

Total value: _____

Patents, copyrights, trademarks, trade secrets, and other intellectual property: *Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

Total value: _____

Licenses, franchises, and other general intangibles: *Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

Total value: _____

Tax refunds owed to you: Give specific information about them, including whether you already filed the returns and the tax years

Total value: _____

Family support: *Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property Settlement

Total value: _____

Other amounts someone owes you: *Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

Total value: _____

Interests in insurance policies: *Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. Name the insurance company of each policy and the beneficiary, and list its value

Total value: _____

Any interest in property that is due you from someone who has died: If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

Total value: _____

Claims against third parties, whether or not you have filed a lawsuit or made a demand for Payment: *Examples:* Accidents, employment disputes, insurance claims, or rights to sue

Total value: _____

Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

Total value: _____

Accounts receivable or commissions you already earned

Total value: _____

Office equipment, furnishings, and supplies: *Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Total value: _____

Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

Total value: _____

Inventory _____

Total value: _____

Interests in partnerships or joint ventures: _____

Total value: _____

Customer lists, mailing lists, or other compilations: _____

Total value: _____

Farm animals: *Examples:* Livestock, poultry, farm-raised fish _____

Total value: _____

Crops—either growing or harvested: _____

Total value: _____

Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

Total value: _____

Farm and fishing supplies, chemicals, and feed

Total value: _____

CONTRACTS & LEASES

List all contracts or leases which you have.

Residential Leases that have been broken

Name of Landlord _____

Address: _____

City _____ State _____ Zip _____

Amount still owed _____

Vehicle Leases

Name of Leasing Company _____

Address: _____

City _____ State _____ Zip _____

Terms of Contract: _____ Account No. _____

Intention: ___KEEP (Assume) ___SURRENDER

Other (Cell Phone, furniture, cable/internet, etc.)

Name of Creditor _____

Address: _____

City _____ State ___OR_____ Zip _____

Description of Contract: _____

Intention: ___KEEP (Assume) ___SURRENDER

Name of Creditor _____

Address: _____

City _____ State ___OR_____ Zip _____

Description of Contract: _____

Intention: ___KEEP (Assume) ___SURRENDER

Name of Creditor _____

Address: _____

City _____ State ___OR_____ Zip _____

Description of Contract: _____

Intention: ___KEEP (Assume) ___SURRENDER

Name of Creditor _____

Address: _____

City _____ State ___OR_____ Zip _____

Description of Contract: _____

Intention: ___KEEP (Assume) ___SURRENDER

CO-SIGNERS

Other than the persons who are filing bankruptcy, are there any others people who are co-signers on any of your debts? ___ Yes ___ No

If yes, give the name and address of the co-signer and the name of the creditor:

DEBTS

Bankruptcy law requires you to list **ALL** debts. This includes money you owe your father, mother, brother, Aunt Jane and Uncle Joe. When you go to your bankruptcy hearing, you will be asked , under oath, if you listed all of your debts. There are two different kinds of debts:

SECURED (property is collateral for the debt and can be taken if the debt is not paid). Examples are houses, cars, furniture, tires from Les Schwab, etc

UNSECURED – taxes, unpaid child support, credit cards, medical bills, utility bills, etc.

SECURED DEBTS

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Year this debt was incurred: _____
Who owes this debt? ___ Debtor 1 ___ Debtor 2 ___ Both ___ Co-signer
What property secures this debt? _____
What is the value of this property? _____
Total amount of this debt _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Year this debt was incurred: _____
Who owes this debt? ___ Debtor 1 ___ Debtor 2 ___ Both ___ Co-signer
What property secures this debt? _____
What is the value of this property? _____
Total amount of this debt _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Year this debt was incurred: _____
Who owes this debt? ___ Debtor 1 ___ Debtor 2 ___ Both ___ Co-signer
What property secures this debt? _____
What is the value of this property? _____
Total amount of this debt _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Year this debt was incurred: _____
Who owes this debt? ___ Debtor 1 ___ Debtor 2 ___ Both ___ Co-signer
What property secures this debt? _____
What is the value of this property? _____
Total amount of this debt _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Year this debt was incurred: _____
Who owes this debt? ___ Debtor 1 ___ Debtor 2 ___ Both ___ Co-signer
What property secures this debt? _____
What is the value of this property? _____
Total amount of this debt _____

