

CLIENT INFORMATION SHEET

(Please Print)

Date : _____

Attorney Use
() Chapter 7
() Chapter 11
() Chapter 13
() Joint () Indiv.

1. Name(s): _____
SSN# _____
DOB: _____

2. Martial Status: () Single () Married () Separated () Divorced () Widow

3. Address: _____
Email: _____
County: _____

4. Telephone: _____ Home _____
_____ Work _____
Cell Phone _____
Spouse Work _____

House #1

5. Date Home Purchased _____ Amount Paid \$ _____
6. Market Value \$ _____
7. 1st Mortgage Balance \$ _____ Amount Behind \$ _____
8. 2nd Mortgage Balance \$ _____ Amount Behind \$ _____
9. 3rd Mortgage Balance \$ _____ Amount Behind \$ _____
10. House Style: () Single Family () Condo () Town House

11. Foreclosure Date: _____
12. Foreclosure Attorney: _____ Telephone No. _____

House #2

13. Date Home Purchased _____ Amount Paid \$ _____
14. Market Value \$ _____
15. 1st Mortgage Balance \$ _____ Amount Behind \$ _____
16. 2nd Mortgage Balance \$ _____ Amount Behind \$ _____
17. 3rd Mortgage Balance \$ _____ Amount Behind \$ _____
18. House Style: () Single Family () Condo () Town House

19. Foreclosure Date: _____
20. Foreclosure Attorney: _____ Telephone No. _____

21. Have you ever filed a bankruptcy case? () Yes () No
When filed. _____ Where filed _____

22. Have there been any repossessions within the last year? () Yes () No
If yes, by whom _____

23. Are there any pending lawsuits? () Yes () No

24. Have you transferred any property out of your name within the last 2 years? () Yes () No
If yes, what property was transferred and to whom?

A. _____

25. Has anyone died from whom you might expect to inherit money? () Yes () No
If yes, whom _____

26. Have you filed all required federal and state tax returns that have become due to date?

() Yes () No If no, list years not filed _____

27. Do you expect a tax refund which you have not received yet? () Yes () No

28. Does anyone owe you money? () Yes () No Amount \$ _____

29. Have you paid more than \$600 to any one creditor in the past 90 days?

Creditor: _____ Amount \$ _____

Creditor: _____ Amount \$ _____

Creditor: _____ Amount \$ _____

Creditor: _____ Amount \$ _____

30. Is your pay/bank account currently being garnished? () Yes () No

If yes, by whom? _____

Amount of garnishment \$ _____ () weekly () bi-weekly () monthly

Total garnished to date \$ _____ () twice a month

CREDITORS

A. **Priority Creditors** – List the name, addresses, account numbers, & amounts for all tax debts, and unpaid alimony/spousal and child support claims.

1. Creditor: _____

Address: _____

Account No. _____

Balance Owed \$ _____ Tax/Claim Years _____

2. Creditor: _____

Address: _____

Account No. _____

Balance Owed \$ _____ Tax/Claim Years _____

3. Creditor: _____

Address: _____

Account No. _____

Balance Owed \$ _____ Tax/Claim Years _____

Total \$ _____

B. **Secured Creditors** – List the names, addresses (including zip code), account numbers and amounts for all mortgages, car loans, timeshares, HOA, Real Property taxes, etc. (where there is more than one mortgage, indicate if 1st, 2nd, 3rd, etc.)

1. Creditor: _____

Address: _____

Account No. _____ Year Incurred _____

Balance Owed \$ _____ Amount Behind \$ _____

Monthly Payment \$ _____ Individual/Joint _____

Description of Property/Address _____

Type of Debt - ☐ 1st Trust ☐ 2nd Trust ☐ 3rd Trust ☐ Equity Line of Credit
☐ Vehicle Loan ☐ Real Estate Taxes ☐ Condo/HOA
☐ Front Foot Benefit ☐ Water/Sewer ☐ Secured Credit Card
☐ Title Loan ☐ Timeshare ☐ Jewelry/Furniture Purchases

