

The Law Offices of Harry Lasser

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Client Information Packet

Please complete the following questionnaire and return to
The Law Offices of Harry Lasser

DEBTOR 1:

Name: _____

(First, Middle, Last, Suffix)

Have you used any other names in the past 8 years? ___ No ___ Yes

If yes, please list other names used: _____

Social Security Number: _____

Telephone Number/ Email Address:

Home: _____

Work: _____

Cell: _____

Email: _____

Address: _____

County: _____

Have you lived at this address for at least 2 years? ___ No ___ Yes

If no, please list all addresses for the last 2 years and dates: _____

If you have a different mailing address, please list: _____

DEBTOR 2:

Name: _____

(First, Middle, Last, Suffix)

Have you used any other names in the past 8 years? ___ No ___ Yes

If yes, please list other names used: _____

Social Security Number _____

Telephone Number/ Email Address:

Home: _____

Work: _____

Cell: _____

Email: _____

Address: _____

County: _____

Have you lived at this address for at least 2 years? ___ No ___ Yes

If no, please list all addresses for the last 2 years and dates: _____

If you have a different mailing address, please list: _____

Prior and/or Pending Bankruptcy Case:

Have you filed a bankruptcy case 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 involving you, your business, your spouse, or your spouse's business? ___ **No** ___ **Yes**

If yes, name of debtor: _____

Relationship to you: _____

Case number: _____

Date filed: _____

District (If known): _____

Judge (If known): _____

Debtors who reside as Tenants of Residential Property

If you rent your place of residence, does a landlord hold a judgement against you?

___ **No** ___ **Yes**

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

Real Estate

List ALL real estate which you individually or jointly own. This could include your primary residence (house, condo, or apartment (if owned)), additional residences, rental property, burial plot, undeveloped land, and/or farmland:

Address of property: _____

County: _____

Type of Property: _____

Estimated Value of Property: _____

If filing jointly: Owned by Husband, Wife, Joint _____

If you are not the only owner what % of property do you own? _____

Name(s) of other owner(s): _____

Address of other owner(s): _____

List all mortgages, home equity loans, and other liens against the property:

Mortgage Lender: _____

Lender Address: _____

Amount Owed: _____ Monthly Payment: _____

Current Interest Rate: _____ Arrears: _____

Does your payment include taxes and insurance? ___ **No** ___ **Yes**

Debtor listed on mortgage: _____

Co-signer(s) Name and Address: _____

If you have additional property, please list the necessary information on a separate page and attach to this questionnaire.

Personal Property

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. For property acquired for personal or family use, the value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Vehicles, Cars, Vans, Trucks, Motorcycles, SUV, Tractors:

Make: _____ Model: _____
Year: _____ Mileage: _____ Monthly Payment: _____
Owners/ Co-signer: _____
Current Value: _____ VIN#: _____
Lien Holder Name: _____
Address: _____

Account Number: _____ Date Incurred: _____
Amount Owed: _____ Arrears: _____

Make: _____ Model: _____
Year: _____ Mileage: _____ Monthly Payment: _____
Owners/ Co-signer: _____
Current Value: _____ VIN#: _____
Lien Holder Name: _____
Address: _____

Account Number: _____ Date Incurred: _____
Amount Owed: _____ Arrears: _____

Make: _____ Model: _____
Year: _____ Mileage: _____ Monthly Payment: _____
Owners/ Co-signer: _____
Current Value: _____ VIN#: _____
Lien Holder Name: _____
Address: _____

Account Number: _____ Date Incurred: _____
Amount Owed: _____ Arrears: _____

Watercraft, Aircraft, Recreational, Other Vehicles, and Accessories:

Make: _____ Model: _____
Year: _____ Mileage: _____ Monthly Payment: _____
Owners/ Co-signer: _____
Current Value: _____ VIN#: _____
Lien Holder Name: _____
Address: _____

Account Number: _____ Date Incurred: _____
Amount Owed: _____ Arrears: _____

Make: _____ Model: _____
Year: _____ Mileage: _____ Monthly Payment: _____
Owners/ Co-signer: _____
Current Value: _____ VIN#: _____
Lien Holder Name: _____
Address: _____

