

GREGORY L. DODD

Attorney at Law

INSTRUCTIONS

Please complete the attached questionnaire as accurately as possible. Federal law requires that we notify you that all information given in the petition and the case must be complete, accurate and truthful. You must list all assets (everything you have in your possession). Even if you still owe money to a creditor, the property you are paying for is still in your possession and its value must be disclosed. When listing the value of your personal property, please list the 'yard sale' value and not what it would cost you to replace the property if lost.

Do not leave any blanks. If a question does not apply to you, check the " NONE" box or write "N/A" next to the corresponding question.

With regard to your debts:

- ◆ We will obtain a credit report from all three credit reporting bureaus in an effort to list all of the creditors you may owe money to. Realize that many credit reports contain errors and certain debts may not be reported to the credit bureaus. Therefore, it is necessary for you to provide a complete list of anyone you may owe money to.
- ◆ When names and addresses are requested, please provide detailed information. It is very important to make sure notifications are sent to the corrected parties.
- ◆ Please provide such information as the date you incurred the debt and what the debt was for.
- ◆ Estimate balances on outstanding accounts as closely as possible.
- ◆ Do your best to provide all requested information for both the original creditor as well as any collection agency that has been assigned to the account.
- ◆ If you have been sued, please provide us with a copy of the lawsuit.
- ◆ Do not omit any bills. Notify us of any particular debts you are interested in paying after bankruptcy.

GREGORY L. DODD

Attorney at Law

DATE: / /

DEBTOR (HUSBAND, IF MARRIED)

JOINT DEBTOR (WIFE, IF MARRIED)

FIRST NAME	MIDDLE NAME	LAST NAME	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> _____
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FIRST NAME	MIDDLE NAME	LAST NAME
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OTHER NAMES USED WITHIN LAST 8 YEARS

OTHER NAMES USED WITHIN LAST 8 YEARS

SOCIAL SECURITY NUMBER (LIST ALL IF MORE THAN ONE)

SOCIAL SECURITY NUMBER (LIST ALL IF MORE THAN ONE)

STREET ADDRESS	APT. NO.
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STREET ADDRESS	APT. NO.
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CITY	STATE	ZIP CODE
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CITY	STATE	ZIP CODE
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COUNTY OF RESIDENCE	LENGTH OF TIME AT CURRENT ADDRESS
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COUNTY OF RESIDENCE	LENGTH OF TIME AT CURRENT ADDRESS
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MAILING ADDRESS (IF DIFFERENT)	APT. NO.
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MAILING ADDRESS (IF DIFFERENT)	APT. NO.
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CITY	STATE	ZIP CODE
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CITY	STATE	ZIP CODE
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HOME TELEPHONE ()	WORK TELEPHONE ()
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HOME TELEPHONE ()	WORK TELEPHONE ()
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CELLULAR TELEPHONE ()	E-MAIL ADDRESS
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CELLULAR TELEPHONE ()	E-MAIL ADDRESS
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BEST NUMBER & TIME TO CONTACT (CHECK)

HOME WORK CELLULAR TIME: _____ AM/PM

BEST NUMBER & TIME TO CONTACT (CHECK)

HOME WORK CELLULAR TIME: _____ AM/PM

DATE OF BIRTH	CAN YOU RECEIVE COMMUNICATIONS BY E-MAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE OF BIRTH	CAN YOU RECEIVE COMMUNICATIONS BY E-MAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER FILED FOR BANKRUPTCY BEFORE?

YES NO IF YES: WHEN _____ WHAT CHAPTER? _____

HAVE YOU EVER FILED FOR BANKRUPTCY BEFORE?

YES NO IF YES: WHEN _____ WHAT CHAPTER? _____

MARITAL STATUS (CHECK ONE):

SINGLE MARRIED SEPARATED DIVORCED WIDOWED

HAVE YOU RESIDED IN THE SAME COUNTY FOR THE LAST 180 DAYS (6 MONTHS)?

YES NO IF NO: WHERE DID YOU LIVE PRIOR? _____

FOR ATTORNEY USE ONLY

CASE CHAPTER: 7 13

ATTORNEY SIGNING PETITION _____

PARTIES: INDIVIDUAL JOINT

BAR NUMBER _____

ATTORNEY FEE (FOR COMPENSATION STATEMENT) \$ _____

REQUESTED PETITION DATE: _____ / _____ / _____

ATTORNEY FEE (PAID PRIOR TO FILING) \$ _____

STATE OR FEDERAL EXEMPTIONS? STATE FEDERAL

WHO PAID THE ATTORNEY FEES? DEBTORS OTHER _____

RUSH CIRCUMSTANCES: FORECLOSURE LAWSUIT GARNISHMENT OTHER

FILING FEE PAID BEFORE FILING? YES NO

DISTRICT? _____ DIVISION? _____

YOUR REAL PROPERTY

- YES NO DO YOU OWN ANY REAL PROPERTY (HOUSE, DUPLEX, TOWNHOME, CONDO, COOPERATIVE, ETC.)? IF YES, COMPLETE THIS SECTION.
- YES NO DO YOU RENT? IF YES, SKIP THE SECTION LABELED "YOUR REAL ESTATE" AND GO TO "YOUR PERSONAL PROPERTY".
- YES NO DO YOU OWN A MOBILE HOME? IF YES, SKIP THE SECTION LABELED "YOUR REAL ESTATE" AND GO TO "YOUR MOBILE HOME".

TYPE OF REAL PROPERTY: (CHECK ONE)

- SINGLE FAMILY HOME TOWNHOME/DUPLEX MULTI-FAMILY HOME CONDOMINIUM CO-OPERATIVE TIMESHARE VACANT LAND FARM LAND

DESCRIPTION OF PROPERTY (EXAMPLE: 1,950 SQUARE FOOT, 3 BEDROOM, 2 ½ BATH, SPLIT LEVEL, 2 CAR ATTACHED GARAGE ON 1 ACRE LOT):

DESCRIPTION OF PROPERTY (CONTINUED)

ADDRESS OF PROPERTY:

ESTIMATED FAIR MARKET VALUE:

\$

OF PEOPLE ON TITLE

NAMES OF INDIVIDUALS ON TITLE:

DO YOU CURRENTLY LIVE HERE?

