

# BANKRUPTCY ANALYSIS AND FILING INFORMATION

**COMPLETE ALL QUESTIONS AS FULLY AND ACCURATELY AS POSSIBLE.** This allows a more efficient and timely filing and presentation of your case. The information that we use on the Schedules and other bankruptcy paperwork is subject to the Disclosures we've attached and that you've reviewed the same. The answers to some questions can or may fall into several categories. If you have already provided the information elsewhere in the form, simply make reference to the appropriate number rather than writing the information repetitively.

**INCLUDE ALL ADDRESSES**, including zip codes, account numbers when possible, accurate income and expense figures and asset and liability figures. Utilize the address that the creditor has requested we use if that request has come in the three (3) months proceeding the supplying of the information and please attach copies of the same See Exhibits attached hereto for additional blocks for creditors.

**COPIES OF NECESSARY DOCUMENTATION MUST BE PROVIDED PRIOR TO THE FILING OF ANY CASE. PLEASE REFER TO THE ATTACHED "DOCUMENT CHECKLIST" AND INSURE YOU ATTACH COPIES OF ALL RELEVANT DOCUMENTS REQUIRED.**

## Section 1 - Case Information:

### A. Name and Residence Information:

Today's Date: \_\_\_\_\_

- 1) Your full name:
  - a) Any names you have been known by or any business name you have used:
- 2) Social Security Number:
- 3) Drivers License Number: \_\_\_\_\_
- 4) Date of Birth: \_\_\_\_\_
- 5) Telephone numbers:
  - a) Home: \_\_\_\_\_
  - b) Work : \_\_\_\_\_
  - c) Email: \_\_\_\_\_
- 6) Street Address: \_\_\_\_\_
- 7) City, State and Zip: \_\_\_\_\_
- 8) County: \_\_\_\_\_
- 9) Mailing Address (if different than above):  
\_\_\_\_\_
- 10) Business Address (if applicable):  
\_\_\_\_\_
- 11) Any prior bankruptcy filings within the last 8 years:  Yes  No  
If Yes, Case No., Date, & State of Filing: \_\_\_\_\_
- 12) Any pending cases related to the bankruptcy filing:  Yes  No  
If Yes attach any and all copies of any pending or prior bankruptcies.

### B: Spouse Information. If you are separated from you spouse, and there is no possibility that

your spouse will file bankruptcy along with you, you may exclude all questions except where your wife will show as a co-debtor of a liability or as a joint owner of an asset.

- 1) Spouse's full name: \_\_\_\_\_
  - a) Any names they have been known by or any business name they have used: \_\_\_\_\_
- 2) Social Security Number: \_\_\_\_\_
- 3) Drivers License Number: \_\_\_\_\_
- 4) Date of Birth: \_\_\_\_\_
- 5) Telephone numbers:
  - a) Home: \_\_\_\_\_
  - b) Work : \_\_\_\_\_
  - c) Email: \_\_\_\_\_
- 6) Street Address: \_\_\_\_\_
- 7) City, State and Zip: \_\_\_\_\_
- 8) County: \_\_\_\_\_
- 9) Mailing Address (if different than above): \_\_\_\_\_
  
- 10) Business Asset Address (if applicable): \_\_\_\_\_
  

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- 11) Any prior bankruptcy filings within the last 8 years:  Yes  No  
If Yes, Case No., Date, & State of Filing: \_\_\_\_\_
- 12) Any pending cases related to the bankruptcy filing:  Yes  No  
If Yes attach any and all copies of any pending or prior bankruptcies.

## Section 2 - Nature of Debts.

### A. Business.

- 1) If you are currently involved in a business endeavor, or have had one in the past, please answer the following questions:
  - a) Type of Business. Circle one or describe below:  
Retail/Wholesale, Stockbroker, Transportation, Commodity Broker,  
Construction, Farming/Manufacturing, Mining, Professional, Railroad, Real  
Estate,  
Other  
(describe) : \_\_\_\_\_
  - b) Describe Business: \_\_\_\_\_
  - c) Number of Employees: \_\_\_\_\_
  - d) Business Name and address: \_\_\_\_\_
  
  - e) Is the business a corporation?  Yes  No
  - f) Is the business an LLC?  Yes  No
  
- 2) If some or most of your debts are business debts, what percentage of your overall

debts are business?

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### Section 3 - Property.

**A. Interest in Real Property.** Complete for every piece of Real Property, attach extra pages if necessary (attach documentation, ie loan papers, deeds, land contracts, etc.)

