

Complete All Questions. If you are separated or divorced from your spouse, and there is no possibility that your spouse will file bankruptcy along with you, you don't have to answer the questions about your spouse. However, if you are living with your spouse or significant other, please provide their income information where asked and bring their pay stubs also. This is a requirement by law, no exceptions.

Are you currently [] Married [] Separated [] Divorced [] Single [] Widowed

Name and Residence Information:

Name: _____
Last First Full Middle Suffix

Social Security Number: _____-_____-_____

Date of birth: _____

Name as it appears on your social security card: _____

Spouse's Name: _____
Last First Full Middle Suffix

Spouse's Social Security Number: _____-_____-_____

Date of birth: _____

Name as it appears on your social security card: _____

Residential Address: _____
City: _____ County: _____ Zip Code: _____

Mailing Address (if different from above): _____

Telephone Number: Home: () _____
Cell: () _____ Spouse's cell: () _____
Work: () _____
Spouse Work: () _____
Email: _____

List any other names used by you or your spouse (including maiden name), or other ways you have signed your names to papers and checks during the last two years:

Prior/Other Bankruptcy:

- (1) Have you filed any bankruptcy in the last 10 years? Yes / No
- (2) Has your spouse filed bankruptcy in the last 10 years? Yes / No

If yes to either question, give case #, State of Filing and date: _____

Please list all **AUTOMOBILES, BOATS, MOTORCYCLES, ATV's , CAMPERS, ETC. (Running or Not that you own, are purchasing or have co-signed for. (VIN is on registration)**

You must fill in ALL blanks.

1. Year _____ Make _____ Model _____ Type: (ex. SE, XLT, LS)

VIN: _____

Circle One: 2-door 4-door Hatchback

Circle One: 4-cylinder 6-cylinder 8-cylinder

Odometer miles: _____ Is vehicle currently running? YES / NO

Finance Co.: _____ Mo. Payment: _____

Name(s) in which Property is Titled: _____

2. Year _____ Make _____ Model _____ Type: _____

VIN: _____

Circle One: 2-door 4-door Hatchback

Circle One: 4-cylinder 6-cylinder 8-cylinder

Odometer miles: _____ Is vehicle currently running? YES / NO

Finance Co.: _____ Mo. Payment: _____

Name(s) in which Property is Titled: _____

#3. Year _____ Make _____ Model _____ Type: _____

VIN: _____

Circle One: 2-door 4-door Hatchback

Circle One: 4-cylinder 6-cylinder 8-cylinder

Odometer miles: _____ Is vehicle currently running? YES / NO

Finance Co.: _____ Mo. Payment: _____

Name(s) in which Property is Titled: _____

#4. Year _____ Make _____ Model _____ Type: _____

VIN: _____

Circle One: 2-door 4-door Hatchback

Circle One: 4-cylinder 6-cylinder 8-cylinder

Odometer miles: _____ Is vehicle currently running? YES / NO

Finance Co.: _____ Mo. Payment: _____

Name(s) in which Property is Titled: _____

****If you own more than 4 vehicles, please ask for additional sheet****

BOAT, MOTORS AND TRAILERS

Boat Year ____ Make _____ Model _____ Hull # _____ Length _____

Fiberglass OR Aluminum Name(s) in which Property is Titled: _____

Engine Year _____ Make _____ Model/ Horsepower _____

Outboard OR Inboard # Cylinders _____ Type of Starter _____

Trailer Year ____ Make _____ Model _____ Vin# _____ Axles _____

PLEASE LIST ESTIMATED VALUE OF ALL OF YOUR HOUSEHOLD FURNISHINGS, JEWELRY, COLLECTIBLES, ANTIQUES, ETC. The value you list should be what the items would sell for in their current condition (think in terms of consignment, pawn shop or garage sale value), not necessarily what you originally paid for them. For example, a new television would normally cost more than a used television. If you and your spouse are filing jointly, the values should include what you both own.

| <u>Category</u> | <u>Value</u> | <u>Category</u> | <u>Value</u> |
|---------------------------|--------------|-------------------------|--------------|
| Furniture | \$ _____ | Electronics | \$ _____ |
| Clothing | \$ _____ | Jewelry | \$ _____ |
| Books | \$ _____ | Artwork | \$ _____ |
| Collectibles of all kinds | \$ _____ | Antiques | \$ _____ |
| Firearms | \$ _____ | Tools | \$ _____ |
| Lawn Equipment | \$ _____ | Animals (includes pets) | \$ _____ |

If you have any special items that are more valuable than ordinary household goods, please specify below. (For example, a lawn tractor, plasma television, expensive tool, antique, a valuable individual piece of jewelry, a coin or baseball card collection, or animal such as a horse would need to be separately described.)

