

Law Offices of
William E. Seals

2117 Lafayette Blvd.
Fredericksburg, VA22401
(540)371-7779 & (540) 3719407 Fax

BANKRUPTCY WORK SHEET

Here is your bankruptcy work sheet. Please fill it out completely and honestly. Answer all the questions, even if the answer is no. **The sooner you provide us with a completed work sheet, the sooner we can file your case.** Please use the check sheet below to make sure you have provided us with all the documents we need:

1. A current credit report (www.annualcreditreport.com).
2. A completed worksheet.
3. Completion of **Credit Counseling**. (www.Debtorcc.org)
4. Recorded deed and deed of trust for any real estate you own. (If you do not have a mortgage on it, there will be no deed of trust. If you have two mortgages, there will be two deeds of trusts.)
5. A written payoff from the lender on your mortgage.
6. City/County tax assessment on your real estate property. (Your property tax bill)
7. Written appraisal for all real estate. Can be done free on the internet (www.zillow.com).
8. Do you want to reaffirm (keep) your home? Yes No
9. Title or vehicle transcript for each vehicle, mobile home, etc. (you can get a transcript at the DMV)
10. Proof of insurance on all vehicles.
11. Cities/County's personal property tax bill for each vehicle owned.
12. Documentation of the **retail** value of all vehicles. (www.kbb.com or www.edmunds.com)
13. A written payoff from the lender on any vehicle being financed.
14. Purchase papers on any vehicle being financed.
15. Which if any of your auto loans do you want to reaffirm (keep)?
16. Documentation of the value for all personal and business assets.
17. Six (6) months pay stubs for you & spouse showing name and address of employee and deductions.
18. Bank Statements: 2 Months of statements on all accounts, even if they are at 0 balance.
19. Your employers fax number if your wages are being garnished: _____
20. A current statement for any IRA, 401K, etc. that you have.
21. Copy of your most recently filed federal tax return.
22. Completion of **Debtor Education** (Debtorcc.org). **Must be completed within forty-five (45) days after your case is filed. This is your responsibility, if you do not complete the course the judge will not grant you a discharge.**

Please note, if you do not write a creditor on this work sheet, it will not be included in your bankruptcy. We will not accept creditors written on any other paper or you verbally telling us.

NOTE: WE WILL NOT FILE YOUR CASE UNTIL WE HAVE ALL THE NECESSARY DOCUMENTS

Please feel free to contact us with any questions you might have as you fill out the worksheet. The best time to call with questions is 1:00 PM to 5:00 PM, Monday through Friday. (540) **371-7779**

Bankruptcy Worksheet

***Please make sure to answer all the questions, even if the answer is no. If you are filing a joint petition, please answer all questions pertaining to "spouse." If you are not filing a joint petition ignore these references.**

Chapter 7

Chapter 13 _____

Garnishment? Own a Home Or Buying a Home? ____ Foreclosure pending? ____

1. Please state your full name and address:

Name: _____ SSN# _____
 Address: _____ City _____ State _____ Zip _____
 Home Phone No. _____ Cell Phone # _____
 Work Phone No. _____ E-mail: _____

Married Divorced Separated Living with Spouse

Spouse Name: _____ SSN# _____
 Address: _____
 Home Phone #: _____ Cell Phone #: _____
 Work Phone #: _____ E-mail: _____

2. Maiden name or any other names used:

You: _____

Spouse: _____

1. Previous bankruptcies filed:

When: _____ Where: _____ Chapter: _____ Disposition: _____
 Case Number: _____

Previous Homestead deeds filed?

County where filed? _____

2. Please list any and all bank accounts and their amounts (checking, savings, CD's credit unions):

NAME OF INSTITUTION	TYPE OF ACCOUNT	BALANCE IN ACCOUNT
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____

3. Please list any security deposits held by utilities, phone companies, landlords, etc.:

Deposit held by: _____ Amount: _____
 Address: _____
 Deposit held by: _____ Amount: _____
 Address: _____

4. Do you own any insurance policies that could be surrendered today for cash: _____
If you answer yes, please list the insurance company and the redemption value. (Not the face value): We also need a copy.

NAME & ADDRESS OF COMPANY CASH SURRENDER VALUE

7. Do you have any annuities? _____ If yes, please list the issuer and the amount:

ISSUER NAME & ADDRESS

AMOUNT

8. Do you have any interest in an IRA or other pension plan? _____ If yes, please list a name of the plan, the name and address of the holder, and the amount. Please see that we have a copy of a recent statement.

