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*Board Certified - Consumer Bankruptcy -
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INSTRUCTIONS FOR YOUR BANKRUPTCY CASE

You will need all of the documents and information requested in this pamphlet. You will not need any other documents other than those requested so I would advise you not to spend any time reviewing or creating any other document or information requested as you will simply waste your time. Please be advised that often the hardest part of filing bankruptcy is providing all of the required information and documents. When you have completed the required tasks you need to call to schedule an appointment with my office. You will first meet with a paralegal that will review your documentation and pull your credit report; you will then meet with me to review the questionnaire. Typically we can create your bankruptcy filing within a day or two. **I CANNOT FILE A CASE WITHOUT THE REQUIRED INFORMATION BELOW.**

STEP ONE: Obtain your credit counseling certificate. This is your “ticket in” to filing a bankruptcy. I would suggest you use the internet when possible because of speed and cost. A list of approved providers is below; you may only use an approved provider. You may obtain your certificate at any time within the six months prior to your bankruptcy filing. You cannot file a case until you have this certificate. There are two rounds of required credit counseling the first is to obtain your credit counseling certificate required to file your case. The second is a financial management class that is completed after your case is filed but prior to you being discharged. This is the “ticket out” of bankruptcy and is required for your case to be complete. The cost should be between \$36.00 and \$50.00 for obtaining your credit counseling certificate. The cost for attending your financial management class will be between \$17.50 and \$49.00. Again you cannot file a case without the “ticket in” that is your credit counseling certificate.

1. www.a247class.com
Financial Management Class Only
Internet / \$17.50 **LOWEST FEE**
Email certificate to jpnorman@jeffreypnorman.com

University-Bankruptcy Edition
Financial Management Class only
The Lampo Group, Inc.
1749 Mallory Lane
Brentwood, TN 37027
888-227-3223
www.bankruptcy.daveramsey.com
Internet/\$25.00-\$50.00/RECOMMENDED
2. Cricket Debt Counseling
www.cricketdebt.com
Internet Only
RECOMMENDED
\$36.00 course fee **LOWEST FEE**
You may pay direct or you may pay our office and we will obtain the certificate (Access Code 717513 if you want to pay our office)
3. Dave Ramsey's Abridged Financial Peace
4. GreenPath Debt Solutions
38505 Country Club Drive, Suite 210
Farmington Hills, MI 48331-3429
800-630-6718
www.greenpathbk.com
In Person and Telephonic/RECOMMENDED

BANKRUPTCY QUESTIONNAIRE/INDIVIDUAL

PAGE 1

JEFFREY P. NORMAN
281-332-4800 TELEPHONE
281-332-4808 TELEFAX

- | | |
|--|--|
| <p>5. Hummingbird Credit Counseling and Education, Inc.
 3737 Glenwood Avenue
 Suite 100-106
 Raleigh, NC 27612-5515
 800-645-4959
 www.hbcce.org
 Internet/RECOMMENDED/\$49.00 course fee
 You may pay direct or you may pay our office and we will obtain the certificate</p> | <p>866-745-2227
 www.moneymanagement.org
 In Person , Telephonic and
 Internet/RECOMMENDED/\$50.00 per case
 Have certificate faxed to us at 281 332 - 4808</p> |
| <p>6. Money Management International, Inc.
 9009 West Loop South, 7th Floor
 Houston, TX 77096-1719</p> | <p>7. Springboard Nonprofit Consumer Credit Management, Inc.
 4351 Latham Street
 Riverside, CA 92501
 888-425-3453
 www.bkhelp.org
 In Person, Telephonic, and Internet/RECOMMENDED</p> |

STEP TWO: You will need to put together all of the following documents. All of these documents are required for your filing. You may bring the originals or copies.

1. Your/Spouses governmental issued identification card. This would include a driver's license, identification card or passport. If you do not have an identification card you can obtain one at the Texas Department of Public Safety, Drivers license bureau. Information about obtaining a identification card or drivers license is available at <http://www.txdps.state.tx.us/> .
2. Your/Spouses social security number on an original document including your social security card, insurance card, W-2 or 1099. If you do not have a social security card you may obtain information about a replace card or obtain a social security number at <http://www.ssa.gov/> .
3. Your/Spouses last full six (6) months of pay remittances. These can be pay stubs, pay remittances, print outs from your payroll department or employers web site. If your pay checks are identical you may produce two (2) months of pay checks. If you have pay checks with YTD (Year to Date) calculations you can provide your last paycheck of the prior month as well as your last paycheck of the months for six months prior.
4. Your/Spouses last filed tax return with all attachments such as W-2 or 1099.
5. If your last filed tax return is not the current tax return that is due copies of your most current W-2 or 1099.
6. If you are self employed a six month profit and loss statement for the last full six months.
7. If you are filing a Chapter 7 copies of your bank statement(s) for the last ninety (90) days.
8. If you are filing a Chapter 13 a copy of your current mortgage payment coupon or statement.

