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Chapter 7 and Chapter 13 Bankruptcy Questionnaire

1. PLEASE READ THE ENTIRE FORM BEFORE WRITING YOUR ANSWERS.
2. PLEASE ANSWER THE QUESTIONS TO THE BEST OF YOUR ABILITY: **COMPLETE AND FULL DETAILED INFORMATION IS NECESSARY.**
3. PLEASE FEEL FREE TO CONTINUE YOUR ANSWERS ON THE BACK OF A PAGE, IF YOU NEED MORE SPACE.
4. IF YOU HAVE A QUESTION REGARDING ANY OF THE INFORMATION REQUESTED, PLEASE ASK WHEN YOU RETURN THE QUESTIONNAIRE, OR FEEL FREE TO CONTACT MY OFFICE.
5. IF YOU HAVE ANY PAPERWORK RELATING TO MORTGAGES OF LAND, AUTOS, FURNITURE, OR OTHER MOVABLE PROPERTY, PLEASE BRING COPIES ALONG WITH THE QUESTIONNAIRE.
6. THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE WILL BE USED TO PREPARE YOUR BANKRUPTCY SCHEDULES. ALL OF YOUR ASSETS AND LIABILITIES MUST BE LISTED.
7. PLEASE BRING THIS QUESTIONNAIRE WITH YOU TO YOUR FIRST APPOINTMENT. DO NOT MAIL TO OUR OFFICE. WE WILL NOT REVIEW THE QUESTIONNAIRE UNTIL WE SEE YOU IN PERSON.

IT IS A FEDERAL CRIME TO SUBMIT FRAUDULENT BANKRUPTCY SCHEDULES.

THE INFORMATION THAT YOU PROVIDE IN THIS QUESTIONNAIRE IS PERSONAL AND CONFIDENTIAL. YOU ARE NOT ALLOWED TO COPY THIS QUESTIONNAIRE OR REVEAL THE CONTENTS TO ANYONE OTHER THAN YOUR SPOUSE WHO IS FILING WITH YOU. YOU ARE NOT AUTHORIZED TO USE THIS QUESTIONNAIRE WITH ANY OTHER ATTORNEY. IF YOU CHOOSE NOT TO EMPLOY THE HUNT LAW FIRM, THEN YOU MUST RETURN THIS QUESTIONNAIRE TO THIS OFFICE AND IT WILL BE DESTROYED.



CHECK LIST FOR POTENTIAL CLIENTS

Please provide our office with the following information during the initial consultation:

- The completed questionnaire
- A valid driver's license and social security card
- Your 2016 and 2017 tax returns
- Bank statements from the past three months for checking and savings
- Proof of income for the past six months (check stubs or a detailed printout of your earnings and deductions)
- Have client sign credit report information sheet (office use only)
- Assessment Information

Are any of your debts related to the operation of a business?

PLEASE READ AND SIGN PRIOR TO YOUR APPOINTMENT

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER.

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. **THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST.** Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a ‘trustee’ and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

Debtor

Attorney at Law

Joint Debtor

ATTENTION

Pre-filing Credit Counseling is a requirement for all types of bankruptcy. If you decide to proceed with the filing of a bankruptcy case you will have to complete Credit Counseling before your case can be filed.

We would suggest that you get credit counseling after completing this questionnaire and prior to seeing us. The counseling requirement will be out of the way and will not delay our filing if its an emergency. The credit counseling service will ask about the same information that we are requesting in this questionnaire. Its easier to do if the info is right in front of you.

Pre bankruptcy credit counseling can be done on line via the internet or over the phone. The internet method is cheaper and quicker and is highly recommended. Someone in your family can assist you even if you don't have a computer. Find a friend or family member who has computer access to the internet and ask them to help. There is a fee that is payable directly to the counseling service and we would suggest that you arrange to pay that fee when you undertake the pre filing counseling. The fee varies between services but is usually between \$30 and \$50 for a couple.

