

Client Questionnaire For Non-Business Debtor

Section 1 Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____

Have you used any other names in the past eight years? No Yes *If yes, list other names:*

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least 730 days (2 years)? No Yes

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

Address: _____

City: _____ State: _____ Zip: _____

County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B. Name and Address of Spouse

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

Name: _____
Last First Middle

Has your spouse used any other names in the past eight years? No Yes *If yes, list other names:*

Social Security Number: _____ - _____ - _____

Address: *(if different from your address):* _____

City: _____ State: _____ Zip: _____ County: _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part C. Prior/Pending Bankruptcy Cases

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

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

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouses business? No Yes

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

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes (If yes, please attach a list and description of the property.)

Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2 - Property

Part 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, or Joint	Market Value	Your % ownership of cash amount if you and spouse are not sole owners	List all mortgages, home equity loans, and liens. What is the amount 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)
Home				1st Mortgage Company - Payoff Amount - \$
				2nd Mortgage Company - Payoff Amount - \$
Second Property				1st Mortgage Company - Payoff Amount - \$
Vacant Land				Lien Holder
Time Share				Lien Holder
Burial Plot				Lien Holder

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 Community	Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts. Include all accounts that you are on for estate planning.		Checking Account - Checking Account - Savings Account -			
3. Security deposits held by utility companies, cellular phone companies and landlord					
4. Household goods, furniture, including audio, video, and computer equipment		washer, dryer, stove, refrigerator, freezer, microwave, dishwasher, small appliances, dishes, pots & pans, utensils, table and chairs, bar stools, hutch/china cabinet, curio cabinet, book shelves, couch & chairs, televisions, vcr & dvd player, entertainment center, computer, desk, end tables and coffee table, stands, beds, dressers, nightstands, lamps, patio set, misc hand tools, lawn mower, stereo, etc. YOU MUST LIST ALL ITEMS THAT YOU OWN			

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		Complete Attached Household Goods List			
6. Clothing		Complete Attached Household Goods List			
7. Furs and jewelry		Complete Attached Household Goods List			
8. Sports, photographic, hobby equipment, firearms		Complete Attached Household Goods List			
9. Interest in insurance policies-specify refund or cancellation value (Life Insurance)					
10. Annuities					
11. Interests in an Education IRA, as defined in 26 USC § 530(b)(1) MESP (Michigan Education Savings Plans)					
12. Interests in pension or profit sharing plans IRA, 401K etc.					

Type of Property	Yes/ No	Description & Location	Husband Wife Joint Community	Value	Office Use Only Exemptions?
13. Stock and interests in incorporated/unincorporated business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts receivable Does anyone owe you money? Are you waiting for payment for work you have done?					
17. Alimony/family (child) support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests or life estates Are you going to inherit anything?					
20. Interests in estate of decedent or life insurance plan or trust					

Type of Property	Yes/ No	Description & Location	Husband, Wife Joint Community	Value	Office Use Only Exemptions?
21. Other contingent/ unliquidated claims, including tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation (List of names you could sell)					
25. Automobiles, trucks, trailers, and accessories. (year, make, model, mileage)					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies (other than home computer)					
29. Machinery, fixtures etc. for business (tools used for employment)					
30. Inventory (business related)					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
31. Animals (dogs, cats, rabbits, hamsters etc.)					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					
35. Other personal property of any kind not listed. ie.) Mobile Home, Jet Ski, Motorcycle, 4 Wheeler, snowmobile, camper, Misc.					

Section 3 Debts

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

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	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.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/mortgages					D	
Car loans					D	
Other bank loans						
Personal loans					F	
Student loans					F	
Major credit card debts (Visa, Am Ex, Mastercard, Discover)						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	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.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards, (Visa, Am Ex, Mastercard, Discover) continued					F	
Department store credit card debts (ie) Lowes, Home Depot, JC Penny, etc.						
Other credit card debts (Gas cards, phone cards, etc.)						
Unpaid medical bills						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	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.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid rent/mortgage						
Unpaid taxes						
Property or Income						
Unpaid alimony or child support						
Unpaid service fees						
All other unpaid debts/bills including Utility Bills						

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
Cellular Phone	Verizon, Nextel, Sprint, AT &T/ Cingular	Expires:
Land Contract/Leased Apartment		Expires:
Leased Auto		Expires:
Storage Unit - Television Contract Internet Contract		Expires:

Section 5 Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

Name	Age	Relationship

Part A. Debtor's Income

1. What is your occupation? _____
2. Name and address of your employer:

3. How long have you been employed there? _____
4. What is the gross amount of your paycheck, before taxes/other deductions are taken out? \$ _____
5. How often do you get paid? once a week
 every two weeks twice a month
 once a month other _____

Complete the below questions with your estimate of monthly averages.

6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____
7. How much is taken out of each paycheck for taxes and social security? \$ _____
8. How much is taken out for insurance? \$ _____
9. How much for union dues? \$ _____
10. Are there other deductions? If so, what are they and how much? _____

Do you receive

- a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Do you have any other sources of income not listed?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

Part B. Joint Debtor's Income

1. What is your spouse's occupation? _____
2. Name and address of your spouse's employer:

3. How long employed there? _____
4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ _____
5. How often does your spouse get paid? once a week
 every two weeks twice a month once a month other _____

Complete the below questions with your estimate of monthly averages.

6. Does your spouse receive overtime pay outside of your salary? How much per month? \$ _____
7. How much is taken out of each paycheck for taxes and social security? \$ _____
8. How much is taken out for insurance? \$ _____
9. How much for union dues? \$ _____
10. Are there other deductions? If so, what are they and how much? _____

Does your spouse receive

- a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
- b) income from real estate property? If so, how much per month? No Yes \$ _____
- c) interest or dividends? If so, how much per month? No Yes \$ _____
- d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month? No Yes \$ _____
- e) social security or other forms of monetary government assistance? No Yes \$ _____
- f) retirement or pension money? No Yes \$ _____

Does your spouse have any other income not listed?

