

# BANKRUPTCY CHECKLIST

Please bring the following documents with you to your scheduled appointment. Also, please "X" all items you have included.

- Please fill out the attached Intake Package completely.

Along with the above listed documents, please also attach copies of the following:

- Income statements for the past 6 months.  
*Pay stubs from your employer, social security, worker's compensation, unemployment, pension or retirement statements, etc.*
- Your credit report.  
*To obtain a free credit report, please go to [www.annualcreditreport.com](http://www.annualcreditreport.com).*
- Complete Federal Tax Returns for the last 3 years.
- All deeds/contracts and related documents pertaining to the purchase or financing of real estate or personal property AND copies of loan documents pertaining to personal property you have listed.  
*Please include your latest mortgage statements.*
- The most recent statements from all creditors and collectors.  
*Be sure to include all credit cards, charge cards, other cards, medical bills, student loans, tax bills, etc.*
- Cover pages of all life insurance policies, IRAs, annuities, or financial accounts you may own.  
*Include documents identifying and explaining pension plans you have through your employer.*
- Motor vehicle titles and proof of insurance.
- Written evidence of time share ownership or stocks or bonds ownership.
- Written evidence of any debts owed to you.
- Most recent bank account statements.
- "Rent to own" contracts or lease agreements.
- Social security cards or proof of social security number.
- Domestic or child support documentation.
- Any trusts that affect you and any information on property you have or are entitled to receive by inheritance.

# Client Information

## BANKRUPTCY DEBTOR

Male  Female

## SPOUSE/JOINT DEBTOR

Male  Female

\_\_\_\_\_  
Last Name                      First Name                      MI                      Suff

\_\_\_\_\_  
Last Name                      First Name                      MI                      Suff

\_\_\_\_\_  
Social Security/Tax ID Number

aka  fka  
 dba  fdba

\_\_\_\_\_  
Social Security/Tax ID Number

aka  fka  
 dba  fdba

\_\_\_\_\_  
Other name used

aka  fka  
 dba  fdba

\_\_\_\_\_  
Other name used

aka  fka  
 dba  fdba

\_\_\_\_\_  
Other name used

\_\_\_\_\_  
Other name used

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
County of Residence

Contact Information: enter all contact information and check which you would prefer we use.

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Information: only to be used when we are unable to reach you at any of the above contacts. Discretion will be used.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone or other contact: \_\_\_\_\_

# Filing Information

Please Check:  Individual     Joint  
 Partnership     Other

My debts are:  Non-business (Consumer)  
 Business

Marital Status:  Single     Married     Divorced     Widowed     Domestic/Life Partner

Note: *If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing.*

Dependents: *if married and filing individually, please include your spouse/partner as a dependent.*

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If married, do you and your spouse maintain separate households?  Yes     No

Have you lived at your current address for at least the past 180 days?  Yes     No

*If no: list previous cities, states, and dates:*

Do you have a business partnership or partnership that is currently filing bankruptcy?  Yes     No

Have you taken cash advances on any credit cards in the last 90 days?  Yes     No

*If yes, please list creditor names, date taken, and amounts:*

Have you previously filed bankruptcy in the last 8 years?  Yes     No

*If yes, list chapter, location, date filed, case number, and discharge date.*

Do you have any lease or contracts including apartment, auto, rent to own?  Yes     No

*If yes, enclose copy of lease or contract.*

Have you sent any one creditor (excluding mortgages and auto loans) a grand total of \$600,000 or more for the last 90 days?  Yes     No

*If yes, list the names, dates and amounts of payments.*

Are you involved in any lawsuits?  Yes  No  
*If yes, enclose all documentation relating to lawsuit.*

Have you had any property repossessed, foreclosed, returned, or any wages garnished in the last 12 months?  Yes  No  
*If yes, list name, address of creditor, description of property, and date of action.*

Have you given any gifts to anyone (including charity) with a value of \$300 or more within the last 12 months?  Yes  No  
*If yes, list name, address, amount, and payment amount.*

Have you made any payments relating to debt counseling within the last 12 months?  Yes  No  
*If yes, list name, address, amount, and payment amount.*