MONTH & YEAR PROPERTY PURCHASED

- YES NO

MORTGAGE	MORTGAGE NAME:			ACCOUNT NUMBER		
	MAILING ADDRESS:			CITY	STATE	ZIP CODE
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$	MONTHLY PAYMENT: \$ /MO	INTEREST RATE:	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT? TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR	
	INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER	ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BEHIND, NUMBER OF PAYMENTS?	AMOUNT TO CATCH UP ON PAYMENTS?	HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

2 ND MORTGAGE / EQUITY LINE	2 ND MORTGAGE NAME:			ACCOUNT NUMBER		
	MAILING ADDRESS:			CITY	STATE	ZIP CODE
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$	MONTHLY PAYMENT: \$ /MO	INTEREST RATE:	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT? TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR	
	INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER	ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BEHIND, NUMBER OF PAYMENTS?	AMOUNT TO CATCH UP ON PAYMENTS?	HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

3 RD MORTGAGE / LIEN	3 RD MORTGAGE / LIEN NAME:			ACCOUNT NUMBER		
	MAILING ADDRESS:			CITY	STATE	ZIP CODE
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$	MONTHLY PAYMENT: \$ /MO	INTEREST RATE:	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT? TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____/YR	
	INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER	ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BEHIND, NUMBER OF PAYMENTS?	AMOUNT TO CATCH UP ON PAYMENTS?	HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

YOUR MOBILE HOME

DESCRIPTION OF MOBILE HOME (EXAMPLE: 28X40 DOUBLEWIDE, 2 BEDROOM, 1 BATH, ON WHEELS WITH SKIRTING AND STEPS AND 1 OUTBUILDING SHED SITUATED IN MOBILE HOME PARK):

NAMES ON TITLE OR DEED:	ADDRESS:	CITY	STATE	ZIP CODE
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ESTIMATED VALUE: \$	HAVE THE WHEELS BEEN REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS IT IN A MOBILE HOME PARK? <input type="checkbox"/> YES <input type="checkbox"/> NO LOT RENT: \$ _____	IS IT ATTACHED TO LAND YOU OWN? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU MAKE SEPARATE PAYMENTS FOR THE GROUND YOUR HOME SITS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
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MORTGAGE / LOAN	MORTGAGE / LOAN NAME:			ACCOUNT NUMBER:			
	MAILING ADDRESS:			CITY		STATE	ZIP CODE
	DATE OBTAINED (MONTH / YR.)	PAYOFF AMOUNT: \$	MONTHLY PAYMENT: \$ /MO	INTEREST RATE	ARE TAXES AND INSURANCE INCLUDED IN THE PAYMENT? TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____ /YR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: \$ _____ /YR		
	INTENTION? <input type="checkbox"/> KEEP <input type="checkbox"/> SURRENDER	ARE YOU BEHIND ON PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF BEHIND, NUMBER OF PAYMENTS?	AMOUNT TO CATCH UP ON PAYMENTS?	HAS A FORECLOSURE BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

YOUR PERSONAL PROPERTY

TOTAL USED VALUE

1	CASH ON HAND (PLEASE LIST THE AMOUNT OF CASH YOU POSSESS): <input type="checkbox"/> NONE	\$ _____
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2	BANK ACCOUNTS (PLEASE LIST ALL OPEN BANK ACCOUNTS AND BALANCES): <input type="checkbox"/> NONE										
	<table style="width: 100%;"> <tr> <td style="width: 30%;">TYPE OF ACCOUNT:</td> <td style="width: 30%;">NAME OF BANK:</td> <td style="width: 40%;">ACCOUNT NUMBER:</td> </tr> <tr> <td><input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD</td> <td><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT</td> <td></td> </tr> </table>	TYPE OF ACCOUNT:	NAME OF BANK:	ACCOUNT NUMBER:	<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING	_____	_____	<input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT		\$ _____
	TYPE OF ACCOUNT:	NAME OF BANK:	ACCOUNT NUMBER:								
<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING	_____	_____									
<input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT										

2	<table style="width: 100%;"> <tr> <td style="width: 30%;">TYPE OF ACCOUNT:</td> <td style="width: 30%;">NAME AND ADDRESS OF BANK:</td> <td style="width: 40%;">ACCOUNT NUMBER:</td> </tr> <tr> <td><input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD</td> <td><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT</td> <td></td> </tr> </table>	TYPE OF ACCOUNT:	NAME AND ADDRESS OF BANK:	ACCOUNT NUMBER:	<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING	_____	_____	<input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT		\$ _____
	TYPE OF ACCOUNT:	NAME AND ADDRESS OF BANK:	ACCOUNT NUMBER:								
<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING	_____	_____									
<input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT										

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	TYPE OF ACCOUNT:	NAME AND ADDRESS OF BANK:	ACCOUNT NUMBER:								
<input type="checkbox"/> SAVINGS / MONEY MARKET <input type="checkbox"/> CHECKING	_____	_____									
<input type="checkbox"/> OTHER _____ <input type="checkbox"/> CD	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT										

3	SECURITY DEPOSITS (PLEASE LIST ALL SECURITY DEPOSITS HELD BY LANDLORDS, UTILITY COMPANIES, TELEPHONE COMPANIES, ETC.) <input type="checkbox"/> NONE	
	LANDLORD: _____ AMOUNT OF DEPOSIT: \$ _____	
	UTILITY: _____ AMOUNT OF DEPOSIT: \$ _____	
	UTILITY: _____ AMOUNT OF DEPOSIT: \$ _____	\$ _____

