

NANCY SPENCER GRIGSBY, STANDING CHAPTER 13 TRUSTEE

Complete both sides of this Questionnaire and mail it to 185 Admiral Cochrane Dr. #240, Annapolis, Md. 21401 with all required documentation listed in the attached letter no less than 7 days prior to your 341 Meeting of Creditors.

*This fully completed form must be mailed to the Trustee **7 days** prior to your first meeting of creditors.*

Case Number: _____ Today's Date: _____

Your Name(s) _____
(Debtor) (Joint Debtor)

Addresses: _____
(Street Address) (Street Address)

(City, State, Zip code) (City, State, Zip Code)

Phone No. (____) _____ (____) _____

Marital Status (circle one): Married & Living Together Separated Divorced Single Widow(er)

I have _____ (number) of dependents living with me.

If paying child or spousal support: Amount per month \$ _____

Were payments current on bankruptcy filing date? Yes/No

Amount behind \$ _____

I am (circle one): **renting** or **buying** my home and I **have** or **have not** paid my mortgage/rent this month.

I am paying for the following _____ (number) of motor vehicles (**LIST ALL**) with insurance coverage as indicated:

1. Make & Model _____ Insurance Company _____

2. Make & Model _____ Insurance Company _____

3. Make & Model _____ Insurance Company _____

Name(s) and Address(es) of Employer(s) (Payroll office)

Debtor:

Joint Debtor:

I am paid: monthly, twice/month, every 2 weeks, weekly

I am paid: monthly, twice/month, every 2 weeks, weekly

(name of employer)

(name of employer)

(street address)

(street address)

(city, state, zip code)

(city, state, zip code)

Phone Number: _____

Phone Number: _____

When my plan is confirmed, the monthly wage deduction will come from: debtor / joint debtor / both (circle one)

Tax Returns: Have you filed tax returns, **both** State and Federal for the most recent tax year and **ALL** prior years? Yes / No

If your answer is no: list the years (if you had an obligation to file) that were not filed: _____

Do you expect to or did you receive a tax refund in 2017? Amount \$ _____ (Federal) \$ _____ (State)
in 2016? Amount \$ _____ \$ _____

Contributions/Loan Repayments to RETIREMENT PLANS:

How much do you contribute monthly to charitable organizations? \$ _____

How much have you contributed to charitable organizations over the last 2 years? \$ _____

Immediately prior to filing this bankruptcy, I was CONTRIBUTING TO a retirement plan: Yes / No
(Including, but not limited to: pension, profit sharing, annuity, IRA, TSP, ESOP, 401K, 403B, 457, etc.)

TODAY, I am no longer making such contributions: Yes / No

TODAY, I am contributing to a retirement plan (Type: _____) \$ _____ per pay period.

Immediately **prior to filing** this bankruptcy, I was REPAYING A LOAN FROM a retirement plan: Yes / No

1. Amount borrowed: \$ _____ When: _____ Balance Due: \$ _____

2. Amount borrowed: \$ _____ When: _____ Balance Due: \$ _____

(attach a copy of the monthly/quarterly statement for each loan to this questionnaire)

TODAY, I am no longer making such repayments: Yes / No

TODAY, I am repaying a loan or loans from a retirement plan: (Type: _____) \$ _____ per pay period

Have you remembered to gather copies of ALL of the documents the Trustee requested in the enclosed letter to mail with this questionnaire and Domestic Support Obligation form?

I declare under penalty of perjury that I have read the answers contained in the above Trustee's questionnaire and that they are true and correct.

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. 152 and 3571.

Signed: _____

Dated: _____

Signed: _____

Dated: _____