

# BANKRUPTCY WORK SHEETS

**GENERAL INFORMATION:** The questions in these work sheets should be answered by or on behalf of the debtor if a single case is to be filed or by or on behalf of both spouses if a joint case is to be filed. In these work sheets, a debtor is a person for whom a bankruptcy case is filed under chapter 7, chapter 12, or chapter 13 of the Bankruptcy Code. The DEBT FORM referred to below is located on the last page of these work sheets.

**INSTRUCTIONS TO DEBTOR:** Answer each question completely and truthfully. If more space is needed to completely answer a question, complete the answer on a separate sheet of paper or on the back of the work sheet. If you do not understand a question write "Don't Understand" after the question. Do not guess at the answer to any question. Except as otherwise directed below in these work sheets, the questions that are marked with an \* should be answered only if a joint case is being filed, and the requested information related to your spouse in the other questions should be given only if a joint case is being filed. When indicating ownership of property or liability for a debt, use "H" for husband, "W" for wife, and "J" for joint ownership or liability by both husband and wife. The value listed for any item of personal property should be the estimated replacement value of the item without regard to any lien, mortgage or exemption.

**ADVISEMENT TO DEBTOR:** Official Bankruptcy Forms will be completed using the information that you give in these work sheets and you will be required to sign a declaration stating under penalty of perjury that the information is true and correct. A failure to disclose assets in a bankruptcy case is a federal crime punishable by imprisonment for up to five years and by a fine of up to \$5,000. In addition, a failure to provide complete and accurate information on your bankruptcy forms may result in the dismissal of your bankruptcy case or in a denial of your bankruptcy discharge, which means that your debts will not be discharged. It is also important to give the name and correct address for each of your creditors because a debt owed to a creditor who is not listed on your bankruptcy forms, or whose address on the forms is incorrect, might not be discharged, in which case you will remain liable to that creditor after the bankruptcy case.

## Preliminary Information

1. List the name of the debtor, or the primary debtor if a joint case is to be filed. \_\_\_\_\_
2. List the name of the spouse of the person listed above. \_\_\_\_\_
3. List the date or dates upon which these work sheets were completed. \_\_\_\_\_

## Current Monthly Income and Means Testing Information

4. Are you a disabled veteran whose indebtedness occurred primarily during a period in which you were on active duty or while you were performing a homeland defense activity? \_\_\_\_\_ (If the answer is yes, do not complete items 5 through 13 below.)
5. Are you married? \_\_\_\_\_
6. If you are married, are you and your spouse living together? \_\_\_\_\_
7. If you and your spouse are not living together, are you and your spouse legally separated under state law or living in separate households? \_\_\_\_\_
8. If you are married, will you and your spouse be filing a joint bankruptcy petition? \_\_\_\_\_
9. List the amount of gross income from wages, salary, tips, bonuses, overtime and commissions that you and/or your spouse received during each of the last 6 calendar months.

<u>Month</u>	<u>Yourself</u>	<u>Your Spouse</u>
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

10. List the amount of gross receipts received and the amount of ordinary and necessary business expenses incurred by you and/or your spouse from the operation of a business, profession or farm during each of the last 6 calendar months.

<u>Month</u>	<u>Gross Receipts</u>		<u>Business Expenses</u>	
	<u>Yourself</u>	<u>Your Spouse</u>	<u>Yourself</u>	<u>Your Spouse</u>
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$

11. List the amount of gross receipts received and the amount of ordinary and necessary operating expenses incurred by you and/or your spouse from rent and other real property income during each of the last 6 calendar months:

<u>Month</u>	<u>Gross Receipts</u>		<u>Operating Expenses</u>	
	<u>Yourself</u>	<u>Your Spouse</u>	<u>Yourself</u>	<u>Your Spouse</u>
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$

12. List the amount of interest, dividends and royalties that you and/or your spouse received during each of the last 6 calendar months.

<u>Month</u>	<u>Yourself</u>	<u>Your Spouse</u>
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

13. List the amount of pension and retirement income, other than Social Security benefits, that you and/or your spouse received during each of the last 6 calendar months.

<u>Month</u>	<u>Yourself</u>	<u>Your Spouse</u>
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

14. List the amount of child or spousal support and other regular contributions to the household expenses of you and your dependents received by you and/or your spouse during each of the last 6 calendar months.

<u>Month</u>	<u>Yourself</u>	<u>Your Spouse</u>
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

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15. List the amount of unemployment compensation received by you and/or your spouse during each of the last 6 calendar months and identify the source of the compensation.

<u>Month</u>	<u>Yourself</u>	<u>Your Spouse</u>
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

16. List the amount of income from any source not listed above received by you and /or your spouse during each of the last 6 calendar months and identify the source of any income listed. Do not list Social Security benefits or payments received as a war crime victim, as a victim of a crime against humanity, or as an international or domestic terrorism victim.

