

Client Questionnaire For Non-Business Debtor

Section 1 Basic Information

Part A. Name and Address

DATE: _____

NAME:	LAST	FIRST	MIDDLE
PHONE:	HOME	CELL	WORK
FAX:		EMAIL:	
SOCIAL SECURITY NO.:	____ - ____ - _____	HAVE YOU USED ANY OTHER NAMES IN THE PAST 8 YEARS? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, LIST OTHER NAMES:
DRIVER'S LICENSE NO.:		STATE: EXPIRATION DATE:	DATE OF BIRTH:
HOME ADDRESS:	STREET:	CITY:	STATE: ZIP CODE: COUNTY:
HAVE YOU LIVED AT THIS ADDRESS FOR AT LEAST 180 DAYS?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you lived at this address for at least 730 days (2 years)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you answered NO to either of the questions above, please list your previous address:	STREET:	CITY:	STATE: ZIP CODE: COUNTY:
If you have a different mailing address, please list:	STREET:	CITY:	STATE: ZIP CODE: 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:	LAST	FIRST	MIDDLE
PHONE:	HOME	CELL	WORK
FAX:		EMAIL:	
SOCIAL SECURITY NO.:	____ - ____ - _____	Has your spouse used any other names in the past eight years? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, LIST OTHER NAMES:
DRIVER'S LICENSE NO.:		STATE: EXPIRATION DATE:	DATE OF BIRTH:
HOME ADDRESS:	STREET:	CITY:	STATE: ZIP CODE: COUNTY:
HAS YOUR SPOUSE LIVED AT THIS ADDRESS FOR AT LEAST 180 DAYS?	<input type="checkbox"/> No <input type="checkbox"/> Yes	HAS YOUR SPOUSE LIVED AT THIS ADDRESS FOR AT LEAST 730 DAYS (2 YEARS?)	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you answered NO to either of the questions above, please list your previous address:	STREET:	CITY:	STATE: ZIP CODE: COUNTY:

REFERRED BY:	
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Part C. Prior/Pending Bankruptcy Cases

HAS A BANKRUPTCY CASE BEEN FILED BY YOU OR AGAINST YOU IN THE LAST 8 YEARS? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED?	
	CASE NO.:	DATE FILED:
ARE THERE CURRENTLY ANY BANKRUPTCY CASES PENDING AGAINST YOU, YOUR BUSINESS, YOUR SPOUSE, OR YOUR SPOUSE'S BUSINESS? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	IF YES, NAME OF DEBTOR:	RELATIONSHIP TO YOU:
	IF YES, IN WHICH DISTRICT OF WHICH STATE WAS THE CASE FILED?	
	CASE NO.:	DATE FILED:

Exhibit "C" to the Voluntary Petition

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

Debtors Who Reside as Tenants of Residential Property

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

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

NAME:	LAST	FIRST	
ADDRESS:	STREET:	CITY:	STATE: ZIP CODE:

Section 2 Property

Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint or Community	Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	List all mortgages, home equity loans, and liens: What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?	Who issued the lien, loan or mortgage? (Name, Address of Institution)	Office Use Only Exemptions?

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. You can think of the value as the replacement value. For property acquired for personal or family use, replacement 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	Yes / No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment					
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					

Type of Property	Yes / No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)					
12. Interests in pension or profit sharing plans					
13. Stock and interests in incorporated/unincorporated business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts receivable					
17. Alimony/family support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests or life estates					
20. Interests in estate of decedent or life insurance plan or trust					

Type of Property	Yes / No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
21. Other contingent/unliquidated claims, including tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, trailers, and accessories.					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					
30. Inventory					
31. Animals					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					
35. Other personal property of any kind not listed.					

Section 3 Debts

List below all debts that you owe, or that creditors claim that you owe.

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/ mortgages						
Car loans						
Other bank loans						
Personal loans						
Student loans						
Major credit card debts (Visa, AmEx, Mastercard, Discover)						
<i>— continue on next page, if necessary</i>						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards, (Visa, AmEx, Mastercard, Discover) continued						
Department store credit card debts						
Other credit card debts (Gas cards, phone cards, etc.)						
Cash Advances (from credit cards)						
Unpaid medical bills						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid rent						
Unpaid taxes						
Unpaid alimony or child support						
Unpaid service fees						
All other unpaid debts/bills						

Section 4 Unexpired Leases & Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to.

Include residential, car and business leases, and service or business contracts.