2. Creditor: _____
Address: _____
Account No. _____ Year Incurred _____
Balance Owed \$ _____ Amount Behind \$ _____
Monthly Payment \$ _____ Individual/Joint _____
Description of Property/Address _____
Type of Debt - ☐ 1st Trust ☐ 2nd Trust ☐ Equity Line of Credit
☐ Vehicle Loan ☐ Real Estate Taxes ☐ Condo/HOA
☐ Front Foot Benefit ☐ Water/Sewer ☐ Secured Credit Card
☐ Title Loan ☐ Timeshare ☐ Jewelry/Furniture Purchases

3. Creditor: _____
Address: _____
Account No. _____ Year Incurred _____
Balance Owed \$ _____ Amount Behind \$ _____
Monthly Payment \$ _____ Individual/Joint _____
Description of Property/Address _____
Type of Debt - ☐ 1st Trust ☐ 2nd Trust ☐ Equity Line of Credit
☐ Vehicle Loan ☐ Real Estate Taxes ☐ Condo/HOA
☐ Front Foot Benefit ☐ Water/Sewer ☐ Secured Credit Card
☐ Title Loan ☐ Timeshare ☐ Jewelry/Furniture Purchases

4. Creditor: _____
Address: _____
Account No. _____ Year Incurred _____
Balance Owed \$ _____ Amount Behind \$ _____
Monthly Payment \$ _____ Individual/Joint _____
Description of Property/Address _____
Type of Debt - ☐ 1st Trust ☐ 2nd Trust ☐ Equity Line of Credit
☐ Vehicle Loan ☐ Real Estate Taxes ☐ Condo/HOA
☐ Front Foot Benefit ☐ Water/Sewer ☐ Secured Credit Card
☐ Title Loan ☐ Timeshare ☐ Jewelry/Furniture Purchases

5. Creditor: _____
Address: _____
Account No. _____ Year Incurred _____
Balance Owed \$ _____ Amount Behind \$ _____
Monthly Payment \$ _____ Individual/Joint _____
Description of Property/Address _____
Type of Debt - ☐ 1st Trust ☐ 2nd Trust ☐ Equity Line of Credit
☐ Vehicle Loan ☐ Real Estate Taxes ☐ Condo/HOA
☐ Front Foot Benefit ☐ Water/Sewer ☐ Secured Credit Card
☐ Title Loan ☐ Timeshare ☐ Jewelry/Furniture Purchases

6. Creditor: _____
Address: _____

3. Creditor: _____
 Address: _____
 Account No. _____ Individual/Joint _____
 Balance Owed \$ _____ Year Incurred _____
 Type of Debt - () Credit Card () Medical Bill () Student Loan
 () Vehicle Loan () Tickets () Utilities () Other _____
4. Creditor: _____
 Address: _____
 Account No. _____ Individual/Joint _____
 Balance Owed \$ _____ Year Incurred _____
 Type of Debt - () Credit Card () Medical Bill () Student Loan
 () Vehicle Loan () Tickets () Utilities () Other _____
5. Creditor: _____
 Address: _____
 Account No. _____ Individual/Joint _____
 Balance Owed \$ _____ Year Incurred _____
 Type of Debt - () Credit Card () Medical Bill () Student Loan
 () Vehicle Loan () Tickets () Utilities () Other _____
6. Creditor: _____
 Address: _____
 Account No. _____ Individual/Joint _____
 Balance Owed \$ _____ Year Incurred _____
 Type of Debt - () Credit Card () Medical Bill () Student Loan
 () Vehicle Loan () Tickets () Utilities () Other _____
7. Creditor: _____
 Address: _____
 Account No. _____ Individual/Joint _____
 Balance Owed \$ _____ Year Incurred _____
 Type of Debt - () Credit Card () Medical Bill () Student Loan
 () Vehicle Loan () Tickets () Utilities () Other _____
8. Creditor: _____
 Address: _____
 Account No. _____ Individual/Joint _____
 Balance Owed \$ _____ Year Incurred _____
 Type of Debt - () Credit Card () Medical Bill () Student Loan
 () Vehicle Loan () Tickets () Utilities () Other _____
9. Creditor: _____
 Address: _____
 Account No. _____ Individual/Joint _____
 Balance Owed \$ _____ Year Incurred _____
 Type of Debt - () Credit Card () Medical Bill () Student Loan
 () Vehicle Loan () Tickets () Utilities () Other _____