4	HOUSEHOLD GOODS AND FURNISHINGS (PLEASE PLACE A CHECK MARK NEXT TO THE ITEMS YOU OWN ALONG WITH A USED GARAGE SALE VALUE)				TOTAL USED VALUE \$ _____
	<input type="checkbox"/> SOFA(S) (QUANTITY) _____	USED VAL \$ _____	<input type="checkbox"/> REFRIGERATOR / FREEZER	USED VAL \$ _____	
	<input type="checkbox"/> LOVESEAT(S) (QUANTITY) _____	USED VAL \$ _____	<input type="checkbox"/> FREEZER	USED VAL \$ _____	
	<input type="checkbox"/> TELEVISION 1 (DESCRIBE) _____	USED VAL \$ _____	<input type="checkbox"/> STOVE / RANGE	USED VAL \$ _____	
	<input type="checkbox"/> TELEVISION 2 (DESCRIBE) _____	USED VAL \$ _____	<input type="checkbox"/> MICROWAVE	USED VAL \$ _____	
	<input type="checkbox"/> TELEVISION 3 (DESCRIBE) _____	USED VAL \$ _____	<input type="checkbox"/> DISH WASHER	USED VAL \$ _____	
	<input type="checkbox"/> TELEVISION 4 (DESCRIBE) _____	USED VAL \$ _____	<input type="checkbox"/> WASHING MACHINE	USED VAL \$ _____	
	<input type="checkbox"/> ENTERTAINMENT CENTER / TV CABINET	USED VAL \$ _____	<input type="checkbox"/> CLOTHES DRYER	USED VAL \$ _____	
	<input type="checkbox"/> DVD PLAYER (QUANTITY) _____	USED VAL \$ _____	<input type="checkbox"/> DISHES / FLATWARE	USED VAL \$ _____	
	<input type="checkbox"/> VHS PLAYER	USED VAL \$ _____	<input type="checkbox"/> CHINA / SILVERWARE	USED VAL \$ _____	
	<input type="checkbox"/> PERSONAL COMPUTER / PRINTER	USED VAL \$ _____	<input type="checkbox"/> POTS / PANS / COOKWARE	USED VAL \$ _____	
	<input type="checkbox"/> STEREO	USED VAL \$ _____	<input type="checkbox"/> BED (QUANTITY) _____	USED VAL \$ _____	
	<input type="checkbox"/> VIDEO GAME SYSTEM	USED VAL \$ _____	<input type="checkbox"/> DRESSER(S) / NIGHTSTAND(S)	USED VAL \$ _____	
	<input type="checkbox"/> COFFEE TABLE	USED VAL \$ _____	<input type="checkbox"/> LAMPS / ACCESSORIES	USED VAL \$ _____	
	<input type="checkbox"/> END TABLES	USED VAL \$ _____	<input type="checkbox"/> TELEPHONE	USED VAL \$ _____	
	<input type="checkbox"/> SOFA TABLES	USED VAL \$ _____	<input type="checkbox"/> CELLULAR TELEPHONES	USED VAL \$ _____	
	<input type="checkbox"/> KITCHEN TABLE / CHAIRS	USED VAL \$ _____	<input type="checkbox"/> LAWNMOWER	USED VAL \$ _____	
	<input type="checkbox"/> DINING TABLE / CHAIRS	USED VAL \$ _____	<input type="checkbox"/> YARD / LANDSCAPING TOOLS	USED VAL \$ _____	
	<input type="checkbox"/> CHINA CABINET	USED VAL \$ _____	<input type="checkbox"/> OTHER _____	USED VAL \$ _____	

5	<p>BOOKS, PICTURES AND OTHER ART OBJECTS (PLEASE LIST ALL BOOKS, PICTURES, ART OBJECTS, CDs, RECORDS, TAPES, COLLECTIBLES, ETC.) <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> BOOKS <input type="checkbox"/> FAMILY PICTURES <input type="checkbox"/> ART OBJECTS <input type="checkbox"/> COMPACT DISCS <input type="checkbox"/> DVDs <input type="checkbox"/> RECORDS <input type="checkbox"/> TAPES <input type="checkbox"/> COLLECTIBLES <input type="checkbox"/> OTHER _____</p> <p>DESCRIBE AND VALUE THE ABOVE _____</p>	\$ _____
6	<p>CLOTHING / WEARING APPAREL (INCLUDE COATS, SHOES, HATS, ETC.) <input type="checkbox"/> NONE</p> <p>TOTAL NUMBER OF ADULTS: _____ TOTAL YARD SALE VALUE \$ _____</p> <p>TOTAL NUMBER OF CHILDREN: _____ TOTAL YARD SALE VALUE \$ _____</p>	\$ _____
7	<p>FURS AND JEWELRY (PLEASE INCLUDE WEDDING RINGS, COSTUME JEWELRY AND WATCHES - CHECK ITEMS, DESCRIBE AND INDICATE USED VALUE) <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> WEDDING RINGS <input type="checkbox"/> RINGS <input type="checkbox"/> WATCHES <input type="checkbox"/> EARRINGS <input type="checkbox"/> NECKLACES <input type="checkbox"/> BRACELETS <input type="checkbox"/> PENDANTS <input type="checkbox"/> COSTUME JEWELRY</p> <p>DESCRIBE AND VALUE THE ABOVE _____</p>	\$ _____
8	<p>FIREARMS AND SPORTS, PHOTOGRAPHIC AND OTHER HOBBY EQUIPMENT (CHECK ITEMS, DESCRIBE AND INDICATE USED VALUE): <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> FIREARMS <input type="checkbox"/> CAMERA <input type="checkbox"/> CAMCORDER <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____</p> <p>DESCRIBE AND VALUE THE ABOVE _____</p>	\$ _____
9	<p>LIFE INSURANCE POLICIES (PROVIDE THE NAME OF THE INSURANCE COMPANY AND THE CASH SURRENDER VALUE, IF ANY): <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> TERM <input type="checkbox"/> WHOLE / UNIVERSAL COMPANY: _____ CASH VALUE \$ _____</p> <p>WHO DOES THIS POLICY INSURE? <input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE BENEFICIARIES: _____</p> <p><input type="checkbox"/> TERM <input type="checkbox"/> WHOLE / UNIVERSAL COMPANY: _____ CASH VALUE \$ _____</p> <p>WHO DOES THIS POLICY INSURE? <input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE BENEFICIARIES: _____</p>	\$ _____
10	<p>ANNUITIES (PROVIDE THE NAME OF THE ISSUER AND VALUE): <input type="checkbox"/> NONE</p> <p>COMPANY: _____ CASH VALUE \$ _____</p> <p>COMPANY: _____ CASH VALUE \$ _____</p>	\$ _____
11	<p>INTEREST IN EDUCATION IRA OR STATE TUITION PLAN (PLEASE LIST NAME OF COMPANY AND CURRENT VALUE): <input type="checkbox"/> NONE</p> <p>COMPANY: _____ CASH VALUE \$ _____</p> <p>COMPANY: _____ CASH VALUE \$ _____</p>	\$ _____
12	<p>INTEREST IN PENSION, RETIREMENT OR PROFIT SHARING PLAN (INCLUDE TYPE OF PLAN, DESCRIBE, AND PROVIDE CURRENT BALANCE): <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> HUSBAND <input type="checkbox"/> IRA <input type="checkbox"/> PENSION <input type="checkbox"/> WIFE <input type="checkbox"/> 401(K) <input type="checkbox"/> OTHER: _____ DESCRIPTION: _____ CURRENT VALUE \$ _____</p> <p><input type="checkbox"/> HUSBAND <input type="checkbox"/> IRA <input type="checkbox"/> PENSION <input type="checkbox"/> WIFE <input type="checkbox"/> 401(K) <input type="checkbox"/> OTHER: _____ DESCRIPTION: _____ CURRENT VALUE \$ _____</p>	\$ _____
13	<p>STOCKS AND INTEREST IN BUSINESSES (PLEASE LIST COMPANY AND NUMBER OF SHARES): <input type="checkbox"/> NONE</p> <p>COMPANY: _____ SHARES: _____ CASH VALUE \$ _____</p> <p>COMPANY: _____ SHARES: _____ CASH VALUE \$ _____</p> <p>DESCRIBE ANY OTHER INTEREST IN ANY BUSINESS: _____</p>	\$ _____
14	<p>INTEREST IN PARTNERSHIPS OR JOINT VENTURES (PLEASE LIST ANY INTEREST YOU HAVE IN ANY PARTNERSHIP / JOINT VENTURE): <input type="checkbox"/> NONE</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE OWNERSHIP (JOINT INTEREST) IN ANY PROPERTY WITH ANOTHER PERSON? EXPLAIN: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU OWN OR ARE YOU BUYING A TIME-SHARE IN A VACATION PROPERTY / RESORT? EXPLAIN: _____</p>	\$ _____
15	<p>GOVERNMENT OR CORPORATE BONDS (PROVIDE THE NAME OF THE ISSUER AND VALUE): <input type="checkbox"/> NONE</p> <p>ISSUER: _____ CASH VALUE \$ _____</p> <p>ISSUER: _____ CASH VALUE \$ _____</p>	\$ _____
16	<p>ACCOUNTS RECEIVABLE (PLEASE DESCRIBE AND INCLUDE CURRENT VALUE): <input type="checkbox"/> NONE</p> <p>DESCRIBE: _____ CASH VALUE \$ _____</p>	\$ _____
17	<p>ALIMONY, MAINTENANCE, SUPPORT AND PROPERTY SETTLEMENTS YOU ARE DUE (PLEASE LIST ALL TO WHICH YOU ARE ENTITLED): <input type="checkbox"/> NONE</p> <p>NAME OF EX-SPOUSE / PAYER: _____ ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____ IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>TOTAL AMOUNT OWED YOU: \$ _____ DATE STARTED: _____ WHERE WAS CASE FILED? _____</p>	\$ _____

