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Bankruptcy Questionnaire

The attached questionnaire must be filled out as completely and accurately as possible.

Information gaps will delay your bankruptcy filing.

The information you provide on this questionnaire will go to your bankruptcy petition, and you must sign the petition, under oath, attesting that the information is true and accurate.

If you have questions about filling out this questionnaire, please contact our office.

NOTE: If you prefer to provide this information to us online, please contact our office and we will provide you a web site link for your exclusive and confidential use.

Patrick Neale & Associates

Bankruptcy Information Packet

Date: Chapter 7 Chapter 13 Chapter 11
Type of filing: Joint Married filing separate Individual

Part I. Debtor's Information

Full Legal Name (If joint filing, husband):
Any other names ever used?:
Social Security Number:
Date of birth:
Race:

Driver's License Number: and State:

*Our office will need copies of: Social Security Card; Driver's License

Address:

City: County: State: Zip:

How long have you lived at this address?

If you have lived at the above address for less than two years, please list your previous address:

Address:

City: County: State: Zip:

If you have a different mailing address, please list:

Phone Number(s): Home: Cell: Work:

Email Address:

May we send correspondence via email?: Yes; No.

Have you filed Bankruptcy before? Year: State:

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

Part II. Co-Debtor's Information

If you are filing jointly with your spouse, fill in the following information about your spouse:

Full Legal Name (If joint filing, wife):

Any other names ever used?:

Social Security Number:

Date of birth:

Race:

Driver's License Number: and State:

*Our office will need copies of: Social Security Card; Driver's License

Address:

City: County: State: Zip:

How long have you lived at this address?

If you have lived at the above address for less than two years, please list your previous address:

Address:

City: County: State: Zip:

If you have a different mailing address, please list:

Phone Number(s): Home: Cell: Work:

Email Address:

May we send correspondence via email?: Yes; No.

Have you filed Bankruptcy before? Year: State:

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

SCHEDULE A –
REAL ESTATE PROPERTY

List ALL real estate which you individually or jointly own. This could include your primary residence (house, condo or apartment (if owned)), additional residence (house, condo or apartment (if owned)), rental property, burial plot, undeveloped land, farm land and/or timeshare.

LIST YOUR MOBILE HOME HERE ONLY IF YOU OWN THE LAND ON WHICH IT IS LOCATED. IF YOU DO NOT OWN THE LAND, LIST THE MOBILE HOME ON SCHEDULE B, MOTOR VEHICLE SECTION.

Primary Residence:

Address: _____
City: _____ County: _____ State: _____ Zip: _____
Name(s) on deed: _____; Copy of Deed: _____ Yes; _____ No
Percentage owned by you: _____ Date of purchase or date acquired: _____
Type of Property (House, Condo etc.): _____
Market or tax appraiser value: _____

Is there a mortgage/lien on the property?: _____ Yes; _____ No.

If so, how many?: _____

List mortgages even if you did not sign the note. This includes Equity LOC, HELOC, tax liens, etc.

For each, list the following:

First mortgage holder name and address: _____
Date loan incurred: ____/____/_____
Account Number: _____ Balance: _____
Monthly Payment: _____
Does this include taxes and insurance?: _____ Yes; _____ No
Number of months remaining: _____ Interest rate: _____
Who is liable for this debt?: _____ Any co-signers?: _____
Are you current on your payments?: _____ Yes; _____ No.
If not, how much are you behind? _____
When did you make last payment? _____;
Copy of last statement for mortgage: _____ Yes; _____ No.

Second or LOC mortgage holder name and address: _____
Date loan incurred: ____/____/_____
Account Number: _____ Balance: _____
Monthly Payment: _____
Does this include taxes and insurance?: _____ Yes; _____ No
Number of months remaining: _____ Interest rate: _____
Who is liable for this debt?: _____ Any co-signers?: _____
Are you current on your payments?: _____ Yes; _____ No.
If not, how much are you behind? _____
When did you make last payment? _____;
Copy of last statement for mortgage: _____ Yes; _____ No.

Additional Mortgage holder name and address: _____
Date loan incurred: ____/____/_____
Account Number: _____ Balance: _____
Monthly Payment: _____
Does this include taxes and insurance?: _____ Yes; _____ No
Number of months remaining: _____ Interest rate: _____
Who is liable for this debt?: _____ Any co-signers?: _____
Are you current on your payments?: _____ Yes; _____ No.
If not, how much are you behind? _____
When did you make last payment? _____;
Copy of last statement for mortgage: _____ Yes; _____ No.

