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Client Questionnaire - Non-Business
Section 1 - Basic Information

Part A: Name and Address of Debtor 1

Name: _____
Last First Middle

Have you used any other names in the past eight years? No Yes

If yes, list other names: _____

Social Security Number: _____ DOB: _____

Phone Number Home: _____ Cell: _____ Work: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____

Have you lived in Utah for at least 180 days? No Yes For 730 days (2 years)? No Yes

If you answered no to either of the questions above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____

County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B: Name and Address of Debtor 2

(If you are filing jointly with your spouse, fill in the following information about your spouse.)

Name: _____
Last First Middle

Have you used any other names in the past eight years? No Yes

If yes, list other names: _____

Phone Number Home: _____ Cell: _____ Work: _____

Social Security Number: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

CASH OR MONEY ORDERS ONLY - NO PERSONAL CHECKS ACCEPTED
ALL CHAPTER 7 FEES ARE DUE AT THE TIME OF FILING
PLEASE LEAVE PACKET STAPLED - THE DATA IS PROCESSED IN THE ORDER LISTED

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?

No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2 - Property

Part 1. 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 _____

_____ Keep _____ Surrender _____

Owned by Debtor 1, 2, or Joint? _____ Market Value: _____

Provide Copy of most recent tax notice and any recent appraisal. Rental? No Yes Amount: _____

Your % ownership, or \$ amount, if you and spouse are not sole owners _____

List all mortgages, home equity loans, liens, and HOA's:

Name & Address of Creditor *Complete Credit Mailing Address*	Account #	Date Incurred	Amount Owed
_____	_____	_____	\$ _____
_____	_____	_____	Pmt include property taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes Ins.? <input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	What was this debt for? Monthly Pmt. No. Months Behind
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	What was this debt for? Monthly Pmt. No. Months Behind
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	What was this debt for? Monthly Pmt. No. Months Behind
_____	_____	_____	\$ _____

Name and address of HOA _____ Current? No Yes Monthly payment \$ _____

Property 2: Address and description of property _____

Keep ___ Surrender ___

Owned by Debtor 1, 2, or Joint? _____ Market Value: _____

Provide Copy of most recent tax notice and any recent appraisal. Rental? No Yes **Amount:** _____

Your % ownership, or \$ amount, if you and spouse are not sole owners _____

List all mortgages, home equity loans, liens and HOAs:

Name & Address of Creditor *Complete Credit Mailing Address*	Account #	Date Incurred	Amount Owed
_____	_____	_____	\$ _____
_____	_____	Pmt include property taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	Ins.? <input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	What was this debt for? Monthly Pmt.	No. Months Behind
_____	_____	\$ _____	_____
_____	_____	_____	\$ _____
_____	_____	What was this debt for? Monthly Pmt.	No. Months Behind
_____	_____	\$ _____	_____
_____	_____	_____	\$ _____
_____	_____	What was this debt for? Monthly Pmt.	No. Months Behind
_____	_____	\$ _____	_____

Name and address of HOA _____ **Current?** No Yes **Monthly payment \$** _____

Property 3: Address and description of property _____

Keep ___ Surrender ___

Owned by Debtor 1, 2, or Joint? _____ Market Value: _____

Provide Copy of most recent tax notice and any recent appraisal. Rental? No Yes **Amount:** _____

Your % ownership, or \$ amount, if you and spouse are not sole owners _____

List all mortgages, home equity loans, liens, and HOAs:

Name & Address of Creditor *Complete Credit Mailing Address*	Account #	Date Incurred	Amount Owed
_____	_____	_____	\$ _____
_____	_____	Pmt include property taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	Ins.? <input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	What was this debt for? Monthly Pmt.	No. Months Behind
_____	_____	\$ _____	_____
_____	_____	_____	\$ _____
_____	_____	What was this debt for? Monthly Pmt.	No. Months Behind
_____	_____	\$ _____	_____

Name and address of HOA _____ **Current?** No Yes **Monthly payment \$** _____

Part 2. Vehicles (Schedule B)

List all vehicles below on part 3 and 4. Indicated the ownership of the vehicle by selection Debtor 1, 2 or Jt if it is joint. Also fill out the blue attached vehicle information sheet with the details of each vehicle.

