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 RIVERDALE, MD 20737
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BANKRUPTCY QUESTIONNAIRE

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY. This packet has been designed to help you organize the information that you will need to file your case. The requested information/documents will be used to prepare your bankruptcy petition. **Please review and COMPLETE THE ENTIRE packet.** Some of the requested information may apply to more than one (1) question and/or section. Please provide all the information requested. **ALL CREDITORS (any party to whom you owe money) MUST BE LISTED BY FEDERAL LAW.**

PLEASE REMEMBER: The bankruptcy petition will be prepared from the information you provide and you will be signing the petition **UNDER OATH**. Federal law severely punishes false oaths, hiding or not disclosing assets, etc. In addition, you could lose your discharge. Therefore, it is **YOUR** responsibility to complete these forms truthfully and accurately and to review the petition prior to filing. If you don't provide us with complete and accurate information, we can't protect you fully.

In order for us to prepare your petition, you must provide a non-refundable retainer of \$300, along with all of the necessary documents and your completed Bankruptcy Questionnaire. The retainer will cover the cost of the preparation of your bankruptcy petition and the associated costs (i.e., obtaining your credit report, property valuations, administrative fees, etc.). The balance of your attorney fees and the filing fee must be paid at your signing appointment. **IN ORDER TO EXPEDITE THE FILING OF YOUR CASE, PLEASE PROVIDE PAYMENT IN CASH, CERTIFIED FUNDS, OR VIA DEBIT CARD.** Personal checks will take up to two weeks to process. A breakdown of fees follows:

Retainer:	\$300 (non-refundable)
Balance of Attorney Fee:	_____
Filing Fee:	\$274/\$299
Total:	_____

YOUR CASE CANNOT BE FILED WITHOUT THE ENTIRE ATTORNEY FEE AND FILING FEE.

Finally, it is **YOUR** responsibility to notify us of any pending foreclosure sale or other legal deadline and to fax copies. Voicemail is not adequate for this purpose.

Thank you for entrusting your case to me. I appreciate your business and look forward to assisting you. We are truly interested in providing you with the fresh start you deserve.

Regards,

R. Manny Montero, Esq.
 Christina M. Williamson, Esq.

******WE WILL KEEP ALL INFORMATION DISCLOSED CONFIDENTIAL******

Bankruptcy Timeline

This information is intended to give you an outline of the average Chapter 7 or Chapter 13 bankruptcy case. Please refer to this information if you have questions regarding the basic steps that must be taken for your case to succeed.

PETITION PREPARATION/SIGNING APPOINTMENT

After your consultation with our office, your petition will be prepared based on the documents and information you provide. Your timely submission of the documents and information we request is required for your case to proceed quickly. At this time, please begin to save your pay stubs and bank statements and forward copies to our office as you receive them. After your petition is prepared, we will contact you to set up a signing appointment for you to review the accuracy of your petition prior to filing.

CASE FILING

After your signing appointment, your petition will be revised based on the information you provide and an attorney will file your case. Our office will provide a copy of your filed petition for your records. Please keep this copy in a safe place, as it may be convenient to refer to after your case has been closed.

PLAN PAYMENTS (CHAPTER 13 CASES ONLY)

After you receive notice that your case has been filed, you will receive a letter from our office noting the amount of your Chapter 13 Plan Payment and the date your first payment is due. **IN ORDER FOR YOUR CASE TO SUCCEED, YOUR PLAN PAYMENTS MUST BE MADE ON TIME EVERY MONTH.** If you are unable to make a plan payment on time for any reason, please contact our office immediately. At this time, it is also necessary to continue making your secured payments on the property that you wish to keep (e.g., your house, car, etc.).