Have you transferred any property of any kind to anyone in the last 12 months?  Yes  No  
*If yes, list the name, address, date, and description of the property.*

Have you closed any bank retirement accounts (including CDs) in the last 12 months?  Yes  No  
*If yes, list name, address of financial institution, account number, and date closed.*

Prior addresses within the last two years:

Address: \_\_\_\_\_ Dates of occupancy: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of occupancy: \_\_\_\_\_

List all spouses and former spouses for last eight years: \_\_\_\_\_

Creditors to be notified by phone: *Please list any creditor who needs to be notified by phone to prevent any action that the creditor may take against you. Imminent foreclosures, repossessions, or lawsuits are good examples. Please do not list any credit cards or other unsecured debts unless that creditor has filed a lawsuit.*

Creditor	Phone number	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Income

**PRIMARY DEBTOR:**

Job #1

Job #2

Occupation: \_\_\_\_\_ Yrs: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Net Income: \_\_\_\_\_  monthly  semi-monthly  weekly  bi-weekly

Any anticipated increase or decrease in income greater than 10%?  Yes  No

Describe:

Other sources of income: *e.g. business income, interest-dividends, alimony or child support, social security or government assistance, pension or retirement, contribution from family (for use of car, etc.)*

Source \_\_\_\_\_ Amount (monthly): \_\_\_\_\_

Source \_\_\_\_\_ Amount (monthly): \_\_\_\_\_

Source \_\_\_\_\_ Amount (monthly): \_\_\_\_\_

**SPOUSE/JOING DEBTOR:**

Job #1

Job #2

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Net Income: \_\_\_\_\_  monthly  semi-monthly  weekly  bi-weekly

Any anticipated increase or decrease in income greater than 10%?  Yes  No

Describe:

Other sources of income: : *e.g. business income, interest-dividends, alimony or child support, social security or government assistance, pension or retirement, contribution from family (for use of car, etc.)*

Source \_\_\_\_\_ Amount (monthly): \_\_\_\_\_

Source \_\_\_\_\_ Amount (monthly): \_\_\_\_\_

Source \_\_\_\_\_ Amount (monthly): \_\_\_\_\_

Source \_\_\_\_\_ Amount (monthly): \_\_\_\_\_

# Vehicles

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Milage: \_\_\_\_\_

Trim Details \_\_\_\_\_ Condition:  Excellent  Good  Fair  Poor  
(engine size, AWD, EX/LX/XLE, etc.)

Car Loan Creditor: \_\_\_\_\_ Account No. \_\_\_\_\_

Creditor Address (bill sent to): \_\_\_\_\_

Loan amount: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Past due: \_\_\_\_\_

Does some other person (i.e. family member) make regular payments for use of this car?  Yes  No

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Milage: \_\_\_\_\_

Trim Details \_\_\_\_\_ Condition:  Excellent  Good  Fair  Poor  
(engine size, AWD, EX/LX/XLE, etc.)

Car Loan Creditor: \_\_\_\_\_ Account No. \_\_\_\_\_

Creditor Address (bill sent to): \_\_\_\_\_

Loan amount: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Past due: \_\_\_\_\_

Does some other person (i.e. family member) make regular payments for use of this car?  Yes  No

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Milage: \_\_\_\_\_

Trim Details \_\_\_\_\_ Condition:  Excellent  Good  Fair  Poor  
(engine size, AWD, EX/LX/XLE, etc.)

Car Loan Creditor: \_\_\_\_\_ Account No. \_\_\_\_\_

Creditor Address (bill sent to): \_\_\_\_\_

Loan amount: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Past due: \_\_\_\_\_

Does some other person (i.e. family member) make regular payments for use of this car?  Yes  No

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# Real Property

## PRINCIPLE RESIDENCE

Owned by:  Husband  Wife  Joint/Community

Address: \_\_\_\_\_

1<sup>st</sup> Mortgage Holder: \_\_\_\_\_ Original Loan Amount: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date entered into (month/year): \_\_\_\_\_  
(bill sent to) \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Account No.: \_\_\_\_\_ Months Past Due: \_\_\_\_\_