If you own any real estate, list here the name and address of any creditors who sued you in court and obtained a judgment

UNSECURED DEBTS

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Last 4 digits of account # _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who owes this debt? Debtor 1 Debtor 2 Both Co-signer
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

Name of Creditor _____
Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Last 4 digits of account # _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who owes this debt? Debtor 1 Debtor 2 Both Co-signer
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
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Address _____
City _____ State _____ Zip _____
Total amount you owe on this debt _____ Last 4 digits of account # _____
Date (or year) you originally obtained this debt or opened account? _____
If this debt is for a credit card, what date (or year) did you last make a purchase _____
What is this debt for? Medical Credit Card Loan Other _____
Who owes this debt? Debtor 1 Debtor 2 Both Co-signer
Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Last 4 digits of account # _____

Date (or year) you originally obtained this debt or opened account? _____

If this debt is for a credit card, what date (or year) did you last make a purchase _____

What is this debt for? Medical Credit Card Loan Other _____

Who owes this debt? Debtor 1 Debtor 2 Both Co-signer

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

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Who owes this debt? Debtor 1 Debtor 2 Both Co-signer

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Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Name of Creditor _____

Address _____

City _____ State _____ Zip _____

Total amount you owe on this debt _____ Last 4 digits of account # _____

Date (or year) you originally obtained this debt or opened account? _____

If this debt is for a credit card, what date (or year) did you last make a purchase _____

What is this debt for? Medical Credit Card Loan Other _____

Who owes this debt? Debtor 1 Debtor 2 Both Co-signer

Has this debt been turned over to a collection agency? Yes No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

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City _____ State _____ Zip _____

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Has this debt been turned over to a collection agency? Yes No
Name of collection agency or law firm _____
Address _____
City _____ State _____ Zip _____

SELF-EMPLOYED BUSINESS OWNERS

If you have been self-employed during the past 12 months, list below the **average** income and expenses your business generated for an **average** month. If your business income has extreme highs and lows, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method for determining your average monthly expenses and enter those figures into the spaces below:

Average monthly business income \$ _____

Did you withhold any earnings for tax purposes? Yes No

If yes, how much did you withhold monthly? \$ _____

Have you paid that tax to the IRS? Yes No

Average monthly business expenses (if applicable)

Rent and utilities \$ _____

Office supplies \$ _____

Product supplies \$ _____

Wages \$ _____

Equipment leases \$ _____

Other business leases \$ _____

Other _____ \$ _____

Total Average Monthly Income \$ _____

Total Average Monthly Expenses \$ _____

Average Monthly Business Profit \$ _____

Did you file income taxes each year you operated your business? Yes No

If not, what years did you **NOT** file taxes? _____

MONTHLY BUDGET

It is necessary to determine how much you spend each month on living expenses. Write in the MONTHLY (not yearly) amounts in the spaces for each expenditure. For utilities, your bill may be higher in the summer months than in the winter months, so write an amount that is "average" covering the whole 12 month period.

Housing Expenses

Rent (if you do not own your home) \$ _____
 First mortgage payment or mobile home monthly payment \$ _____
 Second mortgage (if applicable) \$ _____
 Lot payment (if applicable) \$ _____
 Are real estate **taxes** included in your mortgage payment? Yes No
 Taxes not included in house payment \$ _____
 Is your home **insurance** included in your mortgage payment? Yes No
 Insurance not included in house payment \$ _____
 HOA/Condo Dues \$ _____

Utilities (normal monthly average)

Electricity and gas \$ _____
 Water \$ _____
 Telephone (basic service) \$ _____
 Cable \$ _____
 Cell Phones \$ _____

Basic Needs

Home maintenance (home owners) \$ _____
 Food (monthly) \$ _____
 Clothing (monthly expense) \$ _____
 Laundry, dry cleaning, soap, etc \$ _____
 Newspapers, magazines, books \$ _____
 Medical expenses **not** paid by insurance \$ _____

Transportation

Car Payments \$ _____
 Gasoline/auto maintenance \$ _____
 Recreation, entertainment \$ _____

Insurance

Renters insurance \$ _____
 Life insurance (other than employer) \$ _____
 Health insurance (other than employer) \$ _____