<u>Month</u>	<u>Yourself</u>	<u>Your Spouse</u>
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$

17. In what state do you reside? \_\_\_\_\_

18. How many persons reside in your household? \_\_\_\_\_

19. If you are married and not filing jointly with your spouse and if you and your spouse are not legally separated or living apart from one another, list the amount of your spouse's income during each of the last 6 calendar months that was contributed to your household expenses.

<u>Month</u>	<u>Amount Not Contributed</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

20. List the amount of taxes, other than real estate taxes and sales taxes, that you paid or incurred during each of the last 6 calendar months. Include income taxes, self employment taxes, social security taxes, and Medicare taxes.

<u>Month</u>	<u>Amount of Taxes Incurred</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

21. List the total amount of your mandatory payroll deductions during each of the last 6 calendar months. Include deductions for withholding taxes, union dues, uniform costs and mandatory retirement contributions. Do not include deductions for discretionary items such as non-mandatory 401(k) contributions.

<u>Month</u>	<u>Amount Deducted</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

22. List the total amount of life insurance premiums that you paid or incurred during each of the last 6 calendar months for term life insurance for yourself. Do not include premiums for insurance on your dependents or premiums for whole life insurance or other forms of life insurance on yourself.

<u>Month</u>	<u>Amount of Premiums</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

23. List the total monthly amount, if any, that you are required to pay pursuant to a court order, including spousal or child support payments. Do not include past due support obligations. \$\_\_\_\_\_.

24. List the total amount of expenses that you paid or incurred during each of the last 6 calendar months for education that was a condition of your employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.

<u>Month</u>	<u>Amount of Expenses</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

25. List the total amount of expenses that you paid or incurred for child care during each of the last 6 calendar months. Do not include payments made for a child's education.

<u>Month</u>	<u>Amount of Expenses</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

26. List the total amount that you paid or incurred during each of the last 6 calendar months for healthcare expenses that were not reimbursed by insurance or paid by a health savings account. Do not include health insurance premiums.

<u>Month</u>	<u>Amount of Expenses</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

27. List the total amount of expenses that you paid or incurred during each of the last 6 calendar months for cell phones, pagers, call waiting, caller identification, special long distance or internet services that were necessary for the health and welfare of you and your dependents.

<u>Month</u>	<u>Amount of Expenses</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

28. List the amount of expenses, if any, that you paid or incurred during each of the last 6 calendar months for health insurance, disability insurance, and health savings accounts.

<u>Month</u>	<u>Health Insurance</u>	<u>Disability Insurance</u>	<u>Health Savings Accounts</u>
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$

29. List the amount of expenses, if any, that you paid or incurred during each of the last 6 calendar months for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or your immediate family (including any of your parents, grandparents, siblings, children and grandchildren, any of your dependents, or your spouse if a joint case is being filed and he or she is not a dependent) who is unable to pay for these expenses.

<u>Month</u>	<u>Amount of Expenses</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

Do you intend to continue paying these expenses after your bankruptcy case is filed? \_\_\_\_\_

30. List the total amount of expenses, if any, that you paid or incurred during each of the last 6 calendar months to maintain the safety of your family under the Family Violence Prevention and Services Act or other federal law.

<u>Month</u>	<u>Amount of Expenses</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

31. List the total amount of expenses that you paid or incurred during each of the last 6 calendar months for your home energy costs.

<u>Month</u>	<u>Home Energy Costs</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

If the average monthly amount exceeds \$ \_\_\_\_\_, which is the IRS Local Standard amount for your state and family size, attach statements, receipts and other documents verifying the amounts shown above.

32. List the total amount of expenses that you paid or incurred during each of the last 6 calendar months in providing elementary and secondary education for your dependent children who are less than 18 years of age.

<u>Month</u>	<u>Amount of Expenses</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

Attach statements, receipts and other documents verifying the amounts shown above.

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33. List the total amount of expenses that you paid or incurred during each of the last 6 calendar months for food and clothing.

<u>Month</u>	<u>Amount of Expenses</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

If the average monthly amount exceeds \$ \_\_\_\_\_, which is the IRS National Standard amount for your family size and income level, attach statements, receipts and other documents verifying the amounts shown above.

34. List the total amount of charitable contributions that you paid during each of the last 6 calendar months.

<u>Month</u>	<u>Amount of Contributions</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

Do you intend to continue making charitable contributions in these amounts after your bankruptcy case is filed? \_\_\_\_\_

35. List the name of each of your creditors that is secured by a mortgage or lien on your property, identify the property securing the debt owed to each of these creditors, list the monthly amount that you are required to pay each creditor, and list the amount by which you are in default to each creditor.