We will discuss any other requirements for post filing counseling after you have met with Mr. Hunt and have decided to proceed.

We are aware of one counseling service that is easy to access and is approved by the United States Trustee:

Abacus Credit Counseling at www.abacuscc.org for internet counseling or 1-800-516-3834 to get counseling by phone.

We do not endorse this company and have no connection with them.

Any fees charged by the counseling service are the property of the counseling service.

YOU MUST COMPLETE THIS VERY SIMPLE COUNSELING BEFORE YOU CAN FILE ANY KIND OF CONSUMER BANKRUTPCY.

YOU CAN GET THE COUNSELING AFTER YOUR INITIAL CONSULTATION, BUT WE CANNOT FILE YOUR CASE WITHOUT IT.

Client Questionnaire For Non-Business Debtor

Section 1 ➤ Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____ Cell _____

Have you used any other names in the past six years? No Yes **If yes, list other names:**

Social Security Number: _____ - _____ - _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Parish: _____ Have you lived at this address for at least 180 days? No Yes

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

e mail address: _____

Part B. Name and Address of Spouse

Please fill in the following information about your spouse:

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____ Cell _____

Has your spouse used any other names in the past six years? No Yes **If yes, list other names:**

Social Security Number: _____ - _____ - _____

Address: **(if different from your address):** _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

e mail address: _____

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Part E. General Information

Are your parents living: Father_____ Mother_____

Are your spouse's parents living? Father_ Mother_

If any parent has died, please provide the following information:

Name of the deceased parent: _____

Date of Death: _____

Has a succession or probate been opened? Yes_____ No_____

Where? _____

Did you inherit from your parent's estate? _

Please explain: _____

Have you inherited from anyone's estate other than a parent addressed above: [] Yes [] No

If yes, please give details: _____

Do you have a claim against anyone for any losses or damages? [] Yes [] No

Do you have any pending lawsuits against anyone for losses or damages? [] Yes [] No

If yes, please provide our office with any documents you have pertaining to the suit, including suit papers, name of your attorney and court in which the action is pending.

Do you, or anyone in your immediate family have a claim for damages, personal injuries, malpractice, workman's compensation, or any Class Action Suit for which you have filed, intend to file or have a right to file a lawsuit?

[] Yes [] No

If yes, please provide detail including name and address of attorneys consulted or hired: _____

Please list all spouses you have had in the past eight years. : _____

* **Do you pay child support? () Yes () No**

If yes, please list the name and address to whom you pay._____

Are you current? () Yes () No _____

If no, total amount behind \$_____

Section 2 Property

Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint or Community	Market Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	List mortgages, home equity loans, and liens		Office Use Only
				What is the \$ value of the loan, lien or mortgage?	Who issued the lien, loan or mortgage?	Exemptions?

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the market value as the resale value.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in pension or profit sharing plans					
12. Stock and interests in incorporated/ unincorporated business					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
13. Interests in partnerships/joint ventures					
14. Bonds					
15. Accounts receivable					
16. Alimony/family support to which you are entitled					
17. Other liquidated debts owed to you, including tax refunds					
18. Equitable or future interests or life estates					
19. Interests in estate of decedent or life insurance plan or trust					
20. Other contingent/unliquidated claims, including tax refunds, counterclaims					
21. Patents, copyrights, other intellectual property					
22. Licenses, franchises					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
23. Automobiles, trucks, trailers, include mileage and complete description of vehicle					
24. Boats, motors, and accessories					
25. Aircraft and accessories					
26. Office equipment, supplies					
27. Machinery, fixtures etc. for business					
28. Inventory					
29. Animals					
30. Crops-growing or harvested					
31. Farming equipment and implements					
32. Farm supplies, chemicals, feed					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	Office Use Only Exemptions?
33. Other personal property of any kind not listed.					



PLEASE READ CAREFULLY BEFORE CONTINUING.

The next section of the questionnaire deals with your creditors. These are the people or companies that you owe.