- 1) Legal Description & Physical Address: (if you attach a deed or land contract that gives the legal description you can simply put the address)  
\_\_\_\_\_
- 2) Nature of Interest: (i.e., full owner, co-owner, lien or mortgage holder)  
\_\_\_\_\_
  - a. Name and address of co-owner (if other than spouse) if applicable:  
\_\_\_\_\_
- 3) Current Market Value: \_\_\_\_\_
- 4) Outstanding Mortgage Balance: \_\_\_\_\_
- 5) Name and address of Mortgage Company: \_\_\_\_\_
- 6) Purchase Price: \_\_\_\_\_ Year Purchased: \_\_\_\_\_
- 7) Is there a second mortgage on the property?  Yes  No  
Balance on second Mortgage: \_\_\_\_\_  
If yes, give the name and address of the mortgage holder: \_\_\_\_\_
- 8) Is any mortgage insured by FHA, VA or a private mortgage insurance company?  
 Yes  No If yes, give details  
\_\_\_\_\_
- 9) Amount of your interest in property (i.e., full ownership, 1/2 ownership, etc.)  
\_\_\_\_\_
- 10) Are there past due property taxes, or water or sewer assessments or billings?  
 Yes  No If yes, give details  
\_\_\_\_\_
- 11) What is the most recent State Equalized Value shown on your Real Estate Tax Statement?  
\_\_\_\_\_  
(Attach a copy of your latest Tax Statement from the County or Statement of Increase of Value).
- 12) Any other Real Property? Yes \_\_\_ No \_\_\_ (If yes, attach a separate sheet of paper giving detailed answers in same order as 11 questions previously asked).

### B. Cash on Hand (Bank Accounts, savings/checking, etc.)

- 1) Amount: \$ \_\_\_\_\_ (average amount you carry in cash)
  - 2) Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
Checking/Savings (circle one) Current balance \$ \_\_\_\_\_  
Name(s) on account \_\_\_\_\_
-

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Checking/Savings (circle one)  
Name(s) on account \_\_\_\_\_

Current balance \$ \_\_\_\_\_

3) Any other accounts? Yes \_\_\_ No \_\_\_ (attach details on a separate sheet of paper)

**C. Executory Contracts.** Circle one or describe below: Copyright License, Government Contract, Land contract, Nonresidential Lease, Real Estate Sales contract, Residential lease, Sales Contract, Service Contract, Time Share Contract/Lease, Vehicle Lease, Other (describe):  
\_\_\_\_\_

**D. Personal Property** - Please detail items separately where practical and state condition and approximate age on line below total: (The value is to be the retail value that would be charged by Merchants selling items of the age and condition indicated)

1. Furniture (garage-sale prices)  
a) Living Room (i.e. Sofa 10yrs (\$300), etc.) Total \$ \_\_\_\_\_

b) Bedrooms (i.e. Queen Bed 5 yrs (\$100), etc.) Total \$ \_\_\_\_\_

c) Dining Room (i.e. Table+4 chairs 15 yrs (\$50) Total \$ \_\_\_\_\_

d) Kitchen Total \$ \_\_\_\_\_

e) Appliances Total \$ \_\_\_\_\_

f) Audio/Video Total \$ \_\_\_\_\_

g) Computer Equipment (inc. printers,etc) Total \$ \_\_\_\_\_

h) Security Deposits (landlords, Utilities) Total \$ \_\_\_\_\_

- i) Pictures, Artwork, Coin Collections, etc. Total \$\_\_\_\_\_
- j) Clothing Total \$\_\_\_\_\_
- k) Furs/Jewelry Total \$\_\_\_\_\_
- l) Guns/Sporting Equipment, etc. Total \$\_\_\_\_\_
- m) Photography or other hobby equip. Total \$\_\_\_\_\_
- n) Interests in insurance policies. (detail) Total \$\_\_\_\_\_
- o) IRA's, Pension Funds, Annuities, etc. Total \$\_\_\_\_\_
- p) Stocks/Bonds, business interests. Total \$\_\_\_\_\_
- q) Partnership or joint venture interests. Total \$\_\_\_\_\_
- r) Accounts Receivable Total \$\_\_\_\_\_
- s) Alimony, maintenance, support, etc. Total \$\_\_\_\_\_
- t) Other liquidated debts Total \$\_\_\_\_\_
- u) Interests in life estates, or other rights Total \$\_\_\_\_\_
- v) Death benefit plan, insurance policies Total \$\_\_\_\_\_
- w) Patents, copyrights, intellectual prop. Total \$\_\_\_\_\_
- x) Licenses, Franchises, intangibles Total \$\_\_\_\_\_
- y) Automobiles Total \$\_\_\_\_\_
- z) Boats, Trailers, RV's, Snowmobiles, etc. Total \$\_\_\_\_\_
- aa) Aircraft and accessories Total \$\_\_\_\_\_
- bb) Office Equipment, furnishings, supplies Total \$\_\_\_\_\_
- cc) Machinery, fixtures, equip & bus.supply Total \$\_\_\_\_\_
- dd) Inventory Total \$\_\_\_\_\_
- ee) Animals Total \$\_\_\_\_\_
- ff) Crops (growing or harvested) Total \$\_\_\_\_\_