10. Creditor: _____
Address: _____
Account No. _____ Individual/Joint _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

11. Creditor: _____
Address: _____
Account No. _____ Individual/Joint _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

12. Creditor: _____
Address: _____
Account No. _____ Individual/Joint _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

13. Creditor: _____
Address: _____
Account No. _____ Individual/Joint _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

14. Creditor: _____
Address: _____
Account No. _____ Individual/Joint _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

15. Creditor: _____
Address: _____
Account No. _____ Individual/Joint _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

16. Creditor: _____
Address: _____
Account No. _____ Individual/Joint _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

17. Creditor: _____
Address: _____

Account No. _____ Individual/Joint _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

18. Creditor: _____
Address: _____
Account No. _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

19. Creditor: _____
Address: _____
Account No. _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

20. Creditor: _____
Address: _____
Account No. _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

21. Creditor: _____
Address: _____
Account No. _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

22. Creditor: _____
Address: _____
Account No. _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

23. Creditor: _____
Address: _____
Account No. _____
Balance Owed \$ _____ Year Incurred _____
Type of Debt - () Credit Card () Medical Bill () Student Loan
() Vehicle Loan () Tickets () Utilities () Other _____

Total Unsecured Debts \$ _____

ASSETS

Value = Yard Sale/Thrift Store/Pawn Shop/Ebay

[illegible]

ASSETS - Continued

Stocks/Mutual Funds/Retirement/Pension/IRA/401K/457/TSP

Type _____ Balance \$ _____
Type _____ Balance \$ _____
Type _____ Balance \$ _____

Personal Injury/Other Claims/Money Owed To You

*Auto Accident, Slip & Fall, Medical Malpractice, Defective Product, Mesh Claims, Worker's Compensation
Sexual Harassment, Wrongful Termination, Employment Discrimination, Animal Attacks*

Date of Accident/Claim _____
Attorney Name: _____
Attorney Address: _____
Attorney Telephone No: _____
Proposed Settlement \$ _____
Medicals Total \$ _____
Loss Wages Total \$ _____

Date of Accident/Claim _____
Attorney Name: _____
Attorney Address: _____
Attorney Telephone No: _____
Proposed Settlement \$ _____
Medicals Total \$ _____
Loss Wages Total \$ _____

Timeshares

Timeshare: _____
Location: _____
Occupancy Date: _____
Balance Owed: \$ _____
Maintenance Fees: \$ _____
Value: \$ _____

Timeshare: _____
Location: _____
Occupancy Date: _____
Balance Owed: \$ _____
Maintenance Fees: \$ _____
Value: \$ _____

ASSETS - Continued

Automobiles/Motorcycles/Boats/Trucks/Trailers

Year _____ **Make** _____ **Model** _____
Series _____ **Mileage** _____ **Color** _____

Condition: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

☐ 2 Door ☐ 4 Door ☐ Hatchback ☐ SUV ☐ Van ☐ Cargo Van ☐ Pickup Truck ☐ Motorcycle
☐ Electric Scooter ☐ Trailer ☐ Snowmobiles ☐ Motors ☐ Aircraft ☐ Boat ☐ Jet Ski ☐ Boat
☐ AM/FM Stereo ☐ Cassette ☐ MP3 ☐ Apple Play ☐ Google Play ☐ Sirius Satellite
☐ CD Player: Single/Multi ☐ Dvd Player ☐ Power Windows ☐ Power Doors ☐ Power Seats
☐ Heated Seats ☐ Heated Steering Wheel ☐ Moon/Sun Roof

Year _____ **Make** _____ **Model** _____
Series _____ **Mileage** _____ **Color** _____

Condition: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

☐ 2 Door ☐ 4 Door ☐ Hatchback ☐ SUV ☐ Van ☐ Cargo Van ☐ Pickup Truck ☐ Motorcycle
☐ Electric Scooter ☐ Trailer ☐ Snowmobiles ☐ Motors ☐ Aircraft ☐ Boat ☐ Jet Ski ☐ Boat
☐ AM/FM Stereo ☐ Cassette ☐ MP3 ☐ Apple Play ☐ Google Play ☐ Sirius Satellite
☐ CD Player: Single/Multi ☐ Dvd Player ☐ Power Windows ☐ Power Doors ☐ Power Seats
☐ Heated Seats ☐ Heated Steering Wheel ☐ Moon/Sun Roof

