

# LAW OFFICE OF MARJI HANSON, P.C.

352 SOUTH DENVER STREET, SUITE 240

SALT LAKE CITY, UTAH 84111

PHONE: (801) 478-0479

FAX: (801) 665-1817

EMAIL: [marji.hanson@utahbkllaw.com](mailto:marji.hanson@utahbkllaw.com)

## CLIENT QUESTIONNAIRE

### INSTRUCTIONS:

Please complete the attached questionnaire as accurately as possible. Federal law requires that we notify you that all information that you give to us and which is included in the bankruptcy petition and the case must be complete, accurate and truthful to the best of your knowledge. You must list all assets (everything you have in your possession or money you expect to receive) and all debts. Even if you still owe money to a creditor, the property you are paying for is still in your possession and its value must be disclosed. When listing the value of your personal property, please list the “garage sale” value and not what it would cost you to replace the property if lost or destroyed.

Do not leave any blanks. If a question does not apply to you, check the “√ NONE” box or write “N/A” next to the corresponding question.

With regards to your debts:

- Please obtain a credit report from one of the three credit reporting bureaus. You can get free annual copies at [www.freecreditreport.com](http://www.freecreditreport.com). Realize that many credit reports contain errors and certain debts may not be reported to the credit bureaus. Therefore, it is also necessary for you to provide a complete list of anyone to whom you owe money or payment, even if you dispute the claim for payment.
- When names and addresses are requested, please provide detailed information. It is very important to make sure notifications are sent to the correct parties.
- Please provide us with the date you incurred the debt. The date the debt was incurred is easy for items like home or car loans, but for revolving credit card balances, the best you can do is try to remember the last time you received a cash advance or used the credit line to purchase services or merchandise.
- Estimate balances on outstanding accounts as closely as possible, but you don't have to be accurate to the penny, interest accrues daily.
- Do your best to provide all requested information for both the original creditor as well as any collection agency that has been assigned to the account.
- If you have been sued, please provide us with a copy of the last pleading filed in the State Court.
- ***Do not omit any of your bills or debts.*** Notify us of any particular debts you are interested in paying after bankruptcy.

**HUSBAND (OR SELF, IF NOT MARRIED)**

**WIFE**

FIRST NAME	MIDDLE NAME	LAST NAME	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> ___	FIRST NAME	MIDDLE NAME	LAST NAME	
------------	-------------	-----------	---	------------	-------------	-----------	--

OTHER NAMES USED WITHIN LAST 8 YEARS	OTHER NAMES USED WITHIN LAST 8 YEARS
--------------------------------------	--------------------------------------

SOCIAL SECURITY NUMBER (LIST ALL IF MORE THAN ONE)	SOCIAL SECURITY NUMBER (LIST ALL IF MORE THAN ONE)
--	--

STREET ADDRESS	APT. NO.	STREET ADDRESS	APT. NO.
----------------	----------	----------------	----------

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
------	-------	----------	------	-------	----------

COUNTY OF RESIDENCE	LENGTH OF TIME AT CURRENT ADDRESS	COUNTY OF RESIDENCE	LENGTH OF TIME AT CURRENT ADDRESS
---------------------	-----------------------------------	---------------------	-----------------------------------

MAILING ADDRESS (IF DIFFERENT)	APT. NO.	MAILING ADDRESS (IF DIFFERENT)	APT. NO.
--------------------------------	----------	--------------------------------	----------

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
------	-------	----------	------	-------	----------

HOME TELEPHONE ( ) ( )	WORK TELEPHONE ( ) ( )	HOME TELEPHONE ( ) ( )	WORK TELEPHONE ( ) ( )
---------------------------	---------------------------	---------------------------	---------------------------

CELLULAR TELEPHONE ( ) ( )	E-MAIL ADDRESS	CELLULAR TELEPHONE ( ) ( )	E-MAIL ADDRESS
-------------------------------	----------------	-------------------------------	----------------

BEST NUMBER & TIME TO CONTACT (CHECK) <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELLULAR TIME: _____ AM/PM	BEST NUMBER & TIME TO CONTACT (CHECK) <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELLULAR TIME: _____ AM/PM
--	--

DATE OF BIRTH	CAN YOU RECEIVE COMMUNICATIONS BY E-MAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	CAN YOU RECEIVE COMMUNICATIONS BY E-MAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------	---	---------------	---

HAVE YOU EVER FILED FOR BANKRUPTCY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: WHEN _____ WHAT CHAPTER? _____	HAVE YOU EVER FILED FOR BANKRUPTCY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: WHEN _____ WHAT CHAPTER? _____
---	---

MARITAL STATUS (CHECK ONE): <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	HAVE YOU RESIDED IN THE SAME COUNTY FOR THE LAST 180 DAYS (6 MONTHS)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: WHERE DID YOU LIVE PRIOR? _____
---	--

**FOR ATTORNEY USE ONLY**

CASE CHAPTER: <input type="checkbox"/> 7 <input type="checkbox"/> 13	ATTORNEY SIGNING PETITION _____
--	---------------------------------

PARTIES: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT	BAR NUMBER _____
---	------------------

ATTORNEY FEE (FOR COMPENSATION STATEMENT) \$ _____	REQUESTED PETITION DATE: _____ / _____ / _____
--	--

ATTORNEY FEE (PAID PRIOR TO FILING) \$ _____	STATE OR FEDERAL EXEMPTIONS? <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL
WHO PAID THE ATTORNEY FEES? <input type="checkbox"/> DEBTORS <input type="checkbox"/> OTHER _____	RUSH CIRCUMSTANCES: <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> LAWSUIT <input type="checkbox"/> GARNISHMENT <input type="checkbox"/> OTHER
FILING FEE PAID BEFORE FILING? <input type="checkbox"/> YES <input type="checkbox"/> NO	DISTRICT? _____ DIVISION? _____

## YOUR REAL PROPERTY

- YES  NO DO YOU OWN ANY REAL PROPERTY (HOUSE, DUPLEX, TOWNHOME, CONDO, COOPERATIVE, ETC.)? IF YES, COMPLETE THIS SECTION.
- YES  NO DO YOU RENT? IF YES, SKIP THE SECTION LABELED "YOUR REAL ESTATE" AND GO TO "YOUR PERSONAL PROPERTY".
- YES  NO DO YOU OWN A MOBILE HOME? IF YES, SKIP THE SECTION LABELED "YOUR REAL ESTATE" AND GO TO "YOUR MOBILE HOME".