- gg) Farming equip & implements. Total \$ \_\_\_\_\_
- hh) Farm supplies, chemicals, feed, etc. Total \$ \_\_\_\_\_
- ii) State income tax refunds (known or est) Total \$ \_\_\_\_\_
- jj) Fed. income tax refunds (known or est) Total \$ \_\_\_\_\_
- kk) Other personal property not listed. Total \$ \_\_\_\_\_

**Section 4 - Budget.**

**A. Petitioner and Family Information.**

1) Marital Status:  Married  Single  Separated  Divorced

2) Petitioner Employment Information:

a) Occupation: \_\_\_\_\_

b) Employer (name & full address): \_\_\_\_\_

c) How Long Employed with this Employer: \_\_\_\_\_

d) Hourly Wage Amount \_\_\_\_\_ or Salary Amount \_\_\_\_\_

e) Frequency of Pay (weekly, bi-weekly, Semi-monthly, monthly) \_\_\_\_\_

3) Petitioner's Spouse Employment Information:

a) Occupation: \_\_\_\_\_

b) Employer (name & full address): \_\_\_\_\_

c) How Long Employed with this Employer: \_\_\_\_\_

d) Hourly Wage Amount \_\_\_\_\_ or Salary Amount \_\_\_\_\_

e) Frequency of Pay (weekly, bi-weekly, Semi-monthly, monthly) \_\_\_\_\_

4) Dependents. Names and ages of children and/or other Dependants & relationship: \_\_\_\_\_

\_\_\_\_\_

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**B (1). Income - Current.**

Petitioner's Income: Pay Period is:  Weekly  Bi-weekly  Monthly  
Spouse's Income: Pay Period is:  Weekly  Bi-weekly  Monthly

	Petitioner	Spouse
1) Gross Pay Per Period:	_____	_____
2) Estimated Overtime Pay Per Period:	_____	_____
3) Payroll Deductions Per Pay Period:	_____	_____
4) Insurance:	_____	_____
5) Other Deductions (describe):	_____	_____
6) Other Deductions (describe):	_____	_____
7) Net Take Home Pay:	_____	_____

Other Income:

1) Regular income from business, profession or farm:	_____	_____
2) Income from real property:	_____	_____
3) Interest and dividends:	_____	_____
4) Pension or retirement income:	_____	_____
5) Alimony/Support:	_____	_____
6) Social security or other government assistance (describe):	_____	_____
7) Other income (describe):	_____	_____
8) Itemize income changes of more than 10% expected in next 12 months:		

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**B (2). Income - Past six (6) months. (Please provide copies of pay stubs and/or supporting documentation to verify this information).**

	Petitioner	Spouse
1) Gross Pay Per Period:	_____	_____
2) Estimated Overtime Pay Per Period:	_____	_____
3) Payroll Deductions Per Pay Period:	_____	_____
4) Insurance:	_____	_____
5) Other Deductions (describe):	_____	_____
6) Other Deductions (describe):	_____	_____
7) Net Take Home Pay:	_____	_____

Other Income:

1) Regular income from business, profession or farm:	_____	_____
2) Income from real property:	_____	_____
3) Interest and dividends:	_____	_____
4) Pension or retirement income:	_____	_____
5) Alimony/Support:	_____	_____

- 6) Social security or other government assistance (describe): \_\_\_\_\_
  - 7) Other income (describe): \_\_\_\_\_
  - 8) Itemize income changes of more than 10% expected in next 12 months: \_\_\_\_\_
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**C. Expenses.**