18	OTHER LIQUIDATED DEBTS INCLUDING TAX REFUNDS (PLEASE LIST ALL REFUNDS YOU ARE EXPECTING, INCLUDING BACK PAY, COMMISSIONS, ETC.): <input type="checkbox"/> NONE TAX REFUND / ITEM: _____ CASH VALUE: \$ _____ DUE DATE: _____ ARE YOU OWED BACK WAGES, COMMISSIONS OR VACATION PAY FROM YOUR CURRENT OR PREVIOUS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____	\$ _____
19	EQUITABLE OR FUTURE INTERESTS, LIFE ESTATES (PLEASE LIST ALL): <input type="checkbox"/> NONE ARE YOU THE BENEFICIARY OF A EITHER REVOCABLE OR IRREVOCABLE TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY OTHER INTEREST IN ANY ESTATE THAT YOU CAN EXERCISE FOR YOUR BENEFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____	\$ _____
20	INTERESTS IN THE ESTATE OF A DECEDENT OR LIFE INSURANCE OR TRUST (PLEASE LIST ALL): <input type="checkbox"/> NONE HAVE YOU INHERITED ANYTHING OR DO YOU EXPECT TO INHERIT ANYTHING IN THE NEXT 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU RECEIVED OR DO YOU EXPECT TO RECEIVE PROCEEDS FROM A LIFE INSURANCE CLAIM IN THE NEXT 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____	\$ _____
21	OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF ANY NATURE (PLEASE LIST ANY CLAIM NOT NOTED ABOVE): <input type="checkbox"/> NONE ARE YOU A PLAINTIFF IN A LAWSUIT OR DO YOU HAVE THE RIGHT TO RECEIVE ANY MONEY IN ANY COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU BEEN INJURED IN AN ACCIDENT WHERE YOU CAN SUE AND RECOVER MONEY DAMAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU BEEN INVOLVED IN A WORK INJURY WHERE YOU MISSED TIME FROM WORK OR WHERE YOU VISITED A PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES TO ANY OF THE ABOVE, EXPLAIN: _____	\$ _____
22	PATENTS, COPYRIGHTS AND OTHER INTELLECTUAL PROPERTY - APPLIED OR ISSUED (PLEASE LIST AND DESCRIBE): <input type="checkbox"/> NONE EXPLAIN: _____	\$ _____
23	LICENSES, FRANCHISES AND OTHER GENERAL INTANGIBLES (PLEASE LIST AND DESCRIBE): <input type="checkbox"/> NONE EXPLAIN: _____	\$ _____
24	CUSTOMER LISTS OR OTHER COMPILATIONS (PLEASE LIST ANY CUSTOMER LISTS OR OTHER LISTS CONTAINING PERSONALLY IDENTIFIABLE INFORMATION): EXPLAIN: _____	\$ _____

AUTOMOBILES, TRUCKS, TRAILERS AND ACCESSORIES (PLEASE COMPLETE AND BE AS DETAILED AS POSSIBLE - EXAMPLE '04 HONDA SHOULD BE: 2004 HONDA ACCORD LX)										
VEHICLE 1	YEAR	MAKE	MODEL			SUB-MODEL				
	MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$ _____		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
	IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:									
	CREDITOR		ADDRESS			CITY		STATE		ZIP CODE
	ACCOUNT NO.		DATE OF LOAN:	WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST RATE	TOTAL BALANCE DUE: \$ _____		MONTHLY PAYMENT: \$ _____ /MO	
VEHICLE 2	YEAR	MAKE	MODEL			SUB-MODEL				
	MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$ _____		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
	IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:									
	CREDITOR		ADDRESS			CITY		STATE		ZIP CODE
	ACCOUNT NO.		DATE OF LOAN:	WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST RATE	TOTAL BALANCE DUE: \$ _____		MONTHLY PAYMENT: \$ _____ /MO	
VEHICLE 3	YEAR	MAKE	MODEL			SUB-MODEL				
	MILEAGE		CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		ESTIMATED VALUE? \$ _____		WHO IS ON TITLE? (CHECK ALL THAT APPLY) <input type="checkbox"/> DEBTOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
	IS VEHICLE FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO EITHER QUESTION, COMPLETE BELOW:									
	CREDITOR		ADDRESS			CITY		STATE		ZIP CODE
	ACCOUNT NO.		DATE OF LOAN:	WANT TO KEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INTEREST RATE	TOTAL BALANCE DUE: \$ _____		MONTHLY PAYMENT: \$ _____ /MO	