TYPE OF REAL PROPERTY: (CHECK ONE)

- SINGLE FAMILY HOME  TOWNHOME/DUPLEX  MULTI-FAMILY HOME  CONDOMINIUM  CO-OPERATIVE  TIMESHARE  VACANT LAND  FARM LAND

DESCRIPTION OF PROPERTY (EXAMPLE: 1,950 SQUARE FOOT, 3 BEDROOM, 2 1/2 BATH, SPLIT LEVEL, 2 CAR ATTACHED GARAGE ON 1 ACRE LOT):

DESCRIPTION OF PROPERTY (CONTINUED)

ADDRESS OF PROPERTY:

ESTIMATED FAIR MARKET VALUE:

\$

# OF PEOPLE ON TITLE

NAMES OF INDIVIDUALS ON TITLE:

DO YOU CURRENTLY LIVE HERE?

MONTH & YEAR PROPERTY PURCHASED

- YES  NO

MORTGAGE	MORTGAGE NAME:			ACCOUNT NUMBER		
	MAILING ADDRESS:			CITY	STATE	ZIP CODE
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$	MONTHLY PAYMENT: \$ /MO	INTEREST RATE:	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT? TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR	
	INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER	ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BEHIND, NUMBER OF PAYMENTS?	AMOUNT TO CATCH UP ON PAYMENTS?	HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

2 <sup>ND</sup> MORTGAGE / EQUITY LINE	2 <sup>ND</sup> MORTGAGE / EQUITY LINE NAME:			ACCOUNT NUMBER		
	MAILING ADDRESS:			CITY	STATE	ZIP CODE
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$	MONTHLY PAYMENT: \$ /MO	INTEREST RATE:	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT? TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR	
	INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER	ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BEHIND, NUMBER OF PAYMENTS?	AMOUNT TO CATCH UP ON PAYMENTS?	HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

3 <sup>RD</sup> MORTGAGE / LIEN / HOMEOWNERS ASSOCIATION	3 <sup>RD</sup> MORTGAGE / LIEN / HOMEOWNERS ASSOCIATION NAME:			ACCOUNT NUMBER		
	MAILING ADDRESS:			CITY	STATE	ZIP CODE
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$	MONTHLY PAYMENT: \$ /MO	INTEREST RATE:	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT? TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR	
	INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER	ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BEHIND, NUMBER OF PAYMENTS?	AMOUNT TO CATCH UP ON PAYMENTS?	HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## YOUR MOBILE HOME

DESCRIPTION OF MOBILE HOME (EXAMPLE: 28X40 DOUBLEWIDE, 2 BEDROOM, 1 BATH, ON WHEELS WITH SKIRTING AND STEPS AND 1 OUTBUILDING SHED SITUATED IN MOBILE HOME PARK):

NAMES ON TITLE OR DEED:	ADDRESS:	CITY	STATE	ZIP CODE
-------------------------	----------	------	-------	----------

ESTIMATED VALUE: \$	HAVE THE WHEELS BEEN REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS IT IN A MOBILE HOME PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO LOT RENT: \$ _____	IS IT ATTACHED TO LAND YOU OWN? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU MAKE SEPARATE PAYMENTS FOR THE GROUND YOUR HOME SITS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
------------------------	---	--	--

MORTGAGE / LOAN	MORTGAGE / LOAN NAME:		ACCOUNT NUMBER:			
	MAILING ADDRESS:		CITY	STATE	ZIP CODE	
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$	MONTHLY PAYMENT: \$ /MO	INTEREST RATE	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT? TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR	
	INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER	ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BEHIND, NUMBER OF PAYMENTS?	AMOUNT TO CATCH UP ON PAYMENTS?	HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## YOUR PERSONAL PROPERTY [Helpful Hint: List it or lose it] TOTAL USED VALUE

1	CASH ON HAND (PLEASE LIST THE AMOUNT OF CASH YOU POSSESS):	<input type="checkbox"/> NONE	\$ _____
---	--	-------------------------------	----------

2	BANK ACCOUNTS (PLEASE LIST ALL OPEN BANK ACCOUNTS AND BALANCES):	<input type="checkbox"/> NONE										
	<table style="width: 100%;"> <tr> <td style="width: 30%;">TYPE OF ACCOUNT:</td> <td style="width: 30%;">NAME OF BANK:</td> <td style="width: 30%;">ACCOUNT NUMBER:</td> </tr> <tr> <td><input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD</td> <td><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT</td> <td></td> </tr> </table>	TYPE OF ACCOUNT:	NAME OF BANK:	ACCOUNT NUMBER:	<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING	_____	_____	<input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT		\$ _____	
	TYPE OF ACCOUNT:	NAME OF BANK:	ACCOUNT NUMBER:									
<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING	_____	_____										
<input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT											
<table style="width: 100%;"> <tr> <td style="width: 30%;">TYPE OF ACCOUNT:</td> <td style="width: 30%;">NAME AND ADDRESS OF BANK:</td> <td style="width: 30%;">ACCOUNT NUMBER:</td> </tr> <tr> <td><input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD</td> <td><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT</td> <td></td> </tr> </table>	TYPE OF ACCOUNT:	NAME AND ADDRESS OF BANK:	ACCOUNT NUMBER:	<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING	_____	_____	<input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT		\$ _____		
TYPE OF ACCOUNT:	NAME AND ADDRESS OF BANK:	ACCOUNT NUMBER:										
<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING	_____	_____										
<input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT											

3	SECURITY DEPOSITS (PLEASE LIST ALL SECURITY DEPOSITS HELD BY LANDLORDS, UTILITY COMPANIES, TELEPHONE COMPANIES, ETC.)	<input type="checkbox"/> NONE	
	LANDLORD: _____	AMOUNT OF DEPOSIT: \$ _____	
	UTILITY: _____	AMOUNT OF DEPOSIT: \$ _____	
	UTILITY: _____	AMOUNT OF DEPOSIT: \$ _____	

4	HOUSEHOLD GOODS AND FURNISHINGS (PLEASE PLACE A CHECK MARK NEXT TO THE ITEMS YOU OWN ALONG WITH A USED GARAGE SALE VALUE)				TOTAL USED VALUE \$ _____
	<input type="checkbox"/> COUCH(S) (QUANTITY) _____	USED VAL \$ _____	<input type="checkbox"/> REFRIGERATOR / FREEZER	USED VAL \$ _____	
	<input type="checkbox"/> LOVESEAT(S) (QUANTITY) _____	USED VAL \$ _____	<input type="checkbox"/> FREEZER	USED VAL \$ _____	
	<input type="checkbox"/> TELEVISION 1 (DESCRIBE) _____	USED VAL \$ _____	<input type="checkbox"/> STOVE / RANGE	USED VAL \$ _____	
	<input type="checkbox"/> TELEVISION 2 (DESCRIBE) _____	USED VAL \$ _____	<input type="checkbox"/> MICROWAVE	USED VAL \$ _____	
	<input type="checkbox"/> TELEVISION 3 (DESCRIBE) _____	USED VAL \$ _____	<input type="checkbox"/> DISH WASHER	USED VAL \$ _____	
	<input type="checkbox"/> TELEVISION 4 (DESCRIBE) _____	USED VAL \$ _____	<input type="checkbox"/> WASHING MACHINE	USED VAL \$ _____	
	<input type="checkbox"/> ENTERTAINMENT CENTER / TV CABINET	USED VAL \$ _____	<input type="checkbox"/> CLOTHES DRYER	USED VAL \$ _____	
	<input type="checkbox"/> DVD PLAYER (QUANTITY) _____	USED VAL \$ _____	<input type="checkbox"/> DISHES / FLATWARE	USED VAL \$ _____	
	<input type="checkbox"/> VHS PLAYER	USED VAL \$ _____	<input type="checkbox"/> CHINA / SILVERWARE	USED VAL \$ _____	
	<input type="checkbox"/> PERSONAL COMPUTER / PRINTER	USED VAL \$ _____	<input type="checkbox"/> POTS / PANS / COOKWARE	USED VAL \$ _____	
	<input type="checkbox"/> STEREO	USED VAL \$ _____	<input type="checkbox"/> BED (QUANTITY) _____	USED VAL \$ _____	
	<input type="checkbox"/> VIDEO GAME SYSTEM	USED VAL \$ _____	<input type="checkbox"/> DRESSER(S) / NIGHTSTAND(S)	USED VAL \$ _____	
	<input type="checkbox"/> COFFEE TABLE	USED VAL \$ _____	<input type="checkbox"/> LAMPS / ACCESSORIES	USED VAL \$ _____	
	<input type="checkbox"/> END TABLES	USED VAL \$ _____	<input type="checkbox"/> TELEPHONE	USED VAL \$ _____	
<input type="checkbox"/> SOFA TABLES	USED VAL \$ _____	<input type="checkbox"/> CELLULAR TELEPHONES	USED VAL \$ _____		
<input type="checkbox"/> KITCHEN TABLE / CHAIRS	USED VAL \$ _____	<input type="checkbox"/> LAWNMOWER	USED VAL \$ _____		
<input type="checkbox"/> DINING TABLE / CHAIRS	USED VAL \$ _____	<input type="checkbox"/> YARD / LANDSCAPING TOOLS	USED VAL \$ _____		
<input type="checkbox"/> CHINA CABINET	USED VAL \$ _____	<input type="checkbox"/> OTHER _____	USED VAL \$ _____		

<b>5</b>	<b>BOOKS, PICTURES AND OTHER ART OBJECTS</b> (PLEASE LIST ALL BOOKS, PICTURES, ART OBJECTS, CDs, RECORDS, TAPES, COLLECTIBLES, ETC.) <input type="checkbox"/> NONE <input type="checkbox"/> BOOKS <input type="checkbox"/> FAMILY PICTURES <input type="checkbox"/> ART OBJECTS <input type="checkbox"/> COMPACT DISCS <input type="checkbox"/> DVDs <input type="checkbox"/> RECORDS <input type="checkbox"/> TAPES <input type="checkbox"/> COLLECTIBLES <input type="checkbox"/> OTHER _____ DESCRIBE AND VALUE THE ABOVE _____	\$ _____
<b>6</b>	<b>CLOTHING / WEARING APPAREL</b> (INCLUDE COATS, SHOES, HATS, ETC.) <input type="checkbox"/> NONE TOTAL NUMBER OF ADULTS: _____ TOTAL YARD SALE VALUE \$ _____ TOTAL NUMBER OF CHILDREN: _____ TOTAL YARD SALE VALUE \$ _____	\$ _____
<b>7</b>	<b>FURS AND JEWELRY</b> (PLEASE INCLUDE WEDDING RINGS, COSTUME JEWELRY AND WATCHES – CHECK ITEMS, DESCRIBE AND INDICATE USED VALUE) <input type="checkbox"/> NONE <input type="checkbox"/> WEDDING RINGS <input type="checkbox"/> RINGS <input type="checkbox"/> WATCHES <input type="checkbox"/> EARRINGS <input type="checkbox"/> NECKLACES <input type="checkbox"/> BRACELETS <input type="checkbox"/> PENDANTS <input type="checkbox"/> COSTUME JEWELRY DESCRIBE AND VALUE THE ABOVE _____	\$ _____
<b>8</b>	<b>FIREARMS AND SPORTS, PHOTOGRAPHIC AND OTHER HOBBY EQUIPMENT</b> (CHECK ITEMS, DESCRIBE AND INDICATE USED VALUE): <input type="checkbox"/> NONE <input type="checkbox"/> FIREARMS <input type="checkbox"/> CAMERA <input type="checkbox"/> CAMCORDER <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ DESCRIBE AND VALUE THE ABOVE _____	\$ _____
<b>9</b>	<b>LIFE INSURANCE POLICIES</b> (PROVIDE THE NAME OF THE INSURANCE COMPANY AND THE CASH SURRENDER VALUE, IF ANY): <input type="checkbox"/> NONE <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE / UNIVERSAL COMPANY: _____ CASH VALUE \$ _____ WHO DOES THIS POLICY INSURE? <input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE BENEFICIARIES: _____ <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE / UNIVERSAL COMPANY: _____ CASH VALUE \$ _____ WHO DOES THIS POLICY INSURE? <input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE BENEFICIARIES: _____	\$ _____
<b>10</b>	<b>ANNUITIES</b> (PROVIDE THE NAME OF THE ISSUER AND VALUE): <input type="checkbox"/> NONE COMPANY: _____ CASH VALUE \$ _____ COMPANY: _____ CASH VALUE \$ _____	\$ _____
<b>11</b>	<b>INTEREST IN EDUCATION IRA OR STATE TUITION PLAN</b> (PLEASE LIST NAME OF COMPANY AND CURRENT VALUE): <input type="checkbox"/> NONE COMPANY: _____ CASH VALUE \$ _____ COMPANY: _____ CASH VALUE \$ _____	\$ _____
<b>12</b>	<b>INTEREST IN PENSION, RETIREMENT OR PROFIT SHARING PLAN</b> (INCLUDE TYPE OF PLAN, DESCRIBE, AND PROVIDE CURRENT BALANCE): <input type="checkbox"/> NONE <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> IRA <input type="checkbox"/> 401(K) <input type="checkbox"/> PENSION <input type="checkbox"/> OTHER: _____ DESCRIPTION: _____ CURRENT VALUE \$ _____ <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> IRA <input type="checkbox"/> 401(K) <input type="checkbox"/> PENSION <input type="checkbox"/> OTHER: _____ DESCRIPTION: _____ CURRENT VALUE \$ _____	\$ _____
<b>13</b>	<b>STOCKS AND INTEREST IN BUSINESSES</b> (PLEASE LIST COMPANY AND NUMBER OF SHARES): <input type="checkbox"/> NONE COMPANY: _____ SHARES: _____ CASH VALUE \$ _____ COMPANY: _____ SHARES: _____ CASH VALUE \$ _____ DESCRIBE ANY OTHER INTEREST IN ANY BUSINESS: _____	\$ _____
<b>14</b>	<b>INTEREST IN PARTNERSHIPS OR JOINT VENTURES</b> (PLEASE LIST ANY INTEREST YOU HAVE IN ANY PARTNERSHIP / JOINT VENTURE): <input type="checkbox"/> NONE <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE OWNERSHIP (JOINT INTEREST) IN ANY PROPERTY WITH ANOTHER PERSON? EXPLAIN: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU OWN OR ARE YOU BUYING A TIME-SHARE IN A VACATION PROPERTY / RESORT? EXPLAIN: _____	\$ _____
<b>15</b>	<b>GOVERNMENT OR CORPORATE BONDS</b> (PROVIDE THE NAME OF THE ISSUER AND VALUE): <input type="checkbox"/> NONE ISSUER: _____ CASH VALUE \$ _____ ISSUER: _____ CASH VALUE \$ _____	\$ _____
<b>16</b>	<b>ACCOUNTS RECEIVABLE</b> (PLEASE DESCRIBE AND INCLUDE CURRENT VALUE): <input type="checkbox"/> NONE DESCRIBE: _____ CASH VALUE \$ _____	\$ _____
<b>17</b>	<b>ALIMONY, MAINTENANCE, SUPPORT AND PROPERTY SETTLEMENTS YOU ARE DUE</b> (PLEASE LIST ALL TO WHICH YOU ARE ENTITLED): <input type="checkbox"/> NONE NAME OF EX-SPOUSE / PAYER: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL AMOUNT OWED YOU: \$ _____ DATE STARTED: _____ WHERE WAS CASE FILED? _____	\$ _____

<b>18</b>	<b>OTHER LIQUIDATED DEBTS INCLUDING TAX REFUNDS</b> (PLEASE LIST ALL REFUNDS YOU ARE EXPECTING, INCLUDING BACK PAY, COMMISSIONS, ETC.): <input type="checkbox"/> NONE TAX REFUND / ITEM: _____ CASH VALUE: \$ _____ DUE DATE: _____ ARE YOU OWED BACK WAGES, COMMISSIONS OR VACATION PAY FROM YOUR CURRENT OR PREVIOUS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____							\$ _____		
<b>19</b>	<b>EQUITABLE OR FUTURE INTERESTS, LIFE ESTATES</b> (PLEASE LIST ALL): <input type="checkbox"/> NONE ARE YOU THE BENEFICIARY OF A EITHER REVOCABLE OR IRREVOCABLE TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY OTHER INTEREST IN ANY ESTATE THAT YOU CAN EXERCISE FOR YOUR BENEFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____							\$ _____		
<b>20</b>	<b>INTERESTS IN THE ESTATE OF A DECEDENT OR LIFE INSURANCE OR TRUST</b> (PLEASE LIST ALL): <input type="checkbox"/> NONE HAVE YOU INHERITED ANYTHING OR DO YOU EXPECT TO INHERIT ANYTHING IN THE NEXT 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU RECEIVED OR DO YOU EXPECT TO RECEIVE PROCEEDS FROM A LIFE INSURANCE CLAIM IN THE NEXT 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____							\$ _____		
<b>21</b>	<b>OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF ANY NATURE</b> (PLEASE LIST ANY CLAIM NOT NOTED ABOVE): <input type="checkbox"/> NONE ARE YOU A PLAINTIFF IN A LAWSUIT OR DO YOU HAVE THE RIGHT TO RECEIVE ANY MONEY IN ANY COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU BEEN INJURED IN AN ACCIDENT WHERE YOU CAN SUE AND RECOVER MONEY DAMAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU BEEN INVOLVED IN A WORK INJURY WHERE YOU MISSED TIME FROM WORK OR WHERE YOU VISITED A PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____							\$ _____		
<b>22</b>	<b>PATENTS, COPYRIGHTS AND OTHER INTELLECTUAL PROPERTY - APPLIED OR ISSUED</b> (PLEASE LIST AND DESCRIBE): <input type="checkbox"/> NONE EXPLAIN: _____							\$ _____		
<b>23</b>	<b>LICENSES, FRANCHISES AND OTHER GENERAL INTANGIBLES</b> (PLEASE LIST AND DESCRIBE): <input type="checkbox"/> NONE EXPLAIN: _____							\$ _____		
<b>24</b>	<b>CUSTOMER LISTS OR OTHER COMPILATIONS</b> (PLEASE LIST ANY CUSTOMER LISTS OR OTHER LISTS CONTAINING PERSONALLY IDENTIFIABLE INFORMATION): EXPLAIN: _____							\$ _____		
<b>AUTOMOBILES, TRUCKS, TRAILERS AND ACCESSORIES</b> (PLEASE COMPLETE AND BE AS DETAILED AS POSSIBLE – EXAMPLE '04 HONDA SHOULD BE: 2004 HONDA ACCORD LX)										
<b>VEHICLE 1</b>	YEAR		MAKE			MODEL		SUB-MODEL		
	MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$ _____		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
	IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:									
	CREDITOR		ADDRESS			CITY		STATE	ZIP CODE	
	ACCOUNT NO.		DATE OF LOAN:	WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST RATE	TOTAL BALANCE DUE: \$ _____		MONTHLY PAYMENT: \$ _____ /MO	
<b>VEHICLE 2</b>	YEAR		MAKE			MODEL		SUB-MODEL		
	MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$ _____		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
	IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:									
	CREDITOR		ADDRESS			CITY		STATE	ZIP CODE	
	ACCOUNT NO.		DATE OF LOAN:	WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST RATE	TOTAL BALANCE DUE: \$ _____		MONTHLY PAYMENT: \$ _____ /MO	
<b>VEHICLE 3</b>	YEAR		MAKE			MODEL		SUB-MODEL		
	MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$ _____		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
	IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:									
	CREDITOR		ADDRESS			CITY		STATE	ZIP CODE	
	ACCOUNT NO.		DATE OF LOAN:	WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST RATE	TOTAL BALANCE DUE: \$ _____		MONTHLY PAYMENT: \$ _____ /MO	

<b>26</b>	<b>BOATS, MOTORS AND ACCESSORIES (PLEASE LIST ALL):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____ YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____	\$ _____
<b>27</b>	<b>AIRCRAFT AND ACCESSORIES (PLEASE LIST ALL):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____	\$ _____
<b>28</b>	<b>OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES (PLEASE LIST ALL):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> DESCRIPTION: _____ USED VALUE: \$ _____ DESCRIPTION: _____ USED VALUE: \$ _____	\$ _____
<b>29</b>	<b>MACHINERY, FIXTURES, EQUIPMENT, AND SUPPLIES USED IN BUSINESS (PLEASE LIST ALL):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> DESCRIPTION: _____ USED VALUE: \$ _____ DESCRIPTION: _____ USED VALUE: \$ _____	\$ _____
<b>30</b>	<b>INVENTORY (PLEASE LIST ANY):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> DESCRIPTION: _____ VALUE: \$ _____	\$ _____
<b>31</b>	<b>ANIMALS (PLEASE LIST ANY):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> FAMILY PETS - TYPE OF ANIMALS: _____ OTHER ANIMALS OR LIVESTOCK: _____	\$ _____
<b>32</b>	<b>CROPS – GROWING OR HARVESTED (PLEASE LIST AND GIVE PARTICULARS):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> _____	\$ _____
<b>33</b>	<b>FARMING EQUIPMENT AND IMPLEMENTS (PLEASE LIST ANY):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> _____	\$ _____
<b>34</b>	<b>FARM SUPPLIES, CHEMICALS AND FEED (PLEASE LIST ANY):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> _____	\$ _____
<b>35</b>	<b>OTHER PERSONAL PROPERTY NOT ALREADY LISTED (PLEASE LIST ANY):</b> <span style="float:right;"><input type="checkbox"/> NONE</span> _____ _____	\$ _____

### YOUR UNEXPIRED LEASES AND CONTRACTS

PLEASE LIST ALL CURRENT LEASES AND CONTRACTS SUCH AS: RESIDENTIAL LEASES (LANDLORD), SERVICE OR BUSINESS CONTRACTS, CELL PHONES, LAWN SERVICE, PEST CONTROL, ETC.

<b>RESIDENTIAL LEASE (LANDLORD)</b>	NAME	ADDRESS			
	CITY	STATE	ZIP CODE		
	MONTHLY PAYMENT	DATE LEASE BEGAN	DATE SCHEDULED TO END	DO YOU WISH TO KEEP THIS LEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE YOU BEHIND ON YOUR RENT PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES YOUR LANDLORD HOLD A JUDGMENT AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>OTHER LEASE OR CONTRACT</b>	NAME	ADDRESS			
	CITY	STATE	ZIP CODE		
	MONTHLY PAYMENT	DATE LEASE / CONTRACT BEGAN	DATE SCHEDULED TO END	KEEP THIS LEASE / CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## YOUR PRIORITY DEBTS (TAXES AND CHILD SUPPORT)

WERE YOU REQUIRED TO FILE FEDERAL INCOME TAXES DURING THE LAST 4 CALENDAR YEARS?  YES  NO

HAVE YOU FILED FEDERAL INCOME TAXES DURING THE LAST 4 CALENDAR YEARS?  YES  NO

WERE YOU REQUIRED TO FILE STATE INCOME TAXES DURING THE LAST 4 CALENDAR YEARS?  YES  NO

HAVE YOU FILED STATE INCOME TAXES DURING THE LAST 4 CALENDAR YEARS?  YES  NO

DO YOU OWE MONEY TO THE IRS OR TO ANY STATE OR LOCAL TAXING AUTHORITY?  YES  NO IF YES, PLEASE COMPLETE BELOW:

	YEAR(S)	TYPE OF TAX (1040, 940, 941, ETC.)	BALANCE DUE	HAVE TAXES BEEN ASSESSED?	HAVE TAX LIENS BEEN FILED?	WHOSE DEBT?
INTERNAL REVENUE SERVICE			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE
STATE OF _____			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE
STATE OF _____			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE

ARE YOU CURRENTLY PROVIDING ANY FINANCIAL SUPPORT FOR CHILDREN NOT LIVING WITH YOU?  YES  NO IF NO, PLEASE GO TO "YOUR DEPENDANTS"

DO YOU MAKE PAYMENTS TO AN INDIVIDUAL OR TO A STATE / LOCAL CHILD WELFARE AGENCY?  INDIVIDUAL  STATE / LOCAL CHILD WELFARE AGENCY

ARE YOU CURRENT ON YOUR CHILD SUPPORT OBLIGATIONS OR ARE YOU BEHIND IN PAYMENTS?  CURRENT  BEHIND IN PAYMENTS

**IF PAYMENTS MADE DIRECTLY TO AN INDIVIDUAL, SKIP STATE OR LOCAL CHILD WELFARE AUTHORITY SECTION. OTHERWISE, COMPLETE BOTH SECTIONS.**

INDIVIDUAL (PARENT OF CHILD)			
NAME OF PARENT		ADDRESS OF PARENT	
CITY		STATE	ZIP CODE
TOTAL AMOUNT OWED: \$	YEAR BEGAN	IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE CASE NUMBER: _____ IF YES, PLEASE PROVIDE THE DISTRICT AND THE STATE WHERE CASE WAS FILED: _____	

STATE / LOCAL CHILD WELFARE AGENCY			
NAME OF AGENCY		ADDRESS OF AGENCY	
CITY		STATE	ZIP CODE
TOTAL AMOUNT OWED: \$	YEAR BEGAN	IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE CASE NUMBER: _____ IF YES, PLEASE PROVIDE THE STATE AND DISTRICT WHERE CASE WAS FILED: _____	

## YOUR DEPENDANTS

DO YOU HAVE ANY CHILDREN/DEPENDANTS LIVING WITH YOU?  YES  NO IF YES, COMPLETE BELOW:

	NAME	AGE	RELATIONSHIP
1			
2			
3			
4			
5			



## YOUR MONTHLY INCOME

	DEBTOR	SPOUSE
EMPLOYER'S NAME		
EMPLOYER'S STREET ADDRESS		
EMPLOYER'S CITY, STATE, ZIP CODE		
OCCUPATION		
HOW LONG HAVE YOU BEEN THERE?		
PAY FREQUENCY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY
GROSS PAY PER PAY PERIOD		
ESTIMATED OVERTIME PER PAY PERIOD		
.....SUBTOTAL		
TAXES (FICA, STATE, SOCIAL SECURITY, MEDICARE)		
MEDICAL, DENTAL AND LIFE INSURANCE		
UNION DUES		
PENSION / RETIREMENT DEDUCTIONS		
PENSION / RETIREMENT LOAN REPAYMENTS		
CREDIT UNION DEDUCTION		
CHILD SUPPORT DEDUCTION		
.....NET PAY		
REGULAR INCOME FROM OPERATION OF BUSINESS		
INCOME FROM RENTAL PROPERTIES		
REGULAR INTEREST AND/OR DIVIDENDS		
ALIMONY / CHILD SUPPORT / MAINTENANCE INCOME		
SOCIAL SECURITY INCOME		
PUBLIC AID / FOOD STAMPS		
PENSION / RETIREMENT INCOME		
UNEMPLOYMENT COMPENSATION		
CONTRIBUTIONS TO HOUSEHOLD EXPENSES		
OTHER: _____		
OTHER: _____		
.....TOTAL		
DO YOU EXPECT ANY INCREASE OR DECREASE IN INCOME OF 10% OR MORE OVER THE NEXT YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO                       IF YES, EXPLAIN:	

## YOUR MONTHLY EXPENSES

EXPENSE LIST		DEBTOR OR JOINT EXPENSES	SPOUSE, IF RESIDING SEPARATELY
RENT PAYMENT		\$	\$
MORTGAGE PAYMENT		\$	\$
SECOND MORTGAGE PAYMENT		\$	\$
ARE REAL ESTATE TAXES INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
IS HOME INSURANCE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
LOT RENTAL (MOBILE HOME)		\$	\$
ELECTRICITY BILL (MONTHLY)		\$	\$
NATURAL GAS BILL / HEATING OIL / PROPANE (MONTHLY)		\$	\$
WATER & SEWER (MONTHLY)		\$	\$
GARBAGE PICKUP (MONTHLY)		\$	\$
TELEPHONE BILL (MONTHLY)		\$	\$
CABLE BILL (MONTHLY)		\$	\$
HOME MAINTENANCE / REPAIRS (MONTHLY)		\$	\$
FOOD / GROCERIES (MONTHLY)		\$	\$
CLOTHING (MONTHLY)		\$	\$
LAUNDRY / DRY CLEANING (MONTHLY)		\$	\$
MEDICAL & DENTAL EXPENSES (MONTHLY)		\$	\$
GASOLINE (MONTHLY)		\$	\$
OTHER TRANSPORTATION (BUS/TRAIN) (MONTHLY)		\$	\$
RECREATION / ENTERTAINMENT (MONTHLY)		\$	\$
CHARITABLE CONTRIBUTIONS (MONTHLY)		\$	\$
LIFE INSURANCE (MONTHLY)		\$	\$
HEALTH INSURANCE (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
AUTOMOBILE INSURANCE (MONTHLY)		\$	\$
TAXES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
UNION DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
PROFESSIONAL DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
VEHICLE PAYMENT #1		\$	\$
VEHICLE PAYMENT #2		\$	\$
OTHER INSTALLMENT PAYMENT		\$	\$
CELLULAR TELEPHONE		\$	\$
ALIMONY PAID		\$	\$
CHILD SUPPORT PAID (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
REGULAR BUSINESS EXPENSES		\$	\$
AUTO REPAIRS / MAINTENANCE (MONTHLY AVERAGE)		\$	\$
HAIRCUTS / PERSONAL CARE		\$	\$
CHILD CARE / DAY CARE / BABYSITTING		\$	\$
SCHOOL BUS EXPENSES		\$	\$
SCHOOL LUNCH EXPENSES		\$	\$
COLLEGE TUITION		\$	\$
STUDENT LOAN PAYMENTS (MONTHLY)		\$	\$
OTHER: _____		\$	\$
OTHER: _____		\$	\$

## YOUR MEANS TEST INFORMATION

CHECK THIS BOX IF THE MEANS TEST DOES NOT APPLY TO YOU – MEANING YOU ARE A DISABLED VETERAN WITH DEBTS INCURRED PRIMARILY DURING ACTIVE DUTY OR HOMELAND DEFENSE.

PLEASE PROVIDE THE TOTAL AMOUNT OF EARNED INCOME RECEIVED, BEFORE TAX DEDUCTIONS, AND FROM ALL SOURCES FOR THE CURRENT MONTH AND THE LAST (5) MONTHS - THIS IS NOT NET (TAKE-HOME) PAY BUT GROSS (BEFORE DEDUCTIONS) PAY.

TODAY'S DATE \_\_\_\_\_

**PLEASE LIST ANY WAGES, SALARIES, TIPS, BONUSES, OVERTIME AND COMMISSIONS:**

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

**PLEASE LIST ANY INCOME FROM OPERATION OF BUSINESS, PROFESSION OR FARM:**

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

**PLEASE LIST ANY RENTS AND OTHER PROPERTY INCOME (NOT RENT YOU PAY, BUT RENT PAID TO YOU):**

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

**PLEASE LIST ANY INTEREST INCOME, DIVIDENDS AND ROYALTIES:**

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

**PLEASE LIST ANY PENSION AND/OR RETIREMENT INCOME:**

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

**PLEASE LIST ANY INCOME FROM OTHERS WHO CONTRIBUTE TO THE HOUSEHOLD EXPENSES WHO ARE NOT FILING WITH YOU:**

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

**PLEASE LIST ANY UNEMPLOYMENT COMPENSATION:**

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

**PLEASE LIST ANY INCOME FROM OTHER SOURCES NOT PROVIDED FOR OR MENTIONED ABOVE:**

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

## YOUR FINANCIAL AFFAIRS

<b>QUESTION 1A</b> <input type="checkbox"/> CHECK IF NONE  PLEASE LIST YOUR GROSS ANNUAL INCOME FROM EMPLOYMENT:	ANNUAL INCOME FROM EMPLOYMENT		DEBTOR	
		YEAR TO DATE (JAN 1 TO PRESENT)		
		LAST YEAR (JAN 1 TO DEC 31)		
		YEAR BEFORE (JAN 1 TO DEC 31)		

<b>QUESTION 1B</b> <input type="checkbox"/> CHECK IF NONE  PLEASE LIST YOUR GROSS ANNUAL INCOME FROM THE OPERATION OF A BUSINESS:	ANNUAL INCOME FROM OPERATION OF BUSINESS		DEBTOR	
		YEAR TO DATE (JAN 1 TO PRESENT)		
		LAST YEAR (JAN 1 TO DEC 31)		
		YEAR BEFORE (JAN 1 TO DEC 31)		

<b>QUESTION 2</b> <input type="checkbox"/> CHECK IF NONE  PLEASE LIST YOUR GROSS ANNUAL INCOME FROM ANY SOURCE OTHER THAN FROM EMPLOYMENT OR THE OPERATION OF BUSINESS:	ANNUAL INCOME FROM ANY SOURCE OTHER THAN EMPLOYMENT OR OPERATION OF BUSINESS  SOURCE: _____		DEBTOR	
		YEAR TO DATE (JAN 1 TO PRESENT)		
		LAST YEAR (JAN 1 TO DEC 31)		
		YEAR BEFORE (JAN 1 TO DEC 31)		

<b>QUESTION 3A</b> <input type="checkbox"/> CHECK IF NONE  LIST ALL PAYMENTS ON LOANS, PURCHASES OF GOODS, AND OTHER DEBTS MORE THAN \$600 TO ANY ONE CREDITOR MADE WITHIN THE PAST 90 DAYS.	CREDITOR		ADDRESS		
	CITY		STATE	ZIP CODE	
	DATES OF PAYMENT:		AMOUNT OF PAYMENT:		BALANCE DUE:
			\$		\$
	CREDITOR		ADDRESS		
	CITY		STATE	ZIP CODE	
	DATES OF PAYMENT:		AMOUNT OF PAYMENT:		BALANCE DUE:
			\$		\$

<b>QUESTION 3B</b> <input type="checkbox"/> CHECK IF NONE  PAYMENTS TO INSIDERS: LIST ALL PAYMENTS MADE TO RELATIVES WITHIN THE LAST 12 MONTHS PRIOR TO THIS FILING.	RELATIVE		ADDRESS		
	CITY		STATE	ZIP CODE	
	DATES OF PAYMENT:		AMOUNT OF PAYMENT:		BALANCE DUE:
			\$		\$
				RELATION:	

<b>QUESTION 4A</b> <input type="checkbox"/> CHECK IF NONE  LIST ALL LAWSUITS THAT YOU HAVE BEEN A PARTY TO WITHIN THE LAST 12 MONTHS (INCLUDE SUITS AGAINST YOU AS WELL AS SUITS YOU HAVE FILED):	CAPTION OF SUIT:			CASE NO.:	
	NATURE OF PROCEEDING:			COURT LOCATION:	
	STATUS OR DISPOSITION:				
	CAPTION OF SUIT:			CASE NO.:	
	NATURE OF PROCEEDING:			COURT LOCATION:	
	STATUS OR DISPOSITION:				

<b>QUESTION 4B</b> <input type="checkbox"/> CHECK IF NONE  LIST ALL PROPERTY THAT HAS BEEN ATTACHED, GARNISHED OR SEIZED WITHIN THE LAST 12 MONTHS:	NAME OF CREDITOR:		ADDRESS:		
	CITY		STATE	ZIP CODE	
	DATE OF GARNISHMENT OR SEIZURE:		DESCRIBE AND VALUE WHAT TAKEN:		

<b>QUESTION 5</b> <input type="checkbox"/> CHECK IF NONE  <b>LIST ALL REPOSSESSIONS, FORECLOSURE SALES AND RETURNS WITHIN THE LAST 12 MONTHS:</b>	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	DATE OF REPOSSESSION OR FORECLOSURE:	DESCRIBE AND VALUE WHAT TAKEN:			
	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	CITY:	
DATE OF REPOSSESSION OR FORECLOSURE:		DESCRIBE AND VALUE WHAT TAKEN:			
<b>QUESTION 6A</b> <input type="checkbox"/> CHECK IF NONE  <b>PLEASE LIST ANY ASSIGNMENT OF PROPERTY FOR THE BENEFIT OF CREDITORS MADE WITHIN 120 DAYS PRIOR TO THIS FILING:</b>	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	DATE OF ASSIGNMENT:	TERMS OF ASSIGNMENT:			
<b>QUESTION 6B</b> <input type="checkbox"/> CHECK IF NONE  <b>PLEASE LIST ALL PROPERTY WHICH HAS BEEN IN THE HANDS OF A CUSTODIAN, RECEIVER, PAWN BROKER OR COURT APPOINTED OFFICIAL WITHIN THE PAST 12 MONTHS:</b>	NAME OF CUSTODIAN:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	CASE TITLE AND NUMBER, IF ANY:	DATE:	DESCRIPTION AND VALUE OF PROPERTY:		
<b>QUESTION 7</b> <input type="checkbox"/> CHECK IF NONE  <b>PLEASE LIST ALL GIFTS OR CHARITABLE CONTRIBUTIONS MADE WITHIN THE PAST 12 MONTHS. DO NOT LIST USUAL GIFTS TO FAMILY MEMBERS UNLESS OVER \$200 OR CHARITABLE CONTRIBUTIONS LESS THAN \$100:</b>	NAME:		ADDRESS:		
	CITY:		STATE:	ZIP COE:	
	RELATIONSHIP TO YOU:		DATE OF GIFT:		
	DESCRIPTION AND VALUE OF GIFT:				
<b>QUESTION 8</b> <input type="checkbox"/> CHECK IF NONE  <b>PLEASE LIST ALL LOSSES FROM FIRE, THEFT, GAMBLING OR OTHER CASUALTY WITHIN THE LAST 12 MONTHS OR IMMEDIATELY AFTER FILING THIS CASE:</b>	DESCRIPTION AND VALUE OF PROPERTY:				
	DESCRIPTION OF CIRCUMSTANCES RESULTING IN LOSS AND WAS IT COVERED BY INSURANCE?				
	DATE OF LOSS:				
<b>QUESTION 9</b> <input type="checkbox"/> CHECK IF NONE  <b>PLEASE LIST ALL PAYMENTS YOU MADE OR ANY PROPERTY YOU TRANSFERRED TO ANY PERSON, INCLUDING ATTORNEYS, FOR DEBT COUNSELING OR BANKRUPTCY WITHIN THE PAST 12 MONTHS:</b>	NAME OF PAYEE:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	AMOUNT PAID:	DATE PAID:	NAME OF PERSON WHO PAID, IF NOT YOU:		
<b>QUESTION 10</b> <input type="checkbox"/> CHECK IF NONE  <b>PLEASE LIST ALL PROPERTY TRANSFERRED EITHER ABSOLUTELY OR AS SECURITY (COLLATERAL) WITHIN THE PAST 2 YEARS:</b>	NAME OF TRANSFEREE:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	RELATIONSHIP TO YOU:	DATE:	DESCRIPTION AND VALUE OF PROPERTY:		

<b>QUESTION 11</b> <input type="checkbox"/> CHECK IF NONE  PLEASE LIST ALL FINANCIAL (BANK) ACCOUNTS WHICH WERE CLOSED, SOLD, OR TRANSFERRED WITHIN THE PAST 12 MONTHS:	NAME OF BANK:		ADDRESS:		
	CITY:			STATE:	ZIP CODE:
	TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/> OTHER _____	ACCOUNT NUMBER:	DATE OF CLOSING		FINAL BALANCE:
	NAME OF BANK:		ADDRESS:		
CITY:			STATE:	ZIP CODE:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/> OTHER _____		ACCOUNT NUMBER:	DATE OF CLOSING		FINAL BALANCE:
<b>QUESTION 12</b> <input type="checkbox"/> CHECK IF NONE  PLEASE LIST ANY SAFE DEPOSIT BOX OR DEPOSITORIES IN WHICH YOU HAVE OR HAVE HAD CASH, SECURITIES OR OTHER VALUABLES IN THE PAST 12 MONTHS:	NAME OF BANK:		ADDRESS:		
	CITY:			STATE:	ZIP CODE:
	DESCRIPTION OF CONTENTS:	DATE OF SURRENDER, IF ANY:	NAME AND ADDRESS OF PERSON WITH ACCESS:		
	NAME OF CREDITOR:		ADDRESS:		
CITY:			STATE:	ZIP CODE:	
DATE OF SETOFF:		AMOUNT OF SETOFF:			
<b>QUESTION 13</b> <input type="checkbox"/> CHECK IF NONE  PLEASE LIST ALL SETOFFS MADE BY ANY CREDITOR (INCLUDING A BANK) AGAINST A DEBT OR DEPOSIT IN THE PAST 90 DAYS:	NAME OF OWNER:		ADDRESS:		
	CITY:			STATE:	ZIP CODE:
	DESCRIPTION AND VALUE OF PROPERTY:		LOCATION OF PROPERTY:		
	ADDRESS:				
CITY, STATE, ZIP CODE:					
DATES (FROM – TO):					
NAMES USED:					
<b>QUESTION 14</b> <input type="checkbox"/> CHECK IF NONE  PLEASE LIST ALL PROPERTY OWNED BY ANOTHER PERSON THAT YOU HOLD OR CONTROL:	<input type="checkbox"/> ALASKA <input type="checkbox"/> ARIZONA <input type="checkbox"/> CALIFORNIA <input type="checkbox"/> IDAHO <input type="checkbox"/> LOUISIANA <input type="checkbox"/> NEVADA <input type="checkbox"/> NEW MEXICO <input type="checkbox"/> PUERTO RICO <input type="checkbox"/> TEXAS <input type="checkbox"/> WASHINGTON <input type="checkbox"/> WISCONSIN		NAME OF SPOUSE OR FORMER SPOUSE: _____		
			DATE: _____		
	NAME:		ADDRESS:		
	CITY:			STATE:	ZIP CODE:
DATE OF NOTICE:		TYPE OF NOTICE:	GOVERNMENT AGENCY:		
<b>QUESTION 15</b> <input type="checkbox"/> CHECK IF NONE  PLEASE LIST YOUR PRIOR ADDRESSES WHERE YOU HAVE LIVED IN THE LAST 3 YEARS:	NAME:		ADDRESS:		
	CITY:			STATE:	ZIP CODE:
	DATE OF NOTICE:		TYPE OF NOTICE:	GOVERNMENT AGENCY:	
	NAME:		ADDRESS:		
CITY:			STATE:	ZIP CODE:	
DATE OF NOTICE:		TYPE OF NOTICE:	GOVERNMENT AGENCY:		
<b>QUESTION 16</b> <input type="checkbox"/> CHECK IF NONE  PLEASE LIST NAME AND ADDRESS OF EVERY SITE WHERE YOU MAY HAVE RECEIVED NOTICE THAT YOU WERE IN VIOLATION OF AN ENVIRONMENTAL LAW, OR ANY NOTICES REGARDING HAZARDOUS MATERIALS	NAME:		ADDRESS:		
	CITY:			STATE:	ZIP CODE:
	DATE OF NOTICE:		TYPE OF NOTICE:	GOVERNMENT AGENCY:	
	NAME:		ADDRESS:		
CITY:			STATE:	ZIP CODE:	
DATE OF NOTICE:		TYPE OF NOTICE:	GOVERNMENT AGENCY:		

CLIENT NAME		DATE
-------------	--	------

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan				
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only					
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan				
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only					
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan				
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only					
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan				
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only					
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan				
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only					
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan				
Was this debt:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only					
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

# Law Offices of Marji Hanson

Practice Limited to Consumer Bankruptcy

CLIENT NAME		DATE
-------------	--	------

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor: <input type="checkbox"/> Credit Card		<input type="checkbox"/> Medical Bill		<input type="checkbox"/> Utility Bill		<input type="checkbox"/> Payday Loan		<input type="checkbox"/> Student Loan	
Was this debt: <input type="checkbox"/> Individual		<input type="checkbox"/> Joint		<input type="checkbox"/> Husband Only		<input type="checkbox"/> Wife Only			
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor: <input type="checkbox"/> Credit Card		<input type="checkbox"/> Medical Bill		<input type="checkbox"/> Utility Bill		<input type="checkbox"/> Payday Loan		<input type="checkbox"/> Student Loan	
Was this debt: <input type="checkbox"/> Individual		<input type="checkbox"/> Joint		<input type="checkbox"/> Husband Only		<input type="checkbox"/> Wife Only			
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor: <input type="checkbox"/> Credit Card		<input type="checkbox"/> Medical Bill		<input type="checkbox"/> Utility Bill		<input type="checkbox"/> Payday Loan		<input type="checkbox"/> Student Loan	
Was this debt: <input type="checkbox"/> Individual		<input type="checkbox"/> Joint		<input type="checkbox"/> Husband Only		<input type="checkbox"/> Wife Only			
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor: <input type="checkbox"/> Credit Card		<input type="checkbox"/> Medical Bill		<input type="checkbox"/> Utility Bill		<input type="checkbox"/> Payday Loan		<input type="checkbox"/> Student Loan	
Was this debt: <input type="checkbox"/> Individual		<input type="checkbox"/> Joint		<input type="checkbox"/> Husband Only		<input type="checkbox"/> Wife Only			
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor: <input type="checkbox"/> Credit Card		<input type="checkbox"/> Medical Bill		<input type="checkbox"/> Utility Bill		<input type="checkbox"/> Payday Loan		<input type="checkbox"/> Student Loan	
Was this debt: <input type="checkbox"/> Individual		<input type="checkbox"/> Joint		<input type="checkbox"/> Husband Only		<input type="checkbox"/> Wife Only			
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	

Creditor Name: _____		Address: _____		City: _____		State: _____		Zip: _____	
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____					
Type of Creditor: <input type="checkbox"/> Credit Card		<input type="checkbox"/> Medical Bill		<input type="checkbox"/> Utility Bill		<input type="checkbox"/> Payday Loan		<input type="checkbox"/> Student Loan	
Was this debt: <input type="checkbox"/> Individual		<input type="checkbox"/> Joint		<input type="checkbox"/> Husband Only		<input type="checkbox"/> Wife Only			
Collection Agency or Attorney: _____		Address: _____		City: _____		State: _____		Zip: _____	



CLIENT NAME	DATE
-------------	------

Creditor Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____
Type of Creditor: <input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt: <input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney: _____	Address: _____	City: _____	State: _____	Zip: _____

Creditor Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____
Type of Creditor: <input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt: <input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney: _____	Address: _____	City: _____	State: _____	Zip: _____

Creditor Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____
Type of Creditor: <input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt: <input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney: _____	Address: _____	City: _____	State: _____	Zip: _____

Creditor Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____
Type of Creditor: <input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt: <input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney: _____	Address: _____	City: _____	State: _____	Zip: _____

Creditor Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____
Type of Creditor: <input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt: <input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney: _____	Address: _____	City: _____	State: _____	Zip: _____

Creditor Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Account Number: _____		Dates Used: From _____ to _____		Balance Due: _____
Type of Creditor: <input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Payday Loan	<input type="checkbox"/> Student Loan
Was this debt: <input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	
Collection Agency or Attorney: _____	Address: _____	City: _____	State: _____	Zip: _____