NAME/TYPE OF PLAN, ADDRESS OF HOLDER

AMOUNT

9. Do you own any stocks? _____

COMPANY
NUMBER

VALUE

COMPANY
NUMBER

VALUE

~~10. Do you have any interest in partnerships or joint ventures? 11. If yes, please explain:~~

~~12. Do you own any government or corporate bonds? If yes, please explain:~~

13. Does anyone owe you money? _____ (This includes alimony, support, and/or property settlements). If yes, please list the names and address of the parties and the amount owed:

PARTY

AMOUNT OWED

14. Did you receive a tax refund last year? _____ 15. If yes please list:

FEDERAL:
STATE:

AMOUNT
AMOUNT

14. Do you expect to receive a tax refund this year? _____ If yes please estimate:

FEDERAL: AMOUNT _____
STATE: AMOUNT _____

15. Do you have the right to collect or receive property in the future? _____ (Includes trusts, equitable or future interests). If yes, please list:

NATURE OF AMOUNT	AMOUNT
_____	_____
_____	_____

16. Do you have any claims or rights in any estate, benefit plan, life insurance policy or trust? _____
If yes, please explain.

NATURE OF INTEREST	AMOUNT
_____	_____
_____	_____

17. Do you have any claims or rights not already mentioned? _____ If yes, please list:

NATURE OF INTEREST	AMOUNT
_____	_____
_____	_____

18. Do you own any patents or copyrights? _____ If yes, please explain:

19. Do you own any licenses, franchises and/or other business rights that have a market value? _____
If yes, please explain:

20. Do you owe any employees salaries, commission or vacation?

21. Do you owe any money to Employee Benefit plans? _____ If yes, please explain:

22. Do you owe any money to farmers or fisherman? _____ If yes, please explain:

23. Do you owe any back taxes? _____ If yes, please list:

FEDERAL: \$	YEAR(S) _____
STATE: \$	YEAR(S) _____

24. Are you involved in any "executory contracts" (not yet fully performed) and/or unexpired leases? _____ If yes, please explain:

25. Do you pay Child support? _____ Yes Or _____ No
 (If Yes please provide the following Info.)

Complete Name Of the person that you Pay To: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 How often you Pay? _____ Weekly _____ Bi-weekly _____ Monthly
 The dollar \$ amount You pay: _____

Please list your dependents and their ages (ONLY LIST SPOUSE IF THEY ARE NOT FILING):

NAME	AGE	RELATIONSHIP

ASSETS

Provide Payoff -Security Agreement-Recorded Financing Statement and written evidence of value, for all listed below.

BOATS/MOTORS/ACCESSORIES

MAKE/MODEL	YEAR	VALUE	CO-DEBTOR/OWNER

AIRCRAFT AND/OR ACCESSORIES.

MAKE/MODEL	YEAR	VALUE	CO-DEBTOR/OWNER

OFFICE EQUIPMENT FURNISHINGS & SUPPLIES:

DESCRIPTION	VALUE

MACHINERY, FIXTURES, EQUIPMENT, SUPPLIES USED IN BUSINESS:

DESCRIPTION	VALUE

FIREARMS, SPORTS, PHOTOGRAPHIC, OR OTHER HOBBY EQUIPMENT:

DESCRIPTION	VALUE

26. Do You own or are you buying any real estate (home or land)? ____ YES or ____ NO
 (If Yes please provide the complete address)

Address: _____ City: _____ State: _____
 Zip Code: _____ County: _____

What is the tax assessment on the property? (1) _____

(2) _____ (3) _____

How many mortgages or equity lines of credit are on the property? _____

YOUR HOUSEHOLD INVENTORY

YARD SALE VALUE

FURNITURE	_____	\$ _____
KITCHEN APPLIANCES	_____	\$ _____
AUDIO/VIDEO EQUIPMENT	_____	\$ _____
COMPUTER EQUIPMENT	_____	\$ _____
CLOTHING	_____	\$ _____
FURS AND JEWELRY	_____	\$ _____

ANY OTHER PERSONAL PROPERTY NOT LISTED:

DESCRIPTION	VALUE
_____	_____
_____	_____
_____	_____

If a Chapter 13 Plan, do you want to include payments on any of your vehicles in the Chapter 13 Plan? YES _____ OR _____ NO

**AUTOMOBILE QUESTIONNAIRE
(FILL OUT 1 PER AUTO)**

YEAR: _____ **MAKE:** _____ **MODEL:** _____

CO-DEBTOR/OWNER _____

EDITION(i.e., LXI, SE): _____ **RETAIL VALUE:** _____

Kelly blue book (kbb.com)

MILEAGE: _____ **ENGINE TYPE:** _____

AUTOMATIC TRANSMISSION: _____ **MANUAL TRANSMISSION:** _____

POWER WINDOWS: YES _____ **NO** _____ **POWER LOCK DOORS: YES** _____ **NO** _____

POWER STEERING: YES _____ **NO** _____ **TILT STEERING: YES** _____ **NO** _____

AIR CONDITIONING: YES _____ **NO** _____ **CRUISE CONTROL: YES** _____ **NO** _____

AM/RADIO: _____ **W/CASSETTE:** _____ **W/CD:** _____ **COLOR:** _____

**AUTOMOBILE QUESTIONNAIRE
(FILL OUT 1 PER AUTO)**

YEAR: _____ **MAKE:** _____ **MODEL:** _____

CO-DEBTOR/OWNER _____

EDITION(i.e., LXI, SE): _____ **RETAIL VALUE:** _____

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AIR CONDITIONING: YES _____ **NO** _____ **AM/RADIO:** _____ **W/CASSETTE:** _____

CRUISE CONTROL: YES NO

W/CD:

COLOR: _____

**AUTOMOBILE QUESTIONNAIRE
(FILL OUT 1 PER AUTO)**

YEAR: _____ **MAKE:** _____ **MODEL:** _____

CO-DEBTOR/OWNER _____

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**AUTOMOBILE QUESTIONNAIRE
(FILL OUT 1 PER AUTO)**

YEAR: _____ **MAKE:** _____ **MODEL:** _____

CO-DEBTOR/OWNER _____

EDITION(i.e., LXI, SE): _____ **RETAIL VALUE:** _____

— Kelly blue book (kbb.com)

MILEAGE: _____ **ENGINE TYPE:** _____

AUTOMATIC TRANSMISSION: _____ **MANUAL TRANSMISSION:** _____

POWER WINDOWS: YES _____ **NO** _____ **POWER LOCK DOORS: YES** _____ **NO** _____

POWER STEERING: YES _____ **NO** _____ **TILT STEERING: YES** _____ **NO** _____

AIR CONDITIONING: YES _____ **NO** _____ **CRUISE CONTROL: YES** _____ **NO** _____

AM/RADIO: _____ **W/CASSETTE:** _____ **W/CD:** _____ **COLOR:** _____

INCOME & EMPLOYMENT INFORMATION

Please list you current occupation and employer(s):

OCCUPATION: _____ HOW LONG EMPLOYED: _____

EMPLOYER: _____

ADDRESS: _____

Please check your current payroll schedule:

___ Bi-weekly ___ Weekly ___ Semi-monthly
___ Monthly ___ Bi-monthly(Meaning every other month)
___ Other

Please list spouse's occupation and employer (if filing joint):

OCCUPATION: _____ HOW LONG EMPLOYED: _____

EMPLOYER: _____

ADDRESS: _____

Please check your current payroll schedule:

___ Bi-weekly ___ Weekly ___ Semi-monthly
___ Monthly ___ Bi-monthly(Meaning every other month)
___ Other

PLEASE LIST AND ITEMIZE OTHER INCOME BELOW:
(Child Support, Alimony, Social Security, Government Assistance, etc.)

MONTHLY EXPENSES

RENT/MORTGAGE PAYMENT:

payment includes property taxes: _____

payment includes insurance: _____

ELECTRIC/HEAT

TELEPHONE

CELL PHONE

HOME MAINTENANCE

(Repair and upkeep)

FOOD

(Household items, pet food, cigarettes, etc.)

PURCHASE OF CLOTHING

LAUNDRY/DRY CLEANING

TRANSPORTATION (Not Including Car Payment)

(Gas, Repair and Upkeep)

RECREATION

(Magazines, movies, out to dinner, etc.)

CHARITABLE CONTRIBUTIONS

(Not deducted from paycheck) Provide receipts

Address: _____

MEDICAL EXPENSES/PRESCRIPTIONS

INSURANCE

homeowner' s/renter' s _____

life _____

auto _____

other(not deducted from a paycheck) _____

TAXES:(not deducted from wages) _____

INSTALLMENT PAYMENTS: _____

auto: _____

other: _____

CHILD CARE: _____

WATER & SEWER _____

CABLE _____

ALIMONY/SUPPORT: _____

SUPPORT OF ADDITIONAL
DEPENDENTS NOT
LIVING AT HOME: _____

REGULAR BUSINESS EXPENSES(if any):
Please explain _____

OTHER EXPENSES: _____

Please explain _____

27. Please list your gross income for the following years:

2012 _____

2013 _____

2014(YTD)_____

28. Please list your income from a source other than income (gambling, etc.):

29. Please list payments made to any single creditor within the past 90 days which totaled more than \$600.00:

30. Please list any payments on your debts made within the last year to "insiders"(relatives or business partners):

31. Have you been involved in a lawsuit within the past year? ____
If yes, then please list the nature of the suit, parties involved, date, case number, court, and status of this case.

32. Has any of your property(including wages) been attached or **garnished** within the past year? ____

If yes, then please list the name, address of the party whose benefit the property was seized, date of seizure, and a description and value of the property:

Name:

Address :

Amount:

33. Has any of your property been repossessed or foreclosure upon within the past year?

If yes, please list the name and address of the creditor or seller, date of the occurrence, and a description and value of the property:

34. Has any of your property been assigned or transferred to creditors within the past year?

If yes, then please list the name and address of assignee, date and terms of the assignment:

35. Has any property been held for you or your creditors by a third party withing the last year?

If yes, then please explain:

36. A) Have you made any charitable contributions within the past year which exceeded \$100 total to any one recipient?

If yes, then please list the name and address of recipient, relationship, date, description of gifts and provide a receipt.

B) Have you, within the past year, given anything away, as a gift or otherwise (not counting gifts totaling under \$200 in value to family members)?:

37. Have any losses resulted from fire, theft, or gambling within the past year?_____

If yes, then please list the description and value of the property, date, and circumstances:

38. Please list all payments related to debt counseling or bankruptcy made within the past year. (This includes attorneys' fees):

39. Have any other transfers been made within the past 3 (three) years which have not already been listed? If yes please explain :

40. Please list all financial accounts which were closed within the past year:
(Next Page)

NAME & ADDRESS OF INSTITUTION	TYPE OF ACCOUNT	DATE CLOSED
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF

DATE: _____

SIGNATURE _____

DATE: _____

SIGNATURE: _____

LIST OF DEBTS

Please use this form to make a list of everything you owe. Remember, if you leave someone off or give us a bad address, you may still have to pay them. If you leave someone off the list on purpose, you are lying to the judge and the penalty for lying to the judge is having to pay back everybody. If you have co-signers in your debts, be sure and list them, to include their address. Please list whose name is on each account.

Home Loan: Are you buying or do you own a home? _____

Mortgage Company Name: _____ Account No. _____

Loan Amount \$ _____ Monthly Payment \$ _____ Pay off Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Are You Behind in Payments? Yes _ No. If yes, Please indicate how many months you are behind. _____

Do you wish to surrender (give up) _____ Or re-affirm (keep) _____ the debt.

Cosigner Name and Address: _____

Second Mortgage

Mortgage Company Name: _____ Account No. _____

Loan Amount \$ _____ Monthly Payment \$ _____ Pay off Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Are You Behind in Payments? Yes _____ No. If yes, Please indicate how many months you are behind. _____

Do you wish to surrender (give up) _____ Or re-affirm (keep) _____ the debt.

Cosigner Name and Address: _____

Home Owners Assoc/Condo Fees

Name: _____ Account No. _____

Address: _____ Monthly Payment: \$ _____

City: _____ State: _____ Zip: _____

Automobile Loans:

Make of Car: _____

Name of Lender: _____ Account No. _____

Address: _____, City _____, State, Zip _____

Loan Amount \$ _____ Monthly Payment \$ _____ Pay off Amount \$ _____

Are you behind in payments: Yes No How many: _____

Co-signer Name and Address: _____

Do you want to reaffirm (keep) or surrender this vehicle?

Automobile Loans:

Make of Car: _____

Name of Lender: _____ Account No. _____

Address: _____, City _____, State, Zip _____

Monthly Payment: \$ _____

Loan Amount \$ _____ Monthly Payment \$ _____ Pay off Amount \$ _____

Are you behind in payments: Yes No How many: _____

Co-signer Name and Address: _____

Do you want to reaffirm (keep) or surrender this vehicle?

**Automobile
Loans:**

Make of Car: _____

Name of Lender: _____ Account No. _____

Address: _____, City _____, State, _____, Zip _____

Monthly Payment: \$ _____

Loan Amount \$ _____ Monthly Payment \$ _____ Pay off Amount \$ _____

Are you behind in payments: Yes No How many: _____

Co-signer Name and Address: _____

Do you want to reaffirm (keep) or surrender this vehicle?

Secured Loans: All loans other than home or auto that are secured (i.e., judgments, furniture, vacuum cleaner, jewelry. Etc).

Name of Creditor: _____

Address: _____

City _____ State _____ Zip _____

Secured on what property: _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

Who is financially responsible for this debt? Husband Wife Both Other

Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

Has this debt been turned over to a collection agency? _____ Yes _____ No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Secured Loans:

Name of Creditor: _____

Address: _____

City _____ State _____ Zip _____

Secured on what property: _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

Who is financially responsible for this debt? Husband Wife Both Other

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City _____ State _____ Zip _____

Secured on what property: _____

Name of Lender: _____ Account No. _____

Address: _____ Balance owed: \$ _____

City: _____ State: _____ Zip: _____

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Address: _____ Balance owed : \$ _____

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City: _____ State: _____ Zip: _____

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Secured on what property: _____

Name of Lender: _____ Account No. _____

Address: _____ Balance owed : \$ _____

City: _____ State: _____ Zip: _____

Co-Debtor Name and Address: _____

Unsecured Debts: This includes all other debts which are behind on payments or you can not pay off, These will be included in your bankruptcy (i.e., loans, credit cards, utilities, individuals, etc).

Unsecured Debts Date Incurred: _____ Last Used: _____

Name of Creditor: _____

Address: _____

City _____ State _____ Zip _____

What is this debt for? Medical Credit Card Loan Other _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this is a credit card, what date (or year) did you last make a purchase? _____

Who is financially responsible for this debt? Husband Wife Both Other

Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

Has this debt been turned over to a collection agency? ___ Yes _____ No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Unsecured Debts Date Incurred: _____ Last Used: _____

Name of Creditor: _____

Address: _____

City _____ State _____ Zip _____

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Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

Has this debt been turned over to a collection agency? ___ Yes _____ No

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Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

Has this debt been turned over to a collection agency? _____ Yes _____ No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

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City _____ State _____ Zip _____

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Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

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Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

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City _____ State _____ Zip _____

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Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

Has this debt been turned over to a collection agency? _____ Yes _____ No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Unsecured Debts Date Incurred: _____ Last Used: _____

Name of Creditor: _____

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Address: _____

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Has this debt been turned over to a collection agency? _____ Yes _____ No

Name of collection agency or law firm _____

Address _____

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City _____ State _____ Zip _____

What is this debt for? Medical Credit Card Loan Other _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this is a credit card, what date (or year) did you last make a purchase? _____

Who is fmancially responsible for this debt? Husband Wife Both Other

Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

Has this debt been turned over to a collection agency? _____ Yes _____ No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Unsecured Debts Date Incurred: _____ Last Used: _____

Name of Creditor: _____

Address: _____

City _____ State _____ Zip _____

What is this debt for? Medical Credit Card Loan Other _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this is a credit card, what date (or year) did you last make a purchase? _____

Who is fmancially responsible for this debt? Husband Wife Both Other

Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

Has this debt been turned over to a collection agency? _____ Yes _____ No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Unsecured Debts: This includes all other debts which are behind on payments or you can not pay off, These will be included in your bankruptcy (i.e., loans, credit cards, utilities, individuals, etc).

Unsecured Debts Date Incurred: _____ Last Used: _____

Name of Creditor: _____

Address: _____

City _____ State _____ Zip _____

What is this debt for? Medical Credit Card Loan Other _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this is a credit card, what date (or year) did you last make a purchase? _____

Who is financially responsible for this debt? Husband Wife Both Other

Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

Has this debt been turned over to a collection agency? _____ Yes _____ No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

Unsecured Debts Date Incurred: _____ Last Used: _____

Name of Creditor: _____

Address: _____

City _____ State _____ Zip _____

What is this debt for? Medical Credit Card Loan Other _____

Total amount you owe on this debt _____ Account No: _____

Date (or year) you originally obtained this debt or established credit: _____

If this is a credit card, what date (or year) did you last make a purchase? _____

Who is financially responsible for this debt? Husband Wife Both Other

Co-Debtor Name _____

Address: _____

City _____ State _____ Zip _____

Has this debt been turned over to a collection agency? _____ Yes _____ No

Name of collection agency or law firm _____

Address _____

City _____ State _____ Zip _____

AFFIDAVIT OF DEBTORS

I hereby certify under penalty of perjury that the above list of _____
creditors, consisting of _____ pages are all the creditors I have to list on my bankruptcy.

Print Name

Date

Signature

Date

Print Name (Spouse)

Date

Signature (Spouse)

Date