



Bankruptcy Document Checklist

Required Documents – before we can file a case

- Copy of picture ID (Driver's License / government Issued ID) and a copy of Social Security Card.
 - *If you do not have a copy of your Social Security Card a W2 can be substituted. – Please inform our office if you do not have these documents.*
- 6 months of consecutive paystubs (from the date of filing your bankruptcy) for each job you have had, including any pay or other income information from any other source, including non-filing spouse. If you are self- employed please refer to the last page of the questionnaire.
 - *This information must be current through the date your bankruptcy petition is filed, so keep them and forward them to our office as you receive them.*
- Copy of IRS and state income tax returns for the past 2 years, (OR the last year filed if not in the last two years) with all W-2 and/or Form 1099 information attached. Please ensure that form 1040 and TC40 (or any other state return) is included.
- Completed Client Questionnaire.
- Certificate of completion of credit counseling. A suggested site is accesscounselinginc.org
- Any and all court papers you have received including complaints, judgments, garnishment orders, liens, etc.

For a Chapter 13

- Copies of all correspondence received from your creditors, collection agencies, or attorneys for your creditors during the last 2 months, including all bills, billing statements, collections letters, utility bills, invoices, notices of default, sale, repossession or foreclosure, the most current car loan statement, etc.
- Most recent statement(s) for any financial or investment accounts (i.e. 401k, IRA's, Bank Accts, Prepaid Cards, etc.)
- Proof (statements) of all charitable contributions paid within 1 year prior to filing bankruptcy.
- County Property Tax Assessment and any recent appraisals for all real property.

Important Filing Facts



As your bankruptcy case is about to be filed, please read and initial each of the following points to state that you have: 1) reviewed each point, 2) understand that you are responsible for each point, and 3) understand how you will be affected by each point:

1. Bankruptcy Checklist

These are the required documents to file a bankruptcy petition with the court. If you have difficulty or exceptions with any of these required documents please contact us immediately for solutions.

Debtor Initials Joint Debtor Initials

2. Instructions for Client Questionnaire

The client questionnaire is an analysis of your personal finances, assets, property owned and debts owed. **Not all questions may be applicable to you.** Mark these questions with an NA and move to the next question.

Debtor Initials Joint Debtor Initials

3. Instructions for Credit Counseling

The credit counseling class is required by federal law for all persons filing bankruptcy – we cannot file with the court until an approved credit counseling class has been completed. The pre-filing class is required before a bankruptcy can be filed. After filing, there is a mandatory post-filing class that requires your case number. No discharge will be issued until the post-filing class is completed.

Debtor Initials Joint Debtor Initials

4. Credit Reports

Unless otherwise discussed we will include a 3 tier credit report as part of the bankruptcy service. There is no need to include an additional credit report. Debts may not always appear on the credit report. If you desire to obtain an annual free copy of your credit report you can visit www.annualcreditreport.com.

Debtor Initials Joint Debtor Initials

5. Instructions on Bank Accounts

Unless otherwise instructed by your attorney, your bank account should remain open. If you are planning on including your current bank account in the bankruptcy, consult with your attorney on how to proceed. On the day that you file your bankruptcy, you will want to have very little, if any, money in your bank account. This is because any money in your account can become property of the bankruptcy estate. Along with money in a bank account, cash on hand must be very little, as it can also become property of the bankruptcy estate. These monies described above may be required to be turned over to the Trustee for the benefit of your creditors.