DEBTOR EDUCATION COURSE

After you receive notice that your case has been filed, it is essential for you to complete your Debtor Education Course as soon as possible. After completing your Debtor Education Course, please forward a copy of your Debtor Education Certificate to our office so that we may file it with the court. **IF YOU DO NOT COMPLETE YOUR DEBTOR EDUCATION COURSE BY THE DUE DATE STATED ON YOUR NOTICE OF FILING, YOUR CASE MAY BE CLOSED WITHOUT A DISCHARGE AND YOUR DEBT WILL NOT BE RELIEVED.**

341 MEETING OF CREDITORS

During this meeting, you will meet with a bankruptcy trustee who will ask you to confirm the information listed on your bankruptcy petition, under oath. In order for your case to succeed, you must attend this meeting and bring your photo identification and social security card. If you do not have your social security card, please bring any government or employer-issued proof of your social security number (including a social security statement, original W2 or 1099, or any other document from these parties showing your ENTIRE social security number). **IF YOU DO NOT ATTEND YOUR 341 MEETING OF CREDITORS, YOUR CASE MAY BE DISMISSED.** If your 341 Meeting must be rescheduled due to your unscheduled absence, there may be additional attorney fees involved.

CONFIRMATION HEARING (CHAPTER 13 CASES ONLY)

After your 341 Meeting of Creditors, a Confirmation Hearing will be held. At this meeting, the Trustee administering to your case will either confirm your Chapter 13 Plan or deny it. If the Trustee denies your plan, our office will attempt to revise your plan according to the Trustee's objections.

DISCHARGE/CASE CLOSING

Your discharge releases you from liability for certain debts incurred before your bankruptcy filing. In a Chapter 7 bankruptcy case, you will generally receive your discharge approximately two (2) months after the 341 Meeting of Creditors. You will receive a copy of your discharge from the courts. In addition, our office will forward a copy of the discharge, for your convenience. Your case will generally be closed within a few days after receiving your discharge.

AFTER YOUR BANKRUPTCY

If you are contacted by creditors that are seeking to be paid for debts that were discharged in your bankruptcy, inform them that you have filed for bankruptcy. If they request proof, provide your case number and a copy of your discharge (if received). If your creditors continue to contact you after you provide this information, please record the name and contact information of the individual that is contacting you and provide this information to our office.

DOCUMENTS NEEDED TO PREPARE YOUR BANKRUPTCY FILING

- ___ Copy of photo identification and proof of SSN;
- ___ Copy of ALL recorded deeds and mortgages;
- ___ Real estate appraisal (for properties in USA) OR evaluation (if outside of the USA);
- ___ Real estate tax assessment;
- ___ Copy of most recent mortgage statement showing balance;
- ___ Copy of titles for ALL vehicles (car/truck/boat);
- ___ Proof of insurance for financed vehicles;
- ___ Copy of most recent statement(s) for vehicles and contract showing date of purchase;
- ___ Most recent statement for financed furniture/jewelry/electronics;
- ___ Copy of all leases (car, commercial, residential)
- ___ Retirement plan statements showing balances;
- ___ 401k loan statements showing loan terms and balances;
- ___ Life insurance policy/statement showing value and listing of beneficiaries;
- ___ Divorce orders within last 5 years;
- ___ Proof of child and/or spousal support (whether owes, receives, or should be receiving)
[the name and address of the other party involved, and amounts owed must be listed in Sch. E];
- ___ Documents associated with ALL prior cases in any court in last year or any garnishment in the last year;
- ___ Copies of docs regarding repossessions/foreclosures within the last year;
- ___ Copies of docs regarding transfers within the last year;
- ___ 6 months' bank statements;
- ___ 6 months' proof of income from all sources (husband and wife), even if filing separately;
- ___ Documents regarding any business within the last 6 years;
- ___ Additional bills not on credit report (i.e. medical bills);
- ___ Four years' federal **and** state tax returns;
- ___ Husband/Wife taxes if not a joint bankruptcy
- ___ Names and addresses for all co-debtors.
- ___ Other: _____

Approved Credit Counseling Agencies

Consumer Credit Counseling Serv. of MD & DE Inc.
757 Frederick Road
2nd Floor
Baltimore, Maryland 21228
800-642-2227
www.cccs-inc.org
In Person and Telephonic

Garden State Consumer Credit Counseling, Inc.
225 Willowbrook Road
Freehold, NJ 07728
877-892-4557
www.novadebt.org
In Person (may not be available in all judicial districts)
& Telephonic