<u>Name of Creditor</u>	<u>Property Securing the Debt</u>	<u>Monthly Amount Due</u>	<u>Amount of Default</u>
1.			
2.			
3.			
4.			
5.			
6.			

36. List the total amount that you owe on each of the following types of claims:

1. Past due and unpaid child support, alimony and other domestic support obligations. \$ \_\_\_\_\_
2. Wages, salaries and commissions owed to employees. \$ \_\_\_\_\_
3. Unpaid contributions owed to employee benefit plans. \$ \_\_\_\_\_
4. Money owed to farmers or fisherman. \$ \_\_\_\_\_
5. Money owed to individuals for deposits made for property or services that you failed to provide. \$ \_\_\_\_\_
6. Amounts owed for federal, state or local taxes. \$ \_\_\_\_\_

**Petition Information**

37. What is your full name? \_\_\_\_\_

\*38. What is your spouse's full name? \_\_\_\_\_

39. What other names have you used in the last 6 years (include married or maiden names and names under which you have conducted business)? \_\_\_\_\_  
\_\_\_\_\_

\*40. What other names has your spouse used in the last 6 years (include married or maiden names and names under which he or she has conducted business)? \_\_\_\_\_  
\_\_\_\_\_

41. What is your social security or tax identification number? \_\_\_\_\_

\* Answer question only if a joint case is being filed.



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60. When do you next get paid? \_\_\_\_\_ How much do you expect to receive? \$\_\_\_\_\_ To what date will you then be paid? \_\_\_\_\_

\*61. When does your spouse next get paid? \_\_\_\_\_ How much will he or she receive? \$\_\_\_\_\_ To what date will he or she then be paid? \_\_\_\_\_

62. Are you owed any accrued and unpaid vacation, sick leave, or similar pay? \_\_\_\_\_ If so, how much is owed and who owes it? \$\_\_\_\_\_

\*63. Is your spouse owed any accrued and unpaid vacation, sick leave, or similar pay? \_\_\_\_\_ If so, how much is owed and who owes it? \$\_\_\_\_\_

64. Do you or your spouse have any checking, savings, or other accounts, certificates of deposit, or shares in any bank or financial institution? If so, complete the following for each account, deposit or share:

Name and address of financial institution	Name or names under which the account, deposit or shares are registered	Type of account, deposit, or shares	Amount of deposit or account, or value of shares
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65. Do you or your spouse have any security deposits with a landlord, telephone company, utility company, or anyone else? \_\_\_\_\_ If so, state who made each deposit and list the amount of each deposit and the name and address of the holder of each deposit. \_\_\_\_\_

66. Do you or your spouse own any household goods or furnishings, including audio, video, or computer equipment? \_\_\_\_\_ If so, using a separate sheet of paper or the back of this sheet, list each item, or group of items and show the location and estimated replacement value of each without regard to any mortgage or lien, and state whether the items are owned by you, your spouse, or jointly. State the total replacement value of all of these items without regard to any mortgages or liens. \$\_\_\_\_\_

67. Do you or your spouse own any books, pictures, art objects, antiques, stamp, coin, record, tape, compact disc, or other collections or collectibles? \_\_\_\_\_ If so, describe them, list their location and estimated replacement value, and state whether they are owned by you, your spouse, or jointly. \_\_\_\_\_

68. What is the total replacement value of all of your wearing apparel? \$\_\_\_\_\_ Using a separate sheet of paper or the back of this sheet, list each item of wearing apparel that has a replacement value of \$20 or more. Include such items as watches and similar articles that are not made of gold or silver or set with gems.

\*69. What is the total replacement value of all of your spouse's wearing apparel? \$\_\_\_\_\_ Using a separate sheet of paper or the back of this sheet, list each item of wearing apparel that has a replacement value of \$20 or more. Include such items as watches and similar articles that are not made of gold or silver or set with gems.

70. Do you or your spouse own any furs or jewelry? \_\_\_\_\_ If so, identify each item, list its location and replacement value, and identify its owner. \_\_\_\_\_

71. Do you or your spouse own any firearms, sports equipment, photographic equipment, or other hobby equipment? \_\_\_\_\_ If so, identify each item, list its location and estimated replacement value, and identify its owner. \_\_\_\_\_

72. Do you or your spouse own an interest in a life insurance policy? \_\_\_\_\_ If so, identify each policy by policy number, owner, name of insurance company, amount of death benefit, and name of beneficiaries, and list the cash surrender or refund value of each policy. \_\_\_\_\_

\* Answer question only if a joint case is being filed.