One of the primary functions of any kind of bankruptcy is to stop the harassment, phone calls, threats, lawsuits and letters that you are currently experiencing. The law compels the creditors to stop contacting you after you have filed your case. They must be notified of your filing in order to know to stop.

The next section of this questionnaire will require that you provide names addresses of your creditors. We need this information in order to properly notify them of your filing. Until they are notified they may continue to harass you.

Creditors must be notified at their “correspondence” or physical address. The correspondence address for credit cards is not the same address where you send your payment. This address may be called “billing inquiries” or “correspondence” or “customer service” or “billing errors”. Any address that does not appear on the return billing statement is what we need. This address could be on the back of the statement or at the top. You will have to look for it. They don’t want you to communicate with them other than sending a payment. If there is only one address on the statement provide that even if it’s the billing address.

Why? Payments are sent to collection centers. The people who work at collection centers are not set up to process (or pay attention) to bankruptcy notices.

Section 3 Debts

I. LIST ALL CREDITORS SECURED BY A MORTGAGE OR COLLATERAL, OR CREDITORS WHO HAVE LOANED YOU MONEY TO PURCHASE A SPECIFIC ITEM.

PLEASE DOUBLE CHECK ALL CREDITOR'S ADDRESSES TO MAKE SURE THEY ARE CORRECT. ANY CREDITOR'S WITH THE WRONG ADDRESS WILL NOT BE INCLUDED IN THE BANKRUPTCY.

A. Name: _____

Account No.: _____

Address: _____

City, State: _____

Zip Code: _____

Balance Owed: _____

Monthly Payment: _____

No. of payments past due: _____

Date loan was made: _____

Description of items, which are to be mortgaged:

Do you want to:

Retain []

Surrender []

B. Name: _____

Account No.: _____

Address: _____

City, State: _____

Zip Code: _____

Balance Owed: _____

Monthly Payment: _____

No. of payments past due: _____

Date loan was made: _____

Description of items which are to be mortgaged:

Do you want to:

Retain []

Surrender []



C. Name: _____
Account No.: _____
Address: _____
City, State: _____
Zip Code: _____
Balance Owed: _____
Monthly Payment: _____
No. of payments past due: _____
Date loan was made: _____

Description of items which are to be mortgaged:

Do you want to:
Retain []
Surrender []

D. Name: _____
Account No.: _____
Address: _____
City, State: _____
Zip Code: _____
Balance Owed: _____
Monthly Payment: _____
No. of payments past due: _____
Date loan was made: _____

Description of items which are to be mortgaged:

Do you want to:
Retain []
Surrender []

E. Name: _____
Account No.: _____
Address: _____
City, State: _____
Zip Code: _____
Balance Owed: _____
Monthly Payment: _____
No. of payments past due: _____
Date loan was made: _____

Description of items which are to be mortgaged:

Do you want to:
Retain []
Surrender []



II. LIST ALL UNSECURED CREDITOR YOU HAVE WITH OPEN ACCOUNT, SUCH AS CREDIT CARDS, MEDICAL BILL, OPEN ACCOUNT, SIGNATURE LOANS, PAYDAY LOANS.

PLEASE REMEMBER: PLEASE DOUBLE CHECK ALL CREDITOR'S ADDRESSES TO MAKE SURE THEY ARE CORRECT. ANY CREDITOR'S WITH THE WRONG ADDRESS WILL NOT BE INCLUDED IN THE BANKRUPTCY.

A. Name: _____
Account #: _____
Address: _____

Balance Owed: _____
(please provide correspondence address if available)

If this account has been turned over to a collection agency please list:
Name: _____
Account #: _____
Address: _____

B. Name: _____
Account #: _____
Address: _____

Balance Owed: _____
(please provide correspondence address if available)

If this account has been turned over to a collection agency please list:
Name: _____
Account#: _____
Address: _____

C. Name: _____
Account #: _____
Address: _____

Balance Owed: _____
(please provide correspondence address if available)

If this account has been turned over to a collection agency please list:
Name: _____
Account #: _____
Address: _____