26	BOATS, MOTORS AND ACCESSORIES (PLEASE LIST ALL): <input type="checkbox"/> NONE YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____ YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____	\$ _____
27	AIRCRAFT AND ACCESSORIES (PLEASE LIST ALL): <input type="checkbox"/> NONE YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____ YEAR: _____ MAKE: _____ MODEL: _____ DESCRIPTION: _____	\$ _____
28	OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES (PLEASE LIST ALL): <input type="checkbox"/> NONE DESCRIPTION: _____ USED VALUE: \$ _____ DESCRIPTION: _____ USED VALUE: \$ _____	\$ _____
29	MACHINERY, FIXTURES, EQUIPMENT, AND SUPPLIES USED IN BUSINESS (PLEASE LIST ALL): <input type="checkbox"/> NONE DESCRIPTION: _____ USED VALUE: \$ _____ DESCRIPTION: _____ USED VALUE: \$ _____	\$ _____
30	INVENTORY (PLEASE LIST ANY): <input type="checkbox"/> NONE DESCRIPTION: _____ VALUE: \$ _____	\$ _____
31	ANIMALS (PLEASE LIST ANY): <input type="checkbox"/> NONE FAMILY PETS - TYPE OF ANIMALS: _____ OTHER ANIMALS OR LIVESTOCK: _____	\$ _____
32	CROPS - GROWING OR HARVESTED (PLEASE LIST AND GIVE PARTICULARS): <input type="checkbox"/> NONE _____	\$ _____
33	FARMING EQUIPMENT AND IMPLEMENTS (PLEASE LIST ANY): <input type="checkbox"/> NONE _____	\$ _____
34	FARM SUPPLIES, CHEMICALS AND FEED (PLEASE LIST ANY): <input type="checkbox"/> NONE _____	\$ _____
35	OTHER PERSONAL PROPERTY NOT ALREADY LISTED (PLEASE LIST ANY): <input type="checkbox"/> NONE _____ _____	\$ _____

YOUR UNEXPIRED LEASES AND CONTRACTS					
PLEASE LIST ALL CURRENT LEASES AND CONTRACTS SUCH AS: RESIDENTIAL LEASES (LANDLORD), SERVICE OR BUSINESS CONTRACTS, CELL PHONES, LAWN SERVICE, PEST CONTROL, ETC.					
RESIDENTIAL LEASE (LANDLORD)	NAME	ADDRESS			
	CITY	STATE	ZIP CODE		
	MONTHLY PAYMENT	DATE LEASE BEGAN	DATE SCHEDULED TO END	DO YOU WISH TO KEEP THIS LEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE YOU BEHIND ON YOUR RENT PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES YOUR LANDLORD HOLD A JUDGMENT AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER LEASE OR CONTRACT	NAME	ADDRESS			
	CITY	STATE	ZIP CODE		
	MONTHLY PAYMENT	DATE LEASE / CONTRACT BEGAN	DATE SCHEDULED TO END	KEEP THIS LEASE / CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

YOUR PRIORITY DEBTS (TAXES AND CHILD SUPPORT)

WERE YOU REQUIRED TO FILE FEDERAL INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? YES NO

HAVE YOU FILED FEDERAL INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? YES NO

WERE YOU REQUIRED TO FILE STATE INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? YES NO

HAVE YOU FILED STATE INCOME TAXES DURING THE LAST 4 CALENDAR YEARS? YES NO

DO YOU OWE MONEY TO THE IRS OR TO ANY STATE OR LOCAL TAXING AUTHORITY? YES NO IF YES, PLEASE COMPLETE BELOW:

	YEAR(S)	TYPE OF TAX (1040, 940, 941, ETC.)	BALANCE DUE	HAVE TAXES BEEN ASSESSED?	HAVE TAX LIENS BEEN FILED?	WHOSE DEBT?
INTERNAL REVENUE SERVICE			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE
STATE OF _____			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE
STATE OF _____			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HUSBAND <input type="checkbox"/> SPOUSE

ARE YOU CURRENTLY PROVIDING ANY FINANCIAL SUPPORT FOR CHILDREN NOT LIVING WITH YOU? YES NO IF NO, PLEASE GO TO "YOUR DEPENDANTS"

DO YOU MAKE PAYMENTS TO AN INDIVIDUAL OR TO A STATE / LOCAL CHILD WELFARE AGENCY? INDIVIDUAL STATE / LOCAL CHILD WELFARE AGENCY

ARE YOU CURRENT ON YOUR CHILD SUPPORT OBLIGATIONS OR ARE YOU BEHIND IN PAYMENTS? CURRENT BEHIND IN PAYMENTS

IF PAYMENTS MADE DIRECTLY TO AN INDIVIDUAL, SKIP STATE OR LOCAL CHILD WELFARE AUTHORITY SECTION. OTHERWISE, COMPLETE BOTH SECTIONS.

INDIVIDUAL (PARENT OF CHILD)		
NAME OF PARENT		ADDRESS OF PARENT
CITY	STATE	ZIP CODE
TOTAL AMOUNT OWED: \$	YEAR BEGAN	IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE CASE NUMBER: _____ IF YES, PLEASE PROVIDE THE DISTRICT AND THE STATE WHERE CASE WAS FILED: _____

STATE / LOCAL CHILD WELFARE AGENCY		
NAME OF AGENCY		ADDRESS OF AGENCY
CITY	STATE	ZIP CODE
TOTAL AMOUNT OWED: \$	YEAR BEGAN	IS THERE A COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE CASE NUMBER: _____ IF YES, PLEASE PROVIDE THE STATE AND DISTRICT WHERE CASE WAS FILED: _____

YOUR DEPENDENTS

DO YOU HAVE ANY CHILDREN / DEPENDENTS LIVING WITH YOU? YES NO IF YES, COMPLETE BELOW:

	NAME	AGE	RELATIONSHIP
1			
2			
3			
4			
5			

YOUR MONTHLY INCOME

	DEBTOR	SPOUSE
EMPLOYER'S NAME		
EMPLOYER'S STREET ADDRESS		
EMPLOYER'S CITY, STATE, ZIP CODE		
OCCUPATION		
HOW LONG HAVE YOU BEEN THERE?		
PAY FREQUENCY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 2X PER MONTH <input type="checkbox"/> MONTHLY
GROSS PAY PER PAY PERIOD		
ESTIMATED OVERTIME PER PAY PERIOD		
.....SUBTOTAL		
TAXES (FICA, STATE, SOCIAL SECURITY, MEDICARE)		
MEDICAL, DENTAL AND LIFE INSURANCE		
UNION DUES		
PENSION / RETIREMENT DEDUCTIONS		
PENSION / RETIREMENT LOAN REPAYMENTS		
CREDIT UNION DEDUCTION		
CHILD SUPPORT DEDUCTION		
.....NET PAY		
REGULAR INCOME FROM OPERATION OF BUSINESS		
INCOME FROM RENTAL PROPERTIES		
REGULAR INTEREST AND/OR DIVIDENDS		
ALIMONY / CHILD SUPPORT / MAINTENANCE INCOME		
SOCIAL SECURITY INCOME		
PUBLIC AID / FOOD STAMPS		
PENSION / RETIREMENT INCOME		
UNEMPLOYMENT COMPENSATION		
CONTRIBUTIONS TO HOUSEHOLD EXPENSES		
OTHER: _____		
OTHER: _____		
.....TOTAL		
DO YOU EXPECT ANY INCREASE OR DECREASE IN INCOME OF 10% OR MORE OVER THE NEXT YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	

YOUR MONTHLY EXPENSES

EXPENSE LIST		DEBTOR OR JOINT EXPENSES	SPOUSE, IF RESIDING SEPARATELY
RENT PAYMENT		\$	\$
MORTGAGE PAYMENT		\$	\$
SECOND MORTGAGE PAYMENT		\$	\$
ARE REAL ESTATE TAXES INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
IS HOME INSURANCE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LIST MONTHLY AMOUNT	\$	\$
LOT RENTAL (MOBILE HOME)		\$	\$
ELECTRICITY BILL (MONTHLY)		\$	\$
NATURAL GAS BILL / HEATING OIL / PROPANE (MONTHLY)		\$	\$
WATER & SEWER (MONTHLY)		\$	\$
GARBAGE PICKUP (MONTHLY)		\$	\$
TELEPHONE BILL (MONTHLY)		\$	\$
CABLE BILL (MONTHLY)		\$	\$
HOME MAINTENANCE / REPAIRS (MONTHLY)		\$	\$
FOOD / GROCERIES (MONTHLY)		\$	\$
CLOTHING (MONTHLY)		\$	\$
LAUNDRY / DRY CLEANING (MONTHLY)		\$	\$
MEDICAL & DENTAL EXPENSES (MONTHLY)		\$	\$
GASOLINE (MONTHLY)		\$	\$
OTHER TRANSPORTATION (BUS/TRAIN) (MONTHLY)		\$	\$
RECREATION / ENTERTAINMENT (MONTHLY)		\$	\$
CHARITABLE CONTRIBUTIONS (MONTHLY)		\$	\$
LIFE INSURANCE (MONTHLY)		\$	\$
HEALTH INSURANCE (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
AUTOMOBILE INSURANCE (MONTHLY)		\$	\$
TAXES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
UNION DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
PROFESSIONAL DUES (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
VEHICLE PAYMENT #1		\$	\$
VEHICLE PAYMENT #2		\$	\$
OTHER INSTALLMENT PAYMENT		\$	\$
CELLULAR TELEPHONE		\$	\$
ALIMONY PAID		\$	\$
CHILD SUPPORT PAID (IF NOT DEDUCTED FROM PAYCHECK)		\$	\$
REGULAR BUSINESS EXPENSES		\$	\$
AUTO REPAIRS / MAINTENANCE (MONTHLY AVERAGE)		\$	\$
HAIRCUTS / PERSONAL CARE		\$	\$
CHILD CARE / DAY CARE / BABYSITTING		\$	\$
SCHOOL BUS EXPENSES		\$	\$
SCHOOL LUNCH EXPENSES		\$	\$
COLLEGE TUITION		\$	\$
STUDENT LOAN PAYMENTS (MONTHLY)		\$	\$
OTHER: _____		\$	\$
OTHER: _____		\$	\$

YOUR MEANS TEST INFORMATION

CHECK THIS BOX IF THE MEANS TEST DOES NOT APPLY TO YOU – MEANING YOU ARE A DISABLED VETERAN WITH DEBTS INCURRED PRIMARILY DURING ACTIVE DUTY OR HOMELAND DEFENSE.

PLEASE PROVIDE THE TOTAL AMOUNT OF EARNED INCOME RECEIVED, BEFORE TAX DEDUCTIONS, AND FROM ALL SOURCES FOR THE CURRENT MONTH AND THE LAST (5) MONTHS - THIS IS NOT NET (TAKE-HOME) PAY BUT GROSS (BEFORE DEDUCTIONS) PAY.

TODAY'S DATE _____

PLEASE LIST ANY WAGES, SALARIES, TIPS, BONUSES, OVERTIME AND COMMISSIONS:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY INCOME FROM OPERATION OF BUSINESS, PROFESSION OR FARM:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY RENTS AND OTHER PROPERTY INCOME (NOT RENT YOU PAY, BUT RENT PAID TO YOU):

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY INTEREST INCOME, DIVIDENDS AND ROYALTIES:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY PENSION AND/OR RETIREMENT INCOME:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY INCOME FROM OTHERS WHO CONTRIBUTE TO THE HOUSEHOLD EXPENSES WHO ARE NOT FILING WITH YOU:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY UNEMPLOYMENT COMPENSATION:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

PLEASE LIST ANY INCOME FROM OTHER SOURCES NOT PROVIDED FOR OR MENTIONED ABOVE:

	CURRENT MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	5 MONTHS AGO
INDIVIDUAL						
SPOUSE						

YOUR FINANCIAL AFFAIRS

QUESTION 1A <input type="checkbox"/> CHECK IF NONE PLEASE LIST YOUR GROSS ANNUAL INCOME FROM EMPLOYMENT:	ANNUAL INCOME FROM EMPLOYMENT		DEBTOR	SPOUSE
		YEAR TO DATE (JAN 1 TO PRESENT)		
		LAST YEAR (JAN 1 TO DEC 31)		
		YEAR BEFORE (JAN 1 TO DEC 31)		

QUESTION 1B <input type="checkbox"/> CHECK IF NONE PLEASE LIST YOUR GROSS ANNUAL INCOME FROM THE OPERATION OF A BUSINESS:	ANNUAL INCOME FROM OPERATION OF BUSINESS		DEBTOR	SPOUSE
		YEAR TO DATE (JAN 1 TO PRESENT)		
		LAST YEAR (JAN 1 TO DEC 31)		
		YEAR BEFORE (JAN 1 TO DEC 31)		