Please list make and model of each firearm and value of each: _____

Please list types of animals and value of each: _____

PLEASE LIST THE NAME, ADDRESS, VALUE AND POLICY NUMBER OF ANY LIFE INSURANCE POLICY HELD . (INCLUDE JOB RELATED POLICIES)

Insurance Company: _____

Whole or Term (Please circle one)

Face Value \$ _____ Current Cash Value \$ _____

Name of Person on Policy _____

Insurance Company: _____

Whole or Term (Please circle one)

Face Value \$ _____ Current Cash Value \$ _____

Name of Person on Policy _____

Do you have more than 2 life insurance policies? Circle one. **YES / NO**

Attach additional sheet if you answered yes.

Do you expect to receive any amount of money or property at any time in the near future by way of gift, inheritance or life insurance proceeds? YES / NO **If yes**, give details:

List ALL Savings, Checking, Money Market or Any Other Bank Accounts. All accounts must be listed even if someone else's name is on it with yours and even if it has a small or negative balance.

***Please provide last 3 months statements for EACH account.**

- 1. Bank Name : _____ Names On Account: _____
Last 4 digits of act #: _____; Balance:\$ _____ Circle One: Checking / Savings
- 2. Bank Name : _____ Names On Account: _____
Last 4 digits of act #: _____; Balance:\$ _____ Circle One: Checking / Savings
- 3. Bank Name : _____ Names On Account: _____
Last 4 digits of act #: _____; Balance:\$ _____ Circle One: Checking / Savings
- 4. Bank Name : _____ Names On Account: _____
Last 4 digits of act #: _____; Balance:\$ _____ Circle One: Checking / Savings

Do you have more than 4 bank accounts? Circle one. YES / NO

Have you closed any bank accounts in the past year? Circle one. YES / NO

If you answered yes, please list the bank name, type of account, date closed, and final balance in account:

Please list all Pension or Retirement plans - This would include IRA, 401K, and any Retirement Fund

- 1. Circle One: 401K Retirement Plan IRA
Name of Investment Company _____
Amount Currently Invested _____
Name of Client Investing _____
Date the Investment Began _____
- 2. Circle One: 401K Retirement Plan IRA
Name of Investment Company _____
Amount Currently Invested _____
Name of Client Investing _____
Date the Investment Began _____

Do you have more than 2 retirement accounts? Circle one. YES / NO

Are you currently paying back a 401K loan? YES / NO

If you have a loan on retirement, please bring in the original loan document. (Document to include date received, amount of original loan, interest rate, monthly payment and estimated payoff date.)

**REAL PROPERTY: PLEASE GIVE A DETAILED DESCRIPTION OF YOUR RESIDENCE.
(For mobile homes that are on separate tax bills from the land, skip to Section B.)**

A. Address of Property: _____ County of Property: _____

Description: (Ex. 3 bedroom, 2 bath brick home).: _____

What do you think the value of your house is? \$ _____

What date did you purchase your home? _____

What was the original purchase price of the home? \$ _____

Has an appraisal been done in the last six years? YES / NO

If so, how much was the appraisal? _____

Mortgage company's name: _____ (List creditor info with other creditors at the end)

Payoff balance: \$ _____

How many months behind? _____. Through what month? _____

Are your taxes and insurance included in your mortgage payment? YES / NO

How much is your homeowners insurance? _____ (Even if this is escrowed)

Who is your homeowners insurance with? _____

How much are your property taxes? (Even if this is escrowed.) _____

2nd Mortgage company's name: _____ (List creditor info with other creditors at the end)

Payoff balance: \$ _____

How many months behind? _____. Through what month? _____

Homeowner's Association's Name: _____ (List creditor info with other creditors at the end)

Monthly payment: _____ How many months behind? _____

B. MOBILE HOME (if applicable):

Address of Property where mobile home sits: _____

Year: _____ Make: _____ Model: _____ Dimensions (ex. 14x70) _____

Model number: _____ Vin # _____

What do you think the value of your mobile home is? \$ _____

What date did you purchase your mobile home? _____

What was the original purchase price of the mobile home? \$ _____

Mortgage company's name: _____ (List creditor info with other creditors at the end)