STEP THREE: You will need to complete the attached questionnaire and schedule an appointment with my office. Both you and your spouse (only if your spouse is filing) will need to sign documents at that meeting. If only one spouse is planning to attend that meeting then you should contact us prior to your meeting to obtain these forms so that the meeting can be productive. You may email your request for these forms. You however can choose to pick up these forms at this meeting.

AUDIT ADVISORY: Please be aware that in all bankruptcy cases (1 out of every 250) there are random audits. If your case is chosen you will be required to produce two years of tax returns, six months of pay records, bank statements, cancelled checks and the like and these documents will be cross referenced by an auditor to your bankruptcy schedules. If you make a material omission or a material misstatement you can be denied a discharge and/or your discharge can be revoked. These are paper audits only but it is extremely important that your schedules are accurate to the best of your ability.

WAGE ORDER ADVISORY: Please be advised that wage orders for Chapter 13 plan payments are required on all cases where the debtor is not self employed. Joint debtors may choose on whom the wage order is entered. One or both debtors may have a wage order and the deduction is prorated over your pay period and not deducted all at once.



Jeffrey Norman, Attorney at Law
450 N. Texas Avenue, Suite A
Webster, TX 77598

Phone: (281) 332-4800
Fax: (281) 332-4808

Client Instructions

Attorney Code: 717513

Under current Bankruptcy laws, you must receive Budget & Credit Counseling from an approved agency within 180 days prior to filing for bankruptcy. Cricket Debt Counseling will provide you with your required counseling through an easy-to-use online course, and a brief follow-up phone call. The whole process generally takes about 90 minutes to complete, and you do not have to finish it all at once. At Cricket Debt you can sign up online and take your time going through the materials. Our system saves all your information so you can exit the program and come back whenever and as often as you like.* We charge only \$36, and that fee covers both you and your spouse (if you have one).

How to set up an account at Cricket Debt

- Go to www.CricketDebt.com and click on the button in the lower left that says "Start Counseling," and follow the directions for New Clients.
- On the "New Client Signup" page enter the Attorney Code indicated above, and fill in all the required fields (name, spouse, address, etc.). At the bottom of the page you will be asked to create a username and password. You can use these to access your account at any time, to continue the counseling course, review the materials, or make changes to your account. You'll also be asked to choose what language you want the counseling materials in.[†]
- You will now be taken to our Payment Page, where you can pay by Visa, Mastercard, or Discover, or by online check. You can also get instructions for paying by money order through the mail.

What you'll need to complete the course

- During the online counseling, you'll be asked to list all of your existing debts, with interest rate and monthly payment amount.
- You'll also be asked to enter your current income, and all monthly expenses, such as rent, utilities, gas, groceries, and anything else you spend money on in any given month.
- Finally, when you've finished going through all the materials, you'll be asked to call in and speak with a counselor. You do not need to be in front of a computer for this call. The call generally lasts about 10 minutes. At the end of the call a copy of your certificate will automatically be emailed to your attorney. You may also request that an additional copy be emailed or faxed to you.
- Counselors are available to talk with you Mon-Fri 6AM-6PM Pacific Time.

* Client information is saved online for 180 days

[†] Counselors are available in English and Spanish. Written materials are available in English, Spanish, Korean, Chinese, and Romanian

1-866-719-0400

www.CricketDebt.com

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BANKRUPTCY QUESTIONNAIRE/INDIVIDUAL

Instructions: Please print each answer to each question in the space provided. Please print legibly.