PROPERTY TAXES:

Are taxes paid in escrow? _____ Are taxes current? _____

Does your community have a condominium or homeowners' association? _____

HOA name and address: _____

Monthly fee: _____

Are you current? _____ Yes; _____ No.

Are you planning on keeping this property?: _____ Yes; _____ No.

For Office Use Only:

Chapter 13 Plan Treatment or Chapter 7 Intention: _____

Documents provided: Deed Mortgage Statements Property Appraisal

Additional Property:

Address: _____
City: _____ County: _____ State: _____ Zip: _____
Name(s) on deed: _____; Copy of Deed: _____ Yes; _____ No
Percentage owned by you: _____ Date of purchase or date acquired: _____
Type of Property (House, Condo etc.): _____
Market or tax appraiser value: _____
Is there a mortgage/lien on the property?: _____ Yes; _____ No.
If so, how many?: _____

List mortgages even if you did not sign the note. This includes Equity LOC, HELOC, tax liens, etc.
For each, list the following:

First mortgage holder name and address: _____
Date loan incurred: ____/____/_____
Account Number: _____ Balance: _____
Monthly Payment: _____
Does this include taxes and insurance?: _____ Yes; _____ No
Number of months remaining: _____ Interest rate: _____
Who is liable for this debt?: _____ Any co-signers?: _____
Are you current on your payments?: _____ Yes; _____ No.
If not, how much are you behind? _____
When did you make last payment? _____;
Copy of last statement for mortgage: _____ Yes; _____ No.

Second or LOC mortgage holder name and address: _____
Date loan incurred: ____/____/_____
Account Number: _____ Balance: _____
Monthly Payment: _____
Does this include taxes and insurance?: _____ Yes; _____ No
Number of months remaining: _____ Interest rate: _____
Who is liable for this debt?: _____ Any co-signers?: _____
Are you current on your payments?: _____ Yes; _____ No.
If not, how much are you behind? _____
When did you make last payment? _____;
Copy of last statement provided? _____ Yes; _____ No.

Additional Mortgage holder name and address: _____
Date loan incurred: ____/____/_____
Account Number: _____ Balance: _____
Monthly Payment: _____
Does this include taxes and insurance?: _____ Yes; _____ No
Number of months remaining: _____ Interest rate: _____
Who is liable for this debt?: _____ Any co-signers?: _____
Are you current on your payments?: _____ Yes; _____ No.
If not, how much are you behind? _____
When did you make last payment? _____;
Copy of last statement for mortgage: _____ Yes; _____ No.

PROPERTY TAXES:

Are taxes paid in escrow? _____ Are taxes current? _____

HOA name and address: _____

Monthly fee: _____

Are you current? _____ Yes; _____ No.

Are you planning on keeping this property?: _____ Yes _____ No, property to be surrendered.

For Office Use Only:

Chapter 13 Plan Treatment or Chapter 7 Intention: _____

Documents provided: Deed Mortgage Statements Property Appraisal

SCHEDULE B – PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child, simply state "a minor child."

1. Cash.

Description _____

_____ Husband, _____ Wife, _____ Joint, or _____ Community

Current Value \$ _____

2. Checking, savings or other financial accounts, certificates of deposit (CDS), or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, cooperatives, money market, stocks or bonds (list any additional accounts on separate sheet).

Name of bank, type of account, names on account, last four numbers of account		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership (how is the account labeled)	___ Husband ___ Wife ___ Joint	
Current Value	\$	
Six Month Statements?		
Source of Funds		

Name of bank, type of account, names on account, last four numbers of account		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___ Husband ___ Wife ___ Joint	
Current Value	\$	
Six Month Statements?		
Source of Funds		

If you have additional bank statements list them on back with all information for each

3. Security deposits with public utilities, telephone companies, landlords, and others.

Description (name of utility, etc.)		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	
Current Value	\$	

4. Household goods and furnishings, including audio, video, and computer equipment (complete following list).

HOUSEHOLD GOODS

Living Room:

Description of Property	Quantity	Garage Sale Value
Couch(s)		
Bookcase(s)		
Desk(s)		
Chair(s)		
Table(s)		
Radio(s)		
Television(s) list sizes below:		
Stereo(s)		
VCR(s)		
DVD Player(s)		
Other:		

Dining Room:

Description of Property	Quantity	Garage Sale Value
Table(s)		
Chair(s)		
Lamp(s)		
China Cabinet(s)		
China		
Silverware		
Other:		

Bedroom:

Description of Property	Quantity	Garage Sale Value
Bed(s)		
Chair(s)		
Dresser(s)		
Chest(s) of drawers		
Desk(s)		
Mirror(s)		
Lamp(s)		
Armoire(s)		
Vanity(s)		
Radio(s)		
Television(s) list sizes below:		

VCR(s)		
DVD Player(s)		
Computer(s)		
Other:		

Kitchen:

Description of Property	Quantity	Garage Sale Value
Table(s)		
Chair(s)		
Microwave(s)		
Refrigerator(s)		
Deep Freezer(s)		
Dishwasher(s)		
Washing Machine(s)		
Dryer(s)		
Stove(s)		
Other:		

Other Rooms (Hallways, Bathrooms, Garage, Attic, Shed, etc.):

Description of Property	Quantity	Garage Sale Value
Computer(s)		
Radio(s)		
Stereo(s)		
Desk(s)		
Chair(s)		
Game Table(s)		
Sewing Machine(s)		
Vacuum Cleaner(s)		
Camera(s)		
Misc. hand and garden tool(s)		
Power Tool(s)		
Lawn Mower(s)		
Other:		

TOTAL:

EXEMPTIONS:

5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.

Description: _____ Value: \$ _____

6. Wearing apparel/Clothing

Description: _____ Value: \$ _____

7. Furs and jewelry.

Description: _____ Value: \$ _____

8. Firearms, sports, photographic, and other hobby equipment.

Description: _____ Value: \$ _____

9. Interest in insurance policies.

Name of Insurance Company		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	
Surrender or Refund Value	\$	
Need Declaration		

Name of Insurance Company		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	
Surrender or Refund Value	\$	
Need Declaration		

10. Annuities.

Name of Issuer Date opened		<u>For Office Use Only:</u>
Ownership	___Husband ___Wife ___Joint	
Value	\$	
Last Statement?		
Monthly Payments Received?		
		<u>Exemptions:</u>
Name of Issuer Date opened		<u>For Office Use Only:</u>
Ownership	___Husband ___Wife ___Joint	
Value	\$	
Last Statement?		
Monthly Payments Received?		
		<u>Exemptions:</u>

11. Interests in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). (Pre paid college funds)

Name of Issuer		<u>For Office Use Only:</u>
Ownership	___Husband ___Wife ___Joint ___Community	
Value	\$	
Last Amount Contributed?	\$	
Last Statement?		
When was it obtained/ opened?		
		<u>Exemptions:</u>

12. Interests in IRA, ERISA, Keogh, 401(k) or other pension or profit sharing plans.

Description		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint	
Current Value	\$	
Last Statement?		
Date and amount of last contribution	___/___/_____ \$	
Regular Contributions?		
How (paycheck deduction or other)?		

Description		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint ___Community	
Current Value	\$	
Last Statement?		
Date and amount of last contribution	___/___/_____ \$	
Regular Contributions?		
How (paycheck deduction or other)?		

13. Stock and interests in incorporated and unincorporated businesses.

Name of Company		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint ___Percentage Owner	
Current Value	\$	
Date opened		
Owe taxes?		

*Our office will need list of business assets and liabilities. Is this attached? _____

14. Interests in partnerships or joint ventures.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community <input type="checkbox"/> Percentage Owner	
Current Value	\$	
Date Business opened/incorporated		
Taxes?		
Does business have debt?		

15. Government and corporate bonds and other negotiable and non-negotiable instruments.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
Current Value	\$	

16. Accounts receivable.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	
Current Value	\$	

17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	
Current Value	\$	

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	
Current Value	\$	

*Our office will need copy of court order.