2<sup>nd</sup> Mortgage Holder: \_\_\_\_\_ Original Loan Amount: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date entered into (month/year): \_\_\_\_\_  
(bill sent to) \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Account No.: \_\_\_\_\_ Months Past Due: \_\_\_\_\_

3<sup>rd</sup> Mortgage Holder: \_\_\_\_\_ Original Loan Amount: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date entered into (month/year): \_\_\_\_\_  
(bill sent to) \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Account No.: \_\_\_\_\_ Months Past Due: \_\_\_\_\_

## OTHER PROPERTY

Owned by:  Husband  Wife  Joint/Community

Address: \_\_\_\_\_

Do you gain income from this property (e.g rent)?  Yes  No Monthly income: \_\_\_\_\_

1<sup>st</sup> Mortgage Holder: \_\_\_\_\_ Original Loan Amount: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date entered into (month/year): \_\_\_\_\_  
(bill sent to) \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Account No.: \_\_\_\_\_ Months Past Due: \_\_\_\_\_

2<sup>nd</sup> Mortgage Holder: \_\_\_\_\_ Original Loan Amount: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Date entered into (month/year): \_\_\_\_\_  
 (bill sent to) \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ Months Past Due: \_\_\_\_\_

3<sup>rd</sup> Mortgage Holder: \_\_\_\_\_ Original Loan Amount: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Date entered into (month/year): \_\_\_\_\_  
 (bill sent to) \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ Months Past Due: \_\_\_\_\_

**OTHER PROPERTY**

Owned by:  Husband  Wife  Joint/Community

Address: \_\_\_\_\_

Do you gain income from this property (e.g rent)?  Yes  No Monthly income: \_\_\_\_\_

1<sup>st</sup> Mortgage Holder: \_\_\_\_\_ Original Loan Amount: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Date entered into (month/year): \_\_\_\_\_  
 (bill sent to) \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ Months Past Due: \_\_\_\_\_

2<sup>nd</sup> Mortgage Holder: \_\_\_\_\_ Original Loan Amount: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Date entered into (month/year): \_\_\_\_\_  
 (bill sent to) \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ Months Past Due: \_\_\_\_\_

3<sup>rd</sup> Mortgage Holder: \_\_\_\_\_ Original Loan Amount: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Date entered into (month/year): \_\_\_\_\_  
 (bill sent to) \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ Months Past Due: \_\_\_\_\_

# Creditors

## Student Loans

Husband  Wife  Joint/Community  Other: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Original loan amount: \_\_\_\_\_

Address: \_\_\_\_\_ Date loan enter into (month/year): \_\_\_\_\_  
(mail bill to) \_\_\_\_\_

Monthly payment amount: \_\_\_\_\_

Account No: \_\_\_\_\_ Total amount past due: \_\_\_\_\_

Husband  Wife  Joint/Community  Other: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Original loan amount: \_\_\_\_\_

Address: \_\_\_\_\_ Date loan enter into (month/year): \_\_\_\_\_  
(mail bill to) \_\_\_\_\_

Monthly payment amount: \_\_\_\_\_

Account No: \_\_\_\_\_ Total amount past due: \_\_\_\_\_

## Taxes

Gov't Entity: \_\_\_\_\_  Husband  Wife  Joint/Community

Account No: \_\_\_\_\_ Bill Date: \_\_\_\_\_

Type of Tax: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Gov't Entity: \_\_\_\_\_  Husband  Wife  Joint/Community

Account No: \_\_\_\_\_ Bill Date: \_\_\_\_\_

Type of Tax: \_\_\_\_\_ Amount Due: \_\_\_\_\_

## Credit Cards

Creditor Name: \_\_\_\_\_  Husband  Wife  Joint/Community

Account No: \_\_\_\_\_ Date card opened (month/year): \_\_\_\_\_

Address: \_\_\_\_\_ Total amount past due: \_\_\_\_\_  
(mail bill to) \_\_\_\_\_

Creditor Name: \_\_\_\_\_  Husband  Wife  Joint/Community  
Account No: \_\_\_\_\_ Date card opened (month/year): \_\_\_\_\_

Address: \_\_\_\_\_ Total amount past due: \_\_\_\_\_  
(mail bill to) \_\_\_\_\_