3. Cars, Vans, Trucks, Motorcycles, Sport Utility Vehicles, Tractors				§78-23-8(3)	
year, make, model	mileage	Creditor, list complete address	Balance	Debtor 1,2,Jt	
Account No. _____	Color _____	_____	Keep ___ Surrender ___		
Date incurred _____	_____	_____	Payment _____		
Has this vehicle been refinanced? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
year, make, model	mileage	Creditor, list complete address	Balance	Debtor 1,2,Jt	
Account No. _____	Color _____	_____	Keep ___ Surrender ___		
Date incurred _____	_____	_____	Payment _____		
Has this vehicle been refinanced? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
year, make, model	mileage	Creditor, list complete address	Balance	Debtor 1,2,Jt	
Account No. _____	Color _____	_____	Keep ___ Surrender ___		
Date incurred _____	_____	_____	Payment _____		
Has this vehicle been refinanced? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
year, make, model	mileage	Creditor, list complete address	Balance	Debtor 1,2,Jt	
Account No. _____	Color _____	_____	Keep ___ Surrender ___		
Date incurred _____	_____	_____	Payment _____		
Has this vehicle been refinanced? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
year, make, model	mileage	Creditor, list complete address	Balance	Debtor 1,2,Jt	
Account No. _____	Color _____	_____	Keep ___ Surrender ___		
Date incurred _____	_____	_____	Payment _____		
Has this vehicle been refinanced? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
4. Water craft, Aircraft, Recreational, Other Vehicles and Accessories					
year, make, model	mileage/hours	Creditor, list complete address	Balance	Debtor 1,2,Jt	
Account No. _____	Color _____	_____	Keep ___ Surrender ___		
Date incurred _____	_____	_____	Payment _____		
year, make, model	mileage/hours	Creditor, list complete address	Balance	Debtor 1,2,Jt	
Account No. _____	Color _____	_____	Keep ___ Surrender ___		
Date incurred _____	_____	_____	Payment _____		
year, make, model	mileage/hours	Creditor, list complete address	Balance	Debtor 1,2,Jt	
Account No. _____	Color _____	_____	Keep ___ Surrender ___		
Date incurred _____	_____	_____	Payment _____		

Part 3. Household Items (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 market value as the resale value a retail merchant would charge for your property, considering the age and condition of that property.

Type of Property	Description	Market Value	Creditor, if any	Debtor 1, 2 or Both	Exemptions
6. Household Goods and Furnishings	<input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Stove <input type="checkbox"/> Microwave <input type="checkbox"/> Sewing Machine <input type="checkbox"/> Beds (# _____) <input type="checkbox"/> Bedding <input type="checkbox"/> Kitchen Table & Chairs <input type="checkbox"/> Small appliances <input type="checkbox"/> Pots and Pans <input type="checkbox"/> Dishes & utensils <input type="checkbox"/> Sofa <input type="checkbox"/> Chairs <input type="checkbox"/> Ottoman <input type="checkbox"/> Coffee Table <input type="checkbox"/> End table <input type="checkbox"/> China Cabinet <input type="checkbox"/> Curio Cabinet <input type="checkbox"/> Bookcase <input type="checkbox"/> Entertainment Center <input type="checkbox"/> Dressers (# _____) <input type="checkbox"/> Night stand <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____				§ 78B-5-505(1)(a)(viii) § 78B-5-505(1)(a)(viii) § 78B-5-505(1)(a)(viii) § 78B-5-505(1)(a)(viii) § 78B-5-505(1)(a)(viii) § 78B-5-505(1)(a)(viii) § 78B-5-505(1)(a)(viii) § 78B-5-505(1)(a)(viii) § 78B-5-505(1)(a)(viii) § 78B-5-505(1)(a)(viii) § 78B-5-506(1)(b) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a) § 78B-5-506(1)(a)
7. Electronics	<input type="checkbox"/> TV <input type="checkbox"/> VCR <input type="checkbox"/> DVD <input type="checkbox"/> Xbox, Playstation, etc <input type="checkbox"/> Stereo, etc. <input type="checkbox"/> Computer/Laptop <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____				
8. Collectibles of Value, Books, pictures, music recordings					§ 78B-5-506(1)(c)
9. Sports & Hobby Equipment					
10. Firearms, ammunition					§ 78B-5-505(1)(a)(xvii)
11. Clothing					§ 78B-5-505(1)(a)(viii)

12. Furs & Jewelry (Wedding Rings)					§78B-5-506(1)(d)
13. Animals, Non-Farm					§78B-5-506(1)(c)
14. Other Personal & Household Items, including Health aids					

Part 4. Financial Assets (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.