18. Other liquidated debts owed to debtor including tax refunds.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community	
Current Value	\$	

19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint ___Community	
Current Value	\$	

20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint ___Community	
Current Value	\$	

21. Other contingent and un-liquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint ___Community	
Current Value	\$	

22. Patents, copyrights, and other intellectual property.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint ___Community	
Current Value	\$	

23. Licenses, franchises, and other general intangibles.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint ___Community	
Current Value	\$	

24. Customer lists or other compilations containing personally identifiable information (as defined in 11 u.S.C. 101(1A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint ___Community	
Current Value	\$	

25. Automobiles: If you have more than 2 – make additional copies of this sheet or write on back
Any motorized vehicle including but not limited to: cars, trucks, trailers, ATV, RV, campers, boat, motorcycle,
jet skis, etc. ALL TITLED PROPERTY MUST BE INCLUDED WHETHER IT HAS A LIEN OR NOT.

AUTO-1

Make: _____ Model: _____ Year: _____

Vin Number: _____ Miles/Hours: _____

Names on title/registration? _____ Date purchased/acquired: _____

CONDITION/DEFECTS:

Value? _____ How did you determine this value? _____ financed or leased ?

Date of loan/lease: _____ Who is on the loan/lease? _____ Co-signer? _____

Creditor/lease name and address: _____

If credit union, do you have any other loans or credit cards with this credit union?: _____ Yes; _____ No.

Account number: _____ Monthly payment amount: _____

of payments remaining: _____ Balance: _____ Are you current on payments?: Yes; ___No.

If not, date you made last payment? _____ Keep or Surrender? _____

For Office Use Only:

Ch 7 intentions or Ch 13 Plan treatment: _____ Exemptions? _____

Copy of: _____ Title/Registration; _____ Insurance

AUTO-2

Make: _____ Model: _____ Year: _____

Vin Number: _____ Miles/Hours: _____

Names on title/registration? _____ Date purchased/acquired: _____

CONDITION/DEFECTS:

Value? _____ How did you determine this value? _____ financed or leased ?

Date of loan/lease: _____ Who is on the loan/lease? _____ Co-signer? _____

Creditor/lease name and address: _____

If credit union, do you have any other loans or credit cards with this credit union?: _____ Yes; _____ No.

Account number: _____ Monthly payment amount: _____

of payments remaining: _____ Balance: _____ Are you current on payments?: Yes; ___No.

If not, date you made last payment? _____ Keep or Surrender? _____

For Office Use Only:

Ch 7 intentions or Ch 13 Plan treatment: _____ Exemptions? _____

Copy of: _____ Title/Registration; _____ Insurance

Do you have any of the following? If yes, please provide a detailed list:

- 26. Aircraft and accessories.
- 27. Office equipment, furnishings, and supplies.
- 28. Machinery, fixtures, equipment, and supplies used in business.
- 29. Inventory.
- 30. Animals.
- 31. Crops – growing or harvested.
- 32. Farming equipment and implements.
- 33. Farm supplies, chemicals, and feed.
- 34. Other personal property of any kind not already listed.

Description and Location of Property		<u>For Office Use Only:</u> <u>Exemptions:</u>
Ownership	___Husband ___Wife ___Joint ___Community	
Current Value	\$	

SCHEDULE C – EXEMPTIONS

To be determined by the attorney:

Florida: _____ Federal: _____

Other State: _____

SCHEDULE D – SECURED DEBT

All debts secured by collateral should have been listed with the collateral. If NOT, go back and list with appropriate property. Include the date property financed, name and address of the creditor, the balance due, amount of monthly payments, how many payments remaining and account number.

SCHEDULE E –
CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

If any entity, other than a spouse in a joint case, may be jointly liable on a claim, check the box for Co-debtor and complete Schedule H – Co-debtors. If the claim is contingent, mark contingent, if the claim is un-liquidated, mark un-liquidated, if the claim is disputed, mark disputed.

Please check the types of Priority Claims you have:

Past due domestic support obligations – domestic support that are owed to a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such child, or a governmental unit to whom such a domestic support claim has been assigned.

Wages, salaries and commissions – wages, salaries, commissions, including vacation severance, and sick leave owed to employees, earned within one hundred-eighty (180) days before filing this petition.

Contributions to employee benefit plans - money owed to employee benefit plans for services rendered within 180 days before filing this petition.

Certain farmers and fishermen – claims of certain farmers and fishermen, up to \$4,925.00 per farmer or fisherman, against the debtor.

