

BANKRUPTCY QUESTIONNAIRE

Important Information for New Bankruptcy Clients

1. It is very important that your questionnaire be truthful, complete and accurate. Do not omit any of the requested information. If you have a doubt about whether to tell us something, the answer is to ALWAYS tell us. We would rather know now than have a surprise later.
2. If you owe your bank money, the bank might close your checking account. For that reason, it is normally a good idea to switch banks before you file bankruptcy. Use a bank where you have no loans or overdrafts. If you do not owe your bank money, then you can keep it as normal and there is no need to switch banks.
3. Do not borrow money right before you file bankruptcy. If you have already borrowed money within the 90 days prior to filing the bankruptcy, make sure you let us know about it.
4. Do not sell or give away any property (houses, cars, money, etc.) right before you file bankruptcy without checking with us first. Also, do not withdraw large sums of money from a retirement account right before filing bankruptcy. If you have already done any of those things, tell us about it. Your questionnaire asks questions about transactions like that and it is important that you answer those questions completely.
5. If you have a mortgage and are current on that mortgage, read this: Mortgage companies sometimes charge a fee because they will have an attorney review the bankruptcy to determine if their rights are being affected. This does not happen in every case and it is more likely to happen in a 13 than in a 7. The fee is normally around \$300, but could vary depending on the lender. If such a fee gets charged, it will be your responsibility to pay. It should be viewed as a cost of bankruptcy and there is nothing we can do about it. If you are already behind on the mortgage and are in a Chapter 13, the bankruptcy will include fees like that, so no need to worry.
6. If you are planning to pay for a mortgage, car payment, student loan, or other creditor directly to the creditor after the bankruptcy is filed (in other words, we are not including a certain debt in the bankruptcy), read this: Creditors may temporarily stop sending monthly statements and may stop accepting online or telephone payments. They do this out of fear that they may be violating the bankruptcy laws that prevent creditors from taking collection actions against you. Be prepared to mail such payments to the payment address on your own. You should keep an old statement available so that you have the account number and address. It is your responsibility to keep making your payments even if you do not receive a bill. Eventually, everything will get back to normal.

I acknowledge that I have read and understand this form:

_____ Date: _____
 Client 1 Signature

_____ Date: _____
 Client 2 Signature

PERSONAL PROPERTY

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). **FILL IN ALL BLANKS.**

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

VIN: _____

Circle One: 2-door 4-door Hatchback Two Wheel Drive

Circle One: 4-cylinder 6-cylinder 8-cylinder Four Wheel Drive

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

Finance Co. (If any): _____

Name(s) in which Property is Titled: _____

2. Year _____ Make _____ Model _____ Type: _____

VIN: _____

Circle One: 2-door 4-door Hatchback Two Wheel Drive

Circle One: 4-cylinder 6-cylinder 8-cylinder Four Wheel Drive

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

Finance Co. (If any): _____

Name(s) in which Property is Titled: _____

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

VIN: _____

Circle One: 2-door 4-door Hatchback Two Wheel Drive

Circle One: 4-cylinder 6-cylinder 8-cylinder Four Wheel Drive

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

Finance Co. (If any): _____

Name(s) in which Property is Titled: _____

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

VIN: _____

Circle One: 2-door 4-door Hatchback Two Wheel Drive

Circle One: 4-cylinder 6-cylinder 8-cylinder Four Wheel Drive

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

Finance Co. (If any): _____

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: _____

Motor 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)	\$ _____
Health Aids (i.e. – motorized chairs, hearing aids, etc.)		\$ _____	

If you have any special items that are more valuable than ordinary household goods, please specify below. (For example, a lawn tractor, 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.)

Specify make and model of each firearm and value of each: _____

Specify types of animals and value of each: _____

PLEASE LIST THE NAME, VALUE AND BENEFICIARY OF ANY LIFE INSURANCE POLICIES (INCLUDE JOB RELATED POLICIES). PROVIDE ENTIRE COPY OF WHOLE LIFE POLICIES.

1. Insurance Company: _____

Whole or Term (Please circle one)

Face Value \$ _____ Current Cash Value \$ _____

Name of Beneficiary _____

2. Insurance Company: _____

Whole or Term (Please circle one)

Face Value \$ _____ Current Cash Value \$ _____

Name of Beneficiary _____

Do you have more than 2 life insurance policies? Circle one. YES / NO
Attach additional sheet if you answered yes.