Debtor Initials Joint Debtor Initials

6. Client’s Bankruptcy Process

Debtor Initials Joint Debtor Initials



1. Collect all required documents.
2. Arrange for the payment of all attorney fees and court fees.
3. Submit all required documents to our law firm. Please allow 1-3 business days for processing unless otherwise arranged.
4. Contact the paralegal regarding the court documents that are to be reviewed, signed and filed with the court.
5. Submit any additional documents that might be required. This will be communicated to you by your assigned paralegal or attorney.
6. Take the post-filing credit counseling class. This can be done with the same account created for the pre-filing class.
7. Attend the 341 Meeting of Creditors, which is a meeting with the trustee to verify that the information we have submitted to the court is true and accurate, and to allow the trustee to administer the bankruptcy. For most of our clients this is a 10-15 minute meeting. We will inform you, **as will the court**, as to the date and time of this meeting. Normally, it is approximately 30 - 45 days after filing the bankruptcy petition. Your attorney may discuss further instructions with you prior to the 341 meeting.
8. **Chapter 7:** Comply with any trustee directives if applicable. A trustee directive is an order given by the bankruptcy trustee that needs to be completed before a discharge or closure of a petition can be issued. These do not apply to most clients, but if the trustee does issue instructions, we will work with you to explain, and help you comply with those instructions.
9. **Chapter 13:** A confirmation hearing is scheduled for your Chapter 13 case. The purpose of the confirmation hearing is for all parties to agree to the Chapter 13 plan. Normal procedure in almost all Chapter 13 cases is for the trustee to file an objection to confirmation. If the objections are not satisfied the case will be dismissed. Your assigned attorney and paralegal will work with you to clear up these objections so that your Chapter 13 plan will be confirmed.
10. Await the bankruptcy discharge. A discharge is an order given by the trustee at the conclusion of administration of a debtor's assets and debts, which forgives those remaining debts which cannot be paid, with certain exceptions. For most clients, this concludes the bankruptcy process. You will receive a certificate in the mail from the court, verifying the discharge of your bankruptcy. Normally, this is received 90-120 days after filing with the court.
11. Case closed.

7. Instructions on Taxes & Tax Refunds

Debtor Initials

Joint Debtor Initials



If you are filing a Chapter 7 bankruptcy and are current with all State and Federal tax filings the following is applicable: The Trustee might take ALL or a portion of your tax refund for the upcoming tax filing year depending on the month of bankruptcy filing.

For example, if you file a Chapter 7 bankruptcy on July 31, 2014, the Trustee may require that you turn over a prorated portion of your 2014 tax refunds when you file them in the first part of 2014. The Trustee could take seven twelfths (7/12) of your tax refund because of the seven calendar months have already passed before you filed. You would be able to keep the remaining five twelfths (5/12) of your refund. Since this money was already earned prior to filing it becomes property of the bankruptcy estate even though you would not receive it until your taxes are filed in the following year. Please speak with your attorney on the particulars of how to turn over your tax refunds.

If you are filing a Chapter 7 bankruptcy and have not filed previous year taxes by the April 15th deadline for each respective year, but would be entitled to refund for those years the following is applicable: The Trustee has a right to take all of those refunds that you are entitled to for the previous tax years.

IF YOU FAIL TO TURN OVER ANY REQUESTED TAX REFUNDS YOUR CASE MAY BE DISMISSED OR THE TRUSTEE MIGHT SEEK TO DENY GRANTING YOU A DISCHARGE OF YOUR DEBTS.

8. Court Fee Installment Payments

Debtor Initials Joint Debtor Initials

If you have chosen to pay the court filing fee in installments, you will receive and agree to the specific dates, when you sign the bankruptcy petition. Payments must be made by 4:00pm on the due date, (first payment due 14 days after filing, second payment due 28 days after filing, and the third payment is due 49 days after date of filing) otherwise your case will be automatically dismissed and you will have to pay a fee to re-open the case, and will no longer be eligible for court fee installments. If you choose to pay the filing fee early, you may pay more than is due. Payments are made by calling the court directly at (801) 524-6688.

9. Adding Creditors After Filing

Debtor Initials Joint Debtor Initials

After your bankruptcy has been filed, you are able to add creditors up until your case is scheduled to be discharged (typically three months from the filing date), as long as the debt(s) were incurred before your file date. The bankruptcy court requires a fee every time creditors are added after filing, but you can add as many creditors as necessary.