Deposits by individuals – claims of individuals up to \$2,225.00 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use that were not delivered or provided.

Taxes and certain other debts owed to governmental units – taxes, customs duties, and penalties owing to federal, state, and local governmental units.

Commitments to maintain the capital of an insured depository institution – claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution.

Claims for death or personal injury while debtor was intoxicated – claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance.

I have no priority claims to list

For each one you checked above, complete the following:

Creditor Name		<u>For Office Use Only:</u>	
Street Address			
City, State Zip			
Co-debtor Name, Address			
Date Claim was incurred			<u>Exemptions:</u>
Account Number			
Nature of Lien			
Description of Property			
Nature of Claim	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Community		
Consideration for Claim	<input type="checkbox"/> Contingent <input type="checkbox"/> Un-liquidated <input type="checkbox"/> Disputed		
Amount of Claim	\$		
Amount Entitled to Priority	\$		

If taxes, what years? _____

Date Assessed: _____

Schedule F – Unsecured Non-Priority

List all unsecured creditors- If there is a collection agency put that name and the original creditor together.

Use as many copies of this page as necessary to include all unsecured creditors.

IT IS EXTREMELY IMPORTANT THAT YOU SUPPLY US WITH THE ADDRESS OF YOUR CREDITORS

Type of Debt	Creditor Information:	Co-debtors or Disputes	Office Use Only
<p>1 Major credit card 2 Medical Bill 3 Cash advance / payday loan 4 Student Loan 5 Personal loan / line of credit (not secured) 6 Deficiency (foreclosure/ repossession) 7 Other: _____ If a credit card: Date of last use _____ If within 90-days, total amount charged in last 90-days? _____ Date of last payment _____</p>	<p>1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and <u>Address</u>: 3. Account Number, if any: 4. Date/range of dates when debt was incurred or when account was opened: 5. <u>Name and address</u> of any Collection Agency also attempting to collect this debt:</p>	<p>Is there a co-debtor or co-signer on this loan? No Yes If yes, please provide name and address: Do you Dispute the debt? No Yes</p>	

Type of Debt	Creditor Information:	Co-debtors or Disputes	Office Use Only
<p>1 Major credit card 2 Medical Bill 3 Cash advance / payday loan 4 Student Loan 5 Personal loan / line of credit (not secured) 6 Deficiency (foreclosure/ repossession) 7 Other: _____ If a credit card: Date of last use _____ If within 90-days, total amount charged in last 90-days? _____ Date of last payment _____</p>	<p>1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and <u>Address</u>: 3. Account Number, if any: 4. Date/range of dates when debt was incurred or when account was opened: 5. <u>Name and address</u> of any Collection Agency also attempting to collect this debt:</p>	<p>Is there a co-debtor or co-signer on this loan? No Yes If yes, please provide name and address: Do you Dispute the debt? No Yes</p>	

SCHEDULE G – EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include car lease, rent to own, property lease, gym memberships, cell phones, business equipment, etc. State nature of **debtor’s interest in contract**, i.e. “Purchaser,” “Agent,” etc. State whether debtor is lessor or lessee of a lease.

Car Lease is listed on Schedule B

I have no Executory Contracts or Unexpired Leases other than car listed on Schedule B

Leased from:	<u>For Office Use Only:</u> <u>Exemptions:</u>
Address:	
City, State, Zip:	
Description of Contract/Lease:	
Non-residential or real property?:	
State Contract Number, if Applicable:	
Lease Will Be: <input type="checkbox"/> Rejected <input type="checkbox"/> Assumed	

Leased from:	<u>For Office Use Only:</u> <u>Exemptions:</u>
Address:	
City, State, Zip:	
Description of Contract/Lease:	
Non-residential or real property?:	
State Contract Number, if Applicable:	
Lease Will Be: <input type="checkbox"/> Rejected <input type="checkbox"/> Assumed	

SCHEDULE H –
CO-DEBTOR

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides 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 the **debtor’s spouse and of any former spouse who resides or resided** with the debtor in the community property state, and include any other names used by the debtor.