Type of Property	Description	Market Value	Creditor, if any	Debtor 1, 2 or Both	Exemptions
16. Cash					
17. Deposits of Money, Bank Accounts checking/savings	(name of bank)				
18. Bonds/Mutual Funds or Stocks Publicly Traded					
19. Stocks / Business ownership (Name/LLC/Corp.)					
20. Bonds Government & Corporate, Other Negotiable, Non-negotiable Instruments					
21. Retirement, Pension plans, 401(k), etc.					§78B-5-505(1)(a)(xiv) 29 USC §1056(d)(1)
22. Security Deposits & Prepayments					
23. Annuities					§78B-5-505(1)(a)(viii)
24. Education IRA, as defined in 26 USC § 530(b)(1)					
25. Trusts, Equitable or Future Interests, Beneficial Rights or Powers					
26. Intellectual Property, Patents, Copyrights, Trademarks, Trade Secrets					

27. Licenses, Franchises, and Other General Intangibles					
28. Tax Refunds					
29. Family Support Alimony, Child support owed to you					§78B-5-505(1)(a)(vi) §78B-5-505(1)(a)(vii)
30. Other debts owed to you					
31. Insurance Policy Interests, Life Insurance					§78B-5-505(1)(a)(xiii)
32. Decedent Property due Debtor (Property from someone who has passed away)					
33. Claims Against Third Party					
34. Personal Injury claims, Lawsuits against others, counterclaims, Contingent, Unliquidated claims					§78B-5-505(1)(a)(x)
35. Other Financial Assets					

Part 5. Business Related (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.

Type of Property	Description	Market Value	Creditor, if any	Debtor 1, 2 or Both	Exemptions
35. Accounts Receivable or Earned Commissions					
39. Office equipment, supplies Home use Office use					
40. Business Machinery, fixtures, etc.	Place on separate sheet with Values for each item.				§78-23-8(2)
41. Inventory	Place on separate sheet with Values for each item.				
42. Partnerships or Joint Venture Interest					
43. Customer Lists, Mailing List or Other Compilations	Place on separate sheet and attached to the questionnaire				

44. Other Business Related Property		
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Part 6. Farm Related (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.

Type of Property	Description	Market Value	Creditor, if any	Debtor 1, 2 or Both	Exemptions
47. Animals	Place on separate sheet with Values for each item., Except house pets.				§78-23-8(1)(c)
48. Crops, Growing or Harvested	Place on separate sheet with Values for each item.				
33. Farming & Fishing Equipment, Implements, Machinery, Fixtures, & Tools of Trade	Place on separate sheet with Values for each item.				
34. Farm & Fishing supplies, chemicals, & feed	Place on separate sheet with Values for each item.				
35. Other Farm & Commercial Fishing Property	Place on separate sheet with Values for each item.				

Part 7. Other 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.

Type of Property	Description	Market Value	Creditor, if any	Debtor 1, 2 or Both	Exemptions
35. Other Property of any kind not already listed.					

Section 3 - Debts

Priority/Unsecured (Schedule E)

List All obligations owed to any **government agency for taxes, fines, child support, alimony, unpaid employee wages**, if any. If child support, list both the ex-spouse and ORS. **Tax returns filed within three years of filing your bankruptcy are generally non-dischargeable, regardless of the tax year.** All returns must be filed before any discharge will enter. Indicate who the debt belongs to by circling 1 or 2 for which debtor it belongs to or circle jt for joint.

Name & Address of Creditor *Included the Complete Address*	Account #	Date Incurred	Amount Owed	Debtor?
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Tax, child support, alimony, etc.)			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Tax, child support, alimony, etc.)			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Tax, child support, alimony, etc.)			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Tax, child support, alimony, etc.)			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Tax, child support, alimony, etc.)			