10. Vehicles

Debtor Initials Joint Debtor Initials

We have formed relationships with local car dealers, who are committed to helping our clients obtain affordable, sustainable transportation. If you are surrendering your current vehicle in the bankruptcy and/or are in need of a new vehicle, please contact us regarding your options.



General Information

If a question does not apply or the answer is negative write "None" or "N/A" - DO NOT leave blank - If you do not understand a question please ask.

Name: _____
First Middle Last

SSN: _____ DOB: _____ County of Residence: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(If Different)

Telephone: _____ Email: _____

Are you filing jointly? []

Spouse Information:

Name: _____
First Middle Last

SSN: _____ DOB: _____ County of Residence: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(If Different)

Telephone: _____ Email: _____

Have you (or your spouse, if filing jointly) been known by any other name(s) during the past 8 years?

Yes [] Name(s): _____ Spouse Name(s): _____

No []

Have you (or your spouse, if filing jointly) ever filed for bankruptcy before?

Yes [] Filing Date: _____ Chapter: _____ Case #: _____ State: _____

Filing Date: _____ Chapter: _____ Case #: _____ State: _____

No []

Have you lived in Utah for at least 91 of the last 180 days? Yes [] No []

Real Estate	Schedule A
--------------------	------------

Type of Property House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condominium <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Other <input type="checkbox"/>		
Complete Address:		
Name(s) on title:		
What is the fair market value?		
First mortgage lender:	Amount: \$	Arrearage Amt.:\$
Second mortgage lender:	Amount: \$	Arrearage Amt.:\$
Keep / reaffirm <input type="checkbox"/> Is this your primary residence <input type="checkbox"/> Yes <input type="checkbox"/> NO		
If not primary residence what type of residence is it:		

Personal Property	Schedule B
--------------------------	------------

1. How much “Cash on Hand” do you have – this includes cash and bank account balances? _____
2. Do you or your spouse have any checking, savings, or other financial accounts in any bank, credit union or other financial institution? (Please list all children’s accounts, old accounts non in use but still open, or accounts you put money into even if you name is not on the account)

Name of Institution:	
Name(s) on account:	
Type of account(s) (Checking, Savings, etc.):	
Balance:	Last 4 digits of account #:

Name of Institution:	
Name(s) on account:	
Type of account(s) (Checking, Savings, etc.):	
Balance:	Last 4 digits of account #:

3. If you have a prepaid cash card that your checks are deposited on, please provide the following information:

Name of Card Provider:	
Name(s) on Card:	
Balance:	Last 4 digits of account #:

****Note: On the day of filing, all cash on hand and bank accounts (including pre-paid debit cards) must be low, otherwise the trustee may demand the money be handed over as it is now property of the bankruptcy estate.***

4. Do you have a deposit with a landlord or utility company?

No

Name:	Amount:
Name:	Amount:

5. Household Goods and Furnishings – Please list all items regardless of value. If any household items are leased or considered rent-to-own, list them on page 12 under contracts and leases. If you do not have any or few household items please explain your living situation and how these items are provided for. (IE: living with family, friends or included in rent)

**Please list the yard sale value for each item*

Explain your living situation:	
Washer & Dryer Value:\$	Stove Value:\$
Refrigerator Value:\$	Dishwasher Value:\$
Sofa & Couches Value:\$	Kitchen/Dining Table & Chairs Value:\$
Beds & Bedding Value:\$	Stereo Value:\$
Television Value:\$	DVD/VCR Player Value:\$
Computer/Laptop Value:\$	Printer Value:\$
Sewing Machine Value:\$	Rugs & Carpets Value:\$
Kitchen Utensils Value:\$	Dishes/Flatware & Pots/Pans Value:\$
Other Items (please specify) Value:\$	Other Items (please specify) Value:\$