Creditor Name: \_\_\_\_\_  Husband  Wife  Joint/Community  
Account No: \_\_\_\_\_ Date card opened (month/year): \_\_\_\_\_

Address: \_\_\_\_\_ Total amount past due: \_\_\_\_\_  
(mail bill to) \_\_\_\_\_

Creditor Name: \_\_\_\_\_  Husband  Wife  Joint/Community  
Account No: \_\_\_\_\_ Date card opened (month/year): \_\_\_\_\_

Address: \_\_\_\_\_ Total amount past due: \_\_\_\_\_  
(mail bill to) \_\_\_\_\_

Creditor Name: \_\_\_\_\_  Husband  Wife  Joint/Community  
Account No: \_\_\_\_\_ Date card opened (month/year): \_\_\_\_\_

Address: \_\_\_\_\_ Total amount past due: \_\_\_\_\_  
(mail bill to) \_\_\_\_\_

Creditor Name: \_\_\_\_\_  Husband  Wife  Joint/Community  
Account No: \_\_\_\_\_ Date card opened (month/year): \_\_\_\_\_

Address: \_\_\_\_\_ Total amount past due: \_\_\_\_\_  
(mail bill to) \_\_\_\_\_

Creditor Name: \_\_\_\_\_  Husband  Wife  Joint/Community  
Account No: \_\_\_\_\_ Date card opened (month/year): \_\_\_\_\_

Address: \_\_\_\_\_ Total amount past due: \_\_\_\_\_  
(mail bill to) \_\_\_\_\_

# MONTHLY EXPENSES

For variable expenses, figure out how much you typically spend in a year and divide by twelve. Medical expenses should not include insurance premiums. Do not include any expenses that are deducted from your pay. If home insurance and property tax are included in your mortgage payment, do not list them separately.

Rent or Mortgage	_____
Electricity-Heat:	_____
Water-Sewer:	_____
Telephone:	_____
Cable/Internet/other utilities:	_____
Home maintenance:	_____
Food:	_____
Clothing:	_____
Laundry/dry cleaning:	_____
Medical-dental:	_____
Transportation (not including car payment:	_____
Recreation	_____
Charitable Contributions	_____
Home owner's or renter's insurance:	_____
Life insurance:	_____
Health insurance:	_____
Auto insurance:	_____
Other insurance (type: _____):	_____
Property taxes:	_____
Automobile payments:	_____
Other installment payments:	_____
Alimony/maintenance payments:	_____
Payments for dependents:	_____
Business expenses (attach details):	_____
Other:	_____
Other:	_____
Other:	_____
Other:	_____

# Personal Property

When filing out this part of the worksheet, use a "replacement value" without deductions for cost of sale or marketing. That means the price a retail merchant would charge for property of that kind considering the age and condition for the property at the time the value is determined (consignment shops, eBay, etc.). Please use additional sheets if necessary.

Indicate who owns each item by entering one of the following in the column labeled "Owner"

H = Husband

W = Wife

J = Joint/Community

<u>TYPE OF PROPERTY</u>	QUANTITY	VALUE	LIENS	OWNER
1. CASH ON HAND				
<input type="checkbox"/> Description:		_____	_____	_____
2. CHECKING/SAVINGS/THIFT ACCOUNTS, CDS, ETC.				
<input type="checkbox"/> Type of account:		_____	_____	_____
<input type="checkbox"/> Type of account:		_____	_____	_____
<input type="checkbox"/> Type of account:		_____	_____	_____
<input type="checkbox"/> Type of account:		_____	_____	_____
3. SECURITY DEPOSITS WITH LANDLORDS, UTILITIES, ETC				
<input type="checkbox"/> Holder's name:		_____	_____	_____
<input type="checkbox"/> Holder's name:		_____	_____	_____
<input type="checkbox"/> Holder's name:		_____	_____	_____
<input type="checkbox"/> Holder's name:		_____	_____	_____
4. HOUSHOLD GOODS AND FURNISHINGS				
<input type="checkbox"/> Television		_____	_____	_____
<input type="checkbox"/> Entertainment center		_____	_____	_____
<input type="checkbox"/> Stereo receiver		_____	_____	_____
<input type="checkbox"/> DVD player		_____	_____	_____
<input type="checkbox"/> CD player		_____	_____	_____
<input type="checkbox"/> Speakers		_____	_____	_____
<input type="checkbox"/> Recliner		_____	_____	_____
<input type="checkbox"/> Coffee tables		_____	_____	_____
<input type="checkbox"/> End tables		_____	_____	_____
<input type="checkbox"/> Lamps		_____	_____	_____
<input type="checkbox"/> Musical instruments		_____	_____	_____
<input type="checkbox"/> Computer equipment		_____	_____	_____
<input type="checkbox"/> Dinner table		_____	_____	_____
<input type="checkbox"/> Dining chairs		_____	_____	_____
<input type="checkbox"/> Stove/oven		_____	_____	_____
<input type="checkbox"/> Dishwasher		_____	_____	_____
<input type="checkbox"/> Microwave		_____	_____	_____