Springboard Nonprofit Consumer Credit Management Inc.
4351 Latham Street
Riverside, CA 92501
800-947-3752
www.credit.org
In Person (*not available in all judicial districts*),
Telephonic and Internet

Consumer Credit Counseling Service of Greater Atlanta Inc.
100 Edgewood Avenue
Suite 1800
Atlanta, GA 30303
800-251-2227
www.cccsinc.org
In Person (*not available in all judicial districts*),
Telephonic and Internet

Credit Advisors Foundation
1818 South 72nd Street
Omaha, NE 68124
800-942-9027
www.creditadvisors.org
In Person (*not available in all judicial districts*),
Telephonic, and Internet

Hummingbird Credit Counseling and Education, Inc.
3737 Glenwood Avenue
Suite 100-106
Raleigh, NC 27612
800-645-4959
www.hbcce.org
Telephonic & Internet

Credit Counseling Centers of America
9330 LBJ Freeway
Suite 900
Dallas, TX
75379-8039
800-493-2222
www.cccamerica.org
In Person (*not available in all judicial districts*),
Telephonic and Internet

Institute for Financial Literacy, Inc.
449 Forest Avenue
Suite 12
Portland, ME 04101
866-662-4932
www.financiallit.org
Telephonic & Internet

Money Management International Inc.
9009 West Loop South
7th Floor
Houston, TX 77096-1719
877-918-2227
www.moneymanagement.org
In Person (*not available in all judicial districts*),
Telephonic and Internet

Money Management International Inc.
9009 West Loop South
7th Floor
Houston, TX 77096-1719
877-918-2227
www.moneymanagement.org
In Person (*not available in all judicial districts*),
Telephonic and Internet

ClearPoint Financial Solutions, Inc.
8000 Franklin Farms Drive
Richmond, VA 23229
877-422-9046
www.clearpointfinancialsolutions.org
In Person and Telephonic

BANKRUPTCY WORKSHEETS

Chapter 7

Chapter 13

Individual

Joint*

* NOTE: If a Joint Bankruptcy case is being filed, complete all questions for both Husband and Wife

Debtor (husband, if Joint)

Joint Debtor (wife, if joint)

Full Name

All other names used by you in the last 6 years, including married, maiden and trade names

Street Address (Number, Street, City, State and zip)

Mailing Address, if different from street address

County of residence or principal place of business

Social Security No., Tax ID No. (if more than one, list all)

Have you ever filed bankruptcy before? If yes, Please complete:**

Location Filed	Case No.	Date Filed	Chapter Filed
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Location Filed	Case No.	Date Filed	Chapter Filed
----------------	----------	------------	---------------

Are your spouse, business partner or any affiliate in a pending bankruptcy? **

Name of Debtor	Case No.	Date Filed	Chapter Filed
Relationship	Location Filed	Judge	Status (if known)

Name of Debtor	Case No.	Date Filed	Chapter Filed
Relationship	Location Filed	Judge	Status (if known)

** Attach Continuation pages if necessary

ASSETS

Real Property: SCHEDULE A (house, townhouse, condo, land, time shares)
Please provide a copy of the deed to the property, and a payoff statement for each lender