6. Do you have any book, picture, art, or stamp collections?

No

Description:	Value:\$
--------------	----------

7. Value of your clothing (Not Optional must have a value):\$ _____

8. Do you or your spouse own any furs or jewelry? (Wedding rings, Costume Jewelry, etc.)

No

Description:	Value:\$
Description:	Value:\$

***Wedding rings not listed will not be protected.**

9. Do you own any firearms, sports, photographic, or other hobby equipment? No

Description:	Value:\$
Description:	Value:\$

10. Do you have any interest in any insurance policies? (Type: Term or Whole) No

Insurance Co:	Type:	Value:\$	Death Benefit:
Insurance Co:	Type	Value:\$	Death Benefit:

11. Do you have any interest in any annuities? No

Insurer:	Owner:	Terms:
----------	--------	--------

12. Do you have any interest in an education IRS (college savings plan) or state tuition plan?
Do you have any interest in any IRA, ERISA, Keogh, 401(k)? No

Plan/Acct Type	Owner	Value	Investment Company
1.			
2.			

13. Do you have any interest in any incorporated or unincorporated business? OR Do you have any interest in a partnership or joint ventures? OR Do you have any interest in any government or corporate bonds? No

Description of Interest:	Owner:	Est. Market Value:
Description of Interest:	Owner:	Est. Market Value:

14. Do you have any accounts receivables, or does anyone owe you money? OR Are you owed any accrued/unpaid alimony, support or property settlement payments? No

Description:	Who:	Amount:
Description:	Who:	Amount:

15. Are you currently owed any liquidated debts and/or tax refunds? No

Description:

16. Any property currently owned by someone else that you will receive eventually? OR Interest in real estate you may or may not receive (death benefit, life insurance, trust)? No

Description:

17. Contingent claims: might become a law suit (tax refunds, counter claims, set off claims)?

Description:

18. Any ownership interest in any patents, copyrights, or other intellectual property? OR Licenses or franchises? OR Customer lists? No

Description:	Owner:	Value:
Description:	Owner:	Value:

19. Vehicles (only list if currently in your possession)

****If financed please also fill out the secured Debts Page**

**Note: In regards to vehicles, only \$3000.00 of equity, per person, can be protected.*

Automobile Truck Motorcycle Four Wheeler/ATV Trailer/Camper

Year:	Make:	Trim:
Model:	Mileage	Rebuilt/Salvaged Title? Yes <input type="checkbox"/> No <input type="checkbox"/>
Keep & Reaffirm: Yes <input type="checkbox"/> No <input type="checkbox"/>	When was the vehicle purchased?	
Amount behind:\$	Financed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Lender:
Name(s) On Title:	Amount Owed:\$	Monthly Payment:\$

Automobile Truck Motorcycle Four Wheeler/ATV Trailer/Camper

Year:	Make:	Trim:
Model:	Mileage	Rebuilt/Salvaged Title? Yes <input type="checkbox"/> No <input type="checkbox"/>
Keep & Reaffirm: Yes <input type="checkbox"/> No <input type="checkbox"/>	When was the vehicle purchased?	
Amount behind:\$	Financed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Lender:
Name(s) On Title:	Amount Owed:\$	Monthly Payment:\$

Automobile Truck Motorcycle Four Wheeler/ATV Trailer/Camper

Year:	Make:	Trim:
Model:	Mileage	Rebuilt/Salvaged Title? Yes <input type="checkbox"/> No <input type="checkbox"/>
Keep & Reaffirm: Yes <input type="checkbox"/> No <input type="checkbox"/>	When was the vehicle purchased?	
Amount behind:\$	Financed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Lender:
Name(s) On Title:	Amount Owed:\$	Monthly Payment:\$

20. If you borrow a vehicle, please fill out the information below. Note that the vehicle will not be affected, but must be disclosed.