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73. Do you or your spouse own or have an interest in an annuity? \_\_\_\_\_ If so, identify each annuity by number, owner, and issuer and list the value and terms of each annuity. \_\_\_\_\_  
\_\_\_\_\_
74. Do you or your spouse own an interest in an education IRA or under a state tuition plan? \_\_\_\_\_ If so, identify each IRA or plan and state the present value of your interest and when your interests were acquired. \_\_\_\_\_  
\_\_\_\_\_
75. Do you or your spouse own an interest in an IRA, ERISA, Keogh, or other retirement, pension, or profit-sharing plan? \_\_\_\_\_ If so, identify each plan and list the present value of the interest of you or your spouse in each plan. \_\_\_\_\_  
\_\_\_\_\_
76. Do you or your spouse own any stock in a corporation or an interest in any partnership, joint venture, or other business? \_\_\_\_\_ If so, describe the stock or interest and list its owner and estimated value.  
\_\_\_\_\_
77. Do you or your spouse own any government or corporate bonds or similar instruments? \_\_\_\_\_ If so, describe each instrument and list its owner, location, and value. \_\_\_\_\_
78. Do you or your spouse own any accounts receivable? \_\_\_\_\_ If so, describe them and list their owner and estimated value. \_\_\_\_\_
79. Are you or your spouse owed any accrued and unpaid alimony, maintenance, support, or property settlement payments? \_\_\_\_\_ If so, how much is owed, by and to whom is it owed, and what is the nature of the obligation? \$ \_\_\_\_\_
80. Are you or your spouse entitled to any tax refunds or other money, the amount of which has been determined? \_\_\_\_\_ If so, state the amount owed and identify the person to whom it is owed and the entity that owes it. \$ \_\_\_\_\_
81. Do you or your spouse own or have an equitable or future interest in any property? \_\_\_\_\_ If so, describe each interest and list its owner and present value. \_\_\_\_\_  
\_\_\_\_\_
82. Do you or your spouse own or have an interest of any kind in the estate of a deceased person, in a death benefit plan, in the death benefits in a life insurance policy, or in a trust? \_\_\_\_\_ If so, describe each interest and list its owner and present value. \_\_\_\_\_  
\_\_\_\_\_
83. Are you or your spouse entitled to any tax refunds or do you have any counterclaims or rights of setoff against other persons, the existence or amount of which is presently unclear or undetermined? \_\_\_\_\_ If so, describe each one, identify its owners, and estimate its present value. \_\_\_\_\_  
\_\_\_\_\_
84. Do you or your spouse own or have an ownership interest in any patents, copyrights, or other intellectual property? \_\_\_\_\_ If so, describe each interest, list its value, and identify the owners. \_\_\_\_\_  
\_\_\_\_\_
85. Do you or your spouse own or have an ownership interest in any license, franchise, or similar property? \_\_\_\_\_ If so, describe each interest and list its estimated value, and identify the owners. \_\_\_\_\_  
\_\_\_\_\_
86. Do you or your spouse own or possess any customer lists or other compilations containing personally identifiable information that were obtained in connection with the sale of personal or household products or services? \_\_\_\_\_ If so, describe each list or compilation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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87. Do you or your spouse own or have an ownership interest in any automobiles, trucks, trailers, or other vehicles or accessories? \_\_\_\_\_ If so, describe each vehicle or accessory, identify the owners, and list its location, vehicle identification number, if any, and estimated replacement value. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
88. Do you or your spouse own or have an ownership interest in any boats, motors, or accessories? \_\_\_\_\_ If so, describe each item, list its location and replacement value, and identify the owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
89. Do you or your spouse own or have an ownership interest in any aircraft or accessories? \_\_\_\_\_ If so, identify each item, list its location and replacement value, and identify the owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
90. Do you or your spouse own any office equipment, office furnishings, or office supplies? \_\_\_\_\_ If so, using a separate sheet of paper or the back of this sheet, list each item or group of items, show the location and replacement value of each, and identify the owners.
91. Do you or your spouse own or have an ownership interest in any machinery, fixtures, equipment, or supplies used in business? \_\_\_\_\_ If so, identify each item or group of items, list their location and replacement value, and identify the owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
92. Do you or your spouse own or have an ownership interest in any inventory? \_\_\_\_\_ If so, describe the inventory, list its location and replacement value, and identify the owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
93. Do you or your spouse own or have an ownership interest in any animals? \_\_\_\_\_ If so, describe each animal or group of animals, list their location and replacement value, and identify the owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
94. Do you or your spouse own or have an ownership interest in any growing or harvested crops? \_\_\_\_\_ If so, describe the crops, list their value, and identify the owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
95. Do you or your spouse own or have an ownership interest in any farming equipment or implements? \_\_\_\_\_ If so, using a separate sheet of paper or the back of this work sheet, describe each item, list its location and replacement value.
96. Do you or your spouse own any farm supplies, chemicals, or feed? \_\_\_\_\_ If so, describe each item or group of items, list their replacement value and identify the owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
97. Do you or your spouse own or have an ownership interest in any other personal property of any kind that has not been listed above in these work sheets? \_\_\_\_\_ If so, describe the property, list its location and replacement value, and identify the owners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schedule C Information – Exempt Property**

98. List the addresses of the places where you have resided during the last 730 days and dates during which you resided at each place. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schedule D Information - Your Secured Debts**

99. Do any of your creditors have liens, mortgages, or other encumbrances against any of your property? \_\_\_\_\_  
If so, how many debts are owed to those creditors? \_\_\_\_\_. Fill out a DEBT FORM for each debt owed to those creditors and print the word "secured" at the top of each completed form.
- \*100. Do any of your spouse's creditors have liens, mortgages, or other encumbrances against any of his or her property other than those creditors for whom a form was filled out in response to question 98? \_\_\_\_\_  
If so, how many debts are owed to those creditors? \_\_\_\_\_ Fill out a DEBT FORM for each debt owed to those creditors and print the word "secured" at the top of each completed form.

**Schedule E Information - Your Priority Unsecured Debts**

101. Do you or your spouse owe any debts to a spouse, former spouse, son, daughter, or to the parent, legal guardian, or responsible relative of a son or daughter, or to a governmental agency, for child or spousal support or other domestic support obligation? \_\_\_\_\_ If so, fill out a DEBT FORM for each debt and print the word "priority" on the top of each completed form.
102. Do you or your spouse owe any debts to employees for wages, salaries, or commissions, including vacation, severance, or sick leave pay? \_\_\_\_\_ If so, fill out a DEBT FORM for each debt and print the word "priority" on the top of each completed form.
103. Do you or your spouse owe any debts for unpaid employer's contributions to employee benefit plans? \_\_\_\_\_ If so, on the back of this sheet identify the employees, the plan, and the persons liable for each debt, and list the amount owed and the dates that the services were rendered that gave rise to the debt.
104. Do you or your spouse own or operate a grain storage facility or a fish produce storage or processing facility? \_\_\_\_\_ If so, on the back of this sheet describe each debt resulting from this operation and list the amount owed and the person liable for each debt.
105. Do you or your spouse owe any debts for the return of deposits made for the purchase, lease, or rental of property or services that were not provided? \_\_\_\_\_ If so, fill out a DEBT FORM for each debt and print the word "priority" on the top of each completed form.
106. Do you or your spouse owe any debts for local, state, or federal taxes, customs, duties, or penalties? \_\_\_\_\_ If so, fill out a DEBT FORM for each of these debts and print the word "priority" on the top of each completed form.
107. Do you or your spouse have a commitment to the FDIC or another insurer to maintain the capital of a federally insured bank or savings and loan institution? \_\_\_\_\_ If so, explain. \_\_\_\_\_
108. Do you or your spouse owe any debts for death or personal injury resulting from the operation of a motor vehicle or vessel while intoxicated? \_\_\_\_\_ If so, fill out a DEBT FORM for each debt and print the word "priority" on the top of each completed form.

**Schedule F Information - Your Unsecured Nonpriority Debts**

109. Fill out a DEBT FORM for each unsecured nonpriority debt that you owe (that is, for each debt that was not listed or described in response to questions 99-108). How many of these debts are there? \_\_\_\_\_
- \*110. Fill out a DEBT FORM for each unsecured nonpriority debt that your spouse owes that has not been listed or described in response to questions 99-108. How many of these debts are there? \_\_\_\_\_

**Schedule G Information - Your Existing Contracts and Leases**

111. Are you or your spouse a party to any contracts or leases that are still in effect? \_\_\_\_\_ If so, describe each contract or lease and list the name and address of all parties to each contract or lease. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Answer question only if a joint case is being filed.

**Schedule H Information - Codebtors**

112. Is anyone beside yourself liable for any of your debts? \_\_\_\_\_ If so, the name and address of each person that is liable with you for a particular debt should appear in items 4 and 5 of the DEBT FORM filled out for that debt. List the name and address of each of these persons. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\*113. Is anyone beside you and your spouse liable for any of your spouse's debts? \_\_\_\_\_ If so, the name and address of each person that is liable with your spouse for a particular debt should appear in item 4 of the DEBT FORM filled out for that debt. List the name and address of each of these persons other than those listed in response to question 72. \_\_\_\_\_

\_\_\_\_\_

\* Answer question only if a joint case is being filed.

**Schedule I Information - Your Current Income**

114. What is your marital status? \_\_\_\_\_

115. List the name, age, and relationship to you of each of your dependents. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

116. What is your occupation? \_\_\_\_\_

117. List the name and address of your employer. \_\_\_\_\_

\_\_\_\_\_

118. How long have you been employed by this employer? \_\_\_\_\_

119. What is your spouse's occupation? \_\_\_\_\_

120. List the name and address of your spouse's employer. \_\_\_\_\_

\_\_\_\_\_

121. How long has your spouse been employed by this employer? \_\_\_\_\_

122. Complete the following showing your current monthly income. If you are not paid on a monthly basis, either prorate your income to a monthly amount or enter the periodic amount and make an appropriate notation. The column labeled "Your Spouse's Income" must be completed if a joint case is being filed or if you are married and filing a single chapter 12 or 13 case, unless you and your spouse are separated.

	YOUR INCOME	YOUR SPOUSE'S INCOME
Current monthly gross wages, salary, and commissions .....	\$ _____	\$ _____
Estimated monthly overtime .....	\$ _____	\$ _____
<b>SUBTOTAL</b> .....	<b>\$ _____</b>	<b>\$ _____</b>
<b>LESS PAYROLL DEDUCTIONS</b>		
a. Payroll taxes and social security .....	\$ _____	\$ _____
b. Insurance .....	\$ _____	\$ _____
c. Union dues .....	\$ _____	\$ _____

d. Other (Specify: _____ ) .....	\$ _____	\$ _____
SUBTOTAL OF PAYROLL DEDUCTIONS .....	\$ _____	\$ _____
TOTAL NET MONTHLY TAKE HOME PAY .....	\$ _____	\$ _____
Regular income from operation of business or profession or farm (attach detailed statement) .....	\$ _____	\$ _____
Income from real property .....	\$ _____	\$ _____
Interest and dividends .....	\$ _____	\$ _____
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above. ....	\$ _____	\$ _____
Social security or other government assistance (Specify) _____ .....	\$ _____	\$ _____
Pension or retirement income .....	\$ _____	\$ _____
Other monthly income (Specify) _____ .....	\$ _____	\$ _____
TOTAL MONTHLY INCOME .....	\$ _____	\$ _____
TOTAL COMBINED MONTHLY INCOME	\$ _____	

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

**Schedule J Information - Your Current Expenditures**

123. Complete the following by estimating the average monthly expenses of yourself and your family. Payments that are made other than monthly should be pro-rated to a monthly amount, if possible. Otherwise make an appropriate notation. If a joint petition is being filed and if your spouse maintains a separate household, make a separate list of expenditures for your spouse to the right of your list.

	YOUR EXPENDITURES
Rent or home mortgage payment (include lot rented for mobile home) .....	\$ _____
Are real estate taxes included?      Yes _____ No _____	
Is property insurance included?      Yes _____ No _____	
Utilities: Electricity and heating fuel .....	\$ _____
Water and sewer .....	\$ _____
Telephone .....	\$ _____
Other _____ .....	\$ _____
Home maintenance (repairs and upkeep) .....	\$ _____
Food .....	\$ _____
Clothing .....	\$ _____
Laundry and dry cleaning .....	\$ _____
Medical and dental expenses .....	\$ _____
Transportation (not including car payments) .....	\$ _____
Recreation, clubs and entertainment, newspapers, magazines, etc. ....	\$ _____
Charitable contributions .....	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's .....	\$ _____
Life .....	\$ _____
Health .....	\$ _____
Auto .....	\$ _____
Other _____ .....	\$ _____
Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____ .....	\$ _____
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)	
Auto .....	\$ _____
Other _____ .....	\$ _____
Other _____ .....	\$ _____
Other _____ .....	\$ _____
Alimony, maintenance, and support paid to others .....	\$ _____
Payments for support of additional dependents not living at your home .....	\$ _____
Regular expenses from operation of business, profession, or farm (attach detailed statement) .....	\$ _____
Other _____ .....	\$ _____
Other _____ .....	\$ _____
<b>TOTAL MONTHLY EXPENSES</b> .....	<b>\$ _____</b>

**Statement of Financial Affairs Information**

NOTE - If you are filing a chapter 12 or chapter 13 case and if you are married and living with your spouse, then the questions below pertaining to your spouse must be answered, and the requested information related to your spouse must be given, even if you are not filing a joint case.

124. How much gross income have you received from your employment or business in this calendar \*\* year?  
\$ \_\_\_\_\_

125. How much gross income have you received from your employment or business during each of the last two calendar \*\* years? Last year: \$ \_\_\_\_\_ Year before: \$ \_\_\_\_\_

\*126. How much gross income has your spouse received from his or her employment or business in this calendar \*\* year?  
\$ \_\_\_\_\_

\*127. How much gross income has your spouse received from his or her employment during each of the last two calendar \*\* years? Last year: \$ \_\_\_\_\_ Year before: \$ \_\_\_\_\_

128. How much income have you received other than from your employment or business during the last two years?  
\$ \_\_\_\_\_ What was the source of this income? \_\_\_\_\_

\*129. How much income has your spouse received other than from his or her employment or business during the last two years? \$ \_\_\_\_\_ What was the source of this income? \_\_\_\_\_

130. Complete the following showing each creditor to whom you or your spouse have paid more than \$600 in the last 90 days.