Payoff balance: \$ _____

How many months behind? _____. Through what month? _____

Are your taxes and insurance included in your mortgage payment? YES / NO

How much is your homeowners insurance? _____ (Even if this is escrowed)

Who is your homeowners insurance with? _____

How much are your property taxes? (Even if this is escrowed.) _____

2nd Mortgage company's name: _____ (List creditor info with other creditors at the end)

Payoff balance: \$ _____

How many months behind? _____. Through what month? _____

Do you Own or Rent the Land where the mobile home is located? Rent / Own

If you own the land, is it paid for with no lien? YES / NO

If you are buying the land, is it included with the same mortgage company? YES / NO

If you pay separately for the land only, please list under **REAL PROPERTY** section.

C. Other than your residence, do you own or have an interest in any of the following types of real estate:

- | | | |
|-----------------------|----------|--|
| 1. Second Home | YES / NO | If so, provide same info as the residence (attach separate sheet) |
| 2. Vacant lot/land | YES / NO | If so, provide same info as the residence (attach separate sheet) |
| 3. Farmland | YES / NO | If so, provide same info as the residence (attach separate sheet) |
| 4. Business Building | YES / NO | If so, provide same info as the residence (attach separate sheet) |
| 5. Inherited Property | YES / NO | If so, provide same info as the residence (attach separate sheet) |
| 6. Co-signed Property | YES / NO | If so, provide same info as the residence (attach separate sheet) |
| 7. Heir Property | YES / NO | If so, provide same info as the residence (attach separate sheet) |
| 8. Time Share | YES / NO | If so, provide same info as the residence (attach separate sheet) |
| 9. Burial Plots | YES / NO | Description: _____ Value: \$ _____ Lien holder: _____ |

If you answered yes to any of the above, please reference back to the REAL PROPERTY page. Also, do not forget to list the creditor on the back of this questionnaire, if you owe money on the property. Attach a separate sheet, if necessary.

Do you rent out any of your property to other persons? YES / NO

If yes, please fill out:

Address of rented property: _____

Rent received: \$ _____ Are taxes and insurance included in payment? YES / NO

If not, please state how much: Taxes: \$ _____ Insurance: \$ _____

OTHER PERSONAL PROPERTY:

(1) Cash on hand, not in bank account, as of today's date (Be specific): \$ _____

(2) Have you given a security deposit to any landlord, utility, or anyone else? YES / NO

If yes, please list to whom, for what service, and how much the deposit was for. _____

(3) Have you had a safe deposit box during the last two (2) years? _____.

If yes, please provide the banks name and address, along with a description of the contents.

(4) Do you own any stocks or bonds? YES / NO

If yes, please provide the name of the investment company. We will need a current statement of value so please refer to the page above where it asks you about investment accounts.

(5) Does anyone owe you any money? YES / NO

If yes, describe: _____

(6) Are you the beneficiary of a trust or future interest? YES / NO If YES, give details:

Occupation and Income

Your Occupation: _____ How long at current job? _____

If not employed, how long have you been unemployed? _____

Do you have a second job? Yes / No **If yes please list information on back of page.**

*****IF YOU ARE MARRIED AND FILING BY YOURSELF, BY LAW, YOU MUST PROVIDE YOUR SPOUSES' PAY STUBS AND EMPLOYMENT INFORMATION.*****

Name and Address of Current Employer

Spouse's Occupation: _____ How long at current job? _____

If not employed, how long have you been unemployed? _____

Does spouse have a second job? Yes / No **If yes, please list information on back of page.**

Name and Address of Current Employer

Have you had any **businesses** in your name in the last 6 years? If so, list the name and address of business, dates of operation, and a description of the business. _____

*****IF YOU ARE SELF-EMPLOYED, A BUSINESS QUESTIONNAIRE MUST BE COMPLETED.*****

*****PLEASE ASK US FOR THIS DOCUMENT.*****

LIST ANY INCOME NOT ALREADY LISTED ABOVE (i.e. food stamps, rental income, SSI for children, adoption subsidies, etc.): Please provide documentation any other source of income.