Automobile Truck Motorcycle Four Wheeler/ATV Trailer/Camper

Year:	Make	Do you make payments for this car: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mode:	Mileage:	
Financed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address of the owner:	
Name(s) On Title:	Monthly Payment:	

No If you do not own any vehicles, what do you do for transportation? _____

21. Boats or Aircraft and accessories:

No

Year:	Make	Model:
Mileage:	Value:	Keep & Reaffirm: Yes <input type="checkbox"/> No <input type="checkbox"/>
Value:	Financed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Lender:
Name(s) On Title:	Monthly Payment:	

22. Animals:

No

Description:	Value:
Description:	Value:
Description:	Value:

23. Crops (growing or harvested) OR Farm Equipment and Implements OR Supplies, Chemicals and Feed: No

Description:	Value:
Description:	Value:

24. Other Personal Property Not Listed: No

Description:	Value:
Description:	Value:
Description:	Value:
Description:	Value:

Co-Debtors

25. Do you have any co-debtors/co-signers? No

Name of Co-Debtor:	Name of Creditor and item co-signed on:
Address of Co-Debtor:	

Name of Co-Debtor:	Name of Creditor and item co-signed on:
Address of Co-Debtor:	

****Please be aware that if you surrender any co-signed items the creditor can seek legal action against your co-signer**

26. Are there any children living in the home? No

Relationship:	Age:
Relationship:	Age:
Relationship:	Age:
Relationship:	Age:
Relationship:	Age:

Relationship:	Age:
---------------	------

Secured Debts

**Secured debts are obligations you owe backed by collateral that a creditor can recover if you default
(i.e. home, **vehicles**, title loans, HELOC, 2nd mortgage)*

Name of Creditor:	Account No.:
Address of Creditor:	
Balance Owed:	Collateral:
Amount in Arrears:	Cosigner:

Name of Creditor:	Account No.:
Address of Creditor:	
Balance Owed:	Collateral:
Amount in Arrears:	Cosigner:

Name of Creditor:	Account No.:
Address of Creditor:	
Balance Owed:	Collateral:
Amount in Arrears:	Cosigner:

Name of Creditor:	Account No.:
Address of Creditor:	
Balance Owed:	Collateral:
Amount in Arrears:	Cosigner:

Priority Debts

**Priority debts are any type of government debt, and typically cannot be discharged in a bankruptcy. (i.e. taxes, alimony, child support, wages owed to employees, and fees owed to the trustee and/or the attorney)*

Do you owe any back federal taxes to the IRS?

No

Year(s):	Amount:
----------	---------

Do you owe any back state taxes to the Utah State Tax Commission?

No

Year(s):	Amount:
----------	---------

Do you have any other debts owed to a government unit?

No

Name of Creditor:	Account No.:
Address of Creditor:	
Amount:	Date Incurred:

Name of Creditor:	Account No.:
Address of Creditor:	
Amount:	Date Incurred:

Do you have any delinquent child or spousal support obligations?

No

To Whom Do You Owe:	
Address:	
Amount:	Date Incurred:

To Whom Do You Owe:	
Address:	
Amount:	Date Incurred:

No

Do you have any claims for death or personal injury while intoxicated?

To Whom Do You Owe:	
Address:	
Amount:	Date Incurred:

No

Do you have any student loans?

Creditor:	Address:	Amount:

No

Do you owe any fines?

To Whom: (i.e. city, county, etc)	Fines for what:	Monthly Payment:	Total Amount:

No

Do you owe restitution?

To Whom:	Case Number:	Monthly Payment:	Total Amount:

Unsecured Debts

**Unsecured debts are obligations owed which are not backed by collateral
(i.e. credit cards, medical bills, utility bills, payday loans, etc.)*

Name of Creditor:	Account No.:
Address of Creditor:	
Balance Owed:	Date Incurred:
Collection Agency:	Address of Collection Agency:

Name of Creditor:	Account No.:
Address of Creditor:	
Balance Owed:	Date Incurred:
Collection Agency:	Address of Collection Agency:

Name of Creditor:	Account No.:
Address of Creditor:	
Balance Owed:	Date Incurred:
Collection Agency:	Address of Collection Agency:

Name of Creditor:	Account No.:
Address of Creditor:	
Balance Owed:	Date Incurred:
Collection Agency:	Address of Collection Agency:

Name of Creditor:	Account No.:
Address of Creditor:	
Balance Owed:	Date Incurred:
Collection Agency:	Address of Collection Agency:

If more space is needed, please copy this page and attach.