D. Name: _____
Account #: _____
Address: _____

Balance Owed: _____
(please provide correspondence address if available)

If this account has been turned over to a collection agency please list:
Name: _____
Account#: _____
Address: _____



E. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

F. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

G. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

H. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

If this account has been turned over to a collection agency please list:

Name: _____
 Account #: _____
 Address: _____

If this account has been turned over to a collection agency please list:

Name: _____
 Account#: _____
 Address: _____

If this account has been turned over to a collection agency please list:

Name: _____
 Account #: _____
 Address: _____

If this account has been turned over to a collection agency please list:

Name: _____
 Account#: _____
 Address: _____



I. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

J. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

K. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

L. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

If this account has been turned over to a collection agency please list:

Name: _____
 Account #: _____
 Address: _____

If this account has been turned over to a collection agency please list:

Name: _____
 Account#: _____
 Address: _____

If this account has been turned over to a collection agency please list:

Name: _____
 Account #: _____
 Address: _____

If this account has been turned over to a collection agency please list:

Name: _____
 Account#: _____
 Address: _____



M. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

N. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

O. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

P. Name: _____
 Account #: _____
 Address: _____

 Balance Owed: _____
 (please provide correspondence address if available)

If this account has been turned over to a collection agency please list:

Name: _____
 Account #: _____
 Address: _____

If this account has been turned over to a collection agency please list:

Name: _____
 Account#: _____
 Address: _____

If this account has been turned over to a collection agency please list:

Name: _____
 Account #: _____
 Address: _____

If this account has been turned over to a collection agency please list:

Name: _____
 Account#: _____
 Address: _____

III. LIST ALL TAX DEBTS OR ANY KIND

DO YOU OWE ANY TAXES? (FEDERAL, STATE, PARISH, CITY)

Please give the name and address of the tax authority, what type of tax, for what year, and the amount owed:

A. Name: _____	B. Name: _____
Address: _____	Address: _____
_____	_____
Type: _____	Type: _____
Year: _____	Year: _____
Balance Owed: _____	Balance Owed: _____

Have you filed your tax returns for tax year 2016? Yes No
If so, are you entitled to receive a refund? Yes No
Have you received the refund for 2016? Yes No
If yes, how much was the refund? _____

Does the IRS or State owe you a refund for any previous years? Yes No
If so, for what years? _____
How much are you owed? _____

Are there any years in the past that you have not filed your tax returns? Yes No
If yes, what year(s) have you not filed your returns? _____
Why have you not filed the returns? _____

Section 4 Unexpired Leases and Contracts

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

LIST ALL CO-SIGNERS (If any of your debts were co-signed by a friend or family member of if you co-signed on a loan for a friend or family member)

A. Name of co-signer: _____
 Address: _____

 Name of creditor: _____
 Address: _____

 Balance owed: _____

B. Name of co-signer: _____
 Address: _____

 Name of creditor: _____
 Address: _____

 Balance owed: _____

Section 5 Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:		
Name	Age	Relationship

Part A. Debtor's Income

Part B. Joint Debtor's Income

1. What is your occupation? _____

What is your spouse's occupation? _____

2. Name and address of your employer:

1. Name and address of your spouse's employer:

3. How long have you been employed there? _____

2. How long employed there? _____

4. What is the **GROSS** amount of your paycheck, before taxes, other deductions? \$ _____

3. What is the **GROSS** amount of your spouse's paycheck, before taxes/other deductions? \$ _____

5. How often do you get paid? once a week
 every two weeks twice a month
 once a month other _____

4. How often does your spouse get paid? once a week
 every two weeks twice a month
 once a month other _____

6. Do you receive overtime pay outside of your salary?
 If so, how much per month? \$ _____

5. Does your spouse receive overtime pay outside of your salary? How much per month? \$ _____

7. How much is taken out of each paycheck for taxes and social security? \$ _____

6. How much is taken out of each paycheck for taxes and social security? \$ _____

8. How much is taken out for insurance? \$ _____

7. How much is taken out for insurance? \$ _____

9. How much for union dues? \$ _____

8. How much for union dues? \$ _____

10. Are there other deductions? If so, what are they and how much? _____

9. Are there other deductions? If so, what are they and how much? _____

11. What is the **NET** amount of your paycheck, after deductions are taken out? _____

10. What is **NET** amount of your spouse's paycheck after taxes/other deductions? \$ _____

Do you receive...

