



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 [ ]

<b>Real Estate</b>	Schedule A
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<b>Type of Property</b> 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:		

<b>Personal Property</b>	Schedule B
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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:\$
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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:
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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:
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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:
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17. Contingent claims: might become a law suit (tax refunds, counter claims, set off claims)?

Description:
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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:	<i>Value:</i>
Description:	<i>Value:</i>

**24. Other Personal Property Not Listed:** No

Description:	<i>Value:</i>
Description:	<i>Value:</i>
Description:	<i>Value:</i>
Description:	<i>Value:</i>

<b>Co-Debtors</b>
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**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:
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<b>Secured Debts</b>
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*\*Secured debts are obligations you owe backed by collateral that a creditor can recover if you default (i.e. home, **vehicles**, title loans, HELOC, 2<sup>nd</sup> 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:
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**Do you owe any back state taxes to the Utah State Tax Commission?**

No

Year(s):	Amount:
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**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:

<b>INSURANCE</b>		
<b>(NOT deducted from wages or included in home mortgage payments)</b>		
Life Insurance:\$	Health Insurance:\$	Vehicle Insurance:\$
<b>INSTALLMENT PAYMENTS:</b>		
Car Payment For Vehicle 1:\$	Car Payment For Vehicle 2:\$	
Other Installment Payment:\$ (IE Rent to Own, Student Loans etc)		
<b>SUPPORT:</b>		
Alimony, maintenance and support paid to others:\$  (NOT deducted from wages)		
Payments listed above are paid to: <i>(Name &amp; Address)</i>		

## 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? \_\_\_\_\_