1) Rent/Mortgage/Lot Rental/ (T=tax/I=insurance included): \_\_\_\_\_

2) Electricity and Heating Fuel: \_\_\_\_\_

3) Water and Sewer: \_\_\_\_\_

4) Telephone: \_\_\_\_\_

5) Other Utilities (describe): \_\_\_\_\_

6) Home Maintenance: \_\_\_\_\_

7) Food: \_\_\_\_\_

8) Clothing: \_\_\_\_\_

9) Laundry & Dry Cleaning: \_\_\_\_\_

10) Medical & Dental Expense: \_\_\_\_\_

11) Transportation (not including car payment): \_\_\_\_\_

12) Recreation/Clubs/Entertainment/Newspaper/Magazines: \_\_\_\_\_

13) Charitable Contributions: \_\_\_\_\_

14) Insurance: \_\_\_\_\_

a) Homeowner's or Rental Insurance: \_\_\_\_\_

b) Life Insurance: \_\_\_\_\_

c) Auto Insurance: \_\_\_\_\_

d) Other Insurance (describe): \_\_\_\_\_

15) Taxes not Included with Payroll or Mortgage: \_\_\_\_\_

16) Installment Payments: \_\_\_\_\_

a) Auto Installment Payments: \_\_\_\_\_

b) Credit Card Installment Payments: \_\_\_\_\_

c) Other installment Payments: \_\_\_\_\_

17) Alimony/Support:

18) Child Care:

19) Other Expenses (describe):

**D. Income and Expense Computation**

1) Current Combined Monthly Income:

2) Current Monthly Expenses:

3) Current Income Minus Expenses:

3) Total Projected Monthly Income, if different:

4) Total Projected Monthly Expenses, if different:

5) Projected Income Minus Expenses:

**Section 5. Information on Co-debtors.**

A. Name:

B. Address:

C. Nature of Debt:

D. Amount:

A. Name:

B. Address:

C. Nature of Debt:

D. Amount:

(Add additional pages, if necessary)

**Section 6. Statement of Affairs.**

1. Debtor: Income from Employment or Business:  Yes  No  
Year to Date Income (specify employer(s) : \_\_\_\_\_

\_\_\_\_\_  
(s): Last Year's Income (specify employer(s): \_\_\_\_\_

\_\_\_\_\_  
Year Before Last, Income (specify employer(s): \_\_\_\_\_

1a. Spouse: Income from Employment or Business:  Yes  No  
Year to Date Income (specify employer(s) : \_\_\_\_\_

\_\_\_\_\_  
Last Year's Income (specify employer(s): \_\_\_\_\_

\_\_\_\_\_  
Year Before Last, Income (specify employer(s): \_\_\_\_\_

2. Debtor: Income from Other Sources (specify source, ie disability, Social Security, etc):  
 Yes  No  
Year to Date: \_\_\_\_\_

\_\_\_\_\_  
Last Year: \_\_\_\_\_

\_\_\_\_\_  
Year Before: \_\_\_\_\_

2a. Spouse: Income from Other Sources (specify source, ie disability, Social Security, etc):  
 Yes  No  
Year to Date: \_\_\_\_\_

\_\_\_\_\_  
Last

Year: \_\_\_\_\_

\_\_\_\_\_  
Year

Before: \_\_\_\_\_

3. Payment to Creditors other than regular monthly payments:  Yes  No  
If Yes,

Describe: \_\_\_\_\_

3a. Payment to Inside Creditors (family, relatives, etc.):  Yes  No  
If Yes,

Describe: \_\_\_\_\_

4. Gifts:  Yes  No If yes, describe: \_\_\_\_\_

5. Other Transfers:  Yes  No If Yes, describe: \_\_\_\_\_

\_\_\_\_\_  
6. Closed financial Accounts:  Yes  No If Yes,  
describe: \_\_\_\_\_

\_\_\_\_\_  
7. Prior Address(es) of Petitioner (last 6 years with dates to and  
from): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The following questions apply only to individuals or corporation doing business:**

8. Nature, Location and Name of Business (if any): \_\_\_\_\_

\_\_\_\_\_

9. Name and Addresses of Bookkeepers and Accountants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Name and Addresses of Auditors:

\_\_\_\_\_

\_\_\_\_\_

11. Name and Addresses of Possessor of Books of  
Accounts: \_\_\_\_\_

\_\_\_\_\_

12. Name and Addresses of Persons/Businesses Financial Statements Issued To:

\_\_\_\_\_

\_\_\_\_\_

13. Inventories:  Yes  No If yes, attach.

14. Names and Addresses of Current Partners (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Names and Addresses of Current Officers, Directors & Shareholders (if any):