List ALL Savings, Checking, Money Market or Any Financial Accounts of any kind. 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.

<u>Name of Bank</u>	<u>Name(s) on Account</u>	<u>Checking/saving/etc</u>	<u>Last 4 digits</u>	<u>Balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach additional sheet if necessary.

Do you owe a debt to any of the banks listed above? YES / NO If yes, describe: _____

**** We generally recommend switching banks if you owe your bank money (please ask us about that)**

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

If you answered yes, please list the following for all closed accounts:

<u>Bank name</u>	<u>Type of account</u>	<u>Account Number</u>	<u>Date Closed</u>	<u>Last balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

1. Circle One: 401K / IRA / Other – describe: _____

Name of Investment Company _____

Amount Currently Invested _____ Date the Investment Began _____

Name of Client Investing _____

2. Circle One: 401K Retirement Plan IRA

Name of Investment Company _____

Amount Currently Invested _____ Date the Investment Began _____

Name of Client Investing _____

Do you have more than 2 retirement accounts? Circle one. YES / NO If yes, attach additional sheet

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 of loan, amount of original loan, interest rate, monthly payment and estimated payoff date.)

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) 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.

- (4) Does anyone owe you any money? YES / NO
If yes, describe: _____
- (5) Are you the beneficiary of a trust or future interest? YES / NO If yes, give details:

- (6) Are you suing anyone or have the right to sue anyone for any reason? For example, personal injury, car wreck, slip and fall, class action, etc.? YES / NO If yes, give details:

- (7) Do you have any ownership interest in any business, partnership, corporation, LLC, etc.? YES / NO
If yes, give a brief description here but we will also need you to complete a separate business questionnaire: _____

- (8) Are you entitled to receive any property or money from an inheritance, estate, trust, annuity, or the like? YES / NO If yes, give details including the value: _____

- (9) Are you expecting a tax refund you have not already received? YES / NO If so, how much? _____

REAL PROPERTY

Do you own or rent your home? _____ Own _____ Rent

If you rent, write N/A on Sections A and B, then move on to Section C. If your residence is a mobile home and you do *not* own the land it is on, write N/A on Section A, then complete Section B.

If you own the land *and* home where you live, please complete Section A as follows:

If you own more than one piece of land, use extra copies of this page for each parcel of real estate

A. Address of Residence: _____ **County:** _____

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

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

Purchase date of home? _____ Original purchase price of home? \$ _____

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

If so, how much was the appraisal? _____ When was appraisal completed? _____

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

Who is your homeowners insurance with? _____

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

Homeowner's Association's Name: _____

HOA address: _____

Is payment yearly, quarterly or monthly (circle one)? Amount of Payment: _____
How many months behind? _____, through what month and year? _____

** Again, if you own more than one home or more than one piece of land, use extra copies of this page for each parcel of real estate and provide all of the requested information for each parcel**

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? \$ _____

Name of creditor/lien holder: _____ (List creditor info with other creditors at the end)

Who is your homeowners insurance with? _____

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

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 requested in Section A**
- 2. Vacant lot/land YES / NO **If so, provide same info as requested in Section A**
- 3. Farmland YES / NO **If so, provide same info as requested in Section A**
- 4. Business Building YES / NO **If so, provide same info as requested in Section A**
- 5. Inherited Property YES / NO **If so, provide same info as requested in Section A**
- 6. Co-signed Property YES / NO **If so, provide same info as requested in Section A**
- 7. Heir Property YES / NO **If so, provide same info as requested in Section A**
- 8. Time Share YES / NO Provide Description and Value: _____

- 9. Burial Plots YES / NO Provide Description and Value: _____

If you answered yes to any of the above, provide all the information requested in Section A for each parcel of real estate.