___ I have no Co-debtors

Co-debtor Name:	<u>For Office Use Only:</u> <u>Exemptions:</u>
Address:	
City, State, Zip:	
Name of Creditor/Debt:	
Address:	
City, State, Zip:	

Co-debtor Name:	<u>For Office Use Only:</u> <u>Exemptions:</u>
Address:	
City, State, Zip:	
Name of Creditor/Debt:	
Address:	
City, State, Zip:	

SCHEDULE I –
CURRENT INCOME OF INDIVIDUAL DEBTORS

The Spouse income MUST be completed in all cases filed by joint debtors and by a married debtor in Chapter 7 whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Debtor

Occupation:	<u>For Office Use Only:</u>
Name of Employer:	
How Long Employed:	
Address of Employer:	
Second Job Information:	

Spouse

Occupation:	<u>For Office Use Only:</u>
Name of Employer:	
How Long Employed:	
Address of Employer:	
Second Job Information:	

Dependents of Debtor and Spouse

Relationship		Age		<u>For Office Use Only:</u>
Relationship		Age		
Relationship		Age		
Relationship		Age		

Income: (Estimate of average monthly income)

DEBTOR

CO-DEBTOR

1.	Current monthly gross wages, salary, and commissions (prorate if not paid monthly)		
2.	Estimate monthly overtime		
3.	Subtotal		
4.	Less payroll deductions		
4a.	Payroll taxes and social security		
4b.	Insurance		
4c.	Union Dues		
4d.	Other (specify)		
5.	Subtotal of payroll deductions		
6.	Total net monthly take home pay		
7.	Regular income from operation of business or profession or farm (attach detailed statement		
8.	Income from real property		
9.	Interests and dividends		
10.	Alimony, maintenance or child support payments		
11.	Social security or government assistance (specify)		
12.	Pension or retirement income		
13.	Other monthly income (specify)		
14.	Subtotal of lines 7 through 13		
15.	Total monthly income (add amounts shown on lines 6 and 14)		

Describe any increase or decrease in income reasonably anticipated to occur with the year following the filing of this document:

Total combined monthly income (add both lines 15 from above): \$ _____

SCHEDULE J – CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

___ Check here if a joint petition is filed and debtor's spouse maintains a separate household. *If checked, complete the second list of expenditures listed below as "spouse."*

1.	Rent or home mortgage payment (include lot rented for mobile homes) 1a. Are real estate taxes included? _____ Yes; _____ No. 1b. Is insurance included? _____ Yes; _____ No.	
2.	Utilities: 2a. Electricity and heating fuel 2b. Water and sewer 2c. Telephone 2d. Other (specify)	Do not write in this space
3.	Home maintenance (repairs and upkeep)	
4.	Food	
5.	Clothing	
6.	Laundry and dry cleaning	
7.	Medical and dental expenses (out of pocket- not insurance)	
8.	Transportation (not including car payments)	
9.	Recreation, clubs and entertainment, newspapers, magazines, etc.	
10.	Charitable contributions	
11.	Insurance (not deducted from wages or included in home mortgage payments): 11a. Homeowner's and renter's 11b. Life 11c. Health 11d. Auto 11e. Other (specify)	Do not write in this space

12.	Taxes (not deducted from wages or included in home mortgage payments) (specify)	
13.	Installment payments:	Do not write in this space
	13a. Auto	
	13b. Other (specify)	
	13c. Other (specify)	
14	Alimony, maintenance, and support paid to others	
15	Payments for support of additional dependents not living at your home	
16	Regular expenses from operation of business, profession, or farm (attach detailed statement)	
17	Other (specify)	
18	TOTAL MONTHLY EXPENSES	

Describe any increase or decrease in expenses reasonably anticipated to occur with the year following the filing of this document

SPOUSE (Only complete if your spouse keeps a separate home.)

1.	Rent or home mortgage payment (include lot rented for mobile homes) 1a. Are real estate taxes included? _____ Yes; _____ No. 1b. Is insurance included? _____ Yes; _____ No.	
2.	Utilities: 2a. Electricity and heating fuel 2b. Water and sewer 2c. Telephone 2d. Other (specify)	Do not write in this space
3.	Home maintenance (repairs and upkeep)	
4.	Food	
5.	Clothing	
6.	Laundry and dry cleaning	
7.	Medical and dental expenses	
8.	Transportation (not including car payments)	
9.	Recreation, clubs and entertainment, newspapers, magazines, etc.	
10.	Charitable contributions	
11.	Insurance (not deducted from wages or included in home mortgage payments): 11a. Homeowner's and renter's 11b. Life 11c. Health 11d. Auto 11e. Other (specify)	Do not write in this space
12.	Taxes (not deducted from wages or included in home mortgage payments) (specify)	