\_\_\_\_\_

\_\_\_\_\_

16. Names and Addresses of Former Partners (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Names and Addresses of Former Officers, Directors & Shareholders (if any):

\_\_\_\_\_

\_\_\_\_\_

18. Partnership Withdrawals or Corporation Distribution (if any): \_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions and give details where necessary:**

1. Have you received any tax refunds this year?  Yes  No  
 State \$ \_\_\_\_\_ Federal \$ \_\_\_\_\_ Local \$ \_\_\_\_\_  
 Did you receive any tax refunds last year?  Yes  No  
 State \$ \_\_\_\_\_ Federal \$ \_\_\_\_\_ Local \$ \_\_\_\_\_  
 Two years ago?  Yes  No  
 State \$ \_\_\_\_\_ Federal \$ \_\_\_\_\_ Local \$ \_\_\_\_\_
2. Do you expect to receive any tax refunds this year?  Yes  No  
 State \$ \_\_\_\_\_ Federal \$ \_\_\_\_\_ Local \$ \_\_\_\_\_
3. Does this amount include an Earned Income Credit?  Yes  No
4. Is any other person (spouse) entitled to a part of your refund?  Yes  No
5. What bank accounts have you had during the last two (2) years by yourself or with others? Give the name and address of the banks, whether checking or savings accounts, and if the account was with others, give their names. Give the name of every person who could make withdrawals from the account:

Name	Address	Type (Check/Save)	Others on Acct.
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6. Have you had a safe deposit box during the last two years?  Yes  No  
 If yes, be prepared to give details, including contents of the box.
7. Have you kept records or books or documents relating to your affairs during the last two (2) years?  Yes  No, If so, where:
8. Do you have any money, property, furniture, etc. that belongs to another person or that you are holding for the benefit of someone else (in trust)?  Yes  No  
 If yes, what is the property, for whose benefit, and who owns it and what is it worth?  
 Include name and address of the owners:

Type of Property	Value	Owned By	Address	Relative?
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9. Is any of your property in the hands of a court-appointed person (receiver) or in the hands of a person who is holding it for your benefit and use (trustee)?  Yes  No  
 If yes, be prepared to give details.
10. Have you given or made an assignment of any of your property for the benefit of your creditors or any settlements with your creditors within the past two (2) years?  
 Yes  No  
 If yes, give the name of the creditor, his/her address, and the terms and conditions under which you gave the property to the creditor or made an agreement with the creditor. \_\_\_\_\_

\_\_\_\_\_

11. Have you had any property or merchandise repossessed in the last year?

Yes  No

If yes, bring all papers relating to the repossession, including all letters notifying you of the repossession or sale.

Property Description

Date of Repossession

Creditor Name  
& Address

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12. Have you ever been sued by anyone? Did you sue anyone? Were you tried for any Crime?  Yes  No

If yes, give the title of the suit, the action number, the name and location of the court, the nature of the suit, and the result of the suit. Bring in all papers you have from the case.

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13. Do you have any possible reason to sue anyone, for damages to your property, for injuries to yourself or members of your family?  Yes  No

If yes, who could you sue, how much money would be involved, and why could you sue?

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14. Have you ever had any property listed for or sold at a sheriff sale, or levied upon?

Yes  No

If yes, bring papers concerning those actions. Below, give a description of the property and the names and addresses of any creditors involved, as well as dates involved.

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15. Has money from your pay check or bank account been garnished or taken or frozen by a creditor, including your bank or credit union, because of the debt?

Yes  No

If yes, give the following:

Who received money

Amt. taken

Dates

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16. Loans Repaid:

A. If you have made any payments within the last 12 months to creditors from whom you have a loan (not medical bills or charge accounts) other than normal monthly payments, give the name of the creditor, the dates of the payments and

the amount of payments:

Creditor & Address	Was this person a relative	Payment Date	Amt
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B. Did you pay any other large back bills or debts (such as utilities) in the past 12 months?  Yes  No If yes, give the following:

Creditor & Address	Was this person a relative	Payment Date	Amt
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17. Have you made any sales of property, mortgages, gifts or transfers of any substantial property or cash within the last year?  Yes  No If yes, give the following:

