



LAW OFFICE OF TROY R. JENSEN, LLC

ADOPTION | CUSTODY | PATERNITY | DIVORCE | CIVIL LITIGATION
 JUVENILE COURT | CRIMINAL DEFENSE | PERSONAL INJURY | BANKRUPTCY

Know the Law – Know Your Rights – Know I Will Fight for You

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BANKRUPTCY INTAKE: SCHEDULES AND SOFA

Voluntary Petition

Instructions: Fill out the information below completely. For Single filing cases fill out column B. For joint filings enter the Primary Debtor's information in column B and the spouse's information in column C. (Note: For information that is the same for both spouses (such as addresses, please write "SAME" in column C).

A. Information	B. Debtor 1	C. Debtor 2 (Spouse) <i>(only fill out in joint cases)</i>
First Name:		
Middle Name:		
Last Name:		
Alisases / other names used in last 8 years (include married, maiden and trade names)		
Social Security #:		
Business names and Employer Identification Numbers (EIN) you have used in the last 8 years	Business name: EIN:	Business name: EIN:
Where do you Live Street: City: State and Zip:		
Have you lived in Utah for at least 180 days? (circle one)	Yes / No If no, how long have you lived in Utah?	Yes / No If no, how long have you lived in Utah?
Which Chapter of the Bankruptcy Code are you filing under?	<input type="checkbox"/> Chapter 7 [Liquidation – Fresh start] <input type="checkbox"/> Chapter 13 [Debt Restructuring – debt payment plan 36-60 months] <input type="checkbox"/> Chapter 11 [Business] <input type="checkbox"/> Chapter 12 [Family Farmer]	

How will you pay the filing fee (\$335 chapter 7 / \$310 chapter 13)	<input type="checkbox"/> I will pay entire fee up front when filing the petition. <input type="checkbox"/> I need to pay the fee in installments (discuss options with attorney). <input type="checkbox"/> I request that my fee be waived (chapter 7 only – you may only file this if your income is less than 150% of the official poverty line for your household size AND you are unable to support installment payments) [for fee waivers you must fill out official form 103B.	
Have you filed for bankruptcy within the last 8 years?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If Yes please list: Case number: _____ Date of filing: _____ State of filing: _____	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If Yes please list: Case number: _____ Date of filing: _____ State of filing: _____
Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If Yes please list: Debtor: _____ Relationship to you: _____ Case number: _____ Date of filing: _____ State of filing: _____	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If Yes please list: Debtor: _____ Relationship to you: _____ Case number: _____ Date of filing: _____ State of filing: _____
Do you rent your residence?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If Yes, has your landlord obtained an eviction judgment against you and do you want to stay in your residence? <input type="checkbox"/> No [go to next section] <input type="checkbox"/> Yes (fill out form 101A – to be provided at next consultation)	
Are you a sole proprietor of any full- or part-time business?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If Yes, please list: Name of business: Location of business: Check the appropriate box to describe your business: <input type="checkbox"/> Health Care Business (11 USC § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (11 USC § 101(51B)) <input type="checkbox"/> Stockbroker (11 USC § 101(27A)) <input type="checkbox"/> Commodity Broker (11 USC § 101(27A)) <input type="checkbox"/> None of the above	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If Yes, please list: Name of business: Location of business: Check the appropriate box to describe your business: <input type="checkbox"/> Health Care Business (11 USC § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (11 USC § 101(51B)) <input type="checkbox"/> Stockbroker (11 USC § 101(27A)) <input type="checkbox"/> Commodity Broker (11 USC § 101(27A)) <input type="checkbox"/> None of the above
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If Yes, please describe:	

Credit Counseling Requirement. (you will be provided with a link to complete this requirement on line after your retainer has been paid)	<input type="checkbox"/> Briefing completed on _____ <input type="checkbox"/> I have not done the credit counseling within the past 180 days?	<input type="checkbox"/> Briefing completed on _____ <input type="checkbox"/> I have not done the credit counseling within the past 180 days?
Describe what kind of debts you have?	<input type="checkbox"/> Primarily consumer debt <input type="checkbox"/> Primarily business debt State the debts you owe that are not consumer nor business debts:	
How many creditors do you estimate you owe?	<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> more than 100	
How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> 50,001 to \$100,000 <input type="checkbox"/> 100,001 to \$500,000 <input type="checkbox"/> 500,001 to \$1 Million <input type="checkbox"/> More than \$1 Million	
How much to you estimate your liabilities to be?	<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> 50,001 to \$100,000 <input type="checkbox"/> 100,001 to \$500,000 <input type="checkbox"/> 500,001 to \$1 Million <input type="checkbox"/> More than \$1 Million	

PROPERTY (Schedule A and B)

In each category below, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. Answer every question. If a category does not apply please write "N/A" or "none" rather than just leaving the space blank.

Column A – Describe the property owned for each category

Column B – Indicate who owns the property (Husband – Wife – Jointly owned)

Column C – Indicate the CURRENT market value

Column D – List how long you have owned the property. If purchased used – please indicate

Be sure to list the market (resale) value of your property rather than the replacement cost or original purchase price. Vehicles, boats, and recreational vehicles need to reflect current blue book market value or a qualified appraisal. If an asset is collateral subject to a secured loan or lien, identify the creditor and the amount currently owing.

Schedule A: Real Property

Part 1. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In			
A. Property Description and Location	B. Ownership	C. Market Value	D. Date purchased or acquired
Primary Residence:			
Type of Property: <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Land <input type="checkbox"/> Investment Property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other: _____			
Secured Lien information- Creditor: _____ Account balance: _____			
Other Real Estate:			
Type of Property: <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Land <input type="checkbox"/> Investment Property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other: _____			
Secured Lien information- Creditor: _____ Account balance: _____			

Schedule B: Personal Property

Part 2. Describe Your Vehicles (Do you own, lease or have legal or equitable interest in any vehicles whether they are registered or not? include any vehicle you own that someone else drives)			
Property Description and Location	Ownership	Market Value	Date purchased
Cars, vans, trucks, tractors, sport utility vehicles, motorcycles			
Make: _____ Model: _____ Year: _____ Mileage: _____ Other information: _____			
Make: _____ Model: _____ Year: _____ Mileage: _____ Other information: _____			
Make: _____ Model: _____ Year: _____ Mileage: _____ Other information: _____			
Make: _____ Model: _____ Year: _____ Mileage: _____ Other information: _____			

<u>Property Description and Location</u>	<u>Ownership</u>	<u>Market Value</u>	<u>Date purchased</u>
Watercraft, aircraft, motor homes, ATV's and other recreational vehicles (such as boats, trailers, motors, fishing vessels, snowmobiles, motorcycle accessories)			
Make: _____ Model: _____ Year: _____ Mileage: _____ Other information: _____			
Make: _____ Model: _____ Year: _____ Mileage: _____ Other information: _____			
Part 3. Describe Your Personal and Household Items (Do you own or have any legal or equitable interest in any of the following items)			
Household goods, supplies and furnishings (furniture, major appliances, linens, china, kitchenware)			
Electronics (Televisions and radios, audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games)			
Collectibles of value (antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles)			
Sports and hobby equipment (Sports, photographic, exercise, and other hobby equipment; bicycles, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments)			
Firearms (Pistols, rifles, shotguns, ammunition and related equipment) [please note if any item is a family heirloom]			
Clothes (Everyday clothes, furs, leather coats, designer wear, shoes, accessories)			
Jewelry (Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver) [please note if any item is a family heirloom]			

<u>Property Description and Location</u>	<u>Ownership</u>	<u>Market Value</u>	<u>Date purchased</u>
Non-farm animals (Pets – dogs, cats, birds, horses)			
Any other personal and household items you did not already list, including health aids			
Part 4. Describe Your Financial Assets (Do you own or have any legal or equitable interest in any of the following items)			
Cash (this includes cash in your purse/wallet and money stuffed under your mattress or in a safe deposit box when you file your petition)			
Deposits of money (Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.)			
Bonds, investment accounts, mutual funds, or publicly traded stock			
Non-publicly traded stock & interests in incorporated and unincorporated businesses (LLC, partnership, joint venture)			
Government and corporate bonds and other negotiable and non-negotiable instruments (Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing and delivering them)			
Retirement or Pension Accounts (profit sharing plan, thrift savings accounts, IRA, ERISA, Keogh, 401K, 403(b), etc.)			
Security Deposits and Prepayments (Your share of all unused deposits you have made so you may continue service or use from a company – such as agreements with landlords, prepaid rent, public utilities, telecommunication companies, or others)			
Annuities (Contract for a periodic payment of money to you, either for life or a term of years)			
Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program (26 U.S.C. § 530(b)(1), 529A(b), and 529(b)(1))			
Trusts, equitable or future interests in property other than those listed in Section 1, and rights or powers exercisable for your benefit			
Patents, copyrights, trademarks, trade secrets and other intellectual property (internet domain names, websites, proceeds from royalties and licensing agreements)			
Licenses, franchises, customer lists, and other general intangibles (Building permits, exclusive licenses, liquor licenses, professional licenses)			

<u>Property Description and Location</u>	<u>Ownership</u>	<u>Market Value</u>	<u>Date purchased</u>
Tax Refunds or other liquidated debts owing to debtor			
Tax Year: _____ Date Filed: _____			
Date refund received or expected: _____			
Family support (Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement)			
Other amounts someone owes you (Unpaid wages, disability insurance payments, sick pay, vacation pay, workers' compensation, Social Security benefits, unpaid loans you made to someone else)			
Interests in insurance policies (Health, disability, or life insurance; health savings account (HSA); credit, homeowner's or renter's insurance - Indicate if there is a cash value – meaning money you can withdraw)			
Any interest in property that is due you from someone who has died (If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died)			
Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment (Examples: accidents, employment disputes, insurance claims or rights to sue)			
Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims			
Any financial asset you did not already list			
Part 5. Describe Any Business Related Property (Do you own or have any legal or equitable interest in any of the following)			
Do you own or have any legal or equitable interest in any business-related property?			
<input type="checkbox"/> No – skip to Part 6 below / <input type="checkbox"/> Yes , please continue with this section			
List accounts receivable or earned commissions you have already owned			
Office equipment, furnishings or supplies (business related computers, software, modems, printers, copiers, fax, rugs, telephone, desk, chairs, electronic devices)			
Machinery, fixtures, equipment, supplies you use in business and tools of trade			
Inventory			
Interests in partnerships or joint ventures			
Name of entity: _____			
% of ownership: _____			
Customer lists, mailing lists or other compilations			
Any business related property you did not already list			
Part 6. Describe Any Farm and Commercial Related Property			
Do you own or have any legal or equitable interest in any farm or commercial fishing related property			
Part 7. Describe All Property You Own or Have an Interest In That You Did Not List Above			

EXEMPT PROPERTY (Schedule C)

All qualified exemptions will be added by attorney. Please ensure you have listed all assets in the prior section. If you have specific questions about exemptions and whether they apply to an asset – please ask the attorney.

LIABILITIES (DEBTS YOU OWE – SCHEDULES D, E and F)

You are required to list all of your debts and liabilities. This means you must include every creditor to whom you owe money even if you intend to pay them in full after the bankruptcy. Your credit report will be obtained along with a lien and judgment search. Please note, if a liability which you owe or someone claims you owe is not listed in the credit report you still need to include that debt in your bankruptcy schedules. This includes debts you dispute and debts for which the exact amount owing is not yet determined.

In the sections below for Schedules D, E and F, please list the full creditor and debt information for all debts not included in your credit report. If you have a recent account statement for any of these secured debts or debts which are not reported on your credit, please provide me with the most recent statement available to you.

CLAIMS WHERE AMOUNT IS UNKNOWN Please indicate if any of the debts you are reporting fall into any of the below categories:
Contingent- The claim depends on some event that hasn't yet occurred and may never occur (for example, if you cosigned a secured loan, you won't be liable unless the principal debtor defaults as your liability as a cosigner is contingent upon the default)
Unliquidated- This means a debt may exist, but the exact amount has yet to be determined. (for example, someone sued you for injuries from an automobile accident, but the case has not been tried or settled yet)
Disputed- A claim is disputed if you and the creditor do not agree about the existence or amount of the debt. (for example, suppose the IRS says you owe \$10,000 and has put a lien on your property, and you say you only owe \$500). In this case list the full amount of the lien, not the amount you believe you owe.

SECURED DEBTS (Schedule D)

List all secured claims If you have mortgage(s), please list those first. (A claim is secured if the creditor has a lien against real property or collateral and could foreclose or repossess the property under the contract)

<u>Creditor Information</u>	<u>Account #</u>	<u>Secured Property / Collateral</u>	<u>Type of Secured Debt</u> (contract, credit account, judgment, etc.)	<u>Date incurred</u>
Name: Address: Telephone:			Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:			Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:			Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:			Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	

PRIORITY DEBTS (Schedule E)

List all Priority Claims (This includes taxes and other debt owing to the government, domestic support obligations such as alimony or child support, and claims for death or personal injury while you were intoxicated)			
<u>Creditor Information</u>	<u>Account #</u>	<u>Type of Priority Debt</u>	<u>Date incurred</u>
Name: Address: Telephone:		<input type="checkbox"/> State Taxes for tax year: _____ <input type="checkbox"/> Federal Taxes for tax year: _____ <input type="checkbox"/> Child support or alimony <input type="checkbox"/> Other:	
Name: Address: Telephone:		<input type="checkbox"/> State Taxes for tax year: _____ <input type="checkbox"/> Federal Taxes for tax year: _____ <input type="checkbox"/> Child support or alimony <input type="checkbox"/> Other:	
Name: Address: Telephone:		<input type="checkbox"/> State Taxes for tax year: _____ <input type="checkbox"/> Federal Taxes for tax year: _____ <input type="checkbox"/> Child support or alimony <input type="checkbox"/> Other:	
Name: Address: Telephone:		<input type="checkbox"/> State Taxes for tax year: _____ <input type="checkbox"/> Federal Taxes for tax year: _____ <input type="checkbox"/> Child support or alimony <input type="checkbox"/> Other:	

UNSECURED NON PRIORITY DEBTS (Schedule F)

List all Unsecured, Non-priority Claims (This includes all other claims not listed above as secured or priority claims. In most cases the majority of claims are unsecured, non-priority claims. Examples includes medical debt, credit card debt, past due bills, negative bank accounts, civil judgments and student loans)			
<u>Creditor Information</u>	<u>Account #</u>	<u>Type of Unsecured Debt</u> (contract, credit account, student loan, judgment, etc.)	<u>Date incurred</u>
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	

<u>Creditor Information</u>	<u>Account #</u>	<u>Type of Unsecured Debt</u> (contract, credit account, student loan, judgment, etc.)	<u>Date incurred</u>
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	
Name: Address: Telephone:		Describe: Debt is (mark all that apply) <input type="checkbox"/> contingent <input type="checkbox"/> unliquidated <input type="checkbox"/> disputed	

For additional debts – please copy this form and attach additional pages as needed

EXECUTORY CONTRACTS and UNEXPIRED LEASES (Schedule G)

An **executory contract** is a **contract** made by two parties in which the terms are set to be fulfilled at a later date. The **contract** stipulates that both sides still have duties to perform before it becomes fully executed. The **contract** is often in place between a debtor or borrower and another party.

The term “**unexpired lease**” refers to a **lease** of personal or real property that has not expired as of the filing of a bankruptcy case.

The trustee has 60 days after you file for bankruptcy to decide whether an executory contract or unexpired lease should be assumed (continued in force) as property of the estate or terminated (rejected). If the lease or contract would generate funds for your unsecured creditors, then it will be assumed; otherwise, it will be rejected. As a general matter, most leases and contracts are liabilities and are rejected by the trustee.

You can opt to assume or reject a lease or contract subject to the approval of the Trustee. This allows you to terminate a lease or timeshare agreement that is not affordable. In contrast, if your budget allows, you have the right to assume a lease on personal property (for instance, a car lease) on your own, as long as you give the creditor written notice and the creditor agrees.

Do you have any executory contracts or unexpired leases? <input type="checkbox"/> No (skip to next section) <input type="checkbox"/> Yes- describe below		
Person or company with whom you have the contract or lease	Describe the contract or lease and indicate whether you wish to assume or reject it	Date contract or lease expires
Name: Address: Telephone:	Describe: Debtor Election: <input type="checkbox"/> assume lease <input type="checkbox"/> reject lease	
Name: Address: Telephone:	Describe: Debtor Election: <input type="checkbox"/> assume lease <input type="checkbox"/> reject lease	
Name: Address: Telephone:	Describe: Debtor Election: <input type="checkbox"/> assume lease <input type="checkbox"/> reject lease	

CODEBTORS (Schedule H)

Codebtors are people or entities who are also liable for any debts you may have. A co-signer on a loan would be a codebtor. Do not list your spouse as a codebtor if your spouse is filing with you.

1. Do you have any cosigner / codebtors? No (skip to next section); Yes (go to questions 2)
2. List any codebtors below:

Name and address of codebtor	Creditor(s) to whom you owe the debt

YOUR INCOME (Schedule I)

Instructions: Fill out the information below completely. For Single filing cases fill out column B. For joint filings enter the Primary Debtor in column B and the spouse information in column C. (If you have more than one job, attach a separate page with information about additional employers. (Provide verification of all income for the past six months)

A. Information	B. Debtor 1	C. Debtor 2 or non-filing spouse
Employment Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Occupation:		
Employer's name:		
Employer's address:		
How long employed?		
Estimate monthly income as of the date you fill out this form, if there is nothing to report, write \$0 in the space. Include your non-filing spouse unless you are separated.		
Monthly wages, salary and commissions:	\$	\$
Estimate and list overtime pay:	\$	\$
<u>Payroll deductions:</u>		
Tax, Medicare, SS:	\$	\$
Mandatory contributions for retirement plans	\$	\$
Voluntary contributions for retirement plans	\$	\$
Required repayments of retirement fund loans	\$	\$
Insurance (health, dental, life)	\$	\$
Domestic Support Obligations	\$	\$
Union Dues	\$	\$
Other deductions (specify)	\$	\$
List all other income regularly received:		
Net income from rental property or operation of business, profession or farm:	\$	\$
Interest and Dividends:	\$	\$
Family support payments that you, a non-filing spouse or a dependent regularly receive?	\$	\$
Unemployment Compensation:	\$	\$
Social Security:	\$	\$
Other government assistance you regularly receive:	\$	\$
Pension or retirement income:	\$	\$
Other monthly income.	\$ Specify:	\$ Specify:
Regular contributions to Household expenses: <small>(this includes contributions from an unmarried partner, member of the household, your dependents, roommates, and other friends or relatives)</small>	\$	\$
Do you expect an increase or decrease within the year after you file your bankruptcy?	<input type="checkbox"/> No / <input type="checkbox"/> Yes (explain):	<input type="checkbox"/> No / <input type="checkbox"/> Yes (explain):

YOUR EXPENSES (Schedule J)

Part 1. Describe Your Household			
1.	Is this a joint case? <input type="checkbox"/> No (go to line 2) <input type="checkbox"/> Yes If yes, does Debtor 2 live in a separate household? <input type="checkbox"/> No <input type="checkbox"/> Yes (list expenses separately in Part 2)		
2.	Dependents – Do Not List Names		
	Dependents Relationship to Debtor 1 or Debtor 2 (son, daughter, nephew, niece, etc)	Date of Birth / Age	Does Dependent Live with you?
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? <input type="checkbox"/> No (go to Part 2) <input type="checkbox"/> Yes (describe below): _____		

Part 2: Estimate Your Ongoing Monthly Expenses

	A. EXPENSE CATEGORY	B. Debtor 1	C. Debtor 2 (list expenses separately ONLY IF you reside in separate household)
4.	Rent / 1st Mortgage Expense	\$	\$
4a.	Real Estate Taxes – <i>(If not included in line 4)</i>	\$	\$
4b.	Property, homeowner's, or renters insurance – <i>(If not included in line 4)</i>	\$	\$
4c.	Home maintenance, repair and upkeep expenses – <i>(If not included in line 4)</i>	\$	\$
4d.	Homeowner's association or condominium dues – <i>(If not included in line 4)</i>	\$	\$
5.	Additional mortgage payments for your residence (such as home equity loans)	\$	\$
6.	Utilities		
6a.	Electricity, heat, natural gas	\$	\$
6b.	Water, sewer, garbage collection (city utilities)	\$	\$
6c.	Telephone, cell phone, internet, satellite, cable	\$	\$
6d.	Other. Specify: _____	\$	\$
7.	Food and housekeeping supplies	\$	\$
8.	Childcare and children's education costs	\$	\$
9.	Clothing, laundry, and dry cleaning	\$	\$
10.	Personal care products and services (deodorant, haircuts)	\$	\$
11.	Medical and Dental expenses (out of pocket- do not include insurance premiums)	\$	\$
12.	Transportation (include gas, maintenance, bus or train fare – do not include car payments)	\$	\$
13.	Entertainment, clubs, recreation, newspapers, magazines and books	\$	\$
14.	Charitable contributions and religious donations	\$	\$

15.	Insurance (Do not include taxes deducted from your pay or included in lines 4 or 20)		
15a.	Life Insurance		
15b.	Health Insurance		
15c.	Vehicle Insurance		
15d.	Other Insurance. Specify: _____		
16.	Taxes (Do not include taxes deducted from your pay or included in lines 4 or 20). Specify: _____		
17.	Installment or Lease Payments		
17a.	Car payment for Vehicle 1. Specify: _____		
17b.	Car payment for Vehicle 2. Specify: _____		
17c.	Other. Specify: _____		
17d.	Other. Specify: _____		
18.	Alimony or child support payments (List on Schedule I if automatically deducted from paycheck)		
19.	Other payments you make to support others who do not live with you.		
20.	Other real property expenses not included in lines 4 or 5		
20a.	Mortgages on other property		
20b.	Real Estate Taxes		
20c.	Property, homeowner's, or renters insurance		
20d.	Home maintenance, repair and upkeep expenses		
20e.	Homeowner's association or condominium dues—		
21.	Other Expenses. Specify: _____		
	Do you expect an increase or decrease in your expenses within the year after you file your bankruptcy?	<input type="checkbox"/> No / <input type="checkbox"/> Yes (explain):	<input type="checkbox"/> No / <input type="checkbox"/> Yes (explain):

SOFA (Statement of Financial Affairs)

Instructions: Fill out the information below completely. For Single filing cases fill out column B. For joint filings enter the Primary Debtor in column B and the spouse information in column C. (Note: For information that is the same for both spouses (such as addresses, please write "SAME" in column C).

List Prior addresses for past 3 years below:

Part 1. Marital Status and Prior Addresses			
1.	marital status: <input type="checkbox"/> married <input type="checkbox"/> not married		
2.	During the last 3 years, have you lived anywhere other than where you live now? <input type="checkbox"/> No <input type="checkbox"/> Yes (list to the right)		
3.	Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) <input type="checkbox"/> No <input type="checkbox"/> Yes (list the state: _____)		
Part 2: Explain the Sources of Your Income			
4.	<u>Employment/Business Income:</u> List the the total amount of income you received from all jobs and businesses , including part time work for the past 2 years and the current year so far.		
	Year	Debtor 1 Income	Debtor 2 Income
	Current Year – Income Year to date:	\$ _____	\$ _____
	Prior Year: total income	\$ _____	\$ _____
	2 years ago: total income	\$ _____	\$ _____
5.	<u>All Other Income:</u> List the the total amount of income you received from other sources , for the past 2 years and the current year so far. (alimony, child support, social security, unemployment, public benefits, pensions, rental income, interest, dividends, money from lawsuits, royalties, gambling and lottery winnings)		
	Year	Debtor 1 Income	Debtor 2 Income
	Current Year – Income Year to date:	\$ _____	\$ _____
	Prior Year: total income	\$ _____	\$ _____
	2 years ago: total income	\$ _____	\$ _____
Part 3: List Certain Payments You Made Before You Filed for Bankruptcy			
6.	Are either Debtor 1's or Debtor 2's debts primarily consumer debts (incurred by an individual primarily for a personal, family or household purpose)?		
	<input type="checkbox"/> No (not primarily consumer debt) During the past 90 days, did you pay any creditor a total of \$6,225 or more? <input type="checkbox"/> No (go to line 7) <input type="checkbox"/> Yes (specify): _____ _____		
	<input type="checkbox"/> Yes (primarily consumer debt) During the past 90 days, did you pay any creditor a total of \$600 or more? <input type="checkbox"/> No (go to line 7) <input type="checkbox"/> Yes (specify): _____ _____		

7.	Within the past year, did you make a payment on a debt you owed anyone who was an insider? (This includes your relatives, any general partners, relatives of general partners, partnerships of which you are a general partner, corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities and any managing agent.) Include payments for child support and alimony? <input type="checkbox"/> No (go to line 8) <input type="checkbox"/> Yes (list below)		
	Insider's name and address	Amount paid / still owing	Date of payment
	/	/	
8.	Within the past year, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider <input type="checkbox"/> No (go to Part 4) <input type="checkbox"/> Yes (list below)		
	Insider's name and address	Amount paid / still owing	Date of payment
	/	/	
Part 4: Identify Legal Actions, Repossessions and Foreclosures			
9.	Within the past year, were you a party in any lawsuit, court action, or administrative proceeding? <input type="checkbox"/> No (go to line 10) <input type="checkbox"/> Yes (list below)		
	Case number / Type of case	Court location	Status of the Case
	/		
	/		
10.	Within the past year, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? <input type="checkbox"/> No (go to line 11) <input type="checkbox"/> Yes (list below)		
	Creditor Name / Address	Describe property / Value	Date
	/	/ \$	
	/	/ \$	
11.	Within 90 days, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? <input type="checkbox"/> No (go to line 12) <input type="checkbox"/> Yes (list below)		
	Creditor Name / Address	Describe action the Creditor took	Date / Amount
	/		/ \$
	/		/ \$
12.	Within 1 year, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? <input type="checkbox"/> No (go to Part 5) <input type="checkbox"/> Yes (describe):		
Part 5: List Certain Gifts and Contributions			
13.	Within 2 years, did you give any gifts with a total value of more than \$600 per person? <input type="checkbox"/> No (go to Line 14) <input type="checkbox"/> Yes (describe below):		
	Describe the Gift	Value	Dates you gave the gifts

14.	Within 2 years, did you give any gifts or contributions with a total value of more than \$600 to any charity? <input type="checkbox"/> No (go to Part 6) <input type="checkbox"/> Yes (describe below):		
	Describe what you contributed	Value	Dates you contributed
Part 6: List Certain Losses			
15.	Within 1 year, did you lose anything because of theft, fire, other disaster, or gambling? <input type="checkbox"/> No (go to Part 7) <input type="checkbox"/> Yes (describe below):		
	Describe loss and how it occurred	Describe any insurance coverage for the loss	Date of loss / value of property lost
			/ \$
Part 7: List Certain Payments or Transfers			
16.	Within the past year, did you or anyone acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? (include your attorney, bankruptcy petition preparers, or credit counseling agencies). <input type="checkbox"/> No (go to Part 7) <input type="checkbox"/> Yes (describe below):		
	Person who as paid / Address	Description and value of any property transferred	Date / Amount of Payment
	/		/ \$
17.	Within 1 year, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? (do not include any payment already listed on line 16) <input type="checkbox"/> No (go to Line 18) <input type="checkbox"/> Yes (describe below):		
	Person who as paid / Address	Description and value of any property transferred	Date / Amount of Payment
	/		/ \$
/18.	Within 2 years, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? (includes outright transfers and transfers made as security – such as granting a security interest or mortgage on your property – do not includes gifts and transfers already listed on this statement) <input type="checkbox"/> No (go to Line 18) <input type="checkbox"/> Yes (describe below):		
	Person who received Transfer / Address	Description and value of Property transferred	Date Transfer was Made
	/		
19.	Within 10 years before filing bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary (asset-protection devices)? <input type="checkbox"/> No (go to Part 8) <input type="checkbox"/> Yes (describe below):		
	Name of Trust	Description and value of Property transferred	Date Transfer was Made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units			
20	Within 1 year, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? <input type="checkbox"/> No (go to Line 21) <input type="checkbox"/> Yes (describe below):		
	Name of Financial Institution / Address	Account Type / Account Number	Date closed, sold, moved or transferred / Balance
	/	/	/ \$
	/	/	/ \$
	/	/	/ \$
21.	Do you now have, or did you have within the past 1 year, any safe deposit box or other depository for securities, cash or other valuables? <input type="checkbox"/> No (go to Line 22) <input type="checkbox"/> Yes (describe below):		
	Name of Financial Institution / Address of Financial Institution	Describe contents	Who else had access? / Do you still have it?
	/		/ <input type="checkbox"/> no <input type="checkbox"/> yes
	/		/ <input type="checkbox"/> no <input type="checkbox"/> yes
22.	Have you stored property in a storage unit or place other than your home within the past 1 year? <input type="checkbox"/> No (go to Part 9) <input type="checkbox"/> Yes (describe below):		
	Name of Storage Facility / Address of Storage Facility	Describe contents	Who else had access? / Do you still have it?
	/		/ <input type="checkbox"/> no <input type="checkbox"/> yes
	/		/ <input type="checkbox"/> no <input type="checkbox"/> yes
Part 9: Identify Property You Hold or Control for Someone Else			
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) <input type="checkbox"/> No (go to Part 10) <input type="checkbox"/> Yes (describe below):		
	Owners Name / Address	Where is the Property?	Describe Property / Value
	/		/ \$
	/		/ \$
Part 10: Give Details about Environmental Information			
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of environmental law? <input type="checkbox"/> No (go to Line 25) <input type="checkbox"/> Yes (describe below):		
	Name of Site / Address	Governmental Unit	Environmental Law cited / Date of Notice
	/		/
	/		/
25.	Have you notified any governmental unit of any release of hazardous material? <input type="checkbox"/> No (go to Line 26) <input type="checkbox"/> Yes (describe below):		
	Name of Site / Address	Governmental Unit	Environmental Law cited / Date of Notice
	/		/
	/		/
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? (Include settlements and orders). <input type="checkbox"/> No (go to Part 11) <input type="checkbox"/> Yes (describe below):		
	Case number / Type of case	Court location	Status of the Case
	/		
	/		

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years, did you own a business or have any of the following connections to any business:
 A sole proprietor or self-employed in a trade, profession, or other activity, either full or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies (go to Part 12)
 Yes (check all that apply above and fill in the details below for each business):

Business Name / Address	Describe Nature of Business / Dates business existed	Employer Identification Number

28. Within 2 years before filing bankruptcy, did you give a financial statement to anyone about your business? (Include all financial institutions, creditors, or other parties) **No** (go to Part 12) **Yes** (describe below):

Name / Address of Creditor	Purpose	Date Issued

Part 12: Declaration and Signature

By endorsing below you declare the information in this statement is true and correct to the best of your knowledge.

If any of the above information changes after you provide this questionnaire to the attorney but before your case is filed – Notify the attorney immediately to amend this statement.

You agree to review and sign the Voluntary Petition, Schedules and Statement of Financial Affairs after they are prepared and before they are submitted to the Court.

Debtor 1	Debtor 2
Print name: _____	Print name: _____
Sign name: _____	Sign name: _____
Date: _____	Date: _____