13.	Installment payments: 13a. Auto 13b. Other (specify) 13c. Other (specify)	Do not write in this space
14.	Alimony, maintenance, and support paid to others	
15.	Payments for support of additional dependents not living at your home	
16.	Regular expenses from operation of business, profession, or farm (attach detailed statement)	
17.	Other (specify)	
18.	TOTAL MONTHLY EXPENSES	

Describe any increase or decrease in expenses reasonably anticipated to occur with the year following the filing of this document

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed, professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

1. List income from employment and businesses for this year and the past 2 previous years. This information will be located on their taxes. Read the lines of the taxes carefully to find this information. Do NOT list any other income in #1. If they had to file taxes, but lost them, then send a 4506-T, tax transcript, (Office use only – get it from the IRS website or Barb) to the IRS.

Income 2011:	Source:	<u>For Office Use Only:</u>
Income 2010:	Source:	
Income 2009:	Source:	

2. List income from any other source (use taxes) OTHER than income from employment for the past 2-years only. If they do not NEED to file taxes, then fill out a declaration for non-filing (Office use only – go to Start, My Network Places, Master on Server, Forms, Client Forms, Declaration for Non-Filing).

Income 2011:	Source:	<u>For Office Use Only:</u>
Income 2010:	Source:	
Income 2009:	Source:	

3. Have you paid any creditor more than \$600.00 total in the past three (3) months to any one creditor? ____Yes; ____No. If YES, please list below mortgage, car, credit card payments, etc., which totaled \$600.00 or more to any one creditor over the past three (3) months:

Amount Pd.: \$	Creditor:	Amount Still Owed:
Amount Pd.: \$	Creditor:	
Amount Pd.: \$	Creditor:	

3a. If you have primarily business debts, list all payments you have made to creditors within the last ninety (90) days that were more than \$5,000.00.

Amount: \$	Creditor:	For Office Use Only:
Amount: \$	Creditor:	
Amount: \$	Creditor:	

3b. Have you paid any friend or relative any funds for a re-payment of debt in the past three (3) months, other than cash? _____Yes; _____No. If YES, please list below:

Amount: \$	Creditor:	For Office Use Only:
Amount: \$	Creditor:	
Amount: \$	Creditor:	

4. Is any one suing you or are you suing anyone? _____Yes; _____No. If YES, please list below:

Use information from lawsuit papers. Description **of proceeding is “Damages” or “Foreclosure”.** **The Status or Disposition is either “Pending” or “Judgment”.** (*Office use only – make sure creditor is listed in D, E, or F, unless client repaid debt or no deficiency. IF they are suing someone, then the lawsuit must ALSO go in Schedule B as an asset.*) List the value if you have one, or unknown, apply exemptions.

Case Number:	For Office Use Only:
Court:	
Description of Proceeding:	
Status/Disposition:	

Case Number:	For Office Use Only:
Court:	
Description of Proceeding:	
Status/Disposition:	

5. Have you have anything repossessed or foreclosed in the past year? (*Office use only – make sure creditor is listed in D, E, or F, unless client repaid debt or no deficiency.*) _____Yes; _____No. If YES, please list below:

Creditor:	<u>For Office Use Only:</u>
Description of Property:	
Date:	

Creditor:	<u>For Office Use Only:</u>
Description of Property:	
Date:	

6. Have you given any property to a creditor instead of paying them in the past year? Meaning, if you owned a car free and clear, but gave it to Capital One in agreement that your debt would be paid/forgiven. _____Yes; _____No. If YES, please list below:

Creditor:	<u>For Office Use Only:</u>
Description of Property:	
Date:	

Creditor:	<u>For Office Use Only:</u>
Description of Property:	
Date:	

7. Describe any assignment or property given to creditors in the form of debt re-payment within the past one hundred-twenty (120) days.

Name and Address of Assignee:	<u>For Office Use Only:</u>
Date:	
Terms of Assignment:	

8. List all property which has been in the hands of a custodian, receiver, or court-appointed official within the past year.