If not already listed above, list every source of income you have had in the last 6 months (including jobs, unemployment, soc. security, worker's comp, alimony/child support, retirement, etc). Also write the full amount grossed during the 6 month period:

1. Source: _____ Dates of employment: _____ How much you grossed \$ _____

2. Source: _____ Dates of employment: _____ How much you grossed \$ _____

3. Source: _____ Dates of employment: _____ How much you grossed \$ _____

DO YOU OR YOUR SPOUSE RECEIVE ANY OF THE FOLLOWING?:

| | <u>CLIENT</u> | <u>SPOUSE</u> |
|---|---------------|---------------|
| Disability/SSI benefit? YES / NO | \$ _____ | \$ _____ |
| How long have you been receiving it? _____ | | |
| Child Support / Alimony? YES / NO | \$ _____ | \$ _____ |
| How long have you been receiving it? _____ | | |
| How long will you continue to receive it? _____ | | |
| Is it court ordered? YES / NO | | |
| Retirement/pension? YES / NO | \$ _____ | \$ _____ |
| How long have you been receiving it? _____ | | |

DO YOU OR YOUR SPOUSE PAY CHILD SUPPORT? YES / NO How much per month? \$ _____
 Is it Court Ordered?: **YES / NO** How many more years will you have to pay the support? _____

Are you behind on child support? **YES / NO** If yes, how much is the arrearage? \$ _____
 Do you pay support to more than one person? **YES / NO** If yes please provide all information. Attach separate page if necessary. Please give the following:

Give the address and phone number for the other parent to whom you pay support:

| | |
|-----------------------|------------------|
| Name | Telephone Number |
| | *Required |
| Street Address | |
| City, State, Zip Code | |

Name and address of county where the child support court order was entered:

Tax Returns and Refunds:

A. Do you owe any taxes for the last three years? **YES / NO** (If yes, please provide info below.)

2014 Federal \$ _____ State \$ _____

2013 Federal \$ _____ State \$ _____

2012 Federal \$ _____ State \$ _____

B. Please list the total amount of taxes you owe for any year prior to above. \$ _____

C. Do you have a tax lien? **YES / NO** If yes, is it State or Federal and how much is the lien? _____

D. Do you anticipate a tax refund for 2015? **YES / NO** How much? Federal \$ _____ State \$ _____

E. Have you filed all of your tax returns that were due for the last 10 years? **YES / NO**

If no, which years have not been filed?: _____

All taxes are required to be filed prior to filing bankruptcy

EXPENSES:

What are your average **monthly** expenses for:

Mortgages1st\$ _____ 2nd \$ _____

Is property tax included in payment? **YES / NO**

Is homeowners insurance included? **YES / NO**

Make sure to list any other mortgage payments you may have:

Rent..... \$ _____

Landlord's Name and Address _____

Did you sign a lease or contract with your landlord? **YES / NO**

If yes, when does the lease end? _____

Are you current? _____

If not how many months behind are you? _____

Please estimate your **monthly** expenses for the following. These should include your entire household (you, spouse and dependants). Do not include expenses that are automatically deducted from you pay check.

| | | | |
|---|---|---|---------------------------------|
| Electricity \$ _____ | Gas \$ _____ | Water \$ _____ | Telephone \$ _____ |
| Home Maintenance \$ _____ | Food/Groceries \$ _____ | Clothing \$ _____ | Laundry/Cleaning \$ _____ |
| Newspapers, Magazines, School Books \$ _____ | Health Insurance (not already deducted from wages) \$ _____ | Homeowner's/Renter's Insurance \$ _____ | Fire Insurance \$ _____ |
| Life Insurance (not already deducted from wages) \$ _____ | Public Transportation \$ _____ | Automobile Insurance \$ _____ | Gasoline/Oil \$ _____ |
| Recreation/Entertainment \$ _____ | Club/Union Dues (not already deducted from wages) \$ _____ | Auto Property Taxes \$ _____ | Real Property Taxes \$ _____ |
| Mobile Home Property Taxes \$ _____ | Alimony/Maintenance or Support Payments \$ _____ | Other payments for support of dependents \$ _____ | Medications \$ _____ |
| Doctors/Dentist \$ _____ | Charitable Contributions \$ _____ | Cable \$ _____ | Day Care \$ _____ |
| Other Expenses (must give detailed list) \$ _____ | Automobile Upkeep \$ _____ | Homeowner's Association Dues \$ _____ | |

If explanation for expense is required, write it here: _____

If medical bills are higher than \$150, you must have written proof (a detailed list).