QUESTION 2 <input type="checkbox"/> CHECK IF NONE PLEASE LIST YOUR GROSS ANNUAL INCOME FROM ANY SOURCE OTHER THAN FROM EMPLOYMENT OR THE OPERATION OF BUSINESS:	ANNUAL INCOME FROM ANY SOURCE OTHER THAN EMPLOYMENT OR OPERATION OF BUSINESS SOURCE: _____		DEBTOR	SPOUSE
		YEAR TO DATE (JAN 1 TO PRESENT)		
		LAST YEAR (JAN 1 TO DEC 31)		
		YEAR BEFORE (JAN 1 TO DEC 31)		

QUESTION 3A <input type="checkbox"/> CHECK IF NONE LIST ALL PAYMENTS ON LOANS, PURCHASES OF GOODS, AND OTHER DEBTS MORE THAN \$600 TO ANY ONE CREDITOR MADE WITHIN THE PAST 90 DAYS.	CREDITOR		ADDRESS		
	CITY		STATE	ZIP CODE	
	DATES OF PAYMENT:		AMOUNT OF PAYMENT:		BALANCE DUE:
			\$		\$
	CREDITOR		ADDRESS		
	CITY		STATE	ZIP CODE	
	DATES OF PAYMENT:		AMOUNT OF PAYMENT:		BALANCE DUE:
			\$		\$

QUESTION 3B <input type="checkbox"/> CHECK IF NONE PAYMENTS TO INSIDERS: LIST ALL PAYMENTS MADE TO RELATIVES WITHIN THE LAST 12 MONTHS PRIOR TO THIS FILING.	RELATIVE		ADDRESS		
	CITY		STATE	ZIP CODE	
	DATES OF PAYMENT:	AMOUNT OF PAYMENT:	BALANCE DUE:	RELATION:	
		\$	\$		

QUESTION 4A <input type="checkbox"/> CHECK IF NONE LIST ALL LAWSUITS THAT YOU HAVE BEEN A PARTY TO WITHIN THE LAST 12 MONTHS (INCLUDE SUITS AGAINST YOU AS WELL AS SUITS YOU HAVE FILED):	CAPTION OF SUIT:			CASE NO.:	
	NATURE OF PROCEEDING:			COURT LOCATION:	
	STATUS OR DISPOSITION:				
	CAPTION OF SUIT:			CASE NO.:	
	NATURE OF PROCEEDING:			COURT LOCATION:	
	STATUS OR DISPOSITION:				

QUESTION 4B <input type="checkbox"/> CHECK IF NONE LIST ALL PROPERTY THAT HAS BEEN ATTACHED, GARNISHED OR SEIZED WITHIN THE LAST 12 MONTHS:	NAME OF CREDITOR:		ADDRESS:		
	CITY		STATE	ZIP CODE	
	DATE OF GARNISHMENT OR SEIZURE:	DESCRIBE AND VALUE WHAT TAKEN:			

QUESTION 5 <input type="checkbox"/> CHECK IF NONE LIST ALL REPOSSESSIONS, FORECLOSURE SALES AND RETURNS WITHIN THE LAST 12 MONTHS:	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	DATE OF REPOSSESSION OR FORECLOSURE:	DESCRIBE AND VALUE WHAT TAKEN:			
	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	CITY:	
DATE OF REPOSSESSION OR FORECLOSURE:		DESCRIBE AND VALUE WHAT TAKEN:			
QUESTION 6A <input type="checkbox"/> CHECK IF NONE PLEASE LIST ANY ASSIGNMENT OF PROPERTY FOR THE BENEFIT OF CREDITORS MADE WITHIN 120 DAYS PRIOR TO THIS FILING:	NAME OF CREDITOR:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	DATE OF ASSIGNMENT:	TERMS OF ASSIGNMENT:			
	NAME OF CUSTODIAN:		ADDRESS:		
QUESTION 6B <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL PROPERTY WHICH HAS BEEN IN THE HANDS OF A CUSTODIAN, RECEIVER, PAWN BROKER OR COURT APPOINTED OFFICIAL WITHIN THE PAST 12 MONTHS:	CITY:		STATE:	ZIP CODE:	
	CASE TITLE AND NUMBER, IF ANY:	DATE:	DESCRIPTION AND VALUE OF PROPERTY:		
	NAME:		ADDRESS:		
	CITY:		STATE:	ZIP COE:	
QUESTION 7 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL GIFTS OR CHARITABLE CONTRIBUTIONS MADE WITHIN THE PAST 12 MONTHS. DO NOT LIST USUAL GIFTS TO FAMILY MEMBERS UNLESS OVER \$200 OR CHARITABLE CONTRIBUTIONS LESS THAN \$100:	RELATIONSHIP TO YOU:		DATE OF GIFT:		
	DESCRIPTION AND VALUE OF GIFT:				
	DESCRIPTION AND VALUE OF PROPERTY:				
	DESCRIPTION OF CIRCUMSTANCES RESULTING IN LOSS AND WAS IT COVERED BY INSURANCE?				
QUESTION 8 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL LOSSES FROM FIRE, THEFT, GAMBLING OR OTHER CASUALTY WITHIN THE LAST 12 MONTHS OR IMMEDIATELY AFTER FILING THIS CASE:	DATE OF LOSS:				
	QUESTION 9 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL PAYMENTS YOU MADE OR ANY PROPERTY YOU TRANSFERRED TO ANY PERSON, INCLUDING ATTORNEYS, FOR DEBT COUNSELING OR BANKRUPTCY WITHIN THE PAST 12 MONTHS:	NAME OF PAYEE:		ADDRESS:	
		CITY:		STATE:	ZIP CODE:
AMOUNT PAID:		DATE PAID:	NAME OF PERSON WHO PAID, IF NOT YOU:		
QUESTION 10 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL PROPERTY TRANSFERRED EITHER ABSOLUTELY OR AS SECURITY (COLLATERAL) WITHIN THE PAST 2 YEARS:	NAME OF TRANSFERREE:		ADDRESS:		
	CITY:		STATE:	ZIP CODE:	
	RELATIONSHIP TO YOU:	DATE:	DESCRIPTION AND VALUE OF PROPERTY:		