Name and Address of Assignee:	<u>For Office Use Only:</u>
Date:	
Court and Case Number:	
Description/Value of Property:	

9. Have you given any gifts to any person church or charity in the past year? _____Yes; _____No. If YES, please list below: (*Office use only – make sure amounts are similar to J line #10 or a reason why different such as significant increase/decrease in income, etc.*)

Name and Address:	<u>For Office Use Only:</u>
Relationship to Debtor:	
Date of Gift:	
Description/Value of Gift:	

10. Have you suffered any losses from theft, fire, auto accident, medical malpractice, and/or gambling within the past year? _____Yes; _____No. If YES, please list below: (*Office use only – if pending medical malpractice, auto accident, or other claim, also need to list as an asset in Schedule B.*)

Description/Value of Property:	<u>For Office Use Only:</u>
Circumstances of Loss/Date:	
Amount Covered by Insurance: \$	

11. Have you paid any other law office, other than this one for bankruptcy or debt consolidation in the past year? _____Yes; _____No. If YES, please list below:

Name and Address:	<u>For Office Use Only:</u>
Date of Payment:	
Name of Payer if Other Than Debtor:	
Amount: \$	

12. Have you sold anything worth \$500.00 or more within the past year? (They are looking for titled assets such as cars, boats, motors, trucks and trailers.) _____Yes; _____No. If YES, please list below:

Name and Address:	<u>For Office Use Only:</u>
Relationship to Debtor:	
Date:	
Description/Value of Property:	

13. List all property transferred by the debtor in the last ten (10) years to a self-settled trust or similar device of which the debtor is a beneficiary.

Name of Trust or Other Device:	<u>For Office Use Only:</u>
Date:	
Amount/Description of Property:	

14. Have you closed any financial accounts in the past year such as bank, retirement accounts, CDs, etc.? _____Yes; _____No. If YES, please list below:

Name/Address of Institution:	<u>For Office Use Only:</u>
Type of Account/Account #:	
Final Balance: Date closed:	

15. Have you had a safety deposit box in the past year? _____Yes; _____No. If YES, please list below:

Name of Bank:	<u>For Office Use Only:</u>
Name(s)/Address(es) of Those with Access:	
Description of Contents:	
Date of Transfer if Any:	

16. Has anyone garnished your checking, savings, other accounts in the past three (3) months? _____Yes; _____No. If YES, please list below:

Creditor:	<u>For Office Use Only:</u>
Date/Amount of Setoff:	

17. Are you holding any property for anyone else? **Anyone's furniture in your house, cars/boats in your driveway, etc.,** that you are storing for another person? _____Yes; _____No. If YES, please list below:

Name/Address of Owner:	<u>For Office Use Only:</u>
Description/Value of Property:	
Location of Property:	

18. Have you lived at your current address for at least three (3) years? _____Yes; _____No. If NO, please list prior address(es) below:

Address:	<u>For Office Use Only:</u>
Name Used:	
Date(s) of Occupancy:	

19. Have you been married to anyone else outside the state of Florida in the past six (6) years? _____Yes; _____No.

If YES, list name of spouse, date of marriage, and the state married in?

Name of Spouse:	Date of Marriage:	State:	<u>For Office Use Only:</u>

20. Have you violated any environmental laws? _____ Yes; _____ No. If YES, describe:

21. Have you owned a business in the past six (6) years? _____Yes; _____No. If YES, we will contact you for further information.

MEANS TEST B22

Type of Filing: _____

of Dependents: _____

Source of income: Husband or Wife	Month 1 (last month)	Month 2 (2 months ago)	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	For Office Use Only

Payroll deductions:

- Insurance
- Taxes
- Union
- 401k loans
- Mandatory retirement

Domestic Support Obligations – Alimony or Child Support

Other Court ordered payments

- Child Care
- Care of Elderly or Disabled
- Insurance not deducted from income check (life, disability, health)
- HSA
- Education for minor child
- Retirement contributions
- Taxes and insurance if not included in mortgage on property you are keeping
- Monthly out-of-pocket Medical expenses (what insurance does not cover/co-pays and rx)
- Business/employment related expenses (reflected on tax returns)
- Number of Cars 1 or 2
- How many are financed
- Any over 5 years, 60k miles

Priority claims

- Special Circumstances
- Marital Adjustment?