If you listed charitable contributions, you must provide written proof of last 12 months: (printout from church or charity).

If you are married but filing by yourself, please list the creditor, the monthly payment and balance of any debts your spouse is going to continue to pay (i.e. - credit cards, car payment, loans, etc.). Include any other expenses your spouse has that are separate from the normal household budget:

List all **dependent's** age and gender.

| <i>Age</i> | <i>Relationship</i> | <i>Your dependent on taxes?</i> | <i>Reside w/ you</i> |
|------------|---------------------|---------------------------------|----------------------|
| _____ | _____ | YES / NO | YES / NO |
| _____ | _____ | YES / NO | YES / NO |
| _____ | _____ | YES / NO | YES / NO |
| _____ | _____ | YES / NO | YES / NO |

If you need more space, check this space and list additional payments on the back of this page: _____

Payments or Transfers to Attorney or Debt Consultants:

Not counting Reed Law Firm, **give the date, name, and address** of any bankruptcy attorney or debt consultant (petition preparer, typing service, document preparation service, independent paralegal, credit counseling) you have paid during the past year:

If someone else paid your attorney's fees to Reed Law Firm, list their name:

Previous Addresses:

List all addresses you have had in the last three years. If husband and wife are filing bankruptcy together, list addresses for each for the last two years (include street, town, zip code, and date).

| <i>Address</i> | <i>Dates of Occupancy</i> |
|--------------------|---------------------------|
| (1) _____ _____ | _____ |
| (2) _____ _____ | _____ |

Debts Repaid:

Have made any payments in the last 90 days to **ANY** creditor or other person or entity totaling more than \$600.00 (ie. Mortgage, car, credit cards, finance companies, check cashing, family, friends, etc.)? **YES / NO**
If yes, please specify below:

| <i>Name of Creditor or other person</i> | <i>Date of Payment</i> | <i>Amount</i> |
|---|------------------------|---------------|
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |
| (3) _____ | _____ | _____ |

If you need more space, check this space and list additional payments on the back of this page: _____
Have you given away, sold or transferred in any way any real estate, homes, land, buildings, cash, automobiles or other valuable property to a family member or business associate in the last six years? **YES / NO**
Have you sold or transferred any real estate, automobiles or other valuable property to anyone in the last two (2) years? **YES / NO**

If you answered **YES** to either question, give the following (this includes selling homes or anything else):

| <i>Name of transferee and address of transferee</i> | <i>Relationship</i> | <i>Description of property</i> | <i>Date</i> | <i>Value rec'd after paying off loans</i> |
|---|---------------------|--------------------------------|-------------|---|
| (1) _____ | _____ | _____ | _____ | _____ |
| (2) _____ | _____ | _____ | _____ | _____ |

If you need more space, check this space and list additional payments on the back of this page: _____

Property Held for Another Person: Do you have any money or other property that belongs to another person or that you are holding for the benefit of someone else (in trust)? **YES / NO**

If Yes: Property Held _____ Value of Property \$ _____
Owners Name _____ Address _____

Does anyone have any of your property? **YES / NO** If **YES**, list give details: _____

Have you had any property or merchandise repossessed during the last year? **YES / NO**

If YES, you must list it below and bring all papers regarding the repossession including all letters notifying you of the repossession or sale.

| <i>Description of Property</i> | <i>Month & Year of Repossession</i> | <i>Who Repossessed Item (Name, Address)</i> |
|--------------------------------|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Did you lose any substantial amount of money as a result of fire, theft, or gambling during the last year?
YES / NO **If YES, give details:**

Did insurance pay for any part of the loss? **YES / NO** **If YES, give date of payment and amount paid:**

Have you been involved in any type of lawsuit in the last year? **YES / NO**
If YES, bring in any papers you have from the case.

Does anyone owe you any money, or do you have any potential claims or lawsuits to bring against another person or entity (this would include personal injury, wrongful death, products liability, etc.)? **YES / NO**
If YES, bring in any paperwork you have for the case. Please describe the nature of the claim, even if no lawsuit has been filed yet and provide the name of the attorney representing you, if any:

Do you have any outstanding judgments against you? **YES / NO**
If YES, please list the creditors who have judgments and provide a copy of the judgment.