Does your spouse receive...

a) income from business operations outside of your regular paycheck listed above? \$ _____

a) income from business operations outside of the regular paycheck listed above? \$ _____

b) income from real estate property? If so, how much per month? \$ _____

b) income from real estate property? If so, how much per month? \$ _____

c) interest or dividends? If so, how much per month? \$ _____

c) interest or dividends? If so, how much per month? \$ _____

d) alimony or family support? If so, how much per month? \$ _____

d) alimony or child support? If so, how much per month? \$ _____

e) social security or other forms of monetary government assistance? \$ _____

e) social security or other forms of government assistance? \$ _____

f) retirement or pension money? \$ _____

f) retirement or pension money? \$ _____

g) workers compensation? _____

g) workers compensation? \$ _____

Section 6 Current Expenses

Do you and your spouse maintain separate households? No Yes. If separate households, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

- | | |
|--|----------|
| 1. your rent or your home mortgage | \$ _____ |
| Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2. electricity and heating | \$ _____ |
| 3. water and sewage | \$ _____ |
| 4. telephone service/long distance | \$ _____ |
| 5. Do you have any other utility bills? If so, what, and how much per month? | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 6. home maintenance, including repairs and general upkeep | \$ _____ |
| 7. food | \$ _____ |
| 8. clothing | \$ _____ |
| 9. laundry and dry cleaning | \$ _____ |
| 10. medical and dental expenses | \$ _____ |
| 11. transportation (not including car payments) | \$ _____ |
| 12. entertainment, recreation, newspapers, magazines | \$ _____ |
| 13. charitable contributions | \$ _____ |
| 14. insurance not deducted from paycheck | |
| a) homeowner's or renter's insurance | \$ _____ |
| b) life insurance | \$ _____ |
| c) health insurance | \$ _____ |
| d) auto insurance | \$ _____ |
| e) other insurance _____ | \$ _____ |
| 15. taxes not deducted from paycheck | \$ _____ |
| 16. installment payments for car, furniture, etc. (Specify) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 17. alimony, maintenance, support paid to others | \$ _____ |
| 18. payments for support of dependents not living at home | \$ _____ |
| 19. expenses from operation of business | \$ _____ |
| 20. other expenses not listed above _____ | \$ _____ |
| _____ | \$ _____ |

3. Payments to creditors

- a.) List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case. Use the back of this sheet if necessary.

NONE

Name and Address of Creditor Dates of Payments Amount paid Amount still owed

- b.) Have you paid any debt to a family member an insider within **the last 12 months?** ("Insiders" include your family, your relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

Name and Address of Creditor
and Relationship to You Dates of Payments Amount Paid Amount Still Owed

4. Law Suits

- a.) List all lawsuits to which you are or were a party within **the last 12 months**. Provide the following information If you were sued or you are suing someone else.

NONE

Caption of Suit Nature of Proceeding Court or Agency Status or
and Case Number and Location and Location Disposition

b.) Has any property been garnished, seized, or attached within the last 12 months.

NONE

<u>Name and Address of Person/Company for Whom the Property Was Seized (Creditor)</u>	<u>Date of Seizure</u>	<u>Description and Value of Property</u>
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5. Repossessions, foreclosures, and returns

List all property that has been sold at a foreclosure sale, transferred through a voluntary surrender, or returned to the creditor, within the last 12 months.