<p>1. What is your full legal name? (Your spouse, if any, will be listed below at question # 11)</p> <p>2. State any other legal name used in the last ten years?</p> <p>3. What is your social security number?</p> <p>4. What is your driver's license number and issuing state?</p> <p>5. What is your street address? City, State and Zip Code?</p> <p>6. What is your mailing address, if different? City, State and Zip Code</p> <p>7. What is your email address? Do you want to receive email notices? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. What is your work/ spouse's work telephone number?</p> <p>9. What is your cell/spouse's cell phone number?</p> <p>10. What is your home telephone number?</p> <p>11. What is your spouse's full legal name?</p> <p>12. State any other legal name used by your spouse in the last ten years.</p> <p>13. What is your spouse's social security number?</p> <p>14. What is your spouse's driver's license number and issuing state?</p> <p>15. If you have a business what is its current name and address? City, State and Zip?</p> <p>16. What other names has your business used?</p> <p>17. Have you filed bankruptcy in the last eight years?</p> <p>18. If yes to question # 17, what was the case number, and on what date was it filed?</p> <p>19. Please state you and your spouse's gross income from wages, salary, or the operation of a business for the last three years. (Do not include any other income)</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4. Number</p> <p>5.</p> <p>6.</p> <p>7.</p> <p>8.</p> <p>9.</p> <p>10.</p> <p>11.</p> <p>12.</p> <p>13.</p> <p>14. Number</p> <p>15.</p> <p>16.</p> <p>17.</p> <p>18. Case#</p> <p>Year to Date You _____ Spouse _____ Last Year You _____ Spouse _____ Year Prior You _____ Spouse _____</p>	<p>State</p> <p>Please check your County: <input type="checkbox"/> Harris <input type="checkbox"/> Galveston <input type="checkbox"/> Brazoria <input type="checkbox"/> Fort Bend <input type="checkbox"/> Montgomery <input type="checkbox"/> Chambers <input type="checkbox"/> Other: Fill In</p> <p>Date:</p> <p>Sources: Please <u>circle one</u> Employment/ Operation of Business/ Both</p>
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OFFICE USE ONLY _____ 7 _____ 13
ESTIMATED PAYMENT _____ FOR _____ MONTHS

20. Please state you and your spouse's income from any other source for the last three years. (Includes child support, disability, dividends, interest, unemployment, social security, retirement, other income not from working or employment)

Year to Date	You _____	Spouse _____
Last Year	You _____	Spouse _____
Year Prior	You _____	Spouse _____

Sources: Please circle all that apply Child support, disability, dividends interest, unemployment, social security, retirement, other income _____ (fill in)

21. List all payments you or your spouse have made in the last ninety days (3 months) that total over \$600.00 for payments of loans, installment debts, goods services or their debts? List any additional payment on the back of this page.

Creditor Name: <i>Example</i>	Creditor Name:	Creditor Name:
<u>Ford Motor Credit</u>	_____	_____
Address: <u>P. O. Box 1234</u>	Address: _____	Address: _____
<u>Houston, Texas 77058</u>	_____	_____
Amount paid: <u>\$389.00 monthly</u>	Amount paid; _____	Amount paid: _____
Date paid: <u>Various</u>	Date paid: _____	Date paid: _____
(exact date or various for multiple payments)	(date or various)	(date or various)
Amount owing: <u>\$18,000.00</u>	Amount owing: _____	Amount owing: _____

22. List any and all lawsuits to which you or your spouse have been a party in the last year. This includes any lawsuit to collect a debt from you and any lawsuit where you are attempting to collect money.

Case Title: _____	Case Number: _____
(Visa Card vs. John Smith)	(98-12345)
Court and Location: _____	Nature of Proceeding: _____
(Justice of the Peace, Harris County, Texas)	(To collect debt, personal injury, divorce, custody, etc.)
Suit Status: _____	
(Pending, Final, Judgment, About to Settle etc.)	

23. Describe any property that has been seized, garnished or attached by a court order or other equitable process in the last year.

Who Seized: _____	Address: _____
(Mastercard)	(P. O. Box 1234, Dallas, Texas 78787)
Seizure Date: _____	Property Description: _____
(March 15, 1998)	(My checking account at Savings of America)
Value: _____	
(\$500.00)	

24. Please list all property that has in the last year been repossessed (cars, truck, boats, etc.) or foreclosed (house or land), or returned (any asset) to the seller or finance company or sold at a foreclosure or repossession sale. Please make sure that any creditor listed here is also listed by name and address on your creditor list.

Creditor/Seller: _____	Address: _____
(GMAC)	(P. O. Box 1234, Dallas, Texas 78787)
Property Description: _____	Value of Property: _____
(1995 Chevy Pickup)	(\$8,000.00)

25. Please list all property that within the last 120 days has been assigned for the benefit of a creditor. This includes the pledging of collateral to a loan.

Assignment made for: _____	Address: _____
(Savings of America)	(P. O. Box 1234, Dallas, Texas 78787)
Date: _____	Terms of Assignment: _____
(March 15, 1998)	(I pledged my old car to my personal loan.)

26. Please list all property that has been in the hands of a custodian, receiver, or court-appointed official in the last year. Please list any such person on your creditor list.

Custodian, receiver, etc.:	Address:
<u>(Chrysler Credit)</u>	<u>(1234 Main Street, Dallas, Texas 78787)</u>
Court:	Case Title:
<u>(123rd District Court of Harris County, Texas)</u>	<u>(Chrysler Credit Corporation vs. Mr. and Ms. John Smith)</u>
Case Number:	Date of Order:
<u>(98-12345)</u>	<u>(December 15, 1998)</u>
Property Description:	Value:
<u>(1998 Dodge Dakota Pickup)</u>	<u>(\$12,000.00)</u>

27. List all gifts or charitable contributions made within one year immediately preceding this case except ordinary and usual gifts to family members and charitable contributions aggregating less than \$100 per recipient.

Recipient of Gift:	Address:
<u>(Universal Church of Christ)</u>	<u>(1234 Main Street, Houston, Texas 77002)</u>
Relationship to Debtor:	Date of Gift:
<u>(None, son, friend, etc.)</u>	<u>(December 25, 1998 or Various, if more than one date)</u>
Description:	Value:
<u>(Cash or 1980 Chevy Truck)</u>	<u>(\$1,000.00)</u>

28. List all property transferred (sale, free transfer or as security on a loan), other than property transferred in the ordinary course of business, within the last year to anyone.

Person to whom transferred:	Address:
<u>(John Smith)</u>	<u>(1234 Main Street, Pearland, Texas 77586)</u>
Relationship to Debtor:	Date of Transfer:
<u>(None, son, friend, etc.)</u>	<u>(January 15, 1999)</u>
Property:	Value:
<u>(1995 GMC Pickup)</u>	<u>(\$10,000.00)</u>

29. List all losses from fire, theft, or other casualty, or gambling withing the last year.

Property:	Value:
<u>(Bicycle)</u>	<u>(\$100.00)</u>
Circumstances:	Insurance Coverage:
<u>(Stolen from garage)</u>	<u>(None)</u>
Date of Loss:	
<u>(12/15/99)</u>	

30. List any payment made in the last year to any person, firm or organization, including attorneys for consultation concerning debt relief or consolidation of debts or bankruptcy.

Payee:	Address:
<u>(Consumer Credit Counseling)</u>	<u>(1234 Main Street, Pasadena, Texas 77502)</u>
Date of Payment:	Payor:
<u>(Various or 1/15/99)</u>	<u>(Myself and my wife)</u>
Payment or Value:	
<u>(\$400.00 monthly or \$2000.00 Total)</u>	

31. List all bank accounts, or other financial accounts that have been closed or transferred in the last year. This includes checking, savings accounts, certificates of deposit, pension funds, IRAs, brokerage accounts or mutual funds.

Institution:	Address:
<u>(Wells Fargo Bank)</u>	<u>(Friendswood Branch)</u>
Type of Account:	Account Number:
<u>(Checking)</u>	<u>(277-56565 or Unknown)</u>
Final Balance:	Closing Date:
<u>(None or \$126.00)</u>	<u>(12/15/99)</u>

32. List each safe deposit box or other depository that you have or have maintained in the last year.

Institution: _____ Address: _____
(Chase Bank of Texas) (1234 Main Street, Humble, Texas 77555)
Persons with Access: _____ Address: _____
(Myself and my wife) (Your home address)
Contents: _____ Surrender date: _____
(Legal papers and documents) (12/15/99 or none)

33. List any amount of money taken out of your bank account without your knowledge or consent in the last ninety (90) days to pay or satisfy a loan or debt to a creditor (legally called a setoff).

Creditor: _____ Address: _____
(Big Chemical Federal Credit Union) P. O. Box 1234, Texas City, Texas 77999
Setoff date: _____ Amount: _____
(1/15/99) (\$236.00)

34. List all property held by you and/or your spouse which belongs to or is owned by a third person or party.

Owner: _____ Address: _____
(My dad, Bill Smith) (1234 Main Street, Hope, Arkansas 87878)
Property: _____ Description: _____
(A car) (1968 Volkswagen Bug)
Value: _____ Location: _____
(\$1200.00) (At my house)

35. List any address (other than your current address) you have resided in the last two years. Additional addresses may be listed on the back of this page if necessary.

Address: _____ Name(s) Used: _____
(1234 Main Street, Seattle, Washington 55555) (Same)
Dates: _____
(12/1/97 - 12/15/98)

36. Please list the name of any person to whom you or you spouse have been married in the last six years.

Name: _____ Name: _____

37. Are you aware of any enviromental problems with your property? _____ Yes _____ No
(This typically does not apply but in rare instances you may have toxic chemicals stored on your property, an old oil and gas well ground water and/or other soil or water contamination.)

38. Do you currently maintain bank accounts at financial institutions to whom you owe money? _____ Yes
_____ No **If yes, you must close these accounts unless we make other arrangements.**

39. Are you currently owed any type tax refund, including amounts owed for unfiled returns? Yes _____ No _____ If yes, amount is _____. For tax year(s): _____ Please schedule this amount on your property schedules at number 17.

40. Do you or your spouse currently have a pension plan, 401(k) plan, 403(b) plan, employees savings plan, employee stock ownership plan, IRA, KEOGH and/or IRA/SEP? _____ Yes _____ No If yes, then how much is it worth? For you _____ For your spouse _____ Please schedule this amount on your property schedules at number 11.

41. Do you have loans from friends or family members ? _____ Yes _____ No. If yes, have you made payments to these friends or family members in the last year ? If yes, how much have you paid \$ _____.

Y our Creditor List/List all of your creditors

Jeffrey P. Norman, Attorney at Law, Telephone 281-332-4800, Telefax 281-332-4800

Creditor Name and Exact Billing Address

Year of last Charge/Loan approximated

Approximate Amount Due

Type of Debt: Car Loan, Credit Card, Home Loan, Medical Bill, Personal Loan, Utility Bill, etc.

Collateral or Security, if known
OPTIONAL

OFFICE USE ONLY

1. **WE WILL PULL YOUR CREDIT REPORT AND PROVIDE YOU A COPY. DO NOT COMPELLE UNTIL YOU HAVE SEEN THE CREDIT REPORT.**

\$

2. _____

\$

3. _____

\$

4. _____

\$

5. _____

\$

6. _____

\$

7. _____

\$

8. _____

\$

9. _____

\$

10. _____

\$

PHOTOCOPY FOR ADDITIONAL CREDITORS/AVAILABLE AS AN EXCEL SPREADSHEET/ SEE WEB SITE

STATEMENT OF ALL PROPERTY

Please list all property in which you own an interest including all property pledged to creditors. List all property at its market value. Market value is defined as that price at which you could liquidate the property. For real estate, appraised tax value is a good indication of market value, however, appraised tax values are often higher than market value and have to be adjusted downward. For personal property, garage sale prices are the best indication of market value. Do not confuse market value with original cost or replacement cost.

I.	Real Estate	<u>Market Value</u>
	(Please describe by street address including city, state and zip code. For property not having a street address please give a complete legal description. Include acreage if over 1 acre in size).	
	A. _____ _____	\$ _____
	B. _____ _____	\$ _____
	C. _____ _____	\$ _____

Use back of this page or attach additional sheets if necessary.

II.	Personal Property	<u>Market Value</u>
	1. Cash on Hand	\$ _____
	2. Checking, savings, or other financial accounts, certificates of deposit or shares in banks, savings, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. Please describe by name of institution and type of account.	
	A. _____	\$ _____
	B. _____	\$ _____
	C. _____	\$ _____
	D. _____	\$ _____

3. Security deposits with public utilities, telephone companies, landlords, and others. Please describe by name and amount.

A. _____ \$ _____
 B. _____ \$ _____

4. Household goods and furnishings, including audio, video and computer equipment

LIVING ROOM

Fair Market Value

Sofa	\$ _____
Love Seat	\$ _____
Side Chair(s)	\$ _____
Coffee Table(s)	\$ _____
End Table	\$ _____
Book Case	\$ _____
Books	\$ _____
Color Television	\$ _____
Additional Television	\$ _____
DVD Player	\$ _____
Stereo	\$ _____
Stereo Cabinet	\$ _____
Lamp	\$ _____
Video Cassette Recorder	\$ _____
Video Camera	\$ _____
Computer	\$ _____
Printer	\$ _____
Other: <i>Describe here</i>	\$ _____
Other:	\$ _____
Other:	\$ _____
Other:	\$ _____
Other:	\$ _____
Other:	\$ _____
Other:	\$ _____
Other:	\$ _____
Other:	\$ _____

KITCHEN/DINING ROOM/UTILITY

Stove	\$ _____
Refrigerator	\$ _____
Dishwasher	\$ _____
Microwave Oven	\$ _____
Pots and Pans	\$ _____
Dishes and Glassware	\$ _____
Flatware	\$ _____

Table and Chairs \$ _____
Washer \$ _____
Dryer \$ _____

BEDROOM ONE

Bed \$ _____
Dresser \$ _____
Night Stand \$ _____
Clock \$ _____
Color Television \$ _____
Other: \$ _____
Other: \$ _____

BEDROOM TWO

Bed \$ _____
Dresser \$ _____
Night Stand \$ _____
Clock \$ _____
Color Television \$ _____
Other: \$ _____
Other: \$ _____

BEDROOM THREE

Bed \$ _____
Dresser \$ _____
Night Stand \$ _____
Clock \$ _____
Color Television \$ _____
Other: \$ _____
Other: \$ _____

BEDROOM FOUR

Bed \$ _____
Dresser \$ _____
Night Stand \$ _____
Clock \$ _____
Other: \$ _____
Other: \$ _____

OTHER ROOM(S)

Other: *Describe here* \$ _____
Other: \$ _____
Other: \$ _____
Other: \$ _____
Other: \$ _____
Other: \$ _____

Other: \$ _____
 Other: \$ _____
 Other: \$ _____
 Other: \$ _____

BATHROOM(S)

Towels and Linens \$ _____
 Miscellaneous. Toilette Articles \$ _____
 Other: \$ _____

GARAGE/YARD

Lawnmower/Edger/Weedeater \$ _____
 Hand Tools \$ _____
 Power Tools \$ _____
 Lawn Tractor \$ _____
 Shed \$ _____
 Other: \$ _____

TOTAL (Household Goods) *Optional we will total* \$ _____

5. Books, pictures and other art objects: \$ _____
 compact disc, DVDs, VCR tapes and other collections or
 collectibles. Itemize.

Books \$ _____
 Pictures \$ _____
 DVDs \$ _____
 CDs \$ _____
 Tapes \$ _____
 Records \$ _____
 Other: \$ _____
 Other: \$ _____
 Other: \$ _____
 Other: \$ _____
 Other: \$ _____

6. Wearing Apparel.

Suits \$ _____
 Shirts \$ _____
 Pants \$ _____
 Shoes \$ _____
 Coats \$ _____
 Blouses \$ _____
 Slacks \$ _____

Dresses \$ _____
Misc. \$ _____
TOTAL (Wearing Apparel) *Optional we will total* \$ _____

7. Furs and Jewelry. \$ _____
Itemize. _____

8. Firearms and sports, photographic, \$ _____
and other hobby equipment. Itemize. _____

9. Interests in insurance policies. Name \$ _____
insurance company of each policy and
itemize, surrender or refund value of each. _____

10. Annuities. Itemize and name each issuer. \$ _____

11. Interests in IRA, ERISA, Keough, or other \$ _____
pension or profit sharing plans. _____
Itemize: _____

12. Stock and interests in incorporated and unincorporated \$ _____
business. Itemize. _____

13. Interests in partnerships or joint \$ _____
ventures. Itemize. _____

14. Government and corporate bonds and other \$ _____
negotiable and non-negotiable instruments.
Itemize. _____

15. Accounts receivable. Attached list. \$ _____

16. Alimony, maintenance, support and property settlements to which the debtor is or may have been titled. Give particulars. _____ \$ _____

17. Other liquidated debts owing debtor, including tax refunds. Give particulars. _____ \$ _____

18. Equitable or future interests, life estates, estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. Attach list. _____ \$ _____
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy or trust. Attach list. _____ \$ _____
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. Itemize. _____ \$ _____

21. Patents, copyrights, and other intellectual property. Give particulars. _____ \$ _____

22. Licenses, franchises, and other general intangibles. Give particulars. _____ \$ _____

23. Automobiles, trucks, trailers, and other vehicles and accessories. Give year, make, model, and body style.
- | | | |
|----|-------|----------|
| A. | _____ | \$ _____ |
| B. | _____ | \$ _____ |
| C. | _____ | \$ _____ |
| D. | _____ | \$ _____ |
| E. | _____ | \$ _____ |