PROPERTY 1

Address: _____

Date of Purchase: _____
Amount of Purchase: _____

Co-owner(s) _____

Current Market Value: _____

First Mortgage

Name of Lender: _____
Address: _____

Payoff Balance: _____
Interest Rate: _____
Monthly Payment: _____

Account Number: _____

Amount Behind: _____

Second Mortgage

Name of Lender: _____
Address: _____

Payoff Balance: _____
Interest Rate: _____
Monthly Payment: _____

Account Number: _____

Amount Behind: _____

Is there a Homeowners Association/Condominium Association? Yes No

If yes, Name: _____
Address: _____

Amount of Payment: _____
Per Month Quarter Year

Amount Behind: _____

PROPERTY 2

Address: _____

Date of Purchase: _____
Amount of Purchase: _____

Co-owner(s) _____

Current Market Value: _____

First Mortgage

Name of Lender: _____
Address: _____

Payoff Balance: _____
Interest Rate: _____
Monthly Payment: _____

Account Number: _____

Amount Behind: _____

Second Mortgage

Name of Lender: _____
Address: _____

Payoff Balance: _____
Interest Rate: _____
Monthly Payment: _____

Account Number: _____

Amount Behind: _____

Is there a Homeowners Association/Condominium Association? Yes No

If yes, Name: _____
Address: _____

Amount of Payment: _____
Per Month Quarter Year

Amount Behind: _____

Use continuation sheets if necessary

Vehicles (Automobiles, trucks, trailers, motorcycles, boats, airplanes)
Please attach a copy of the title, and a current payoff statement for each lender

Vehicle 1

Describe: Year _____ Make _____ Model _____
Mileage _____ Condition _____
Owned by: Husband Wife Joint Co-owner: _____
Lienholder: Name and Address: _____

Account No. _____ Payoff Amount _____
Monthly Payment _____ Arrearage Amount _____
Do you want to keep this vehicle? _____

Vehicle 2

Describe: Year _____ Make _____ Model _____
Mileage _____ Condition _____
Owned by: Husband Wife Joint Co-owner: _____
Lienholder: Name and Address: _____

Account No. _____ Payoff Amount _____
Monthly Payment _____ Arrearage Amount _____
Do you want to keep this vehicle? _____

Vehicle 3

Describe: Year _____ Make _____ Model _____
Mileage _____ Condition _____
Owned by: Husband Wife Joint Co-owner: _____
Lienholder: Name and Address: _____

Account No. _____ Payoff Amount _____
Monthly Payment _____ Arrearage Amount _____
Do you want to keep this vehicle? _____

OTHER PERSONAL PROPERTY: SCHEDULE B

Summarize everything you own and its value below; If greater detail is required, please attach additional sheets.

	Category	Description	H/W/J Co-Owner	Value
1	Cash			
2	Bank Accounts List all checking, savings, credit union, Certificate of Deposit	Bank: _____ Account type: _____ Bank: _____ Account type: _____ Bank: _____ Account type: _____		
3	Security Deposits Landlords, utilities, credit cards, other			
4	Household Goods and Furnishings	See attached Inventory		
5	Books, Pictures, Art, Collectibles	See attached Inventory		
6	Wearing Apparel	See attached Inventory		
7	Furs and Jewelry	See attached Inventory		
8	Firearms, sports, photographic and other hobby equipment			
9	Interests in Insurance Policies	Insurance Co: _____ Insurance type: _____ Insurance Co: _____ Insurance type: _____		
10	Annuities	Issuing Company: _____ Issuing Company: _____		
11	Interests in Retirement plans, 401(k)s, IRAs, Keogh and profit sharing plans			
12	Stocks and interests in incorporated and unincorporated businesses			
13	Interests in partnerships or joint ventures			
14	Government or corporate bonds			
15	Accounts receivable			
16	Alimony, maintenance, support arrearages and property settlements			
17	Other Liquidated Debts, including tax refunds, and rebates			

	Category	Description	H/W/J Co-Owner	Value
18	Inheritances, that you are entitled to			
19	Interests in Trusts, Estates, Insurance proceeds			
20	Claims or Lawsuits of any type against another person or entity			
21	Patents, Copyrights, intellectual property Licenses or Franchise rights			
22	Boats, motor, marine equipment, accessories			
23	Aircraft and accessories			
24	Office Equipment, furnishings and supplies			
25	Machinery, fixtures, tools equipment and supplies			
26	Inventory			
27	Animals, livestock, pets			
28	Crops, farm equipment, supplies, chemicals			
29	Other personal property of any kind not listed above			