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

Section 5 Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

Name	Age	Relationship

Part A. Debtor's Income

1.	WHAT IS YOUR OCCUPATION?	
2.	NAME OF YOUR EMPLOYER:	
3.	ADDRESS OF YOUR EMPLOYER:	
4.	HOW LONG HAVE YOU BEEN EMPLOYED THERE?	
5.	WHAT IS THE GROSS AMOUNT OF YOUR PAYCHECK, BEFORE TAXES/OTHER DEDUCTIONS ARE TAKEN OUT?	\$ _____
6.	HOW OFTEN DO YOU GET PAID?	<input type="checkbox"/> once a week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month <input type="checkbox"/> other _____

Complete the below questions with your estimate of monthly averages.

7.	DO YOU RECEIVE OVERTIME PAY OUTSIDE OF YOUR SALARY?	IF SO, HOW MUCH PER MONTH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
8.	HOW MUCH IS TAKEN OUT OF EACH PAYCHECK FOR TAXES & SOCIAL SECURITY?	\$ _____
9.	HOW MUCH IS TAKEN OUT FOR INSURANCE?	\$ _____
10.	HOW MUCH FOR UNION DUES?	\$ _____
11.	ARE THERE OTHER DEDUCTIONS?	IF SO, WHAT ARE THEY & HOW MUCH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
12.	DO YOU RECEIVE	IF SO, WHAT IS THE BUSINESS AND HOW MUCH DO YOU RECEIVE PAYMENT PER MONTH?
	A) INCOME FROM BUSINESS OPERATIONS OUTSIDE OF YOUR REGULAR PAYCHECK LISTED ABOVE?	
	B) INCOME FROM REAL ESTATE PROPERTY?	IF SO, HOW MUCH PER MONTH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
	C.) INTEREST OR DIVIDENDS?	IF SO, HOW MUCH PER MONTH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
	D.) ALIMONY OR FAMILY SUPPORT PAYMENTS FOR YOUR USE OF FOR THE CARE OF YOUR DEPENDENTS?	IF SO, HOW MUCH PER MONTH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
	E.) SOCIAL SECURITY OR OTHER FORMS OF MONETARY GOVERNMENT ASSISTANCE?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	F.) RETIREMENT OR PENSION MONEY?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
13.	DO YOU HAVE ANY OTHER SOURCES OF INCOME NOT LISTED?	

Part B. Joint Debtor's Income

1.	WHAT IS YOUR SPOUSE'S OCCUPATION?	
2.	NAME OF YOUR SPOUSE'S EMPLOYER:	
3.	ADDRESS OF YOUR SPOUSE'S EMPLOYER:	
4.	HOW LONG EMPLOYED THERE?	
5.	WHAT IS THE GROSS AMOUNT OF YOUR SPOUSE'S PAYCHECK, BEFORE TAXES/OTHER DEDUCTIONS ARE TAKEN OUT?	\$
6.	HOW OFTEN DOES YOUR SPOUSE GET PAID?	<input type="checkbox"/> once a week <input type="checkbox"/> twice a month <input type="checkbox"/> other _____ <input type="checkbox"/> every two weeks <input type="checkbox"/> once a month
Complete the below questions with your estimate of monthly averages.		
7.	DOES YOUR SPOUSE RECEIVE OVERTIME PAY OUTSIDE OF YOUR SALARY?	IF SO, HOW MUCH PER MONTH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
8.	HOW MUCH IS TAKEN OUT OF EACH PAYCHECK FOR TAXES & SOCIAL SECURITY?	\$
9.	HOW MUCH IS TAKEN OUT FOR INSURANCE?	\$
10.	HOW MUCH FOR UNION DUES?	\$
11.	ARE THERE OTHER DEDUCTIONS?	IF SO, WHAT ARE THEY & HOW MUCH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
12.	DOES YOUR SPOUSE RECEIVE	IF SO, WHAT IS THE BUSINESS AND HOW MUCH DOES YOUR SPOUSE RECEIVE IN PAYMENT PER MONTH?
	A) INCOME FROM BUSINESS OPERATIONS OUTSIDE OF YOUR REGULAR PAYCHECK LISTED ABOVE?	
	B) INCOME FROM REAL ESTATE PROPERTY?	IF SO, HOW MUCH PER MONTH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
	C.) INTEREST OR DIVIDENDS?	IF SO, HOW MUCH PER MONTH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
	D.) ALIMONY OR FAMILY SUPPORT PAYMENTS FOR YOUR USE OF FOR THE CARE OF YOUR DEPENDENTS?	IF SO, HOW MUCH PER MONTH? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ /MONTH
	E.) SOCIAL SECURITY OR OTHER FORMS OF MONETARY GOVERNMENT ASSISTANCE?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	F.) RETIREMENT OR PENSION MONEY?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
13.	DO YOU HAVE ANY OTHER SOURCES OF INCOME NOT LISTED?	