Section 3 - Debts

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

Name & Address of Creditor	Account #	Date Incurred	Amount Owed	Debtor?
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			

Name & Address of Creditor	Account #	Date Incurred	Amount Owed	Debtor?
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			

Name & Address of Creditor	Account #	Date Incurred	Amount Owed	Debtor?
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____	What was this debt for? (Auto loan, credit card, medical, etc.)		
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____	What was this debt for? (Auto loan, credit card, medical, etc.)		
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____	What was this debt for? (Auto loan, credit card, medical, etc.)		
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____	What was this debt for? (Auto loan, credit card, medical, etc.)		
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____	What was this debt for? (Auto loan, credit card, medical, etc.)		
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____	What was this debt for? (Auto loan, credit card, medical, etc.)		
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____	What was this debt for? (Auto loan, credit card, medical, etc.)		
_____	_____	_____	_____	1/2/Jt
_____	Co-Debtor? _____	What was this debt for? (Auto loan, credit card, medical, etc.)		

Section 4 - Unexpired Leases and 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, cell phones accounts, and service or business contracts. If you are rejecting cell phone accounts, terminate the account before filing. **You will be responsible for any charges for use after filing.**

Name and Address of Creditor *Complete Address*	Account #	Date Incurred	Lease Payment	Debtor?
_____	_____	_____	_____	1/2/Jt
_____	What is the debt for? _____			
_____	When does the lease or contract expire? _____			
_____	Assume _____	Reject _____	Date terminated _____	
_____	_____	_____	_____	1/2/Jt
_____	What is the debt for? _____			
_____	When does the lease or contract expire? _____			
_____	Assume _____	Reject _____	Date terminated _____	
_____	_____	_____	_____	1/2/Jt
_____	What is the debt for? _____			
_____	When does the lease or contract expire? _____			
_____	Assume _____	Reject _____	Date terminated _____	

Military Service - Are you in the military, active duty, reserves, or National Guard? No Yes

Branch? _____, Rank: _____ Active Reserve
 Name of Debtor: _____ National Guard
 Active duty after September 11, 2001 for at least 90 days? No Yes
 Homeland Defense Activity? No Yes
 Date service began: _____ Date Service Ended: _____

Do you have any co-debtors any co-signors on any of the debt you have listed on the previous pages?

No Yes

If yes, please provide a complete name and address and the debt for which they are jointly obligated:

Name: _____ Creditor: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____ Creditor: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Section 6 - Current Income (Schedule I)

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	Living with you Y/N

Part A. Debtor's Income

Occupation? _____

Name and address of your employer:

How long have you been employed there? _____

How often do you get paid? once a week

every two weeks twice a month

once a month other _____

Second employer? _____

Name and address of your employer:

How long have you been employed there? _____

How often do you get paid? once a week

every two weeks twice a month

once a month other _____

Part B. Joint Debtor's Income

Occupation? _____

Name and address of your employer:

How long have you been employed there? _____

How often do you get paid? once a week

every two weeks twice a month

once a month other _____

Second employer? _____

Name and address of your employer:

How long have you been employed there? _____

How often do you get paid? once a week

every two weeks twice a month

once a month other _____

***** Please attach copies of at least seven full months pay statements ***
 for each job or source of income. Federal Law requires all pay statements
 or other evidence from your employer of payment.
 If any are missing, we cannot file the case. It will be dismissed.**

Other Income:

Child Support \$ _____
 Disability \$ _____
 Retirement \$ _____
 Social Security \$ _____
 Unemployment \$ _____
 Rental \$ _____
 Other \$ _____

Other Income:

Child Support \$ _____
 Disability \$ _____
 Retirement \$ _____
 Social Security \$ _____
 Unemployment \$ _____
 Rental \$ _____
 Other \$ _____

If you have other sources of income not listed above, please explain below.

Are you or your spouse expecting any increase or decrease in salary of more than 10% next year? If so, explain.

Section 7 - Current Expenses (Schedule J)

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.

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

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

Indicate how much you pay for each item each month...

- | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. | Your rent or your home mortgage | \$ _____ |
| | Does amount include property taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Second mortgage payment | \$ _____ |
| | HOA | \$ _____ |
| 2. | electricity and heating | \$ _____ |
| 3. | water and sewage | \$ _____ |
| 4. | telephone service/long distance Land line \$ _____ Cell \$ _____ | total \$ _____ |
| 5. | Do you have any other utility bills? If so, what, and how much per month? | |
| | Cable: _____ Internet: _____ Other: _____ | \$ _____ |
| 6. | home maintenance, including repairs and general upkeep | \$ _____ |
| 7. | food | \$ _____ |
| 8. | clothing | \$ _____ |
| 9. | laundry and dry cleaning | \$ _____ |
| 10. | medical and dental expenses (provide verification) | \$ _____ |
| 11. | transportation (not including car payments) | \$ _____ |
| 12. | entertainment, recreation, newspapers, magazines | \$ _____ |
| 13. | charitable contributions (provide verification) | \$ _____ |
| 14. | insurance (not deducted from paycheck) | |
| | homeowner's or renter's insurance | \$ _____ |
| | life insurance | \$ _____ |
| | health insurance | \$ _____ |
| | auto insurance | \$ _____ |
| | 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. | mandatory payroll deductions not already listed _____ | \$ _____ |
| 20. | court ordered payments not already listed here _____ | \$ _____ |
| 21. | education necessary to maintain employment | \$ _____ |
| 22. | education for a physically or mentally challenged child | \$ _____ |
| 23. | childcare (provide verification) | \$ _____ |
| 24. | disability insurance | \$ _____ |
| 25. | health care savings accounts | \$ _____ |
| 26. | care for elderly, chronically ill, or disabled family members | \$ _____ |
| 27. | protection from family violence | \$ _____ |
| 28. | education expense for your children under 18 years (provide verification) | \$ _____ |
| 29. | non-mandatory contributions to retirement accounts (including loans) | \$ _____ |
| 30. | other expenses not listed above _____ | \$ _____ |
| | _____ | \$ _____ |

Section 8 - 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 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. Current Marital Status?

- Married
 Not Married

2. List all residences during the last **three years**. Do Not include your present address.

NONE

Complete Address

Beginning & Ending Dates of Occupancy

3. Within the last 8 years, have you lived in a community property state or territory? **Yes/No (circle one)**
(Community property states and territories include; Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

Did your spouse, former spouse or legal equivalent live with you at the time? **Yes/No (circle one)**

4. Did you have any income from employment or operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

NONE

Period

\$ Amount

Source

Debtor 1/Debtor 2

2017 year to date

2016 (January 1 - December 31)

2015 (January 1 - December 31)

5. Include income regardless of whether that income is taxable. List each source and the gross income from each source separately. Do not include income that you listed in line 4.

Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings.

NONE

Period

\$ Amount

Source

Debtor 1/Debtor 2

2017 year to date

2016 (January 1 - December 31)

2015 (January 1 - December 31)

6. List all payments made to any single creditor that would total more than \$600 within the last **90 days**. (Including house, cars, etc.) Do not include payments for domestic support obligations, such as child support. Also, do not include payments to an attorney for this bankruptcy case.

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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7. List all payments made within the last **year** to those considered to be “insiders” such as relatives, business partners and their relatives, etc.

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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Relationship to you? _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefitted an insider? Include payments on debts guaranteed or cosigned by an insider.

NONE

<u>Insider Name & Address</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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Reason for payment, include the name of the creditor.

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuits, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. (Attach sheet if necessary.)

NONE

<u>Caption of Suit and Case Number</u>	<u>Nature of Proceeding</u>	<u>Court or Agency and Location</u>	<u>Status or Disposition</u>
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10. Within the **last year**, has any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

NONE

Creditor's Name & Address

Describe the Property

Explain what happened: Repossessed Foreclosed Garnished Attached, seized or levied

Date the event incurred: _____

Value of the Property \$ _____ Unknown

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

NONE

Creditor's Name & Address

Date Action was taken? _____

Last 4 digits of account number: _____

Amount \$ _____ Unknown

Describe the action the creditor took: _____

Creditor's Name & Address

Date Action was taken? _____

Last 4 digits of account number: _____

Amount \$ _____ Unknown

Describe the action the creditor took: _____

12. Within 1 year before you filed bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-approved receiver, a custodian, or another officer? **Yes/No (circle one)**

NONE

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

NONE

Recipient's Name & Address

Relationship to debtor, if any: _____

Dates you gave the gift: _____

Value of the gift: \$ _____

Unknown

Description of Gift:

Recipient's Name & Address

Relationship to debtor, if any: _____

Dates you gave the gift: _____

Value of the gift: \$ _____

Unknown

Description of Gift:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

NONE

Recipient's Name & Address

Dates you contributed: _____

Value of the contribution: \$ _____

Unknown

Description of Gift:

Recipient's Name & Address

Dates you contributed: _____

Value of the contribution: \$ _____

Unknown

Description of Gift:

15. List all losses from fire, theft, gambling or other casualty within the **last year or since the commencement of this case.**

NONE

Description and Value of Property

Description of Circumstances and Amount Covered by Insurance, if Any

Date of Loss

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

(Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.)