To Whom (Name)	Desc. of Property	Date	Relative?
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18. Did you lose any substantial amount of money as a result of fire, theft, gambling, etc., during the last year?  Yes  No If yes, give the following:

Cause of Loss	Value of lost Property	Date of Loss
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A. Did insurance pay for any part of the loss?  Yes  No  
If yes, give date and amount of payment \_\_\_\_\_

19. Payments or transfers to attorneys:

A. Give the date, name, and address of any attorney you have consulted during the past year: \_\_\_\_\_

B. Give the reason for which you consulted the attorney? \_\_\_\_\_

C. Give the amount you paid the attorney or any property you transferred to an attorney in the past year. \_\_\_\_\_

D. If you have promised to pay money to an attorney within the past year, give the amount and terms of the agreement. \_\_\_\_\_

20. Do you owe anyone wages (such as regular employees, cleaning people, gardeners, babysitters,)  Yes  No If yes, give the names and address of employees, dates worked, amount owed and work done. \_\_\_\_\_

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21. Have you filed income tax returns every year for the last seven years?  Yes  No  
A. Do you owe any taxes to the United States?  Yes  No  
If yes, give the department or agency to which the tax is owed, the address, the kind of tax that is owing and the years for which the tax is owing. \_\_\_\_\_

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22. Do you owe any taxes to any state government?  Yes  No  
If yes, give the name of the state and department or agency therein, the address of the department or agency, the kind of tax that is owing and the years of which the tax is owing. \_\_\_\_\_

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23. Do you owe any taxes to any county, district, or city?  Yes  No  
If yes, give the name of the county, district, or city, the kind of tax that is owing and the years for which the tax is owing: \_\_\_\_\_

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24. Other than taxes, do you owe any other money to any branch of the United States Government (e.g. FHA, VA, repossession or loans, withholding taxes (if you were in business), or money owed Small Business Administration?  Yes  No  
If yes, give the name of the branch, its address, the amount owing, and why it is owed. \_\_\_\_\_

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25. Has anyone given you money to purchase property or services that you were unable to deliver?

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26. Were there any cosigner (besides spouse) for you on any of your debts?  Yes  No  
If yes, give the cosigners name, address, and which debts were cosigned.

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27. If any of your debts are owed to finance companies, did you sign a list of all your other debts when you applied for the loan?  Yes  No

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28. Have you ever been the cosigner on someone else's loan or debt which hasn't been paid off?  Yes  No If yes, list the name of the person, the name of the creditor who gave the loan, addresses for both, and the amount of the obligation.

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29. Have you borrowed any money for someone else's benefit?  Yes  No  
If yes, unless you are sure the loan or debt has been paid, list the following:

Creditor's Name & Address	Date of Debt	For What	Amt Due
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30. If you put up any of your property as collateral on a debt you cosigned, list the following:

Creditor	Type of property	Present Value of Property
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31. Are any of your relatives from whom you might inherit money or property terminally ill

and not expected to live beyond six (6) months to one (1) year?  Yes  No  
If so give full

details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DEBTS - PRIORITY

Priority Claims. Complete one for every priority claim. Attach extra pages if necessary. Type of Claim: Examples of priority claims are: Child Support, Alimony, income taxes, etc.

1. a) Creditor Name: \_\_\_\_\_  
b) Address: \_\_\_\_\_  
c) Account Number (if any): \_\_\_\_\_  
d) Creditor's Representative (if any): \_\_\_\_\_

i) Creditor's Representative Address: \_\_\_\_\_

- e) Claim Amount: \_\_\_\_\_  
f) Priority Portion: \_\_\_\_\_  
g) Date Incurred: \_\_\_\_\_  
h) Incurred By: \_\_\_\_\_  
i) Co-debtors (if any, give complete address, relationship, and amount): \_\_\_\_\_

2. a) Creditor Name: \_\_\_\_\_  
b) Address: \_\_\_\_\_  
c) Account Number (if any): \_\_\_\_\_  
d) Creditor's Representative (if any): \_\_\_\_\_

i) Creditor's Representative Address: \_\_\_\_\_

- e) Claim Amount: \_\_\_\_\_  
f) Priority Portion: \_\_\_\_\_  
g) Date Incurred: \_\_\_\_\_  
h) Incurred By: \_\_\_\_\_  
i) Co-debtors (if any, give complete address, relationship, and amount): \_\_\_\_\_