Year _____ **Make** _____ **Model** _____
Series _____ **Mileage** _____ **Color** _____

Condition: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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Condition: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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☐ Heated Seats ☐ Heated Steering Wheel ☐ Moon/Sun Roof

ASSETS - Continued

Accounts

(Checking, Savings, Money Market, Pay Pal, Pre-paid Cards, ING)

Bank Name _____
Checking Balance \$ _____
Savings Balance \$ _____
Money Market \$ _____
Certificates of Deposit \$ _____
Stocks/Bonds \$ _____
Prepaid cards \$ _____
Bitcoins/Digital currency \$ _____

Bank Name _____
Checking Balance \$ _____
Savings Balance \$ _____
Money Market \$ _____
Certificates of Deposit \$ _____
Stocks/Bonds \$ _____
Prepaid cards \$ _____
Bitcoins/Digital currency \$ _____

Bank Name _____
Checking Balance \$ _____
Savings Balance \$ _____
Money Market \$ _____
Certificates of Deposit \$ _____
Stocks/Bonds \$ _____
Prepaid cards \$ _____
Bitcoins/Digital currency \$ _____

Bank Name _____
Checking Balance \$ _____
Savings Balance \$ _____
Money Market \$ _____
Certificates of Deposit \$ _____
Stocks/Bonds \$ _____
Prepaid cards \$ _____
Bitcoins/Digital currency \$ _____

Accounts Closed Within 12 Months (Checking, Savings, Money Market, Pay Pal)

Bank Name _____
Checking Balance \$ _____
Savings Balance \$ _____
Money Market \$ _____
Certificates of Deposit \$ _____
Stocks/Bonds \$ _____
Prepaid cards \$ _____
Bitcoins/Digital currency \$ _____
Date Closed _____

Bank Name _____
Checking Balance \$ _____
Savings Balance \$ _____
Money Market \$ _____
Certificates of Deposit \$ _____
Stocks/Bonds \$ _____
Prepaid cards \$ _____
Bitcoins/Digital currency \$ _____
Dated Closed _____

ASSETS - Continued

Amounts Someone Owe You:	Family Support Past due:
Security Deposits:	Child Support Past due:
Tax Refunds:	Annuities:
Stocks/Bonds:	Farming Equipment:
Inheritance:	Farm Supplies:
Life & Estate Benefits:	Account Receivables:
Property Settlements:	Trademarks:
Patents:	Copyrights:
Franchises:	Interest in Business:
Internet Domain names:	Websites:
Exclusive licenses:	Liquor licenses:
Professional licenses:	Cooperative Association Holdings:
Machinery:	Interest in Partnerships:
Fixtures:	Unpaid wages:
Inventory:	Disability Insurance payments:
Estate Death Benefits:	Divorce Settlement:
Sick pay:	Disability Benefits:
Vacation pay:	Worker's compensation:
Social Security Benefits:	Unpaid Loans you made to someone else:
Health insurance:	Whole Life Insurance:
Health savings account (HSA):	Credit:
Homeowner's Insurance:	Renters Insurance:
Beneficiary of a living trust:	Life Insurance policy proceeds:
Accidents:	Employment disputes:
Insurance claims:	Rights to sue:
Education IRA:	IRA:
Keogh:	401(k):
403(b):	Thrift Savings Accounts (TSP):

Any financial assets you did not already list: _____

I hereby certify under penalty of perjury that the foregoing asset list is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Signature: _____

Date: _____

INCOME

1. Your Occupation _____ Years Employed _____
2. Employer Name & Address _____
3. Annual Salary \$ _____
4. Income Last Year (2018) \$ _____ Income 2 years Ago (2017) \$ _____
5. Pay Frequency: () weekly () bi-weekly () twice a month () monthly
6. Spouse Occupation _____ Years Employed _____
7. Employer Name & Address _____
8. Annual Salary \$ _____
9. Income Last Year (2018) \$ _____ Income 2 years Ago (2017) \$ _____
10. Pay Frequency: () weekly () bi-weekly () twice a month () monthly
11. Business operated within the last four years. () Yes () No