ARE YOU OR YOUR SPOUSE EXPECTING ANY INCREASE OR DECREASE IN SALARY NEXT YEAR? IF SO, EXPLAIN.	
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Section 5A Current Monthly Income

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

	Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (<i>NOT Social Security</i>).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Specify:							

Section 6 Current Expenses

Do you and your spouse maintain separate households? No Yes.

If so, fill one page out for your household and another for your spouse's.

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.

INDICATE HOW MUCH YOU PAY FOR EACH ITEM EACH MONTH....		
1.	YOUR RENT OR YOUR HOME MORTGAGE	\$
	DOES THAT AMOUNT INCLUDE REAL ESTATE TAXES?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	DOES IT INCLUDE PROPERTY INSURANCE?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	ELECTRICITY AND HEATING	\$
3.	WATER AND SEWAGE	\$
4.	TELEPHONE SERVICE / LONG DISTANCE	\$
5.	DO YOU HAVE ANY OTHER UTILITY BILLS? IF SO, WHAT AND HOW MUCH PER MONTH? _____	\$
	_____	\$
	_____	\$
6.	HOME MAINTENANCE, INCLUDING REPAIRS AND GENERAL UPKEEP	\$
7.	FOOD	\$
8.	CLOTHING	\$
9.	LAUNDRY AND DRY CLEANING	\$
10.	MEDICAL AND DENTAL EXPENSES	\$
11.	TRANSPORTATION (NOT INCLUDING CAR PAYMENTS)	\$
12.	ENTERTAINMENT, RECREATION, NEWSPAPERS, MAGAZINES	\$
13.	CHARITABLE CONTRIBUTIONS	\$
14.	INSURANCE NOT DEDUCTED FROM PAYCHECK	\$
	a) HOMEOWNER'S OR RENTER'S INSURANCE	\$
	b) LIFE INSURANCE	\$
	c) HEALTH INSURANCE	\$
	d) AUTO INSURANCE	\$
	e) OTHER INSURANCE	\$
15.	TAXES NOT DEDUCTED FROM PAYCHECK	\$
16.	INSTALLMENT PAYMENTS FOR CAR, FURNITURE, ETC. SPECIFY: _____	\$
	_____	\$
	_____	\$
17.	ALIMONY, MAINTENANCE, SUPPORT PAID TO OTHERS	\$
18.	PAYMENTS FOR SUPPORT OF DEPENDENTS NOT LIVING AT HOME	\$
19.	EXPENSES FROM OPERATION OF BUSINESS	\$

ADDITIONAL EXPENSES (707(b) EXPENSES)

20.	MANDATORY PAYROLL DEDUCTIONS NOT ALREADY LISTED	\$
21.	COURT ORDERED PAYMENTS NOT ALREADY LISTED	\$
22.	EDUCATION NECESSARY TO MAINTAIN EMPLOYMENT	\$
23.	EDUCATION FOR PHYSICALLY OR MENTALLY CHALLENGED CHILD	\$
24.	CHILDCARE	\$
25.	DISABILITY INSURANCE (IF NOT LISTED ON LINE 14)	\$
26.	HEALTH SAVINGS ACCOUNTS	\$
27.	CARE FOR ELDERLY, CHRONICALLY ILL, OR DISABLED FAMILY MEMBERS	\$
28.	PROTECTION FROM FAMILY VIOLENCE	\$
29.	EDUCATION EXPENSE FOR YOUR CHILDREN UNDER 18	\$
30.	NON-MANDATORY CONTRIBUTIONS TO RETIREMENT ACCOUNTS (INCLUDING LOAN REPAYMENT) _____	\$
	_____	\$
	_____	\$
31.	OTHER EXPENSES NOT LISTED ABOVE: _____	\$
	_____	\$
	_____	\$
	_____	\$
	_____	\$

Section 7 Statement of Financial Affairs

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

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:			
	<input type="checkbox"/> NONE			
	PERIOD	\$ AMOUNT	SOURCE	HUSBAND / WIFE
	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:			
	<input type="checkbox"/> NONE			
	PERIOD	\$ AMOUNT	SOURCE	HUSBAND / WIFE
	During the last year			
	Year before last			
3.	Payments to creditors			
a.	<i>If your debts are primarily consumer debts</i> , list all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within 90 days immediately preceding the commencement of this case. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWED
b.	<i>If your debts are not primarily consumer debts</i> , list each payment or other transfer, aggregating more than \$5,475 to any creditor made within 90 days immediately preceding the commencement of this case.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWED

C.	<i>All debtors.</i> List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF CREDITOR AND RELATIONSHIP TO YOU	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.			
	<input type="checkbox"/> NONE			
	CAPTION OF SUIT	CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY & LOCATION
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.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF PERSON/COMPANY FOR WHOM THE PROPERTY WAS SEIZED (CREDITOR)	DATE OF SEIZURE	DESCRIPTION	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.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF CREDITOR	DATE OF REPOSSESSION, FORECLOSURE, TRANSFER OR RETURN	DESCRIPTION	VALUE OF PROPERTY
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.			
	<input type="checkbox"/> NONE			
	NAME & 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.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF CUSTODIAN	NAME & LOCATION OF COURT, CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION & VALUE OF PROPERTY
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.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF RECIPIENT	RELATIONSHIP TO YOU, IF ANY	DATE OF GIFT	DESCRIPTION & 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.			
	<input type="checkbox"/> NONE			
	DESCRIPTION & VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES & 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 consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of the case.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF PAYEE	DATE OF PAYMENT	NAME OF PERSON WHO PAID, IF NOT YOU	AMOUNT OF MONEY/ DESCRIPTION & 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.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF TRANSFEREE & RELATIONSHIP TO YOU	DATE OF TRANSFER	DESCRIPTION OF PROPERTY TRANSFERRED	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.			
	<input type="checkbox"/> NONE			
	NAME OF TRUST OR SIMILAR DEVICE	DATE OF TRANSFER	AMOUNT OF MONEY OR DESCRIPTION	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.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF INSTITUTION	TYPE & NUMBER OR ACCOUNT	FINAL BALANCE	AMOUNT & 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.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF BANK OR OTHER DEPOSITORY	NAME & ADDRESS OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER, IF ANY
13.	Setoffs			
	List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within 90 days preceding the commencement of this case.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF	
14.	Property held for another person			
	List all property that you hold or control that is owned by another person.			
	<input type="checkbox"/> NONE			
	NAME & ADDRESS OF OWNER	DESCRIPTION OF PROPERTY	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.		
	<input type="checkbox"/> NONE		
	ADDRESS	YOUR NAME AT THE TIME	DATES OF OCCUPANCY
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.		
	<input type="checkbox"/> 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 or material into the air, land, soil, surface water, groundwater, 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		
	<input type="checkbox"/> NONE		
	SITE NAME & ADDRESS	NAME & ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE
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.		
	<input type="checkbox"/> NONE		
	SITE NAME & ADDRESS	NAME & ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE

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.		
<input type="checkbox"/> NONE			
NAME & ADDRESS OF GOVERNMENTAL UNIT		DOCKET NUMBER	STATUS OR DISPOSITION
18.	Nature, location and name of business		
a.	<p>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 proprietorship, 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.</p> <p>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.</p> <p>If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.</p>		
<input type="checkbox"/> NONE			
NAME & ADDRESS		TAXPAYER I.D. NUMBER (EIN)	NATURE OF BUSINESS
b.	Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.		
<input type="checkbox"/> NONE			
NAME		ADDRESS	

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 a 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.		
	<input type="checkbox"/> NONE		
	NAME	ADDRESS	DATES SERVICE RENDERED
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.		
	<input type="checkbox"/> NONE		
	NAME	ADDRESS	DATES SERVICE RENDERED
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.		
	<input type="checkbox"/> NONE		
	NAME	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.		
	<input type="checkbox"/> NONE		
	NAME	ADDRESS	DATE 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.		
	<input type="checkbox"/> NONE		
	DOLLAR AMOUNT OF INVENTORY (SPECIFY COST, MARKET, OR OTHER BASIS)	INVENTORY SUPERVISOR	DATE OF INVENTORY

b.	List the name and address of the person possessing the records of each of the two inventories reported in a.) above.		
	<input type="checkbox"/> NONE		
	NAME OF CUSTODIAN OF INVENTORY RECORDS	ADDRESS	DATE OF INVENTORY
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.		
	<input type="checkbox"/> NONE		
	NAME & 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 owns, controls, or holds 5 % or more of the voting securities of the corporation.		
	<input type="checkbox"/> NONE		
	NAME AND ADDRESS	TITLE	NATURE & 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.		
	<input type="checkbox"/> NONE		
	NAME & 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.		
	<input type="checkbox"/> 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.		
	<input type="checkbox"/> NONE		
	NAME & ADDRESS OF RECIPIENT & RELATIONSHIP TO YOU	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION & 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.		
	<input type="checkbox"/> NONE		
	NAME & 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.		
	<input type="checkbox"/> NONE		
	NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER	