LAW OFFICES OF JAMES H. MAGEE

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	OFFICE USE ONLY				
Name (print clearly):	Chapter filing				
Appointment Date:	Fees: To start paperwork				
	Due at signing				
Appointment Time:	Total fees				
Revision date: 6/13/08	Amount paid at appt				

TO PROVIDE ACCURACY ON YOUR BANKRUPTCY PETITION, PLEASE PROVIDE THE FOLLOWING

- 1. TAX RETURN FORMS FOR 4 YEARS
- 2. PAY STUBS FOR SIX MONTHS
- 3. SIX MONTHS OF BANK STATEMENTS
- 4. COPY OF ANY LAW SUITS FILED BY OR AGAINST YOU
- 5. ALL BILLS OR STATEMENTS FROM CREDITORS INCLUDING ANY COLLECTION AGENCY NOTICES
- 6. NAME AND COMPLETE MAILING ADDRESS OF ANY COURT WHERE FINES ARE OWED, INCLUDING CASE NUMBER UNDER WHICH THE FINE IS ISSUED
- 7. NAME AND COMPLETE MAILING ADDRESS OF ANY COLLECTION AGENCY THAT IS COLLECTING UPON A COURT FINE, AND THE NAME AND MAILING ADDRESS OF THE COURT ISSUING THE FINE, INCLUDING THE CASE NUMBER UNDER WHICH THE FINE IS ISSUED
- 8. COPY OF ANY VEHICLE CONTRACT THAT IS CURRENTLY FINANCED.

FOR THE SAFETY AND SECURITY OF YOUR DOCUMENTS, AND TO HELP ENSURE ACCURACY IN YOUR CASE FILING, PLEASE EITHER BRING THE REQUESTED DOCUMENTATION WITH YOU TO OUR OFFICE ON YOUR APPOINTMENT DATE, OR SEND THEM TO OUR OFFICE VIA US MAIL. PLEASE DO NOT FAX YOUR DOCUMENTATION. If you have a checking or savings account or a time deposit upon which your name appears at a bank or credit union where you also have credit, (for example, you have a Bank of America checking account and also have a credit card or line of credit issued by Bank of America) the bank will grab all of the money out of the checking and savings account and apply it to the debt you owe to that bank when you file for bankruptcy, and the bank will not give it back. Thus, you should no longer deposit funds or have funds deposited into that account. Also, you should open another account at a bank where you have no credit and begin to use that account for your needs so that you are not inconvenienced.

If you are paying your filing fee in installments to the Court in a Chapter 7 case, you must take personal responsibility to pay it on time. If you are late, your case will be dismissed. Neither the Court nor this office will not send you a bill or a reminder. It is your responsibility to go down to the Court with cash or money order to pay the filing fee before the deadline. It is your responsibility to find out the deadline and comply with it. You should call the Court yourself at 253-593-6310 to find out the deadline, and do not dare be late. The Court can be very unforgiving, and can dismiss you case.

You must do two seminars online or by telephone. The first is called Credit Counseling, and the second is Debtor Education. You must do Credit Counseling before I can file your case and you must do Debtor Education after your case is filed with the Court or else you will have your case dismissed.

I cannot file any case in any chapter of bankruptcy for you until you have obtained your Credit Counseling certificate. You should not wait until the last minute to do this because there can be delays in the issuance of the certificate.

Do not forget to take your Debtor Education certificate to Court with you when you attend your 341 meeting. You must turn it into the clerk's office. Failure to turn it in will result in case dismissal.

If you have a superior court judgment against you and you own real estate, you may need a lien avoidance. A lien avoidance is currently about \$500 and it is your responsibility to come in and pay the \$500 for the lien avoidance at the time of your 341 hearing so that we have enough time to get it done. You should bring in verification of the judgment, such as an abstract of judgment that you obtain at superior court (verified copy of proof of superior court judgment) showing that the judgment has been recorded in the county where you own real property. We do not remind you about lien avoidances, and we do not research to find out if you have judgment liens owing against you. It is your responsibility to pay the funds in advance for the service well in advance of the discharge of your case, and we strongly suggest that you do so at the time of the 341 meeting. You should always check if there are superior court judgments against you recorded in the county where you own real property. Another thing to watch out for is whether a district court judgment has been transcribed into and registered with superior court. Unfortunately, the only sure fire way to find out if you have superior court judgments against you is to order a title report from a title insurance company, but as you may be aware, this can be expensive. You may also check your credit report and you could also try to research it at the superior court itself. We do not do this research for you. It is your responsibility to inform us and pay the \$500 lien avoidance if you have any superior court judgments recorded against you and your real property.

You must produce your social security card at the 341 meeting, along with government issued photo identification. The name that you give us must match your social security card exactly.

Client Questionnaire For Non-Business Debtor Section 1 & Basic Information

Part A. Name and Address

Name:	First	Middle
Telephone Number Home:	Work:	
Cell phone number:	Spouses Cell p	hone number:
E-Mail Address:	Spouses E-mai	I Address:
Name and Phone of Emergenc	y contact person: (1 st Choice)	
-	y contact person: (2ndChoice)	
	es in the past eight years? \Box No	
Social Security Number:	· ·	Date of Birth:
Address:		
City:	State: Zip:	
Have you lived at this address f	for at least 180 days? 🗖 No 📮 Yes	3
Have you lived at this address t	for at least 730 days (2 years)? 🖵 No	o 🛛 Yes
-	the questions above, please list your	
•		
	State:	
Oity	01010	2ip:
If you have a different mailing a	ddroes, plaasa list:	
If you have a different mailing a	·	
Mailing Address:		
Mailing Address:	·	
Mailing Address:	State: Zip:	
Mailing Address: City: rt B. Name and Addr	State: Zip: ress of Spouse	
Mailing Address: City: rt B. Name and Addr If you are filing jointly with your	State: Zip: Tess of Spouse spouse, fill in the following informatio	
Mailing Address: City: rt B. Name and Addr	State: Zip: Tess of Spouse spouse, fill in the following informatio	
Mailing Address: City: rt B. Name and Addr If you are filing jointly with your Name: <i>Last</i>	State: Zip: Tess of Spouse spouse, fill in the following informatio	n about your spouse: <i>Middle</i>
Mailing Address: City: rt B. Name and Addr If you are filing jointly with your Name: Last Has your spouse used any othe names: Social Socurity Number:	State: Zip: ress of Spouse spouse, fill in the following informatio <i>First</i>	n about your spouse: <i>Middle</i> No 🖵 Yes <i>If yes, list other</i>
Mailing Address: City: rt B. Name and Addr If you are filing jointly with your Name: <i>Last</i> Has your spouse used any othe <i>names:</i> Social Security Number: E-Mail Address:	State: Zip: ress of Spouse spouse, fill in the following informatio <i>First</i> er names in the past eight years?	n about your spouse: <i>Middle</i> No
Mailing Address: City: rt B. Name and Addr If you are filing jointly with your Name: <i>Last</i> Has your spouse used any othe <i>names:</i> Social Security Number: E-Mail Address: Name and Phone of Emergenc	State: Zip: Tess of Spouse spouse, fill in the following informatio <i>First</i> er names in the past eight years?	n about your spouse: <i>Middle</i> No
Mailing Address: City: rt B. Name and Addr If you are filing jointly with your Name: <i>Last</i> Has your spouse used any othe <i>names:</i> Social Security Number: E-Mail Address: Name and Phone of Emergenc Name and Phone of Emergenc	State: Zip: Tess of Spouse spouse, fill in the following informatio <i>First</i> er names in the past eight years? cy contact person: (1 st Choice) cy contact person: (2ndChoice)	n about your spouse: <i>Middle</i> No D Yes <i>If yes, list other</i> Date of Birth:
Mailing Address: City: If you are filing jointly with your Name: Last Has your spouse used any othe names: Social Security Number: E-Mail Address: Name and Phone of Emergenc Name and Phone of Emergenc Name and Phone of Emergenc	State: Zip: Tess of Spouse spouse, fill in the following informatio <i>First</i> er names in the past eight years? y contact person: (1 st Choice) y contact person: (2ndChoice) <i>your address):</i>	n about your spouse: <i>Middle</i> No D Yes <i>If yes, list other</i> Date of Birth:
Mailing Address: City: If you are filing jointly with your Name: Last Has your spouse used any othe names: Social Security Number: E-Mail Address: Name and Phone of Emergenc Name and Phone of Emergenc Name and Phone of Emergenc Name and Phone of Emergenc	State: Zip: Tess of Spouse spouse, fill in the following informatio <i>First</i> er names in the past eight years? y contact person: (1 st Choice) y contact person: (2ndChoice) your address): State: Zip:	n about your spouse: <i>Middle</i> No D Yes <i>If yes, list other</i> Date of Birth:
Mailing Address: City: rt B. Name and Addr If you are filing jointly with your Name: Last Has your spouse used any othe names: Social Security Number: E-Mail Address: Name and Phone of Emergenc Name and Phone of Emergenc Name and Phone of Emergenc Name and Phone of Emergenc Name and Phone of Emergenc Address: City: If your spouse has a different m	State: Zip: Tess of Spouse spouse, fill in the following informatio <i>First</i> er names in the past eight years? y contact person: (1 st Choice) cy contact person: (2ndChoice) your address): State: Zip: hailing address, please list:	n about your spouse: <i>Middle</i> No
Mailing Address: City: rt B. Name and Addr If you are filing jointly with your Name: Last Has your spouse used any othe names: Social Security Number: E-Mail Address: Name and Phone of Emergenc Name and Phone of Emergenc Name and Phone of Emergenc Name and Phone of Emergenc Name and Phone of Emergenc Address: City: If your spouse has a different m	State: Zip: Tess of Spouse spouse, fill in the following informatio <i>First</i> er names in the past eight years? y contact person: (1 st Choice) y contact person: (2ndChoice) your address): State: Zip:	n about your spouse: <i>Middle</i> No
Mailing Address: City: If you are filing jointly with your Name: Last Has your spouse used any othe names: Social Security Number: E-Mail Address: Name and Phone of Emergenc Name and Phone of Emergenc Address: City: City: If your spouse has a different m Mailing Address:	State: Zip: Tess of Spouse spouse, fill in the following informatio <i>First</i> er names in the past eight years? y contact person: (1 st Choice) cy contact person: (2ndChoice) your address): State: Zip: hailing address, please list:	n about your spouse: <i>Middle</i> No

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by	y you or against you i	n the last 8 years? 🖬 No 🛛 Yes
If yes, in which district of which sta	ate was the case filed	l?
Case Number:	Date filed:	
Are there currently any bankruptcy of spouse's business?		st you, your business, your spouse, or your
If yes, name of debtor:		Relationship to you:
Case Number:	Date filed:	Judge:
In which district of which state was	s 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? D No D Yes (If yes, please attach a list and description of the property.)

Debtors Who Reside as Tenants of Residential Property

	f	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 A. 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	Owned by Husband, Wife, Joint or Community	Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	List all mortgages, home equity loans, and liens: What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?	Who issued the lien, loan or mortgage? (Name, Address of Institution)	Office Use Only Exemptions?

Part B. Personal 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. You can think of the value as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint,	Value	Office Use Only
	INO		Community		Exemptions?
1. Cash on hand					
2. Checking/Saving s Account, Certificates of deposit, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles					Exemptions:
6. Clothing					
 Furs and jewelry including any jewelry being purchased on time 					
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
12. Interests in pension or profit sharing plans					Exemptions :
13. Stock and interests in incorporated/ unincorporated business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts receivable					
17. Alimony/family support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests or life estates					
20. Interests in estate of decedent or life insurance plan or trust					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint,	Value	Office Use Only
21. Other contingent/ unliquidated claims, including tax refunds, counterclaims			Community		Exemptions?
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, trailers, and accessories.					
You must bring copies of any and all vehicle contracts regarding vehicles that are currently financed so the attorney can review them.					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
29. Machinery, fixtures etc. for business					
30. Inventory					
31. Animals					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
35. Other personal property of any kind not listed.			Community		Exemptions?

36. Is your drivers' license suspended	Y	Ν
37. List all years for which you have failed to file a federal income tax return:		
38. Have you or your spouse committed any embezzlement in the past 10 years.	Y	Ν
39. Have you injured anyone in an accident in which you were drinking?	Y	Ν
40. Have you assaulted anyone in the past 10 years?	Y	Ν
41. Are you on probation?	Y	Ν

Within the past 90 days have you or your spouse used any credit cards or received cash advances? Y N

Write down the total amount that you and/or your spouse, if married, have voluntarily charged on each credit card (such as a Visa or MasterCard) or store card (such as Sears) for purchases and cash advances in the prior 60 days from today. This includes any "checks" written by you sent to you by the credit card company. (Do not include involuntary charges added on by the credit card company such as interest, over limit fees and late fees.) If you have not used the cards at all within the past 60 days write "none" in the space provided.

Card Name	Charges last 90 days\$
Card Name	Charges last 90 days\$
Card Name	Charges last 90 days\$

Do you have a line of credit or overdraft protection that you have used within the past 90 days? YN

Write down the total amount you and/or your spouse, if married, have taken off of each credit line or overdraft protection lines within the past 60 days. If you have not taken any credit line advances, write "none" in the space provided.

 Credit Line #1_____
 Charges last 60 days\$_____

 Credit Line #2_____
 Charges last 60 days\$_____

Have you had any credit card balance transfers done in the past 12 months? Y N

Card transferred from	Card transferred to	Amount transferred	Date of transfer

Have any people recently died from whom you or your spouse expects to receive an inheritance? Y N

Do you have any relatives or friends who you or your spouse reasonably believes may pass away within the next 180 days and leave you an inheritance? Y N

Did you make payments on any loans owing to friends, family, parents, other relatives or business partners in the past year? Y N

If yes, how much did you repay in the past year?

Did you forgive any debts exceeding \$600.00 owed to you by a friend, relative, customer or business partner within the past one year from today? Y N

Did you or your spouse transfer any money or property to friends, parents, relatives or business partners in the past one year from today? Y N

If yes, what did you transfer or how much did you pay or gift in the past year?

Do you or your spouse have an open Labor and Industries claim under which you are receiving time loss and or treatment? Y N

Do you or your spouse have an open claim for back unpaid L&I? Y	Ν
If yes, for how much?	

Do you or your spouse expect to receive a permanent partial disability award from any Labor and Industries
claim or workplace injury claim because of an open and pending injury claim? Y N
How much do you or your spouse expect to receive for permanent partial disability?

Is any portion of this expected as an award for lost wages? Y N If yes, how much? ______ Name and address of attorney assisting in L&I case:______

Do you or your spouse expect to receive money from a non-workplace accident because of injuries to you or your spouse? Y N

If yes how much do you or your spouse expect to receive?	
Is any portion of this an expected award fir lost wages? Y	Ν

If yes, how much?_____

Name and address in attorney representing you in the above case:_____

Has anyone in your family recently suffered any disability, accident /injury or death in such a way that you expect to receive money in the future? (For example, when a child is injured or disabled and the parents may recover legal damages or government assistance) Y N

Do you or your spouse have any relatives, friends or business associates that presently are, or at any time in the past year, have been co-signers on loans with or for you? Y N

If yes, list the following:
Name and address of relative/friend/business associate:
Lender name and mailing address:
Amount of Loan:
Date loan was co-signed:

Have you or your relative/friend /business associate who is co-signed on the loan in the past year made any payments on the loan larger than just the regular monthly or periodic payment? Y

Are you or your spouse co-signed on any debt with anyone else? Y

Within the past 12 months, have you or your spouse paid off any debt on which someone else was a co-signer or jointly obligated along with you? Y N

Within the past 12 months, has someone paid off a debt in which you or your spouse were cosigned or jointly obligated? Y N

Have you or your spouse paid off completely or paid down by more than \$1,500.00 in the past year any loan owing to a relative, business partner or friend? Y

Have you or your spouse lost more that \$1,000.00 gambling in the past year? Y N

Have you had any casualty losses in the past 12 months where you suffered more than \$1,000.00 in losses? The term "casualty losses" includes items stolen, lost, or damaged in an accident, fire or flood. If yes, describe the following:

Description of item damaged/los	t/stolen	
Date of loss/damage/theft		
Is there insurance coverage?	Y N	
something other than child support oblig If yes, describe: Name of Creditor garnishing	5 5	baycheck for
How many unpaid NSF/bad checks do y For each check, describe the fol Check written to: Date check written:		
Amount of check:		
•	-dated check at the time you wrote the check? Y	N

How many "PAYDAY LOANS" do you and or your spouse have outstanding right now?

For each "PAYDAY LOAN" describe the following:		
Name of payday loan supplier:		
Mailing address of lender:		
Are they holding a check?		Ν
What is the balance owing on the loan? \$	-	
Are either you or your spouse or a dependent of you or your spouse, using a vehicle or othe belongs to someone else? If yes, describe the following: Describe the vehicle or other property:	-	nat N
	•	
Relationship to owner: Describe any arrangements made to pay for the above item:		
Are you holding any cash or property for someone in your name or in your possession? (Figure for a friend who is overseas) Describe property Name of owner Your relationship to owner	⁻ or example, holdir	וg
Does you name appear as an owner on any property that you do not use? (For example, you hold the title to your parents' home to avoid probate, or your name appears on certificates or by your parents or a vehicle is titled in your name but used by a relative.)	of deposit managed	
Do you have a safe deposit box?	Y	Ν
What are the contents and the value of the contents?		••
Do you expect that your monthly income will increase more than 25% within the next 2 mor	ths? Y	Ν
Do you expect to receive any bonuses or other items of temporarily increased income in the will cause you income to exceed that which you are reporting in this questionnaire?		at N
Has any bank or creditor taken funds out of your checking account without your prior conse		? N
Do you or your spouse owe any money to any ex-spouses for something other than child su alimony, spousal maintenance or a property division or settlement?	upport, such as Y	Ν
Under a divorce decree do you or your spouse have an obligation to repay any debts that y been paid off including but not limited to credit cards, medical/dental bills of children or a ca		Ν
If yes, describe in detail the bills and debts you were ordered to pay under the decree of dis remain unpaid:	solution but which	
Did you or your spouse sign a "hold harmless" as part of a decree of dissolution wherein yo would reimburse and/or indemnify your ex-spouse if your ex spouse was forced to pay a de decree says you were supposed to pay?	bt your divorce	N
Has either your ex-spouse or your spouse's ex-spouse filed a bankruptcy since entry of the	divorce decree? Y	Ν
	•	

Note: You should bring in a copy of your divorce decree with you to the signing appointment so that the attorney can review it.

Section 3 r Debts

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

	of Debt 3. Date/range of dates when debt was incurred 3. Date/range of dates when debt was will be debt secured by any property? (If so, owed a laces when debt was owed a laces when debt was a laces with a parameter of the secure data with a para	Name and address of codebtor, if any	Do you	Office Use Only		
Type of Debt		dispute the debt?	Sched D, E or	Lawsuit pending? Collection agency assigned? Counsel for creditor?		
Home loans/ mortgages						
Car loans						
Other bank loans						
Personal loans						
Student loans						
Major credit card debts (Visa, AmEx, MasterCard, Discover) -						

Type of Debt2. Account Number, if any 3. Date/range of dates when incurred	1. Creditor Name and Address	Amount owed	Is debt secured by any property? (If so,	debt?	Office Use Only	
	 Date/range of dates when debt was incurred Contact person's name and address, if 				Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Major credit card debts (Visa, AmEx, MasterCard, Discover) – (continued from previous page, if required)						
Major credit card debts (Visa, AmEx, MasterCard, Discover) – (continued, if required)						
Department store credit card debts						
Other credit card debts (Gas cards, phone cards, etc.)						

Type of Debt2. Account Numbe3. Date/range of datincurred	1. Creditor Name and Address		Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	debt?	Office Use Only	
	 Date/range of dates when debt was incurred Contact person's name and address, if 	Amount owed			Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Cash Advances (from credit cards)						
Unpaid medical bills						
Unpaid rent						
Unpaid taxes						
Unpaid alimony or child support						
Unpaid service fees						
All other unpaid debts/bills						

Do you or your spouse have any leased vehicles, property or equipment? If yes, describe the following:

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, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

Remaining months on the lease _____

Date you started lease _____

How far are you behind in payments? _____

Do you wish to surrender the leased items?