Name of Business _____
Address _____
Date Started _____ Dated Ended _____
Tax ID No. _____ Type/Nature of Business _____

Name of Business _____
Address _____
Date Started _____ Dated Ended _____
Tax ID No. _____ Type/Nature of Business _____

12. Do you pay or receive alimony, maintenance or support payments?

() Yes () No (**circle either pay or receive above**)

If yes, how much? _____

13. Other Income:

Business	\$ _____	() monthly or () annually
Social Security	\$ _____	() monthly or () annually
Pension/Retirement	\$ _____	() monthly or () annually
Real Property/Rental	\$ _____	() monthly or () annually
Annuity	\$ _____	() monthly or () annually
Alimony	\$ _____	() monthly or () annually
Child Support	\$ _____	() monthly or () annually
Government Assist.	\$ _____	() monthly or () annually
Unemployment	\$ _____	() monthly or () annually
Disability	\$ _____	() monthly or () annually
Annuity	\$ _____	() monthly or () annually
Food Stamps	\$ _____	() monthly or () annually
Part-time	\$ _____	() monthly or () annually
Contribution	\$ _____	() monthly or () annually
Foster Care	\$ _____	() monthly or () annually

DEPENDENTS

Children/Dependent

Age

Gender/Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION

MONTHLY EXPENSES

Mortgage/Rent \$ _____ 1 st Trust \$ _____ 2 nd Trust \$ _____ 3 rd Trust \$ _____ HOA \$ _____ Equity Line of Credit \$ _____ Real Estate Taxes \$ _____ Included in mortgage payment () yes () no Homeowner's Insurance \$ _____ Included in mortgage payment () yes () no Electric \$ _____ Gas/Oil \$ _____ Water \$ _____ Cable/Internet/TV \$ _____ Telephone \$ _____ Charitable Contributions/Tithes \$ _____ Home Maintenance \$ _____ Food \$ _____ Clothing \$ _____ Laundry & Dry Cleaning \$ _____ Medical & Dental \$ _____ Child Care/Day Care \$ _____	Transportation \$ _____ Car Note \$ _____ \$ _____ Recreation \$ _____ Car Insurance \$ _____ Life Insurance \$ _____ Health Insurance \$ _____ Hazard Insurance \$ _____ Cell Phone \$ _____ Pager \$ _____ Pet Care \$ _____ Personal Grooming \$ _____ Security System \$ _____ Tuition \$ _____ Child Support \$ _____ () pay or () receive Aflac \$ _____ Other \$ _____
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Charitable Contributions/Tithes

* Church Name _____

Church Address _____

Last Year Contribution \$ _____

STATEMENT OF FINANCIAL AFFAIRS

- 1) Are your debts primarily consumer debts? _____
- 2) Within 1 year did you make a payment on a debt you owed anyone who was an insider (relatives, general partners, partnerships, corporations of which you are an officer)? _____
- 3) Within 1 year did you make any payments or transfer any property on account of a debt that benefited an insider? _____
- 4) Within 1 year were you a party in any lawsuit, court action or administrative proceeding? _____
- 5) Within 1 year was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? _____
- 6) 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? _____
- 7) 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? _____
- 8) Within 2 years did you give any gifts with a total value of more than \$600 per person? _____
- 9) Within 2 years did you give any gifts or contributions with a total value of more than \$600 to any charity? _____
- 10) Within 1 year did you lose anything because of theft, fire, other disaster, or gambling? _____
- 11) Within 1 year did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? _____
- 12) 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? _____
- 13) 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? _____
- 14) Within 10 years did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? _____
- 15) Within 1 year were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? _____
- 16) Do you now have, or did you have within 1 year any safe deposit box or other depository for securities, cash, or other valuables? _____
- 17) Have you stored property in a storage unit or place other than your home within 1 year? _____
- 18) Do you hold or control any property that someone else owns? _____
- 19) Has any governmental unit notified you that you may be liable or potentially liable under or in violation of any environmental law? _____
- 20) Have you notified any governmental unit of any release of hazardous material? _____
- 21) Have you been a party in any judicial or administrative proceeding under any environmental law? _____
- 22) 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-time 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
- 23) Within 2 years did you give a financial statement to anyone about your business? _____

Signature: _____

Date: _____

Signature: _____

Date: _____