Please provide the county and state the judgment was filed in. _____

Have you obtained a loan, cash advance or used any credit card in the last 90 days? **YES / NO**

If YES, give details including the creditor, amount and what was purchased with money.

AGAIN, LIST ALL CREDITORS: If you don't tell us about them and they are not on your credit report, we will not be able to list them and they will not be discharged.

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TYPE OF LOAN:

- MORTGAGE (Specify address of property) _____ CREDIT CARD
- VEHICLE (Specify which vehicle) _____ MEDICAL BILL
- LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING
- CHECK CASHING
- OTHER _____

TOTAL AMOUNT OWED:\$ _____ **MONTHLY PAYMENTS\$** _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TYPE OF LOAN:

- MORTGAGE (Specify address of property) _____ CREDIT CARD
- VEHICLE (Specify which vehicle) _____ MEDICAL BILL
- LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING
- CHECK CASHING
- OTHER _____

TOTAL AMOUNT OWED:\$ _____ **MONTHLY PAYMENTS\$** _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TYPE OF LOAN:

- MORTGAGE (Specify address of property) _____ CREDIT CARD
- VEHICLE (Specify which vehicle) _____ MEDICAL BILL
- LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING
- CHECK CASHING
- OTHER _____

TOTAL AMOUNT OWED:\$ _____ **MONTHLY PAYMENTS\$** _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF LOAN:

-]MORTGAGE (Specify address of property) _____]CREDIT CARD
-]VEHICLE (Specify which vehicle) _____]MEDICAL BILL
-] LOAN/FINANCE CO. (Specify collateral if any) _____]CHECK CASHING
-]CHECK CASHING
-] OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF LOAN:

-]MORTGAGE (Specify address of property) _____]CREDIT CARD
-]VEHICLE (Specify which vehicle) _____]MEDICAL BILL
-] LOAN/FINANCE CO. (Specify collateral if any) _____]CHECK CASHING
-]CHECK CASHING
-] OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF LOAN:

-]MORTGAGE (Specify address of property) _____]CREDIT CARD
-]VEHICLE (Specify which vehicle) _____]MEDICAL BILL
-] LOAN/FINANCE CO. (Specify collateral if any) _____]CHECK CASHING
-]CHECK CASHING
-] OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF LOAN:

-]MORTGAGE (Specify address of property) _____]CREDIT CARD
-]VEHICLE (Specify which vehicle) _____]MEDICAL BILL
-] LOAN/FINANCE CO. (Specify collateral if any) _____]CHECK CASHING
-]CHECK CASHING
-] OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF LOAN:

-]MORTGAGE (Specify address of property) _____]CREDIT CARD
-]VEHICLE (Specify which vehicle) _____]MEDICAL BILL
-] LOAN/FINANCE CO. (Specify collateral if any) _____]CHECK CASHING
-]CHECK CASHING
-] OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ **CREDITOR PHONE #** _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF LOAN:

-]MORTGAGE (Specify address of property) _____]CREDIT CARD
-]VEHICLE (Specify which vehicle) _____]MEDICAL BILL
-] LOAN/FINANCE CO. (Specify collateral if any) _____]CHECK CASHING
-]CHECK CASHING
-] OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ CREDITOR PHONE # _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF LOAN:

- MORTGAGE (Specify address of property) _____ CREDIT CARD
- VEHICLE (Specify which vehicle) _____ MEDICAL BILL
- LOAN/FINANCE CO. (Specify collateral if any) _____ CHECK CASHING
- CHECK CASHING
- OTHER _____

TOTAL AMOUNT OWED:\$ _____ MONTHLY PAYMENTS\$ _____

DATE ACCOUNT OR LOAN OPENED: _____

IF YOU ARE MARRIED, IS THIS DEBT (CIRCLE ONE): Husband Wife Joint

DID ANYONE CO-SIGN ON THIS LOAN? YES / NO

IF YES, SPECIFY NAME AND ADDRESS OF CO-SIGNER _____

CREDITOR NAME _____ CREDITOR PHONE # _____

ACCOUNT # _____

PO BOX OR ADDRESS _____

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LIST ADDITIONAL CREDITORS ON AN ATTACHED SHEET.

When completed, please return to Reed Law Firm, P.A.

COLUMBIA: (803) 726-4888

FLORENCE: (843) 679-0077