QUESTION 11 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL FINANCIAL (BANK) ACCOUNTS WHICH WERE CLOSED, SOLD, OR TRANSFERRED WITHIN THE PAST 12 MONTHS:	NAME OF BANK:		ADDRESS:			
	CITY:		STATE:	ZIP CODE:		
	TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/> OTHER _____	ACCOUNT NUMBER:	DATE OF CLOSING		FINAL BALANCE:	
	NAME OF BANK:		ADDRESS:			
	CITY:		STATE:	ZIP CODE:		
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING <input type="checkbox"/> OTHER _____		ACCOUNT NUMBER:	DATE OF CLOSING		FINAL BALANCE:	
QUESTION 12 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ANY SAFE DEPOSIT BOX OR DEPOSITORIES IN WHICH YOU HAVE OR HAVE HAD CASH, SECURITIES OR OTHER VALUABLES IN THE PAST 12 MONTHS:	NAME OF BANK:		ADDRESS:			
	CITY:		STATE:	ZIP CODE:		
	DESCRIPTION OF CONTENTS:	DATE OF SURRENDER, IF ANY:	NAME AND ADDRESS OF PERSON WITH ACCESS:			
QUESTION 13 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL SETOFFS MADE BY ANY CREDITOR (INCLUDING A BANK) AGAINST A DEBT OR DEPOSIT IN THE PAST 90 DAYS:	NAME OF CREDITOR:		ADDRESS:			
	CITY:		STATE:	ZIP CODE:		
	DATE OF SETOFF:		AMOUNT OF SETOFF:			
QUESTION 14 <input type="checkbox"/> CHECK IF NONE PLEASE LIST ALL PROPERTY OWNED BY ANOTHER PERSON THAT YOU HOLD OR CONTROL:	NAME OF OWNER:		ADDRESS:			
	CITY:		STATE:	ZIP CODE:		
	DESCRIPTION AND VALUE OF PROPERTY:		LOCATION OF PROPERTY:			
QUESTION 15 <input type="checkbox"/> CHECK IF NONE PLEASE LIST YOUR PRIOR ADDRESSES WHERE YOU HAVE LIVED IN THE LAST 3 YEARS:	ADDRESS:					
	CITY, STATE, ZIP CODE:					
	DATES (FROM – TO):					
	NAMES USED:					
QUESTION 16 <input type="checkbox"/> CHECK IF NONE IF YOU EVER LIVED IN THE STATES LISTED TO THE RIGHT (COMMUNITY PROPERTY STATES), WITHIN THE PAST 8 YEARS, LIST THE NAME OF YOUR SPOUSE OR FORMER SPOUSE AND THE DATE WHEN YOU LIVED IN THE STATE:	<input type="checkbox"/> ALASKA <input type="checkbox"/> ARIZONA <input type="checkbox"/> CALIFORNIA <input type="checkbox"/> IDAHO <input type="checkbox"/> LOUISIANA <input type="checkbox"/> NEVADA <input type="checkbox"/> NEW MEXICO <input type="checkbox"/> PUERTO RICO <input type="checkbox"/> TEXAS <input type="checkbox"/> WASHINGTON <input type="checkbox"/> WISCONSIN			NAME OF SPOUSE OR FORMER SPOUSE: _____ DATE: _____		
QUESTION 17 <input type="checkbox"/> CHECK IF NONE PLEASE LIST NAME AND ADDRESS OF EVERY SITE WHERE YOU MAY HAVE RECEIVED NOTICE THAT YOU WERE IN VIOLATION OF AN ENVIRONMENTAL LAW, OR ANY NOTICES REGARDING HAZARDOUS MATERIALS	NAME:		ADDRESS:			
	CITY:		STATE:	ZIP CODE:		
	DATE OF NOTICE:	TYPE OF NOTICE:	GOVERNMENT AGENCY:			

GREGORY L. DODD

CLIENT NAME

DATE

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

GREGORY L. DODD

CLIENT NAME

DATE

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Creditor Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Dates Used: From _____ to _____ Balance Due: _____

Type of Creditor: Credit Card Medical Bill Utility Bill Payday Loan Student Loan

Was this debt: Individual Joint Husband Only Wife Only

Collection Agency or Attorney: _____ Address: _____ City: _____ State: _____ Zip: _____

Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here		Date	Telephone number of taxpayer on line 1a or 2a ()
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	



CREDITINFONET

www.creditinfonet.com

4540 Honeywell Court Dayton, OH 45424
866.218.1003 Facsimile 866.307.1003

Consumer Request & Agreement for Consumer Liability Report (CLR)

Name _____ SS# _____ - _____ - _____

Spouse's Name (if joint) _____ SS# _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

This writing constitutes my written instructions to Credit Infonet to obtain my credit files and compile a list of all accounts with a balance owing. The completed results in the form of a creditor liability report is to be delivered on-line or via Fax to the CIN Referral Agent. Data elements from this request may also be utilized for downloading into the Agents automated bankruptcy filing system.

TERMS OF SALE

The undersigned (hereinafter referred to as Consumer(s)) contracts with Credit Infonet for the use of its services under the terms, conditions, and agreements outlined below. The Fair Credit Reporting Act "FCRA" (Public Law 91-508) provides in section (Sec. 604) Permissible purposes of reports: that any consumer reporting agency may provide a report (Sec. 604) (2) In accordance with the written instructions of the consumer to whom it relates The FCRA also provides (Sec. 619) that anyone who knowingly and willfully obtains information under false pretenses shall be fined under Title 18, or imprisoned not more than one year, or both. Having been made aware of these provisions of the law, the Consumer(s) agree to the following. They are the person(s) on whom they are requesting the report be prepared, and they have presented positive identifying information to prove so. They are requesting this report under the right granted them in (Sec. 604) (2) of the FCRA as disclosed above.

The Consumer(s) agree that the sole purpose and obligation of Credit Infonet in this transaction is to provide a means by which they may obtain a report consisting of the data from national credit files at their written instructions. The FCRA places no restrictions on how Consumer(s) may utilize or share a report that is ordered at their written instructions. Consumer(s) acknowledges and agree that after a report is delivered to their possession Credit Infonet and its sources of information can in no way be held responsible or liable for its use.

Credit Infonet agrees that it will provide the Consumer with a report in a Creditor liability summary or schedule format showing all Creditors listed with balances owing. Credit Infonet shall provide, when available the names, address, and direct phone numbers of information furnishers (Credit Grantors or Public Records sources) within the file. No additional information from the files shall be included in this report. Consumer(s) agree to pay in advance the fee for this report to the participating referral agent.

Signature _____ Spouse's (if Joint) _____

Date _____ Product Requested: CLR (2) Repository Individual Joint
CLR (3) Repository Individual Joint

Referral Agent Code A18005 Name Gregory Dodd

Phone (734) 487-2611 Fax () E-mail gregorydodd@doddkeyeslaw.com

Prior to accessing the CLR Report this Consumer request and a photocopy of proper picture identification must be faxed to: 800-803-3307. Alternatively it may be scanned and up-loaded to the CIN On-Line transaction.

Picture ID may be copied on lower portion of this order or as a separate attachment. May also be printed on legal for additional space.