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

If yes, please fill out:

Address of rented property: _____

Rent received each month: \$ _____

Occupation and Income for you and your spouse

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

*****IF YOU ARE SELF-EMPLOYED, WRITE "SELF-EMPLOYED" BESIDE OCCUPATION. A BUSINESS QUESTIONNAIRE MUST BE COMPLETED. PLEASE ASK US FOR THIS DOCUMENT IF YOU DON'T HAVE IT.**

Are you employed? YES / NO

If yes, Your Occupation: _____

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

Name and Address of Primary Employer:

If you have 2nd job: Name and Address:

Month/Year you started job: _____

Month/Year you started job: _____

Spouse's Occupation: _____

If not employed, how long unemployed? _____

Name and Address of Primary Employer:

If you have 2nd job: Name and Address:

Month/Year you started job: _____

Month/Year you started job: _____

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

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

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 you have changed jobs in the last 6 months, or had any other source of income not already listed above in the last 6 months (including jobs, unemployment, social security, worker's comp, alimony/child support, retirement, etc) write the full amount grossed during the 6 month period. If none, write N/A:

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 \$ _____

HOUSEHOLD EXPENSES:

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

Mortgages1st\$ _____ 2nd \$ _____

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

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

Rent..... \$ _____

Landlord's Name and Address _____

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

If yes, month/year the lease ends? _____ Are you current? YES / NO

If not how many months behind are you? _____ through which month? _____

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

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/Entertnmnt \$ _____	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 you listed charitable contributions, we may be required to provide written proof, so only list an average of what you paid over the last 12 months.

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:

Name of Creditor	Monthly pymnt	Balance	Month/year pymt ends (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all **dependents**:

<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: _____

STATEMENT OF FINANCIAL AFFAIRS

1. Marital Status (circle one): Married / Not Married

2. 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) _____ _____	_____

3. Debts Repaid: Have you made any payments on any debts in the last 90 days to **ANY** creditor or other person or entity totaling more than \$600.00 (i.e. Mortgage, car, credit cards, finance companies, check cashing, etc.)? **YES / NO**

If yes, please specify below:

<i>Name of Creditor or other person</i>	<i>Date of Payment</i>	<i>Amount</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

4. Repaid Family members: Within the last 1 year, have you made any payments to any family member or business partner/affiliate that total more than \$600.00? **YES / NO**

If yes, please specify below:

<i>Name of person you paid</i>	<i>Date of Payment</i>	<i>Amount</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

5. Within the last 2 years, have you made any payments to a creditor on behalf of a family member or business partner/affiliate that total more than \$600.00 (for example, making loan payments for a family member)? **YES / NO**

If yes, please specify below:

<i>Name of Creditor you paid</i>	<i>On Whose Behalf</i>	<i>Date of Payment</i>	<i>Amount</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Have you made any gifts to a charity of more than \$600 in the last two years (including church)?

YES / NO If yes, give details: _____

7. Have you been a party to any lawsuits within the last year? For example, foreclosure, divorce, accident case, debt collection case, etc. **YES / NO** If yes, provide details below:

Parties	Type of Case	Court	Case Number	Status/Outcome
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Do you have any outstanding judgments against you? **YES / NO** If yes, provide details below:

Name of Judgment Creditor	Type of Case	Court	Case Number	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. 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 (6)** years? **YES / NO**

10. 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/Address of transferee</i>	<i>Relationship</i>	<i>Description of property</i>	<i>Date</i>	<i>Value rec'd after</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you need more space, check this space and attach additional sheet: _____

11. Have you paid college tuition or a student loan on behalf of your children or anyone else in the last five (5) years? **YES / NO** If so, describe: _____

12. Are you in possession of any money or other property that belongs to another person? **YES / NO**

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

13. Is anyone holding any of your property? **YES / NO** If **YES**, list give details: _____

14. 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>

15. 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:

16. Have you filed all of your tax returns that were due for the last 8 years? **YES / NO**

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

****All tax returns are required to be filed prior to filing bankruptcy****

17. Have you obtained a new loan, cash advance, or used any credit card for the purchase of a luxury item in the last 90 days? **YES / NO**

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

18. In last year, you have paid anyone else other than Reed Law Firm, for bankruptcy services or debt management services? **YES / NO** If yes, details: _____