NONE

<u>Name and Address of Creditor</u>	<u>Date of Repossession, Foreclosure, Transfer or Return</u>	<u>Description and Value of Property</u>
-------------------------------------	--	--

6. Assignments and receiverships

a.) Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

<u>Name and Address of Assignee</u>	<u>Date of Assignment</u>	<u>Terms of Assignment/Settlement</u>
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b.) List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

NONE

<u>Name and Address of Custodian</u>	<u>Name and location of Court, Case Title and Number</u>	<u>Date of Order</u>	<u>Description and Value of Property</u>
--	--	--------------------------	--

7. Gifts

List all gifts or charitable contributions made in the last 12 months. This does not include ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. If you regularly contribute to a church or religion and that contribution exceeded \$200.00, please include that information.

NONE

<u>Name and Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description and Value of Gift</u>
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8. Losses

List all losses from fire, theft, gambling or other casualty within the last 12 months. Storm damage information should be listed here.

NONE

<u>Description and Value of Property</u>	<u>Description of Circumstances and Amount Covered by Insurance, if Any</u>	<u>Date of Loss</u>
--	---	---------------------

9. Payments related to debt counseling or bankruptcy

List all payments made to any persons or companies, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy made in the last 12 months.

NONE

<u>Name and Address of Payee</u>	<u>Date of Payment</u>	<u>Name of Person Who Paid, if Not You</u>	<u>Amount of Money/ Description and Value of Property</u>
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10. Sale or Transfer of Property

List all property that was sold or given away in the last 2 years. This would include any kind of property that has a value.

NONE

<u>Name and Address of person who got the property</u>	<u>Description of Property Transferred and Value Received</u>
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11. Closed financial accounts

Did you close any checking or savings accounts? cash out any retirement, IRA or 401K plans? cash in any CD's? or close any other financial account in the last 12 months?

NONE

<u>Name and Address of Institution</u>	<u>Type and Number of Account & Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
--	---	---

12. Safe deposit boxes

Do you have a Safe Deposit Box at a bank. If so, please list the contents.

NONE

<u>Name and Address of Bank or Other Depository</u>	<u>Name and Address of Those With Access to Box or Depository</u>	<u>Description of Contents</u>	<u>Date of Transfer, if Any</u>
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13. Setoffs

Has a bank or taxing authority taken any money from any of your accounts in the last **90 days**.

NONE

<u>Name and Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
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14. Property held for another person

Do you have any large or valuable property that you hold or control that is owned by another person.

NONE

<u>Name and Address of Owner</u>	<u>Description and Value of Property</u>	<u>Location of Property</u>
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15. Prior address of debtor

If you have moved within the two years immediately preceding the commencement of this case, list all residences during the last two years, excluding your present address.

NONE

<u>Address</u>	<u>Your Name at the Time</u>	<u>Dates of Occupancy</u>
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The following questions, #16-21, are only to be answered if you are a corporation or partnership or if you have been, in the two years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

16. Nature, location and name of business in which you were an officer, director, partner, managing executive, or sole proprietor, or in which you owned 5% or more of voting or equity securities within the **two years** immediately preceding the commencement of this case.

NONE

Name and Address Nature of Business Dates of Operation-Beginning and End

17. Books, records, and financial statements

a.) List all bookkeepers and accountants who, within the **six years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

NONE

Name and Address Dates Services Rendered

b.) List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE

Name and Address Dates Services Rendered

c.) List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

Name and Address Comments

d.) List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NONE

Name and Address _____ Date Issued _____

18. Inventories

a.) List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NONE

Date of Inventory _____ Inventory Supervisor _____ Dollar Amount of Inventory
(specify cost, market, or other basis) _____

b.) List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory _____ Name and Address of Custodian of Inventory Records _____

19. Current partners, officers, directors, and shareholders

a.) If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address _____ Nature and Percentage of Interest _____

b.) If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation.

NONE

Name and Address _____ Title _____ Nature and Percentage
of Stock Ownership _____

20. Former partners, officers, directors and shareholders

a.) If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE

Name and Address	Date of Withdrawal
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b.) If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NONE

Name and Address	Title	Date of Termination
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21. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

Name and Address of Recipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property
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