Name and address of creditor	Date of payment	Maker of payment	Amount paid	Amount still owing
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131. Complete the following showing each payment that you or your spouse have made within the last 365 days to (or for the benefit of) a relative or business associate of any kind.

Name and address of creditor	Relationship of creditor to you	Date of payment	Maker of payment	Amount paid	Amount still owing
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132. Complete the following showing all lawsuits or other legal or administrative proceedings in which you or your spouse have been involved as a party during the last 365 days.

Name and number of case or proceeding	Nature of case or proceeding	Name of court or agency	Status or disposition of case or proceeding
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\* Answer question only if a joint case is being filed, except as directed in the note at the top of this page.

\*\* If you operate your business on a fiscal year other than the calendar year, substitute fiscal year for calendar year and identify your fiscal year.

133. Complete the following showing all money or property of yourself or your spouse that has been attached, garnished or seized in a court proceeding within the last 365 days.

Name and address of creditor	Date of seizure	Owner of property seized	Description and value of property seized
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134. Complete the following showing all property owned by yourself or your spouse that within the last 365 days has been repossessed by a creditor, foreclosed upon, or otherwise returned to the seller.

Name and address of creditor or seller	Date of repossession, foreclosure or return	Description and value of property	Owner of property
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135. Have you or your spouse made an assignment for the benefit of creditors within the last 120 days? \_\_\_\_\_ If so, attach copies of all papers relating to the assignment.

136. Has any of your property or your spouse's property been held by a custodian, receiver, or other court-appointed official during the last 365 days? \_\_\_\_\_ If so, attach copies of all papers relating to the proceeding.

137. Complete the following showing all gifts or charitable contributions made by you or your spouse within the last 365 days, except ordinary gifts to family members totalling less than \$200 per recipient and charitable contributions of less than \$100 per recipient.

Name and address of recipient	Relationship of recipient to you	Date of gift	Description and value of gift	Person who made the gift
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138. Complete the following showing any losses from fire, theft, or other casualty, or from gambling, that you or your spouse have incurred during the last 365 days.

Type of loss	Property lost	Date of loss	Amount of loss	Covered by insurance?	Person who incurred the loss
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139. Complete the following showing all transfers of money or property within the last 365 days by or on behalf of you or your spouse to attorneys or other persons for consultation concerning debt consolidation or the filing of a bankruptcy case.

Name and address of person paid	Date of payment	Name of person who made payment	Amount paid or value and description of property transferred
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140. Complete the following showing all transfers of money or property made by you or your spouse within the last 2 years that have not been listed above in these work sheets, other than transfers that were made in the ordinary course of your business or financial affairs.

Name and address of transferee	Relationship of transferee to you	Date of transfer	Description and value of property transferred	Owner of property transferred
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141. Identify by trust name and by amount and date all property or money transferred by you or your spouse within the last 10 years to a trust created by you or your spouse of which you or your spouse is a beneficiary. \_\_\_\_\_

142. Complete the following showing all checking, savings, or other financial accounts, certificates of deposits, and shares in banks, credit unions or other financial institutions that you or your spouse have closed, transferred, or sold during the last 365 days.

Name and address of financial institution	Name of account, account number and type of account	Amount of final balance of account	Date of any sale and amount received
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143. Complete the following showing all safe deposit boxes or other boxes or depositories in which you or your spouse have kept cash, securities, or other valuables within the last 365 days.

Name and address of bank or depository	Names and address of all persons with access to box or depository	Description of contents	Date of transfer or surrender, if any
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144. Has any creditor, including a bank, made a setoff against a debt or deposit of you or your spouse within the last 90 days? \_\_\_\_\_ If so, list the name and address of the creditor and the date and amount of the setoff.

145. Do you or your spouse hold or control any property owned by another person? \_\_\_\_\_ If so, list the name and address of the owner, describe the property, and list its value and location. \_\_\_\_\_

146. Have you or your spouse moved during the last 24 months? \_\_\_\_\_ If so, give the address of each place where either of you lived during that period, the name or names used at that address, and the dates of occupancy.