19. In the last 10 years, have you created any trusts or made deposits into any trust? **YES / NO**

If yes, give details: _____

20. Do you have a safe deposit box or had one in the last year? **YES / NO** If yes give the following:

<i>Name of Bank</i>	<i>Contents</i>	<i>If closed, date of closing</i>

PART I - MORTGAGES AND/OR MOBILE HOME LOANS**CREDITOR NAME:** _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

ARE YOUR TAXES AND INSURANCE INCLUDED WITH PAYMENT? YES / NO

DATE LOAN OPENED: _____ DATE LOAN MATURES (ENDS) _____

ADDRESS OF PROPERTY: _____

DESCRIPTION OF PROPERTY – CIRCLE ONE: House and land / MH and land / MH only

NAMES ON THE LOAN: _____

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

ARE YOUR TAXES AND INSURANCE INCLUDED WITH PAYMENT? YES / NO

DATE LOAN OPENED: _____ DATE LOAN MATURES (ENDS) _____

ADDRESS OF PROPERTY: _____

DESCRIPTION OF PROPERTY – CIRCLE ONE: House and land / MH and land / MH only

NAMES ON THE LOAN: _____

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

ARE YOUR TAXES AND INSURANCE INCLUDED WITH PAYMENT? YES / NO

DATE LOAN OPENED: _____ DATE LOAN MATURES (ENDS) _____

ADDRESS OF PROPERTY: _____

DESCRIPTION OF PROPERTY – CIRCLE ONE: House and land / MH and land / MH only

NAMES ON THE LOAN: _____

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

IF YOU HAVE ADDITIONAL MORTGAGES, ATTACH AND ADDITIONAL SHEET

PART II – CAR, TRUCK, BOAT, MOTORCYCLE, OTHER VEHICLE LOANS**Include all of your loans for cars, trucks and other vehicles.**

CREDITOR NAME: _____
 ACCOUNT # _____ PAYOFF: _____
 PO BOX OR ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____
 DATE LOAN OPENED: _____ DATE LOAN MATURES (ENDS) _____
 YEAR, MAKE AND MODEL OF COLLATERAL: _____
 NAMES ON THE LOAN: _____
 IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:
 NAME: _____
 ADDRESS: _____

CREDITOR NAME: _____
 ACCOUNT # _____ PAYOFF: _____
 PO BOX OR ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____
 DATE LOAN OPENED: _____ DATE LOAN MATURES (ENDS) _____
 YEAR, MAKE AND MODEL: _____
 VIN (yes, this is required): _____
 NAMES ON THE LOAN: _____
 IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:
 NAME: _____
 ADDRESS: _____

CREDITOR NAME: _____
 ACCOUNT # _____ PAYOFF: _____
 PO BOX OR ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____
 DATE LOAN OPENED: _____ DATE LOAN MATURES (ENDS) _____
 YEAR, MAKE AND MODEL: _____
 VIN (yes, this is required): _____
 NAMES ON THE LOAN: _____
 IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:
 NAME: _____
 ADDRESS: _____

IF YOU HAVE ADDITIONAL VEHICLE LOANS, ATTACH AN ADDITIONAL SHEET

PART III – TAX DEBT

DO YOU OWE FEDERAL TAXES TO THE IRS? YES / NO

IF YES, LIST THE FOLLOWING:

<u>TAX YEAR</u>	<u>AMOUNT</u>	<u>IS THERE A LIEN?</u>	<u>TAX RETURN FILED ON TIME?</u>
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____

DO YOU OWE TAXES TO THE STATE OF SOUTH CAROLINA? YES / NO

IF YES, LIST THE FOLLOWING:

<u>TAX YEAR</u>	<u>AMOUNT</u>	<u>IS THERE A LIEN?</u>	<u>TAX RETURN FILED ON TIME?</u>
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____
_____	_____	YES / NO / UNKNOWN	YES / NO If return filed late, mo/year filed _____

DO YOU OWE TAXES TO ANY OTHER STATES? YES / NO If yes, complete the following:

STATE: _____ AMOUNT: _____ YEARS OWED: _____
 STATE: _____ AMOUNT: _____ YEARS OWED: _____

DO YOU OWE ANY CITY OR COUNTY TAXES? YES / NO If yes, complete the following:

COUNTY/CITY: _____ AMOUNT OWED: _____ YEARS: _____
 TYPE OF TAX (ex. Property, for what property, etc.): _____

COUNTY/CITY: _____ AMOUNT OWED: _____ YEARS: _____
 TYPE OF TAX (ex. Property, for what property, etc.): _____

PART III – DOMESTIC SUPPORT OBLIGATIONS

DO YOU PAY ALIMONY OR CHILD SUPPORT? YES / NO IF YES, LIST THE FOLLOWING:

How many different accounts do you pay for a family court obligation? _____

If you have more than 3 of these obligations, print a duplicate of this page to use for the extras.

