



Name, Addresses, Contact Information

Name: _____
First Middle Last

Telephone - Home/Mobile: _____ Work: _____

E-Mail Address: _____

Have you gone by any other names in the past 8 years? YES NO ***If yes, list other names:***

Social Security Number: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Move in Date for this address: _____

If you have a **different mailing address** than where you currently live, please write down:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is your residence a rental? YES NO

Previous address(es) you have lived at in the last 3 years:

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Dates of Occupancy: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Dates of Occupancy: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Dates of Occupancy: _____ to _____

Real Estate / Land / House / Property Ownership

List all real estate that you own, are a joint owner of, or in which you have your name on the deed, even if you do not pay the mortgage on the property.

Address & Purchase Date	Describe the property. (e.g., 1400 square ft, 2-bedroom 1 bath, Rancher with single car garage)	Circle one Below	What is the appraised value of the property? Current Value of Property?	Current on Payments?
1) PROPERTY PURCHASE DATE: <hr/> 2) ADDRESS OF PROPERTY:	PROPERTY DESCRIPTION: MORTGAGE/LIEN HOLDER(S):	Husband Wife Joint Community Self	\$ _____ How did you determine the value of property?	Yes <input type="checkbox"/> No <input type="checkbox"/> Surrender or Keeping the Property? (Circle One) Monthly Payment(s) \$ _____ \$ _____
1) PROPERTY PURCHASE DATE: <hr/> 2) ADDRESS OF PROPERTY:	PROPERTY DESCRIPTION: MORTGAGE/LIEN HOLDER(S):	Husband Wife Joint Community Self	\$ _____ How did you determine the value of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/> Surrender or Keeping the Property? (Circle One) Monthly Payment(s) \$ _____ \$ _____

Motor Vehicles' Values (Cars, Vans, Trucks, Tractors, SUV's, Motorcycles, etc.)

List all Motor Vehicles that you own, are a joint owner of, or which you have your name on the title; even if you do not pay for the vehicle.

Address and description of property (Year, Make, Model)	Who Owns/on title? (circle one)	Condition (Excellent, Very Good, Good, fair, poor, not running – please describe)	Value of your Car How much would you sell your car for?	Current on Payments? What's the monthly payment? , Who is the Lender of Car Loan?	What do you want to do with the vehicle?
Year: _____ Make: _____ Model: _____ Color: _____ Mileage: _____	Husband Wife Joint Community Self		\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly Payments: \$ _____ <u>Lender/Bank:</u>	Keep <input type="checkbox"/> Surrender <input type="checkbox"/>
Year: _____ Make: _____ Model: _____ Color: _____ Mileage: _____	Husband Wife Joint Community Self		\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly Payments: \$ _____ <u>Lender/Bank:</u>	Keep <input type="checkbox"/> Surrender <input type="checkbox"/>
Year: _____ Make: _____ Model: _____ Color: _____ Mileage: _____	Husband Wife Joint Community Self		\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly Payments: \$ _____ <u>Lender/Bank:</u>	Keep <input type="checkbox"/> Surrender <input type="checkbox"/>

Personal Property You Own and Their Values (list value of property next to “\$” sign)

For each type of property listed below, check the box indicating whether you own any property of that category, and, if you do, fill in the FAIR VALUE, e.g. (**GARAGE SALE / Craig’s List VALUE**) for that property.

HOUSEHOLD GOODS & FURNISHINGS:

- Stove/Cooking Unit \$ _____
- Refrigerator \$ _____
- Washer/Dryer \$ _____
- Microwave \$ _____
- Cooking Utensils \$ _____
- Silverware/Flatware \$ _____
- Cookware (Pots/Pans) \$ _____
- Living Room Furniture \$ _____
- Dining Room Furniture \$ _____
- Tables and Chairs \$ _____
- Bedroom Furniture \$ _____
- Dressers/Nightstands \$ _____
- Lamps and Accessories \$ _____
- Lawnmower \$ _____
- Carpenters Tools \$ _____

ELECTRONICS:

- DVD(s)/Blue-Ray Discs \$ _____
- Music Collections (CD’s, Vinyl, Tapes) \$ _____
- All Stereo & Audio Equipment \$ _____
- Cell Phone(s) \$ _____
- DVD / Blue-Ray Player(s) \$ _____
- Computer(s) \$ _____
- Computer Printer/scanner \$ _____
- Camera(s), Media Player(s), Games \$ _____
- Television(s), radio(s) \$ _____

COLLECTIBLES OF VALUE:

- Collectibles & Figurines; Memorabilia \$ _____
- Paintings / Decorative Art for Home \$ _____
- Books, Pictures, or other art objects \$ _____
- Stamp, coin, or card collections \$ _____

EQUIPMENT FOR SPORTS & HOBBIES:

- Sports, photographic, exercise & other hobby equipment \$ _____
- Bicycles, pool tables, golf clubs, skis \$ _____
- Canoes, Kayaks \$ _____
- Miscellaneous Sports/Hobby equipment \$ _____
- Musical Instruments \$ _____

FIREARMS:

- Pistols, rifles, shotguns, ammunition, and related \$ _____

Describe your firearms:

CLOTHES:

- Everyday Clothing, Furs, leather coats, designer wear \$ _____

JEWELRY:

- Wedding Ring(s), Engagement Ring(s) \$ _____
- Everyday Jewelry, Costume Jewelry \$ _____
- Watch(es) \$ _____

NON-FARM ANIMALS (Pets):

- Dog(s), cat(s), bird(s), horse(s), etc. \$ _____

CASH on hand, but not in the bank:

- Cash on person and at home \$ _____

BANK & CREDIT UNION ACCOUNTS:

- Checking / Savings (average balance) at Bank or Credit Union:

Bank/Credit Union Name 1)	\$ _____
2)	\$ _____
3)	\$ _____

Certificate of Deposits \$ _____

BONDS, MUTUAL FUNDS, STOCKS:

Bond Funds, investment accounts, money market \$ _____

STOCK IN BUSINESS(ES), LLC'S, PARTNERSHIPS, JOIN VENTURE

Non-Publically traded stock and interests \$ _____

GOVERNMENT & CORPORATE BONDS, ETC.

Negotiable instruments including personal checks, promissory notes, and money orders.

RETIREMENT & PENSION ACCOUNTS:

401(k) \$ _____

IRA \$ _____

Stock owned in a company \$ _____

ERISA, KEOGH \$ _____

403(b) \$ _____

SECURITY DEPOSITS & PREPAYMENTS

Security Deposit with Landlord of Rental \$ _____

Prepaid rent, Utilities, or other deposits? \$ _____

ANNUITIES

Contract for periodic payment of money to you for life or for several years \$ _____

EDUCATION IRA, ABLE PROGRAM, STATE TUITION PROGRAM

Institution name _____

TRUSTS, EQUITABLE OR FUTURE INTERESTS

\$ _____

PATENTS, COPYRIGHTS, TRADEMARKS, INTELLECTUAL PROP.

Describe:

Unpaid wages; Disability Insurance Payments; Disability Benefits; sick pay; vacation pay; workers' compensation; Social Security Benefits; OR Unpaid loans made to someone else?

BUSINESS RELATED PROPERTY

Tools & Equipment Used in Business \$ _____

Describe:

Accounts Receivable: \$ _____

Inventory \$ _____

TAX REFUND FOR UPCOMING TAX RETURN FOR 2021

Anticipated **Tax Refund** for upcoming **2021 Tax Return** \$ _____

MISCELLANEOUS

Whole Life Insurance Policy Net Value: \$ _____

Does anyone owe you money? \$ _____

If yes, please explain:

Equalization Payments Court ordered in Dissolution: \$ _____

Child Support Obligations

Do you pay child support? Yes No

If **yes**, please provide the name of the child support recipient parent and their mailing address.

Co-Debtors, Co-Signers & Authorized Users

Do you have any Co-Debtors, Co-Signers, or Authorized Users for any of the debts that you have? If so, who? What is their address? What debts/loans? List below.

Current Leases and/or Contracts

List below any leases or contracts that are still current that you are a party to.

For example: *apartment or house rental, business leases, service or business contracts, gym memberships, or cell phone service contracts, etc.*

Nature/Type and Description of Contract	Name & Address of Other Party with Whom you have a Lease/Contract	Date that Contract or Lease Expires

Debtor's Income

1 Name and address of your employer

2 What is your occupation? _____

3 How long employed? _____ Years _____ Months

4 How often do you get paid? weekly every 2 weeks
 twice a month once a month

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? No Yes
- b) **Income from real estate property?** If so, how much per month? No Yes \$ _____
- c) **Food Assistance?** No Yes \$ _____
- d) **Alimony or Child Support** payments for your use or for the care of your dependents? If so, how much per month?
 No Yes \$ _____
- e) **Social Security, VA, Unemployment Comp.** or other forms of monetary government assistance? No Yes \$ _____
- f) **Retirement or pension money?** No Yes \$ _____

Debtor's Spouse's Income

1. Name and address of your employer

2. What is your spouse's occupation? _____

3. How long employed? _____ Years _____ Months

4. How often do you get paid? weekly every 2 weeks
 twice a month once a month

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? No Yes
- b) **Income from real estate property?** If so, how much per month? No Yes \$ _____
- c) **Food Assistance?** No Yes \$ _____
- d) **Alimony or Child Support** payments for spouse's use or for care of dependents? If so, how much per month?
 No Yes \$ _____
- e) **Social Security, VA, Unemployment Comp.** or other forms of monetary government assistance? No Yes \$ _____
- f) **Retirement or pension money?** No Yes \$ _____

**** Are you or your spouse expecting any increase or decrease in income next year? Explain below.**

Marital Status (circle one): Single / Married / Separated / Divorced / Widowed

Children and/or Dependents (List all Children and/or Dependents)

Relationship	Age	Do they live with you over 50% of time?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are filing jointly with your spouse, include information about both you and your spouse.

(1) What is your current marital status?

- Married
- Not Married

Have you resided in a community property state (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) within the eight-year period immediately preceding the commencement of this case, identify the name of your spouse and of any former spouse who resides or resided with you in a community property state?

(3) Were you married during that 8-year period?

- Yes. In what state? _____
Spouse/Former Spouse's name(s): _____
Spouse/Former Spouse's address(es): _____

- No

(5) Have you received income from Social Security, a Pension, Child Support, Unemployment Compensation, or the Veteran's Administration any time during the 24 month immediately preceding the commencement of this case?

- Yes, if so...fill out below.
- No

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
2022 Year-to-date			

2021

2020

(6) Have you paid any single creditor more than \$600.00 total in the last 90 days? This includes home mortgages, car payments, boat payments, recreational vehicle payments, credit cards, garnished wages, medical bills, etc.

Yes. If yes, please fill out below.

No

Creditor's Name Dates of Payments Amount paid Amount still owed

(7) Within 1 year before filing for bankruptcy, did you make a payment of over \$600.00 on a debt you owed anyone who was your relative, friend, or business partner(s)?

Yes. If yes, fill out below.

No

Name & Address Dates of Payments Amount paid Amount still owed

(18) Within the last FOUR YEARS (4) years, did you make any payments or transfer (sold, transfer title, quit claim) any real property (land/house) or any personal property to a relative, friend or business partner? Include payments on debts guaranteed or co-signed by a relative or business partner.

Yes

No

Name & Address Dates of Payments Amount paid Amount still owed

(10) Within the last 12 months, have you had any property repossessed (car), foreclosed (home), wages or bank accounts garnished, or any property/income attached, seized, or levied?

- Yes
- No

Creditor Name & Address Describe Property Date Value of Property

(11) Within the last 90 days, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to take your payment because you owed them a debt?

- Yes
- No

Creditor Name & Address Describe Action Creditor Took Date Amount

(13/14) Have you given any gifts or charitable contributions within the last two years totaling more than \$600.00 to any single person, charity, church, etc.? If so, fill out the following.

- Yes
- No

Name and Address Describe gift/charity Date(s) Given Value

(15) Have you incurred any losses from fire, theft, gambling, or any other disaster within 12 months immediately preceding the commencement of this bankruptcy case?

Yes, if yes, please fill out below.

No

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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(17) Have you made any money payments or transferred any property within 1 year that was made to any persons, business or attorneys (excluding the Law Office of Jason B. Couey), for consultation concerning debt consultation, relief under the bankruptcy law or preparation of a petition in bankruptcy within 1 year immediately preceding the commencement of the case?

Yes, if yes, please fill out below.

No

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/ Description
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(18) Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer title (Quit Claim Deed, Car Title, etc.) to any property to anyone?

Yes. Fill in details:

No

(18) Have you made any outright transfers and/or transfers made as security (such as the granting of a security interest or mortgage on your property) to any person, business, or creditor. Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in details below.

No

Name and Address of Transferee and Relationship to you	Date of Transfer	Description of Property Transferred and Value Received
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(19) Within 10 years before you anticipate filing for bankruptcy, did you transfer any property to a *self-settled trust or similar device* of which you are a beneficiary? (These are often called asset-protection devices.)

Yes. Fill in details below.

No

Name of Trust	Description & Value of Property	Date of Transfer
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(20) Within 1 year before you filed for bankruptcy, were any of your financial (bank) accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

Yes. Fill in details below.

No

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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(21) Do you now have, or have you had within 1 year before you anticipate filing for bankruptcy, a safe deposit box or other depository for securities, cash, or other valuables?

Yes. Fill in details below.

No.

Name and Address of <u>Bank or Other Depository</u>	Name and Address of Those <u>With Access to Box or Depository</u>	Description <u>of Contents</u>	Do you still <u>Have it?</u>
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(22) Have you stored property in a storage unit or any place other than your home within 1 year before you anticipate filing for bankruptcy?

Yes. Fill in details below.

No

Name & Address of Storage Facility / Who else has access to it? / Describe the Contents/ Still have?

(23) Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

Yes. Fill in details below.

No

Owner's Name & Address / Where is property located? / Describe Property / Value

Inheritance Expectancies?

Do you anticipate receiving or are you entitled to an inheritance within the next 12 months?

Yes. Fill in details below.

No.

Are you in a lawsuit or do you have a legal right/claim to start a lawsuit against someone or a business? Have you had a personal injury? Car accident where the other party was at fault? Have you been wronged in some way?

Yes. Fill in details below.

No.

Have you owned/ran your own business (Sole Proprietor, LLC, LLP, Partnership, Corporation) within the last 4 years?

- Yes. Fill in details below.
- No.

If yes:

1) What is/was the name & address of your business?

2) EIN and/or UBI number?

3) What type of business formation did you have? (e.g., LLC, Sole Proprietor, S-Corp, Partnership, etc.?)

4) What was the nature of your business?

5) What is the name of your accountant?

6) From start, to when, have you been operating your business?