Use additional sheets if necessary

PERSONAL INVENTORY

Attachment to Schedule B

QTY DESCRIPTION VALUE

HOUSEHOLD GOODS AND FURNISHINGS

_____ Sofa _____
_____ Chairs _____
_____ Coffee tables/End tables _____
_____ Bookcases/Cabinets _____
_____ Desks _____
_____ Beds _____
_____ Chests/Dressers/Bureaus _____
_____ Night stands _____
_____ Lamps _____
_____ Televisions _____
_____ VCR/DVD players _____
_____ Stereos/Radios _____
_____ Kitchen set _____
_____ Dining Room set _____
_____ Cookware/Dishes/Glasses _____
_____ Blankets/Linens, etc. _____
_____ Small/Kitchen appliances _____
_____ Hand tools/power tools _____
_____ Lawn/Patio Furniture _____
_____ Lawn mower/Yard tools _____
_____ Computer/Printer/Access. _____
_____ Other: _____
_____ Other: _____
_____ Other: _____
_____ Other: _____
_____ **TOTAL:** _____

BOOKS, ART, TAPES, CDs, VIDEOTAPES, COLLECTIBLES

_____ Hardback/Paperback books _____
_____ Pictures/Art objects _____
_____ Records/Tapes/CDs _____
_____ Video tapes/DVDs _____
_____ Coin/Stamp collections _____
_____ Other: _____
_____ Other: _____
_____ **TOTAL:** _____

QTY DESCRIPTION VALUE

WEARING APPAREL

_____ Shirts/Blouses _____
_____ Pants/Shorts _____
_____ Dresses _____
_____ Suits _____
_____ Sportcoats/Blazers _____
_____ Jackets/Coats _____
_____ Sweaters/Sweatshirts _____
_____ Underwear & accessories _____
_____ Shoes _____
_____ Boots _____
_____ Other: _____
_____ Other: _____
_____ Other: _____
_____ **TOTAL:** _____

JEWELRY

_____ Watches _____
_____ Rings _____
_____ Bracelets _____
_____ Necklaces _____
_____ Pendants _____
_____ Earrings _____
_____ Other: _____
_____ Other: _____
_____ **TOTAL:** _____

CAMERAS, HOBBY EQUIPMENT, SPORTS EQUIPMENT

_____ Cameras _____
_____ Camcorders _____
_____ Golf clubs _____
_____ Exercise bike/equipment _____
_____ Weights/Weight bench _____
_____ Other: _____
_____ Other: _____
_____ **TOTAL:** _____

EXECUTORY CONTRACTS/UNEXPIRED LEASES SCHEDULE G

Please list all contracts that are continuing, or have not been fully performed other than the payment of money, including leases (apartment, automobile, furniture), rent-to-own contracts, time shares, cellular telephones/pagers, health clubs, employment agreements, etc.
 Please provide a copy of the agreement

Name and Address of other Party	Account Number	Description of Contract	H/W/J Co-obligor?	Do you want to retain contract?

DO YOU HAVE ANY DEPENDENTS? IF YES, COMPLETE THE FOLLOWING:

NAME	RELATIONSHIP TO DEBTOR	AGE

EMPLOYMENT:

HUSBAND:

Employer Name: _____
 Address: _____

 Position: _____
 Length of Employment: _____

WIFE:

Employer Name: _____
 Address: _____

 Position: _____
 Length of Employment: _____

INCOME AND EXPENSES SCHEDULES I AND J

Please list all sources of income for the household (including income for your spouse even if your spouse is not also filing bankruptcy), including wages, unemployment, pension or annuity payments, child support, alimony, social security income for you or your dependents. If you are self-employed, list your net business income, and provide a financial statement, monthly cash flow report, or other documents showing monthly income and business expenses. *Please provide documentation of all income sources, including pay stubs.*

DEBTOR'S INCOME (Husband's income in a joint case)			
How often are you paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Weekly		Other Monthly Income	
Income from pay stub		Business Income	
Gross Income		Rental Income	
Estimated Overtime		Interest & Dividends	
Payroll Deductions		Alimony and Child Support	
Federal tax		Social Security, Government Assistance	
State tax		Pension or Retirement	
FICA/Medicare		Other Income: <i>Please specify</i>	
Insurance			
Union Dues			
Other Deductions: <i>Please Specify</i>		Please explain any anticipated increases or decreases in income of more than 10% within the next year.	