Do you or your spouse have any "rental only" or "rent to own" furniture? If so, please list above

Section 5 & Current Income

Marital Status:	List all dependents of you an	d your spouse, their age	es, and their relatio	onship to you:
 Married Single Divorced Separated Widowed 	Name		Age	Relationship
Part A. Debtor's	Income	Part B. Joint De	ebtor's Income)
1. What is your occu	upation?	1. What is your s	pouse's occupatio	on?
2. Name and addres	ss of your employer:	2. Name and add	dress of your spou	ise's employer:
3. How long have vo	bu been employed there?	3. How long emp	loved there?	
4. What is the gross	amount of your paycheck, before are taken out? \$		oss amount of you	ur spouse's paycheck,
every two week once a m			ery two weeks	et paid? ☐ once a ☐ twice a month ☐
other Complete the below monthly averages.	questions with your estimate of	Complete the below monthly averages.	ow questions with	your estimate of
, ,	vertime pay outside of your salary? onth? \$	your salary? How	much per month?	
	en out of each paycheck for taxes	and social security	? \$	
8. How much is take	en out for insurance? \$			rance? \$
9. How much for uni	ion dues? \$	9. How much for		
10. Are there other de	eductions? If so, what are they and		er deductions? If s	so, what are they and
Do you receive a) income from busi regular paycheck list	ness operations outside of your ed above? If so, what is the		siness operations ove? If so, what i	outside of the regular s the business and per month?
b) income from real	uch do you receive per month? estate property? If so, how much	b) income from rea month? □No □		? If so, how much per
c) interest or dividen	□Yes \$ ads? If so, how much per month?	c) interest or divide □No □Yes \$		
d) alimony or family	support payments for your use or for endents? If so, how much per			nts for spouse's use or nuch per month? □No
	other forms of monetary government	assistance? □No	□Yes \$	nonetary government
	ion money? □No □Yes\$	f) retirement or per	-	
	er sources of income not listed?	Does your spouse	have any other in	come not listed?
Are you or your spou	ise expecting any increase or decrease	in salary next year? If	so, explain.	

Section 5A & Current Monthly Income

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month)	Month 2 (2 months ago) /	Month 3	Month 4	Month 5 /	Month 6	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							

Section 6 & Current Expenses

Do you and your spouse maintain separate households? Do No Ves. If so, fill one page out for your household and another for your spouse's.

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.

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

 your rent or your home mortgage Does that amount include real estate taxes? No Yes 	\$
Does it include property insurance? Doe Does it include property insurance?	
2. electricity and heating	\$
3. water and sewage	\$
4. telephone service/long distance	\$
5. Do you have any other utility bills? If so, what, and how much per n	nonth?
	\$
	\$
	\$
6. home maintenance, including repairs and general upkeep	\$
7. food	\$
8. clothing	\$
9. laundry and dry cleaning	\$
10. medical and dental expenses	\$
11. transportation (not including car payments)	\$
12. entertainment, recreation, newspapers, magazines	\$
13. charitable contributions	\$
14. insurance not deducted from paycheck	
a) homeowner's or renter's insurance	\$
b) life insurance	\$
c) health insurance	\$
d) auto insurance	\$
e) 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. expenses from operation of business	\$
Additional Expenses (707(b) Expenses)	
20. mandatory payroll deductions not already listed	\$
	\$

21.	court ordered payments not already listed	\$
		\$
		\$
22.	education necessary to maintain employment	\$
23.	education for a physically or mentally challenged child	\$
24.	childcare	\$
25.	disability insurance (if not listed on line 14)	\$
26.	health savings accounts	\$
27.	care for elderly, chronically ill, or disabled family members	\$
28.	protection from family violence	\$
29.	education expense for your children under 18	\$
30.	non-mandatory contributions to retirement accounts (including loan rep	payment)
		\$
		\$
31.	other expenses not listed above	\$
		\$
		\$
		\$

Section 7 & 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 12 or 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. Income from employment or operation of business

□ NONE

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

Period	\$ Amount	Source	Husband/Wife
January 1 of this year through date of commencement of case			
Last year, (January 1 - December 37	1)		
The year before last, (January 1 - December 31)			
Income other than from emplo	yment or operation of	business	

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

NONE

Period	\$ Amount	Source	Husband/Wife
During the last year			

During the last year

Year before last

- 3. Payments to creditors
 - If your debts are primarily consumer debts, list all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.
 - □ NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed

b. If your debts are not primarily consumer debts, list each payment or other transfer, aggregating more than \$5,475 to any creditor made within **90 days** immediately preceding the commencement of this case.