3. a) Creditor Name: \_\_\_\_\_  
b) Address: \_\_\_\_\_  
c) Account Number (if any): \_\_\_\_\_  
d) Creditor's Representative (if any): \_\_\_\_\_

i) Creditor's Representative Address: \_\_\_\_\_

- e) Claim Amount: \_\_\_\_\_  
f) Priority Portion: \_\_\_\_\_  
g) Date Incurred: \_\_\_\_\_  
h) Incurred By: \_\_\_\_\_  
i) Co-debtors (if any, give complete address, relationship, and amount): \_\_\_\_\_

\_\_\_\_\_

(Add additional pages, if necessary)

### DEBTS SECURED PROPERTY

**Secured Creditors:** (list for every creditor, provide as much information as possible, attach extra sheet if necessary) Example of secured creditors are individuals, banks, or financial institutions that have lent money for the purchase of real property (home, etc.), vehicles, boats, etc., or some large ticket credit card items, such as a computer system, furniture, appliances, audio/video equipment.

1.

- 1) Creditor's  
Name: \_\_\_\_\_
- 2) Full Address: \_\_\_\_\_
- 3) Account Number: \_\_\_\_\_
- 4) Creditor's Collection Representative (i.e. attorney, collection agency, collection manager, etc.):  
a) Address of Representative: \_\_\_\_\_
- 5) Amount of Claim: \_\_\_\_\_
- 6) Unsecured Portion (if any): \_\_\_\_\_
- 7) Date Debt Incurred: \_\_\_\_\_
- 8) Debt Incurred By:  Petitioner  Petitioner's Spouse  Jointly
- 9) Nature of Lien Encumbering Property. Circle one or describe below:  
Common Law Lien, Deed of Trust, Garnishment, Judgment, Mechanic's Lien, Mortgage, Non-Purchase Money Security, Purchase Money Security, Statutory Lien, Other  
(describe): \_\_\_\_\_
- 10) Multiple Liens Against Property:  Yes  No  
If Yes, Describe: \_\_\_\_\_
- 11) Co-debtors:  Yes  No  
If Yes, Describe (use full names, addresses and extent of debt): \_\_\_\_\_  
\_\_\_\_\_
- 12) Conditions. Is this debt:  Contingent  Disputed  Liquidated
- 13) Type of Property. (i.e. Automobile/Trailer/Real Property, etc.) Describe below:  
a) Description: \_\_\_\_\_
- 14) Market Value: \_\_\_\_\_

2.

- 1) Creditor's  
Name: \_\_\_\_\_
- 2) Full Address: \_\_\_\_\_
- 3) Account Number: \_\_\_\_\_
- 4) Creditor's Collection Representative (i.e. attorney, collection agency, collection manager, etc.):  
a) Address of Representative: \_\_\_\_\_
- 5) Amount of Claim: \_\_\_\_\_
- 6) Unsecured Portion (if any): \_\_\_\_\_
- 7) Date Debt Incurred: \_\_\_\_\_
- 8) Debt Incurred By:  Petitioner  Petitioner's Spouse  Jointly
- 9) Nature of Lien Encumbering Property. Circle one or describe below:

Common Law Lien, Deed of Trust, Garnishment, Judgment, Mechanic's Lien, Mortgage, Non-Purchase Money Security, Purchase Money Security, Statutory Lien, Other  
(describe): \_\_\_\_\_

10) Multiple Liens Against Property:  Yes  No  
If Yes, Describe: \_\_\_\_\_

11) Co-debtors:  Yes  No  
If Yes, Describe (use full names, addresses and extent of debt): \_\_\_\_\_  
\_\_\_\_\_

12) Conditions. Is this debt:  Contingent  Disputed  Liquidated

13) Type of Property. (i.e. Automobile/Trailer/Real Property, etc.) Describe below:  
a)

Description: \_\_\_\_\_

14) Market Value: \_\_\_\_\_

3.