DEBTOR'S INCOME (Wife's income in a joint case)			
How often are you paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Weekly		Other Monthly Income	
Income from pay stub		Business Income	
Gross Income		Rental Income	
Estimated Overtime		Interest & Dividends	
Payroll Deductions		Alimony and Child Support	
Federal tax		Social Security, Government Assistance	
State tax		Pension or Retirement	
FICA/Medicare		Other Income: <i>Please specify</i>	
Insurance			
Union Dues			
Other Deductions: <i>Please Specify</i>		Please explain any anticipated increases or decreases in income of more than 10% within the next year.	

EXPENSES: SCHEDULE J

Please list all regular monthly expenses below, including a monthly amount for items that are spent on a less regular basis, including clothing, home repairs, etc.

Rent/Mortgage	_____	Insurance (which is not included on a paycheck)	
<input type="checkbox"/> Insurance is included in payment		Homeowners	_____
<input type="checkbox"/> Taxes are included in payment		Life	_____
Second Mortgage	_____	Health	_____
HOA/Condo Fee	_____	Auto	_____
Utilities		Other: _____	_____
Electricity and Heat	_____	Taxes: _____	_____
Water and Sewer	_____	Installment Payments	
Telephone	_____	Auto	_____
Cell phone/Pager	_____	Other: _____	_____
Internet	_____	Other: _____	_____
Other: _____	_____	Other: _____	_____
Home Maintenance	_____	Court ordered Alimony/Maintenance/Support	_____
Food	_____	Payments for Dependents not living at home	_____
Clothing	_____	Childcare	_____
Laundry and Dry Cleaning	_____	Business Expenses (attach an itemized list)	_____
Medical and Dental	_____	Other: _____	_____
Transportation (gas and repairs/maintenance)	_____	Other: _____	_____
Recreation	_____	Other: _____	_____
Charitable Contributions	_____	Other: _____	_____

DO YOU EXPECT ANY CHANGES THAT WOULD INCREASE OR DECREASE YOUR EXPENSES WITHIN THE NEXT YEAR? IF YES, PLEASE EXPLAIN:

HAVE YOU FILED ALL OF YOUR TAX RETURNS DUE? If not, list the tax years not filed

HAVE YOU LIVED IN ANY OTHER PLACE IN THE LAST THREE YEARS? If yes, list address and dates

WHAT HAS YOUR INCOME BEEN FROM EMPLOYMENT OR SELF-EMPLOYMENT OVER THE PAST 3 YEARS? You may look at your last two years of tax returns, and your most recent pay stub to determine this information

HUSBAND			WIFE		
	Amount	Source		Amount	Source
This year (ytd)			This year (ytd)		
Last year			Last Year		
Year before last			Year before last		

WHAT HAS YOUR INCOME BEEN FROM OTHER SOURCES OVER THE PAST 3 YEARS? Such as social security, retirement, child support, alimony

HUSBAND			WIFE		
	Amount	Source(s)		Amount	Source(s)
This year (YTD)			This year (YTD)		
Last year			Last Year		
Year before last			Year before last		

HAVE YOU PAID ANY CREDITOR MORE THAN \$600.00 OVER THE LAST 90 DAYS? These payments may have been made as a lump sum, or in several payments that total over \$600.00.

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount still due to Creditor

HAVE YOU PAID ANY FAMILY MEMBERS BACK ANY MONEY OVER THE PAST YEAR?

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount still due to Creditor

HAVE YOU SOLD, TRANSFERRED, OR GIVEN AWAY ANY ITEMS WITH A VALUE OF MORE THAN \$50.00 IN THE PAST 12 MONTHS? IF YES, COMPLETE THE FOLLOWING:

NAME OF TRANSFEREE AND RELATIONSHIP TO DEBTOR, IF ANY	DATE OF TRANSFER	ITEMS TRANSFERRED	VALUE OF ITEMS

IS ANYONE SUING YOU IN COURT, OR HAS ANYONE SUED YOU IN THE LAST YEAR? IF YES PLEASE COMPLETE THE FOLLOWING: Please also provide copies of any court paperwork that you have.