- | | | |
|-------|---|----------|
| 24. | Boats, motors, and accessories.
Give year, make and horsepower of motor. | \$ _____ |
| <hr/> | | |
| 25. | Aircraft and accessories.
Give year, make, and model. | \$ _____ |
| <hr/> | | |
| 26. | Office equipment, furnishings and supplies.
Attach list. | \$ _____ |
| 27. | Machinery, fixtures, equipment and supplies
used in business. Attach list. | \$ _____ |
| 28. | Inventory. Attach list. | \$ _____ |
| 29. | Animals. Attach list. | \$ _____ |
| 30. | Crops-growing or harvested. Attach list. | \$ _____ |
| 31. | Farming equipment and implements. Attach list. | \$ _____ |
| 32. | Farm supplies, chemicals, and feed Attach list. | \$ _____ |
| 33. | Other personal property of any kind not already
listed. | \$ _____ |
| | A. _____ | \$ _____ |
| | B. _____ | \$ _____ |
| | C. _____ | \$ _____ |
| | D. _____ | \$ _____ |
| | E. _____ | \$ _____ |
| | F. _____ | \$ _____ |
| | G. _____ | \$ _____ |
| | H. _____ | \$ _____ |
| | I. _____ | \$ _____ |
| | J. _____ | \$ _____ |
| | K. _____ | \$ _____ |
| | L. _____ | \$ _____ |
| | M. _____ | \$ _____ |
| | N. _____ | \$ _____ |
| | P. _____ | \$ _____ |

YOUR NAME: _____

SPOUSE'S NAME: _____

MONTHLY BUDGET ON _____ (DATE)

INSTRUCTIONS: Please complete this budget. Please estimate your income and expenses based on a monthly average of your yearly income or expense for the last twelve months. For example, if your yearly expenses for clothing is \$600.00 then your monthly budget expense is \$50.00 even though you might spend the \$600.00 over one or two months. Likewise make an expense application for reoccurring items that do not happen monthly but are going to happen in the future. For example, car repairs or medical bills are not normally monthly expenses but when they do occur the amount is typically large. Estimate your yearly expenditures and then divide by twelve and make an allocation for that amount in your budget.

1. Marital Status: MARRIED SINGLE DIVORCED SEPARATED (Circle One)

2. INDIVIDUAL DEBTOR SPOUSE

Occupation: _____

Employer: _____

How Long: _____

Street Address: _____

City, State & Zip: _____

3. DEPENDENTS	Name	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MONTHLY INCOME (PLEASE STAPLE/ATTACH SIXTY DAYS OF YOUR MOST RECENT PAY STUBS)

Pay Period.....(Circle One) (Our computer will calculate your monthly income) from your pay period)	DEBTOR	SPOUSE
	Weekly Bi-Weekly 2-Month Monthly	Weekly Bi-Weekly 2-Month Monthly
Gross Pay per Pay Period.....	\$ _____	_____
Estimated Overtime per Pay Period	\$ _____	_____

PAYROLL DEDUCTIONS PER PAY PERIOD

Federal Income Taxes.....	\$ _____	_____
Social Security Tax	\$ _____	_____
Medicare Tax	\$ _____	_____
Health Insurance	\$ _____	_____
Life Insurance	\$ _____	_____
Union Dues	\$ _____	_____
Other Deduction per Pay Period: (Describe)_____	\$ _____	_____
Other Deduction per Pay Period: (Describe)_____	\$ _____	_____
Other Deduction per Pay Period: (Describe)_____	\$ _____	_____

Other Deduction per Pay Period: (Describe) _____ \$ _____

Monthly Regular Income from Business, Profession or Farm/(Self Employment Income) This is a Gross Number/Complete Business Expenses Below:..... \$ _____

Monthly Income from Real Property \$ _____

Monthly Interest and Dividends \$ _____

Monthly Pension or Retirement Income \$ _____

Monthly Alimony, Maintenance or Support Payments \$ _____

Social Security or Other Government Assistance: (Describe): _____ \$ _____

Social Security or Other Government Assistance: (Describe): _____ \$ _____

Other Monthly Income: (Describe) _____ \$ _____

Other Monthly Income (Describe) _____ \$ _____

Itemize Income changes of more than 10% expected in the next 12 months:

AVERAGE MONTHLY EXPENSES - DO NOT GIVE YEARLY OR WEEKLY EXPENSES – Means Test * Limited

	Spouse/only if Separated	Debtor/ Spouse
Rent/Mortgage/Lot-Rental (Include Mobile Home Payment/ Additional Liens)	\$ _____	_____
(Are Property Taxes included in your mortgage ____ Yes ____ No) (Is Insurance included in mortgage ____ Yes ____ No)		
Electricity and Heating Fuel	\$ _____	_____
Water and Sewer	\$ _____	_____
Telephone (<u>NOT</u> CELL PHONE, PAGER OR INTERNET see next page) ...	\$ _____	_____
Cable Television *.....	\$ _____	_____
Natural Gas	\$ _____	_____
Home Maintenance (lawn, repairs of any type, upkeep, improvements) *.....	\$ _____	_____
Food (Include eating out) *.....	\$ _____	_____
Clothing (Take your yearly expense and divide by 12) *.....	\$ _____	_____
Laundry and Dry Cleaning *.....	\$ _____	_____
Medical and Dental Expenses (Include over the counter drugs).....	\$ _____	_____
Transportation (Include oil, gas, repairs, do not include car payments) *.....	\$ _____	_____
Recreation, Clubs, & Entertainment, Newspapers, Magazines (Include Children's Activities) *	\$ _____	_____
Charitable Contributions	\$ _____	_____
Homeowner's or Renter's Insurance (not if included in house payment).....	\$ _____	_____
Life Insurance (<u>not</u> if deducted from paycheck).....	\$ _____	_____
Health Insurance (<u>not</u> if deducted from paycheck).....	\$ _____	_____
Auto Insurance (monthly amount so divide your premium by its term) *	\$ _____	_____
Disability Insurance	\$ _____	_____
Flood Insurance	\$ _____	_____

Other Insurance: (Describe) * : _____	\$ _____	_____
	Spouse/only if Separated	Debtor/ Spouse Line
Describe Taxes not included with mortgage or payroll: (Includes estimated income tax payments, property taxes not paid by your mortgage company and other miscellaneous taxes)		
_____	\$ _____	_____
Auto Installment Payment (Do not include if paid in Chapter 13 Plan).....	\$ _____	_____
Auto Installment Payment (Do not include if paid in Chapter 13 Plan).....	\$ _____	_____
Home Owners Association/Community Association	\$ _____	_____
Other Installments: (Describe) * _____	\$ _____	_____
Other Installments: (Describe) * _____	\$ _____	_____
Alimony, Maintenance or Child Support:(Do not include if deducted from wages)	\$ _____	_____
Court Ordered Payments other than Alimony or Child Support	\$ _____	_____
Education for Employment	\$ _____	_____
Expenses for a Physically or Mentally challenged child	\$ _____	_____
Childcare	\$ _____	_____
Cell Phone, Pagers, Internet or other phone services not previously deducted....	\$ _____	_____
Contributions to Family who are Elderly, Disabled or Ill	\$ _____	_____
Education Expenses for children less than 18 not to exceed \$137.50 per child	\$ _____	_____
Regular Expenses from Business, Profession or Farm (complete the next page).	\$ <u>See next page</u>	<u>See next page</u>
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
TOTAL MONTHLY EXPENSES.....	\$ _____	_____

PLEASE SEE NEXT PAGE FOR BUSINESS BUDGET

BUSINESS INCOME AND EXPENSE

For Business cases or self employed individuals only. All other clients may leave this page blank.

Part A:

1. Gross Income for 12 Months Prior to Filing..... \$ _____

Part B:

2. Gross Monthly Income..... \$ _____

Estimated Average Future Monthly Expenses

3. Net Employee Payroll (Other than Debtor)..... \$ _____

4. Payroll Taxes: \$ _____

5. Unemployment Taxes..... \$ _____

6. Workers Compensation..... \$ _____

7. Other Taxes..... \$ _____

8. Inventory Purchases (including raw materials):..... \$: _____

9.. Purchase of Feed/Fertilizer/Seed/Spray..... \$ _____

10. Rent..... \$ _____

11. Utilities..... \$ _____

12. Office Expense and Supplies..... \$ _____

13. Repairs and Maintenance \$ _____

14. Vehicle Expense..... \$ _____

15. Travel and Entertainment..... \$ _____

16. Equipment Rental and Leases..... \$.. _____

17. Legal/Accounting/Other Professional Fees..... \$ _____

18. Insurance: \$ _____

19. Employee Benefits (pension, medical, etc.)..... \$ _____

20. Payments to be made directly by the debtor to Secured Creditors by name:

(Name)_____ \$ _____

(Name)_____ \$ _____

(Name)_____ \$ _____

(Name)_____ \$ _____

(Name)_____ \$ _____

21. Other (Specify) _____ \$ _____

Other (Specify) _____ \$ _____

Other (Specify) _____ \$ _____

Other (Specify) _____ \$ _____

Other (Specify) _____ \$ _____

22. Total (Optional we will total for you if you prefer)..... \$ _____