1) Creditor's  
Name: \_\_\_\_\_

2) Full Address: \_\_\_\_\_

3) Account Number: \_\_\_\_\_

4) Creditor's Collection Representative (i.e. attorney, collection agency, collection manager, etc.):

a) Address of Representative: \_\_\_\_\_

5) Amount of Claim: \_\_\_\_\_

6) Unsecured Portion (if any): \_\_\_\_\_

7) Date Debt Incurred: \_\_\_\_\_

8) Debt Incurred By:  Petitioner  Petitioner's Spouse  Jointly

9) Nature of Lien Encumbering Property. Circle one or describe below:

Common Law Lien, Deed of Trust, Garnishment, Judgment, Mechanic's Lien, Mortgage, Non-Purchase Money Security, Purchase Money Security, Statutory Lien, Other  
(describe): \_\_\_\_\_

10) Multiple Liens Against Property:  Yes  No  
If Yes, Describe: \_\_\_\_\_

11) Co-debtors:  Yes  No  
If Yes, Describe (use full names, addresses and extent of debt): \_\_\_\_\_  
\_\_\_\_\_

12) Conditions. Is this debt:  Contingent  Disputed  Liquidated

13) Type of Property. (i.e. Automobile/Trailer/Real Property, etc.) Describe below:  
a)

Description: \_\_\_\_\_

14) Market Value: \_\_\_\_\_

(Add additional pages, if necessary)

## DEBTS - UNSECURED CLAIMS

**Unsecured Claims.** Complete one for every unsecured claim. Attach extra pages if necessary. Examples of unsecured claims are credit card debt, medical/dental/hospital bills, bills for books and magazines.

1.

- a) Type of Claim. Describe:
- b) Creditor Name:
- c) Address:
  
- d) Account Number (if any): \_\_\_\_\_
- e) Creditor's Representative & Address (if any):
  
- f) Claim Amount:
- g) Date Incurred:
- h) Incurred By:  Petitioner  Petitioner's Spouse  Joint
- i) Co-debtors (if any give complete address, relationship, and amount):

2.

- j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
  
- a) Type of Claim. Describe:
- b) Creditor Name:
- c) Address:
  
- d) Account Number (if any):
- e) Creditor's Representative & Address (if any):
  
- f) Claim Amount:
- g) Date Incurred:
- h) Incurred By:  Petitioner  Petitioner's Spouse  Joint
- i) Co-debtors (if any give complete address, relationship, and amount):

3.

- j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
  
- a) Type of Claim. Describe:
- b) Creditor Name:
- c) Address:
  
- d) Account Number (if any):
- e) Creditor's Representative & Address (if any):
  
- f) Claim Amount:
- g) Date Incurred:
- h) Incurred By:  Petitioner  Petitioner's Spouse  Joint
- i) Co-debtors (if any give complete address, relationship, and amount):

4.

- j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
  
- a) Type of Claim. Describe:

- b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):
- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):
5. j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
- a) Type of Claim. Describe:  
b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):
- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):
6. j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
- a) Type of Claim. Describe:  
b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):
- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):
- j) Conditions. Is this debt:  Contingent  Disputed  Liquidate
7. a) Type of Claim. Describe:  
b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):

- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):
8. j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
- a) Type of Claim. Describe:  
b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):
- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):
9. j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
- a) Type of Claim. Describe:  
b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):
- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):
10. j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
- a) Type of Claim. Describe:  
b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):
- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):

11. j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
- a) Type of Claim. Describe:  
b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):
- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):

12. j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
- a) Type of Claim. Describe:  
b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):
- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):

- j) Conditions. Is this debt:  Contingent  Disputed  Liquidated
13. a) Type of Claim. Describe:  
b) Creditor Name:  
c) Address:
- d) Account Number (if any):  
e) Creditor's Representative & Address (if any):
- f) Claim Amount:  
g) Date Incurred:  
h) Incurred By:  Petitioner  Petitioner's Spouse  Joint  
i) Co-debtors (if any give complete address, relationship, and amount):

14. j) Conditions. Is this debt:  Contingent  Disputed  Liquidated

- a) Type of Claim. Describe:
- b) Creditor Name:
- c) Address:
  
- d) Account Number (if any):
- e) Creditor's Representative & Address (if any):
  
- f) Claim Amount:
- g) Date Incurred:
- h) Incurred By:  Petitioner  Petitioner's Spouse  Joint
- i) Co-debtors (if any give complete address, relationship, and amount):

15.

- j) Conditions. Is this debt:  Contingent  Disputed  Liquidated

- a) Type of Claim. Describe:
- b) Creditor Name:
- c) Address:
  
- d) Account Number (if any):
- e) Creditor's Representative & Address (if any):
  
- f) Claim Amount:
- g) Date Incurred:
- h) Incurred By:  Petitioner  Petitioner's Spouse  Joint
- i) Co-debtors (if any give complete address, relationship, and amount):

- j) Conditions. Is this debt:  Contingent  Disputed  Liquidated

(Add additional pages, if necessary, giving detailed answers in same order as above).