NAME OF PERSON OR COMPANY SUING YOU	CASE NUMBER	COURT WHERE YOU ARE BEING SUED	STATUS OF LAWSUIT

ARE YOU SUING ANYONE IN COURT, OR HAVE YOU SUED ANYONE IN THE LAST YEAR? IF YES PLEASE COMPLETE THE FOLLOWING: Please also provide copies of any court paperwork that you have.

NAME OF PERSON OR COMPANY SUING YOU	CASE NUMBER	COURT WHERE YOU ARE BEING SUED	STATUS OF LAWSUIT

HAVE ANY WAGES OR ASSETS BEEN GARNISHED, ATTACHED, REPOSSESSED OR FORECLOSED IN THE LAST THREE YEARS? IF YES PLEASE COMPLETE THE FOLLOWING:
 Please also provide copies of any court paperwork that you have.

NAME OF PERSON OR COMPANY WHICH TOOK THE ASSETS	DATE WAGES OR ASSETS WERE TAKEN	WHAT WAS TAKEN	VALUE OF WHAT WAS TAKEN

LIST ALL BANK ACCOUNTS YOU HAVE CLOSED OR HAVE BEEN CLOSED ON YOU IN THE LAST YEAR:

NAME OF BANK	ACCOUNT NUMBER	DATE ACCOUNT CLOSED	AMOUNT IN ACCOUNT WHEN CLOSED

HAVE ANY BANKS OR CREDIT UNIONS TAKEN MONEY OUT OF YOUR ACCOUNT IN THE LAST 90 DAYS TO PAY THEMSELVES BACK FOR A DEBT? IF YES, ANSWER THE FOLLOWING: For example, bounced check fees, over the limit fees, etc.

NAME OF BANK	DATE TAKEN	AMOUNT TAKEN	WHY MONEY TAKEN

HAVE YOU HAD ANY SAFE DEPOSIT BOXES IN THE LAST THREE YEARS? Yes No

ARE YOU HOLDING ANY PROPERTY THAT BELONGS TO SOMEONE ELSE? Yes No

BUSINESS OWNERSHIP

IF YOU HAVE OWNED A BUSINESS (EITHER BY YOURSELF, WITH SOMEONE ELSE, OR OWNED STOCKS IN A COMPANY), PLEASE COMPLETE THE FOLLOWING:

HAVE YOU OWNED YOUR OWN BUSINESS IN THE LAST 3 YEARS? Yes No

HAVE YOU OWNED AT LEAST 5% OF ANY BUSINESS IN THE LAST 3 YEARS? Yes No

IF YOUR ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, PLEASE COMPLETE THE FOLLOWING FOR EACH BUSINESS:

Name Of Business: _____

Address: _____ Dates operated: _____
_____ Nature of business: _____

Co-owner(s) and amount of ownership for each: _____ Is business still operating? _____

Type of Entity: Sole Proprietorship Partnership
Please provide a copy of the LLC or LLP Corporation
formation papers

Please give the name address and title for each person who has the Business and or Accounting records for the business:

Name: _____ Address: _____
Title: _____

Name: _____ Address: _____
Title: _____

Has the business filed its own tax returns in the last three years? If yes, please provide copies.

Value of the Business: _____ Amount of debt owed by the business: _____

INCOME AND EXPENSES:

Source of Income? _____

Amount of Monthly Income: _____

MONTHLY EXPENSES:

Rent/Mortgage	_____	Advertising	_____	Installment payments	_____
Repair/Upkeep	_____	Bank charges	_____	Lease payments	_____
Utilities	_____	Office Exp.	_____	Maintenance on Equip	_____
Insurance	_____	Dues/Public.	_____	Supplies/Materials	_____
Taxes	_____	Laundry/clean.	_____	Other:	_____
Wages/Commiss.	_____	Travel/Entertain.	_____		_____
Employee Bene.	_____	Transportation	_____		_____
				Total Monthly expenses	_____