Contracts & Leases

Do you have any current contracts or leases?

(i.e. rental agreements, cell phone contracts, gym memberships, rent to own items, Snap on Finances, Progressive Leasing, RC Willey etc. – do NOT list month-to-month contracts) No

Description of Contract or Lease:	Value if Applicable:\$
Company Name:	Monthly Payment: \$
Company Address:	
When will the lease end (Mo/Yr)?	Do you wish to keep this lease? Yes <input type="checkbox"/> No <input type="checkbox"/>

Description of Contract or Lease:	Value if Applicable:\$
Company Name:	Monthly Payment: \$
Company Address:	
When will the lease end (Mo/Yr)?	Do you wish to keep this lease? Yes <input type="checkbox"/> No <input type="checkbox"/>

Description of Contract or Lease:	Value if Applicable:\$
Company Name:	Monthly Payment: \$
Company Address:	
When will the lease end (Mo/Yr)?	Do you wish to keep this lease? Yes <input type="checkbox"/> No <input type="checkbox"/>

Description of Contract or Lease:	Value if Applicable:\$
Company Name:	Monthly Payment: \$
Company Address:	
When will the lease end (Mo/Yr)?	Do you wish to keep this lease? Yes <input type="checkbox"/> No <input type="checkbox"/>

Current Household Income

***If you have 2 jobs you need to provide employment information and paystubs for both.**

Marital Status: Single Married Divorced Separated
 Widowed Common Law Unknown

EMPLOYMENT – DEBTOR

Employer:	Full Address of Employment:
Occupation Title:	Years or Months Employed:
Date of Next Paycheck:	Paid: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/>

Unemployed

Do you receive unemployment? Yes No Monthly Amount: _____

Do you receive any child support or alimony? Yes No Monthly Amount: _____

Do you receive any other source of income or financial aid? Yes No Monthly Amount: _____

**Food Stamps, Government Assistance, Childcare, Social Security Benefits. Type: _____

EMPLOYMENT – JOINT DEBTOR OR SPOUSE

(If you are married, spouse employment information & paystubs are necessary, even if filing individually)

Employer:	Full Address of Employment:
Occupation Title:	Years or Months Employed:
Date of Next Paycheck:	Paid: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/>

Unemployed

Do you receive unemployment? Yes No Monthly Amount: _____

Do you receive any child support or alimony? Yes No Monthly Amount: _____

Do you receive any other source of income or financial aid? Yes No Monthly Amount: _____

**Food Stamps, Government Assistance, Childcare, Social Security Benefits. Type: _____

Current Household Expenditures

Do you have a roommate/relative who pays part of your expenses? Yes No

If yes, please explain the expenses you pay only: _____

***Note – the information provided is used to calculate how your money is spent each month. Fill this out completely.**

Mortgage/Rent Payment for Primary Residence:\$	Additional Mortgage Payments –Other Residence:\$
Homeowner or Renter Insurance:\$	Home Maintenance:\$ (repairs & upkeep)
Electricity, Heat, Natural Gas:\$	Water, Sewer, Garbage:\$
Telephone, Internet & Cable:\$	Food & Housekeeping Supplies:\$
Childcare & Children’s Education Costs:\$	Clothing:\$
Laundry & Dry Cleaning:\$	Personal Care Products & Services (toiletries):\$
Medical & Dental Expenses:\$	Transportation (gas, maintenance) (not including car payments):\$
Entertainment, Recreation Netflix, Redbox, etc:\$	Charitable Contributions:\$ Paid to:

INSURANCE

(NOT deducted from wages or included in home mortgage payments)

Life Insurance:\$	Health Insurance:\$	Vehicle Insurance:\$
-------------------	---------------------	----------------------

INSTALLMENT PAYMENTS:

Car Payment For Vehicle 1:\$	Car Payment For Vehicle 2:\$
------------------------------	------------------------------

Other Installment Payment:\$
(IE Rent to Own, Student Loans etc)

SUPPORT:

Alimony, maintenance and support paid to others:\$
(NOT deducted from wages)

Payments listed above are paid to:
(Name & Address)

Statement of Financial Affairs

Debtor & Joint Debtor/Spouse Total Income from employment or operation of business

Current Year To Date:
Last Year:
Two Years Prior:

Debtor & Joint Debtor/Spouse Total Non-employment Income (unemployment, social security, pensions, etc.)

Current Year To Date:
Last Year:
Two Years Prior:

Have you had any judgments, lawsuits or garnishments filed against you in the last year? No

Creditor:	Case No.	Court or Agency	Type

If your paychecks are being and/or have been garnished – money was taken from your paycheck - in the last year, please list them here – if this section is left blank we may not be able to stop garnishment(s) even after filing: No

Garnishing Creditor:	Attorney Collecting:	Amount Garnished:	Dates of Garnishment:

Have you had any property repossessed in the last 12 months? No

Creditor:	Date:	Description of Item:	Estimated Value:

Any property assigned to another person or held by a custodian within the last 120 days? No

Description of Property:	Held by:	Date:

Have you transferred/sold any property within the last 2 years? No

Description of Property:	Transferred to:	Relationship:	When:
How much money did you receive?		What did you use the money for?	

Have you closed any accounts in the last year? (i.e. bank, credit union, investment, etc.) No

Institution:	Type of Account:	Last 4 of Account:	Final Balance:	Date Closed:

Do you have any safe deposit boxes? No

Location:	Others with Access:	Contents:

Do you have any set-offs (voluntary credits) made by a creditor? No

Creditor:	Date:	Amount:

Have you lived at your current address for the last 3 years?

Yes

If not, please list all prior addresses in the last 3 years:

Address:	Date Moved in:	Date Moved out:

In the near future, do you expect to settle, win, or begin a case for personal injury?

No

If yes, explain: _____

Have you owned or operated a business in the past 4 years?

No

Business Name:	Nature of Business:
Last 4 digits of SSN or Tax ID #:	Beginning & Ending Dates of Operation:

****If you are currently self-employed, please refer to the following page.**

Do you have any of the following for the business?

Type	Value:	Description:
Office Equipment		
Machinery & Fixtures		
Business Inventory		
Other Business Property		

SELF-EMPLOYED BUSINESS OWNERS – PROFIT & LOSS STATEMENTS

If you are self-employed and are unable to provide Profit & Loss (P&L) statements, make six (6) copies of this page and list the income and expenses for each of the last six (6) months individually on their own page.

Business Name: _____ Business ID/EIN: _____

Month (Use a copy of this page for each of the last six months): _____

Gross Income / Gross Sales Year-to-Date (YTD): **\$** _____

Expenses:

Net Payroll (Other than Self)	\$ _____
Payroll Taxes	\$ _____
Unemployment Taxes	\$ _____
Workers Compensation	\$ _____
Other Taxes	\$ _____
Inventory Purchases	\$ _____
Purchase of Feed/Fertilizer/etc.	\$ _____
Rent (Other than Your Residence)	\$ _____
Utilities	\$ _____
Office Expenses & Supplies	\$ _____
Repairs & Maintenance	\$ _____
Vehicle Expenses	\$ _____
Travel & Entertainment	\$ _____
Equipment Rental & Leases	\$ _____
Legal/Accounting/Professional Fees	\$ _____
Insurance	\$ _____
Employee Benefits	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Did you withhold any earnings for tax purposes? Yes No
 If yes, how much did you withhold monthly? \$ _____

Total Expenses **\$** _____
Net Profit (Gross Income minus Expenses) **\$** _____

Did you file income taxes for the years you operated your business? Yes No
 If not, what years did you NOT file taxes? _____