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.							
Other sources not already mentioned. Specify:							

Section 6 Current Expenses

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

- | | |
|--|----------|
| 1. your rent or your home mortgage | \$ _____ |
| Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 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 month? | |
| a. Cellular Phone _____ | \$ _____ |
| b. Cable/Satellite _____ | \$ _____ |
| c. Trash Pick-Up _____ | \$ _____ |
| d. Internet _____ | \$ _____ |
| e. Water Softner _____ | \$ _____ |
| 6. home maintenance, including repairs and general upkeep | \$ _____ |
| 7. food | \$ _____ |
| 8. clothing | \$ _____ |
| 9. laundry and dry cleaning | \$ _____ |
| 10. medical and dental expenses | \$ _____ |
| 11. transportation/gas for autos etc. (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 (property taxes, back taxes etc) | \$ _____ |
| 16. installment payments for car, furniture, etc. (Specify) | |
| Auto #1 _____ | \$ _____ |
| Auto #2 _____ | \$ _____ |
| 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 repayment)
_____ \$ _____
_____ \$ _____
- 31. other expenses not listed above _____ \$ _____
 - Cigarettes _____ \$ _____
 - Pet food/Care _____ \$ _____
 - License Plate Tabs _____ \$ _____
 - Hair Cuts _____ \$ _____
 - Personal Care _____ \$ _____
 - debt repayments for non-filing spouse _____ \$ _____
 - other _____ \$ _____

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

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:

NONE

Period	\$ Amount	Source	Husband/Wife
January 1 of this year through date of commencement of case 2008			
Last year, (January 1 - December 31) 2007			
The year before last, (January 1 - December 31) 2006			

2. Income other than from employment 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			
Year before last			

3. Payments to creditors

- a. *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
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b. If your debts are **not** primarily consumer debts, list each payment or other transfer, aggregating more than \$5,000 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

<u>Name and Address of Creditor</u>	<u>Date of Repossession, Foreclosure, Transfer or Return</u>	<u>Description and Value of Property</u>
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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

<u>Name and Address of Assignee</u>	<u>Date of Assignment</u>	<u>Terms of Assignment/Settlement</u>
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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

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

<u>Name and Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description and Value of Gift</u>
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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 of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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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 of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/ Description and Value of Property
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Great Lakes Legal Team			\$	
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Cricket Debt Counseling	Paid through retainer			\$0.00
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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 and Relationship to you	Date of Transfer	Description of Property Transferred and Value Received
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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 Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
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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

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

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

<u>Name and Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
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14. Property held for another person

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

NONE

<u>Name and Address of Owner</u>	<u>Description and Value of Property</u>	<u>Location of Property</u>
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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

<u>Address</u>	<u>Your Name at the Time</u>	<u>Dates of Occupancy</u>
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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

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

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

Name and Address _____ Dates Services Rendered _____

- 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

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (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

Name and Address	Title	Nature and Percentage 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
_____	_____	_____

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

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

<u>Name of Parent Corporation</u>	<u>Taxpayer Identification Number</u>
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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

<u>Name of Pension Fund</u>	<u>Taxpayer Identification Number</u>
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Household Goods & Furnishings

You **must** include your dependant's furniture and belongings.

ITEM	HOW MANY DO YOU OWN	RESALE VALUE
Washer		
Dryer		
Stove		
Refrigerator		
Freezer		
Microwave		
Dishwasher		
Small Appliances, Dishes, pots, pans, utensels, etc.	Only Value Req.	
Table and Chairs		
Bar stools		
Hutch/China Cabinet		
Curio Cabinets		
Bookshelves		
Couches		
Chairs		
Televisions		
VCRs		
DVD Players		
Entertainment Centers		
Computer		
Desk		
End tables/coffee tables		
Stands		
Beds		
Dressers		
Night stands		
Lamps		
Patio Set		
Lawnmowers		
Stereo/Audio equipment (please specify)		
Hand tools		

Power tools (please list) i.e. table saw, air compressor, chop saw, etc.		
Books		
Pictures		
Art Objects		
CDs/DVDs		
Collectibles		
Clothing	Only Value Req.	
Firearms (Type)		
Camcorder		
Camera		
Sports/ Hobby Equipment (i.e. Bicycles, Golf clubs, bowling, fishing etc. Pool tables, hockey equip.	Please list each item seperately with a value	
Workout equipment (weights, exercise bike, etc)		
Animals (Type i.e. Dogs/cats)		
Misc.		

Jewelry: Husband Wife & Dependants

Furs		
Watches		
Rings		
Earrings		
Bracelets		
Necklaces		
Pins		
Costume		

**** Household goods are not limited to list above . Please include ALL items in your household.****

REQUIRED DOCUMENTS

Name: _____

Date: _____

_____ 2006 Tax Return
_____ 2007 Tax Return

_____ 60 days of Pay Advices
_____ Debtor 1
_____ Debtor 2
_____ Child Support Documentation

_____ Mortgage 1 _____ Payoff Statement
_____ Mortgage 2 _____ Payoff Statement
_____ Deed
_____ SEV/Tax Statement

_____ Title to Auto 1 _____ Payoff Statement
_____ Title to Auto 2 _____ Payoff Statement
_____ Title to Auto 3 _____ Payoff Statement
_____ Registration to Leased Auto _____ Payoff Statement
_____ Recreational vehicles _____ Payoff Statement

_____ 401 K/ Stock/Life Insurance
_____ Life Insurance Cash Value

_____ Burial Plot Deed/Docs
_____ Judgment of Divorce