<u>TYPE OF PROPERTY</u>	<u>QUANTITY</u>	<u>VALUE</u>	<u>LIENS</u>	<u>OWNER</u>
4. HOUSHOLD GOODS AND FURNISHINGS (continued)				
<input type="checkbox"/> Refrigerator	_____	_____	_____	_____
<input type="checkbox"/> Freezer	_____	_____	_____	_____
<input type="checkbox"/> Dresser	_____	_____	_____	_____
<input type="checkbox"/> Armoire	_____	_____	_____	_____
<input type="checkbox"/> Nightstand	_____	_____	_____	_____
<input type="checkbox"/> Mirror	_____	_____	_____	_____
<input type="checkbox"/> Bed	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
5. BOOKS, PICTURES, MUSIC, ART, AND OTHER COLLECTIONS				
<input type="checkbox"/> Books	_____	_____	_____	_____
<input type="checkbox"/> Pictures	_____	_____	_____	_____
<input type="checkbox"/> Stamps	_____	_____	_____	_____
<input type="checkbox"/> Art	_____	_____	_____	_____
<input type="checkbox"/> Antiques (specify):	_____	_____	_____	_____
<input type="checkbox"/> Figurines	_____	_____	_____	_____
<input type="checkbox"/> Statues	_____	_____	_____	_____
<input type="checkbox"/> Sports cards	_____	_____	_____	_____
<input type="checkbox"/> Sports memorabilia	_____	_____	_____	_____
<input type="checkbox"/> Movies	_____	_____	_____	_____
<input type="checkbox"/> Music	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
6. CLOTHING				
<input type="checkbox"/> Wearing apparel	_____	_____	_____	_____
<input type="checkbox"/> Accessories	_____	_____	_____	_____
<input type="checkbox"/> Shoes	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____

<u>TYPE OF PROPERTY</u>	QUANTITY	VALUE	LIENS	OWNER
7. FURTS AND JEWELRY				
<input type="checkbox"/> Rings	_____	_____	_____	_____
<input type="checkbox"/> Earrings	_____	_____	_____	_____
<input type="checkbox"/> Necklaces	_____	_____	_____	_____
<input type="checkbox"/> Bracelets	_____	_____	_____	_____
<input type="checkbox"/> Watches	_____	_____	_____	_____
<input type="checkbox"/> Fur coats	_____	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____	_____
8. FIREARMS, SPORTS, PHOTOGRAPHIC, AND/OR HOBBY EQUIPMENT				
<input type="checkbox"/> Item:	_____	_____	_____	_____
<input type="checkbox"/> Item:	_____	_____	_____	_____
<input type="checkbox"/> Item:	_____	_____	_____	_____
9. CASH VALUE OF INSURANCE POLICIES (the amount of cash to which you have access. Do not include "term" policies).				
<input type="checkbox"/> Issuer of Policy:		_____	_____	_____
<input type="checkbox"/> Issuer of Policy:		_____	_____	_____
<input type="checkbox"/> Issuer of Policy:		_____	_____	_____
10. ANNUITIES				
<input type="checkbox"/> Issuer:		_____	_____	_____
<input type="checkbox"/> Issuer:		_____	_____	_____
<input type="checkbox"/> Issuer:		_____	_____	_____
11. EDUCATION IRAS OR STATE TUITION PLANS (must provide proof)				
<input type="checkbox"/> Account:		_____	_____	_____
<input type="checkbox"/> Account:		_____	_____	_____
<input type="checkbox"/> Account:		_____	_____	_____
12. IRAs, ERISA, KEOGH, OR OTHER PENSION PLANS				
<input type="checkbox"/> Company issuer:		_____	_____	_____
<input type="checkbox"/> Company issuer:		_____	_____	_____
<input type="checkbox"/> Company issuer:		_____	_____	_____
13. STOCKS AND/OR INTERESTS IN BUSINESS(ES)				
<input type="checkbox"/> Company:	_____	_____	_____	_____
<input type="checkbox"/> Company:	_____	_____	_____	_____
<input type="checkbox"/> Company:	_____	_____	_____	_____