NONE

Name and Address of Payee

Date of Payment

Name of Person Who Paid, if Not You

Amount of Money/ Description and Value of Property

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

(Do not include any payment or transfer that you listed on line 16.)

NONE

<u>Name and Address of Payee</u>	<u>Date of Payment</u>	<u>Name of Person Who Paid, if Not You</u>	<u>Amount of Money/ Description and Value of Property</u>
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

NONE

Name & Address of Transferee

Describe the Property

Relationship to you: _____

Date of Transfer: _____

Amount Received\$ _____

Name & Address of Transferee

Describe the Property

Relationship to you: _____

Date of Transfer: _____

Amount Received\$ _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

NONE

Name & Address of Transferee

Describe the Property

Relationship to you: _____

Date of Transfer: _____

Amount Received\$ _____

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

NONE

<u>Name and Address of Institution</u>	<u>Type and Number of Account & Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
----------------------------------------	-------------------------------------------------------	-------------------------------------------

21. List each safe deposit box or depository containing securities, cash, or other valuables within the last year.

NONE

<u>Name and Address of Bank or Other Depository</u>	<u>Name and Address of those with access to box or depository</u>	<u>Description of Contents</u>	<u>Date of Transfer, if Any</u>
-----------------------------------------------------	-------------------------------------------------------------------	--------------------------------	---------------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

NONE

<u>Name and Address of Storage Facility</u>	<u>Name and Address of those with access to the storage unit</u>	<u>Description of Contents</u>
---------------------------------------------	------------------------------------------------------------------	--------------------------------

Do you still have it? **Yes/No (circle one)**

23. List all property that you hold or control that is owned by another person.

NONE

<u>Name and Address of Owner</u>	<u>Description and Value of Property</u>	<u>Location of Property</u>
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24. List any property you have owned or where you have received written notice by any governmental unit regarding any hazardous material or potential liability in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NONE

<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
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25. 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.

NONE

	Name and Address of	Date	Environmental
<u>Site Name and Address</u>	<u>Governmental Unit</u>	<u>of Notice</u>	<u>Law</u>

26. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law 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.

NONE

Name and Address of		
<u>Governmental Unit</u>	<u>Docket Number</u>	<u>Status or Disposition</u>

The following questions, #27-31, are only to be answered if you are a corporation or partnership or if you have been, an officer, director, managing executive, or owner of more than 5% of the voting stock of the corporation; a partner, of a partnership; a sole proprietor, or otherwise self-employed within the last six years.

27. Within 4 years before you filed for bankruptcy, did you own a business or have any connections to any business? If so, provide details. (If additional businesses need to be listed, please attached a separate sheet)

NONE

<u>Name & Address of Business</u>	<u>Name of Accountant</u>
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Nature of Business: _____
 Type of Business: Sole Proprietor LLC Partnership Officer director 5% Owner
 Employer Identification Number: _____
 Dates Business Existed: From _____ To _____ Inactive
 Full-Time Business Part-Time Business

<u>Name & Address of Business</u>	<u>Name of Accountant</u>
---------------------------------------	---------------------------

Nature of Business: _____
 Type of Business: Sole Proprietor LLC Partnership Officer director 5% Owner
 Employer Identification Number: _____
 Dates Business Existed: From _____ To _____ Inactive
 Full-Time Business Part-Time Business

If additional businesses that have operated within 4 years prior to filing bankruptcy need to be included, please list on the back of this questionnaire or list on a separate paper and attach it to the questionnaire.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

NONE

Name and Address

Date Issued

29. If your business is a partnership, list the nature and percentage of interest of each member.

NONE

Name and Address

Nature of Interest

Percentage of Interest

30. 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.

NONE

Name and Address

Title

Nature and Percentage
of Stock Ownership

31. If your business is a partnership, list each member who withdrew from the partnership within the last year.

NONE

Name and Address

Date of Withdrawal

If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within the last year.

NONE

Name and Address

Title

Date of Termination