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147. Have you or your spouse resided in a community property state within the past 6 years? \_\_\_\_\_ If so, list the name of the spouse or former spouse who resided with you or your spouse in that state. \_\_\_\_\_
148. Have you or your spouse ever been involved in Environmental Law litigation or received notice of an Environmental Law violation or provided notice to a government agency of a Hazardous Material release? \_\_\_\_\_ If so, list the particulars on the back of this sheet.
149. Have you or your spouse, within the last six years, been any of the following: (a) an officer, director, managing executive, or the owner of more than 5% of the voting stock of a corporation; (b) a general partner of a partnership; or (c) a sole proprietor or self-employed person? Yourself \_\_\_\_\_ Your spouse \_\_\_\_\_  
**If both answers are "no" or if your spouse is not filing and the answer for yourself is "no," then questions 150-155 need not be answered. Otherwise, each of the questions below must be answered.**

150. Complete the following showing all business with which you or your spouse have been involved in the manner described in question 148 during the last two years.

Name and address of business	Nature of business	Dates of beginning and ending of business operation	Owner of business
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Note: The following questions should be answered for any business listed in the answer to question 150.

151. List the names and addresses of, and the dates services were rendered by, any bookkeepers or accountants who kept or supervised the keeping of the books and records of your business within the last two years.

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152. List the names and addresses of, and the dates services were rendered by, any firms or persons who, within the last two years, have audited the books and records of your business or prepared a financial statement for you or your business.

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153. List the names and addresses of all firms or persons who now have possession of your business books and records, and if any of your business books and records are not available, explain why.

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154. List the name and address of all banks, creditors, trade agencies, and other parties to whom you have issued a financial statement within the last two years and the date the statement was issued.

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155. Complete the following showing the last two inventories taken of your business property.

Date of inventory	Inventory supervisor	Amount of inventory in dollars	Basis of inventory (cost, market value, etc.)	Name and address of person having custody of inventory records
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## DEBT FORM

**Instructions to Debtor:** Complete one of these forms for each debt of any kind. If possible, attach a copy of the creditor's most recent statement or bill to the completed form. Respond to every question on this form. Write "N/A" in the blank after each question that does not apply to a particular debt. If more space is needed to answer a question, use the back of the form.

1. List the complete name and address of the party to whom this debt is owed. \_\_\_\_\_  
name  
\_\_\_\_\_  
address city state zipcode
2. What is the creditor's account number for this debt? \_\_\_\_\_
3. Is this debt covered or secured by a mortgage, lien, pledge, or other security interest on any property? \_\_\_\_\_  
If so, is this property listed elsewhere in these Work Sheets? \_\_\_\_\_ In what question? \_\_\_\_\_  
If it is not listed in these Work Sheets, describe the property and list its owner, value and location. \_\_\_\_\_  
\_\_\_\_\_
4. Which of the spouses is liable for this debt (check one)? Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_
5. Is anyone beside you or your spouse liable for this debt? \_\_\_\_\_ If so, list the person's name and address.  
\_\_\_\_\_
6. Has this debt been turned over to another party for collection? \_\_\_\_\_ If so, to whom? \_\_\_\_\_  
name  
\_\_\_\_\_  
address city state zipcode
7. When did you incur this debt? Month \_\_\_\_\_ Year \_\_\_\_\_
8. What did you receive in consideration for this debt? \_\_\_\_\_
9. Does this creditor owe you a debt? \_\_\_\_\_ If so, can the creditor's debt be setoff against your debt? \_\_\_\_\_
10. Is this debt contingent upon anything? \_\_\_\_\_ If so, explain \_\_\_\_\_
11. Has the final amount of this debt been determined? \_\_\_\_\_
12. Do you admit that you are liable for the full amount of this debt? \_\_\_\_\_ If not, explain. \_\_\_\_\_  
\_\_\_\_\_
13. Do you and the creditor agree on the amount of this debt? \_\_\_\_\_ If not, explain. \_\_\_\_\_  
\_\_\_\_\_
14. What is the total amount of this debt? \$ \_\_\_\_\_
15. Have you given a written financial statement in connection with this debt? \_\_\_\_\_ If so, attach a copy of the statement to this form and state to whom and when the statement was given. \_\_\_\_\_  
\_\_\_\_\_
16. Do you wish to reaffirm (i.e., remain liable for after bankruptcy) all or any part of this debt? \_\_\_\_\_
17. If this debt is secured by any property, state your intention with regard to this debt (check one):
  - (a) I wish to turn the property over to the creditor. \_\_\_\_\_
  - (b) I wish to reaffirm this debt and retain the property. \_\_\_\_\_
  - (c) I wish to claim the property as exempt and redeem it from the creditor. \_\_\_\_\_
  - (d) I wish to claim the property as exempt and contest the lien against it. \_\_\_\_\_
18. Are the payments on this debt current or delinquent? \_\_\_\_\_ If delinquent, how many payments are you behind?  
\_\_\_\_\_ What is the total amount of the arrearage? \$ \_\_\_\_\_
19. Is this a debt of someone else that you have cosigned, guaranteed, secured, or otherwise became liable for? \_\_\_\_\_  
If so, list the other person's name, address and relationship to you. \_\_\_\_\_  
\_\_\_\_\_