Automobile insurance \$ _____

Other insurance \$ _____

Taxes

Any taxes not deducted from your wages \$ _____

Installment Payments:

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

Other Expenses

Charitable giving (if claimed on taxes) \$ _____

Alimony or child support \$ _____

Payments for someone outside your home \$ _____

Union dues (not payroll deducted) \$ _____

Professional dues (not payroll deducted) \$ _____

Child care expenses \$ _____

Babysitter/day care expenses \$ _____

School expenses \$ _____

College tuition (not loans) \$ _____

Student loan repayment \$ _____

Personal care items \$ _____

Other _____ \$ _____

Other _____ \$ _____

Use the space below to describe any additional monthly expenses that you must pay out of your pocket that are not covered here. Explain the type of expense, amount of expense and how long you will continue to have this expense:

If yes, provide monthly income

	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Debtor 1						
Debtor 2						

YTD \$ _____
 Last year \$ _____
 Year before last \$ _____

Have you received pension and retirement income during the past 6 months? ___ Yes ___ No

If yes, provide monthly income

	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Debtor 1						
Debtor 2						

YTD \$ _____
 Last year \$ _____
 Year before last \$ _____

Have you received income during the past 6 months from others who are not filing bankruptcy with you but who contribute money to the household expenses? ___ Yes ___ No

If yes, provide monthly income

	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Debtor 1						
Debtor 2						

YTD \$ _____
 Last year \$ _____
 Year before last \$ _____

Have you received unemployment compensation during the past 6 months? ___ Yes ___ No

If yes, provide monthly income

	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Debtor 1						
Debtor 2						

YTD \$ _____
 Last year \$ _____
 Year before last \$ _____

Have you received income from Social Security during the past 6 months? ___ Yes ___ No

If yes, provide monthly income

	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Debtor 1						
Debtor 2						

YTD \$ _____
 Last year \$ _____
 Year before last \$ _____

Have you received income from disability during the past 6 months? ?

Yes No

If yes, provide monthly income

	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Debtor 1						
Debtor 2						

YTD \$ _____
 Last year \$ _____
 Year before last \$ _____

Have you moved in the last 24 months?
 Yes _____ No _____

If you answered "yes," complete the following

Street address	
City, State, Zip	
Beginning date	
Ending date	

Street address	
City, State, Zip	
Beginning date	
Ending date	

Within the last 6 years have you lived with a wife/husband in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin?

Yes _____ No _____

If you answered "yes," complete the following

Name of spouse	
State where lived	
Date of residency	

Not counting car payments or house payments, have you paid more than \$600 to any **ONE** creditor in the last 90 days?

Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	Amount paid	Date paid

Have you repaid any loans from relatives in the last year?

Yes _____ No _____

If you answered "yes," complete the following

Name of relative	
Relationship	
Street address	
City, State, Zip	
Amount paid	

Name of relative	
Relationship	
Street address	
City, State, Zip	
Amount paid	

Have you paid any loan payments of behalf of a relative in the last year?

Yes _____ No _____

If you answered "yes," complete the following

Name of relative	
Relationship	
Street address	
City, State, Zip	
Amount paid	

Name of relative	
Relationship	
Street address	
City, State, Zip	
Amount paid	

Has anyone sued you in the last year?
 Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	
County where lawsuit filed	
Case number of lawsuit	
What was the end result	

Name of creditor	
County where lawsuit filed	
Case number	
What was the end result	

Has anyone garnished your wages or bank account within the last 90 days?
 Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	Date of garnishment	Amount garnished

Has anything been repossessed by or returned to a creditor in the last year?
 Yes _____ No _____

If you answered "yes," complete the following

Name of creditor	
Street address	
City, State, Zip	
Description of item repossessed	
Date of repossession	
Value of item repossessed	

Name of creditor	
Street address	
City, State, Zip	
Description of item repossessed	
Date of repossession	
Value of item repossessed	

In the last 90 days, has an bank taken funds out of your account without your consent to pay a debt at that bank? ___ Yes ___ No

If yes, provide details: _____

Has any of your property been controlled by a custodian, receiver or court-appointed official in the last year?