<u>TYPE OF PROPERTY</u>	QUANTITY	VALUE	LIENS	OWNER
14. INTERESTS IN PARTNERSHIPS OR JOINT VENTURES				
<input type="checkbox"/> Account: Interest %:		_____	_____	_____
<input type="checkbox"/> Account: Interest %:		_____	_____	_____
<input type="checkbox"/> Account: Interest %:		_____	_____	_____
15. GOVERNMENT AND/OR CORPORATE BONDS				
<input type="checkbox"/> Entity:		_____	_____	_____
<input type="checkbox"/> Entity:		_____	_____	_____
<input type="checkbox"/> Entity:		_____	_____	_____
16. ACCOUNTS RECEIVABLE				
<input type="checkbox"/> Account:		_____	_____	_____
<input type="checkbox"/> Account:		_____	_____	_____
<input type="checkbox"/> Account:		_____	_____	_____
17. ALIMONY, MAINTENANCE, OR OTHER SUPPORT SETTLEMENTS				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
18. OTHER LIQUIDATED DEBTS INCLUDING TAX REFUND				
<input type="checkbox"/> Tax Year: Name of Filer:		_____	_____	_____
<input type="checkbox"/> Tax Year: Name of Filer:		_____	_____	_____
<input type="checkbox"/> Tax Year: Name of Filer:		_____	_____	_____
19. FUTURE INTERESTS, LIFE ESTATES, ETC.				
<input type="checkbox"/> Item: Interest %:		_____	_____	_____
<input type="checkbox"/> Item: Interest %:		_____	_____	_____
<input type="checkbox"/> Item: Interest %:		_____	_____	_____
20. INTERESTS IN ESTATE OF DESCENDENT, DEATH BENEFIT PLAN, INSURANCE, OR TRUST				
<input type="checkbox"/> Item: Interest %:		_____	_____	_____
<input type="checkbox"/> Item: Interest %:		_____	_____	_____
<input type="checkbox"/> Item: Interest %:		_____	_____	_____
21. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS NOT LISTED				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____

<u>TYPE OF PROPERTY</u>	QUANTITY	VALUE	LIENS	OWNER
22. PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
23. LICENSES, FRANCHISES, OR OTHER INTANGIBLES				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
24. CUSTOMER LISTS OR OTHER LISTS CONTAINING PERSONAL INFORMATION OF OTHERS				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
25. AUTOMOBILES, MOTORCYCLES, TRAILERS, MOBILE HOMES, OTHER VEHICLES				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
26. BOATS, MOTORS, AND ACCESSORIES				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
27. AIRCRAFT AND ACCESSORIES				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
28. OFFICE EQUIPMENT, FURNITURE, AND SUPPLIES				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
29. TOOLS OF TRADE, MACHINERY, FIXTURES, AND EQUIPMENT/SUPPLIES USED IN BUSINESS				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____

<u>TYPE OF PROPERTY</u>	QUANTITY	VALUE	LIENS	OWNER
30. INVENTORY				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
31. ANIMALS				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
32. CROPS GROWING OR HARVESTED				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
33. FARMING EQUIPMENT OR IMPLEMENTS				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
34. FARMING SUPPLIES< CHEMICALS, AND FEED				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
35. OTHER PERSONAL PROPERTY (items not already listed)				
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____
<input type="checkbox"/> Item:		_____	_____	_____