□ NONE

Name and Address of Creditor Dates of Payments Amount paid Amount still owed

c. All debtors. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

□ NONE

Name and Address of Creditor			
and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed

- 4. Suits, executions, garnishments and attachments
- a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.
- □ NONE

Caption of Suit		Court or Agency	Status or
and Case Number	Nature of Proceeding	and Location	Disposition

- b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.
- □ NONE

Name and Address of Person/Company		Description
for Whom the Property Was Seized (Creditor)	Date of Seizure	and Value of Property

5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

□ NONE

	Date of Repossession,	Description
Name and Address of Creditor	Foreclosure, Transfer or Return	and Value of Property

6. Assignments and receiverships

- a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.
- □ NONE

Name and Address of Assign	nee Date of Assignme	ent Terms of As	signment/Settlement
			-

- b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.
- □ NONE

Name and Address	Name and location of Court,	Date of	Description and Value
of Custodian	Case Title and Number	Order	of Property

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

Name and Address		Date	Description
of Recipient	Relationship to You, if Any	of Gift	and Value of Gift

8. Losses

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

□ NONE

Description and Value	Description of Circumstances and	
of Property	Amount Covered by Insurance, if Any	Date of Loss

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

□ NONE

Name and Address	Date of	Name of Person	Amount of Money/ Description
of Payee	Payment	Who Paid, if Not You	and Value of Property

10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case.

□ NONE

Name and Address of Transferee		Description of Property
and Relationship to you	Date of Transfer	Transferred and Value Received

b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

NONE

Name of Trust or		Amount of Money or Description
Similar Device	Date of Transfer	and Value of Property or Interest

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

□ NONE

Name and Address	Type and Number of	Amount and Date
of Institution	Account & Final Balance	of Sale or Closing

12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

□ NONE

Name and Address of	Name and Address of Those	Description	Date of
Bank or Other Depository	With Access to Box or Depository	of Contents	Transfer, if Any

13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

□ NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
Name and Address of Creditor	Date of Seton	Amount of Selon

14. Property held for another person

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

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
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15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

□ NONE

Address	Your Name at the Time	Dates of Occupancy

16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites. "Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

□ NONE

	Name and Address of	Date	Environmental
Site Name and Address	Governmental Unit	of Notice	Law

b. 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
Site Name and Address	Governmental Unit	of Notice	Law

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect 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		
Governmental Unit	Docket Number	Status or Disposition

18 . Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

□ NONE

	Taxpayer			Beginning and End
Name	I.D. Number(EIN)	Address	Nature of Business	Dates of Operation

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

□ NONE

Name Address

The following questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

- 19. Books, records, and financial statements
- a. List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.
- □ NONE

b. List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE			
Name	Address	Dates Services Rendered	

- c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.
- □ NONE
 - Name and Address Comments
- d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

□ NONE

Name and Address

Date Issued

- 20. Inventories
- a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.
- □ NONE

		Dollar Amount of Inventory
Date of Inventory	Inventory Supervisor	(specify cost, market, or other basis)

b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

□ NONE

Date of Inventory Name and Address of Custodian of Inventory Records

- 21. Current partners, officers, directors, and shareholders
- a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address	Nature of Interest	Percentage of Interest
		-

- b. 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

		Nature and Percentage
Name and Address	Title	of Stock Ownership

- 22. Former partners, officers, directors and shareholders
- a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.
- NONE
 Name and Address
 Date of Withdrawal
- b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

□ NONE

	Name and Address	Title	Date of Termination
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23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

□ NONE

Name and Address of	Date and Purpose	Amount of Money or Description
Recipient, and Relationship to You	of Withdrawal	and Value of Property

24. Tax Consolidation Group.

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

□ NONE

Name of Parent Corporation Taxpayer Identification Number

25. Pension Funds.

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

□ NONE

Name of Pension Fund Taxpayer Identification Number