Name of Person Who Receives the Payment: _____

Address of that Person: _____

Phone Number of that Person (*Required): _____

Type of Support: Alimony / Child Support / Other (explain): _____

Is it Court Ordered YES / NO If yes, what County/State? _____ *Provide us with a copy of the Order

How much longer do you have to pay? Give month and year when support ends: _____

Are you current? YES / NO If no, amount behind? _____ Through what month? _____

If you are filing a joint bankruptcy with your spouse, is this debt for the husband or wife (circle one)?

Name of Person Who Receives the Payment: _____

Address of that Person: _____

Phone Number of that Person (*Required): _____

Type of Support: Alimony / Child Support / Other (explain): _____

Is it Court Ordered YES / NO If yes, what County/State? _____ *Provide us with a copy of the Order

How much longer do you have to pay? Give month and year when support ends: _____

Are you current? YES / NO If no, amount behind? _____ Through what month? _____

If you are filing a joint bankruptcy with your spouse, is this debt for the husband or wife (circle one)?

Name of Person Who Receives the Payment: _____

Address of that Person: _____

Phone Number of that Person (*Required): _____

Type of Support: Alimony / Child Support / Other (explain): _____

Is it Court Ordered YES / NO If yes, what County/State? _____ *Provide us with a copy of the Order

How much longer do you have to pay? Give month and year when support ends: _____

Are you current? YES / NO If no, amount behind? _____ Through what month? _____

If you are filing a joint bankruptcy with your spouse, is this debt for the husband or wife (circle one)?

PART IV – ALL OTHER DEBT
(Credit Cards, finance companies, loans, medical bills, student loans, etc.)

If you are filing a joint bankruptcy with your spouse, please indicate under “Names on Loan” by circling H, W or J to indicate if the debt is in the name of the husband, wife, or both (joint).

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

Is there collateral? YES / NO If yes, list the items here: _____

DATE LOAN OPENED: _____ NAMES ON THE LOAN: H / W / J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

Is there collateral? YES / NO If yes, list the items here: _____

DATE LOAN OPENED: _____ NAMES ON THE LOAN: H / W / J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

Is there collateral? YES / NO If yes, list the items here: _____

DATE LOAN OPENED: _____ NAMES ON THE LOAN: H / W / J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

Is there collateral? YES / NO If yes, list the items here: _____

DATE LOAN OPENED: _____ NAMES ON THE LOAN: H / W / J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

Is there collateral? YES / NO If yes, list the items here: _____

DATE LOAN OPENED: _____ NAMES ON THE LOAN: H / W / J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

Is there collateral? YES / NO If yes, list the items here: _____

DATE LOAN OPENED: _____ NAMES ON THE LOAN: H / W / J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

Is there collateral? YES / NO If yes, list the items here: _____

DATE LOAN OPENED: _____ NAMES ON THE LOAN: H / W / J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

Is there collateral? YES / NO If yes, list the items here: _____

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PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

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NAME: _____

ADDRESS: _____

CREDITOR NAME: _____

ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

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CITY _____ STATE _____ ZIP _____

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ACCOUNT # _____ PAYOFF: _____

PO BOX OR ADDRESS _____

CITY _____ STATE _____ ZIP _____

Type of Debt (Circle One): Credit Card / Loan / Medical / Other (specify here): _____

MONTHLY PAYMENTS\$ _____ CURRENT? YES / NO IF NO, DUE FOR WHAT MONTH? _____

Is there collateral? YES / NO If yes, list the items here: _____

DATE LOAN OPENED: _____ NAMES ON THE LOAN: H / W / J

IF THERE IS A CO-SIGNER WHO IS NOT FILING BANKRUPTCY WITH YOU, SPECIFY NAME /ADDRESS AS FOLLOWS:

NAME: _____

ADDRESS: _____

If you need more room, please print duplicate pages or ask us for more pages

When completed, please return to Reed Law Firm, P.A. ***NO APPOINTMENT NECESSARY***

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