Yes _____ No _____

If you answered "yes," complete the following

Name of custodian	
Street address	
City, State, Zip	
Name of Court	
City, State of court location	
Case number	
Case title	
Description of property	
Value of property	

Have you made any gifts to a charity or church in the last 2 years of more than \$600?

Yes _____ No _____

If you answered "yes," complete the following

Name of charity	
Date of gift(s)	
Value of gift(s)	

Name of charity	
Date of gift(s)	
Value of gift(s)	

Have you made any gifts to family members during the last 2 years more than \$600?

Yes _____ No _____

If you answered "yes," complete the following

Name of family member	
Street address	
City, State, Zip	
Relationship	
Date of gift(s)	
Value of gift(s)	

Name of family member	
Street address	
City, State, Zip	
Relationship	

Date of gift(s)	
Value of gift(s)	

Have you suffered any losses from fire, theft or gambling in the last year?

Yes _____ No _____

If you answered "yes," complete the following

Describe event	
Date of event	
Amount of loss	

Other than payments to Dale L Smith for help with this bankruptcy, have you made any payments or transferred any property to anyone during the last year for consultation concerning help with a bankruptcy petition?

Yes _____ No _____

If you answered "yes," complete the following

Name	
Street address	
City, State, Zip	
Amount paid	
Date of payment	

In the last year, have you made any payments or transferred any property to anyone for consultation concerning debt consolidation or debt repayment?

Yes _____ No _____

If you answered "yes," complete the following

Name	
Street address	
City, State, Zip	
Amount paid	
Date of payment	

Have you sold, traded or transferred any property during the last 2 years?

Yes _____ No _____

If you answered "yes," complete the following

Name	
Street address	
City, State, Zip	
Description of property transferred	
Date of transfer	
Value of property	

Name	
Street address	
City, State, Zip	
Description of property transferred	
Date of transfer	
Value of property	

In the last 10 years, have you put any of your property into a trust? ___ Yes ___ No

If yes, provide details: _____

Have you closed any bank accounts in the last 12 months?

Yes _____ No _____

If you answered "yes," complete the following

Name of bank	
Type of account (checking, savings, etc)	
Date of closure	
Balance at time of closing	

Name of bank	
Type of account (checking, savings, etc)	
Date of closure	
Balance at time of closing	

Do you have a safe deposit box or have you had one in the last 12 months?

Yes _____ No _____

If you answered "yes," complete the following

Name of bank	
City and state where bank located	
Description of contents	
Names of persons who have access to box	

In the last 12 months, have you had a storage facility other than your home where you stored property?

___ Yes ___ No

If yes, provide details: _____

Do you have in your possession any property that belongs to another person?

Yes _____ No _____

Do you control any property that belongs to another person?

Yes _____ No _____

If you answered "yes" to either question, complete the following

Name of person	
Street address	
City, State, Zip	
Description of property	

Has any governmental agency given you any written notice that you may have violated an environmental law relating to pollution, hazardous waste or groundwater contamination?

Yes _____ No _____

Have you given any notice to a governmental agency that you have released a hazardous material?

Yes _____ No _____

If you answered "yes" to either question, complete the following

Name of government agency	Date of notice

Have you been involved as an officer, director, partner or managing executive of a corporation, partnership or sole proprietorship in the last 4 years?

Yes _____ No _____

If you answered "yes," complete the following

Name of business	
Street address	
City, State, Zip	
Tax ID # (if any)	
Nature of business	
When did the business begin operating	
Is business still operating	
If business not operating, when did it close	
Name of any accountant for business	
Street address	
City, State, Zip	
Date(s) accounting services rendered	
Name of any bank that has been given a financial statement related to the business	
Name(s) of other partners	

Within the last 6 years have you owned more than 5% of any corporation?

Yes _____ No _____

If you answered "yes," complete the following

Name of corporation	
Street address	
City, State, Zip	
Tax ID# of corporation	

In the last 2 years, have you given anyone a financial statement concerning a business that you own or previously owned? ___ Yes ___ No

If yes, provide details: _____

VERIFICATION OF INFORMATION

By signing below, I state that all the information provided in this Client Information Form is true, accurate and complete to the best of my (our) knowledge.

Signature of Debtor #1

Signature of Debtor #2

Date _____

Date _____