Account Number: _____ Date Incurred: _____
Amount Owed: _____ Arrears: _____

Household Goods and Furnishings:

	How many?	Market value?
Entertainment Center	_____	_____
TV stand	_____	_____
Refrigerator	_____	_____
Stove	_____	_____
Washer & Dryer	_____	_____
Microwave	_____	_____
Small Appliances (examples: blender, toaster, coffee pot)	_____	_____
cookware/dishes	_____	_____
Deep freezer	_____	_____
Couch	_____	_____
Loveseat	_____	_____
Chair	_____	_____
End/coffee table	_____	_____
Lamps	_____	_____
Desk	_____	_____
Desk chair	_____	_____
Bookshelf	_____	_____
Curio cabinet	_____	_____
Dining table/Chairs	_____	_____
China cabinet	_____	_____
Home décor (Examples: knickknacks, picture frames, mirrors, curtains, bedspreads, etc.)	_____	_____
Beds	_____	_____
Dressers	_____	_____
Chests of Drawers	_____	_____
Nightstands	_____	_____
Patio Set	_____	_____
Lawn mower	_____	_____
Weed eater	_____	_____
Leaf blower	_____	_____
Chain saw	_____	_____
Grill	_____	_____
Hot tub	_____	_____
Household tools	_____	_____
Aquarium	_____	_____
Telephones	_____	_____
Vacuum cleaner	_____	_____
Other: _____	_____	_____

Electronics:

	How many?	Market value?
TV	_____	_____
DVD player	_____	_____
VCR	_____	_____
Stereo/Equipment	_____	_____
Surround Sound	_____	_____
Computer	_____	_____
Printer	_____	_____
Scanner	_____	_____
Video Game Systems	_____	_____
Type: _____	_____	_____
Camera	_____	_____
Camcorder	_____	_____

Other: _____

Collectibles of Value (Coins, Stamps, Ect.):

Type: _____ Market Value: _____

Type: _____ Market Value: _____

Type: _____ Market Value: _____

Sports or Hobby Equipment:

	How many?	Market value?
Fishing Gear	_____	_____
Camping Gear	_____	_____
Hunting Gear	_____	_____
Bicycles	_____	_____
Trampoline	_____	_____
Exercise Equipment	_____	_____
Golf Clubs	_____	_____
Skis	_____	_____
Baseball Gear	_____	_____
Softball Gear	_____	_____
Basketball Gear	_____	_____
Football Gear	_____	_____
Crafting Supplies	_____	_____

Firearms (Type and Value): _____

Clothing Value: _____

Jewelry (Type and Value): _____

Animals, Non-Farm (Type and Value): _____

Financial Assets:

Amount _____

Cash on Hand

Checking/Savings/Certificate of Deposit/ Other Bank Accounts:

Type: _____ Institution: _____

Balance: _____ Joint or Individual: _____

Account Number: _____

Type: _____ Institution: _____

Balance: _____ Joint or Individual: _____

Account Number: _____

Type: _____ Institution: _____

Balance: _____ Joint or Individual: _____

Account Number: _____

Bond Funds, Mutual Funds, or Stocks publicly traded:

Type: _____ Institution: _____

Balance: _____ Joint or Individual: _____

Type: _____ Institution: _____

Balance: _____ Joint or Individual: _____

Business Interest Non-publicly Traded Stocks, LLC, Partnerships, Joint Ventures:

Type: _____ Institution: _____

Balance: _____ Joint or Individual: _____

Type: _____ Institution: _____

Balance: _____ Joint or Individual: _____

Bonds Government & Corporate, Other Negotiable & Non-negotiable Instruments:

Type: _____ Institution: _____
Balance: _____ Joint or Individual: _____
Type: _____ Institution: _____
Balance: _____ Joint or Individual: _____

Retirement or Pension Accounts (401K, IRA, ERISA, Keogh, 403b, Profit-sharing plans, Pension):

Type: _____ Institution: _____
Balance: _____ Joint or Individual: _____
Liens: Creditor Name: _____
Address: _____
Account Number: _____
Date Incurred: _____ Amount Owed: _____

Type: _____ Institution: _____
Balance: _____ Joint or Individual: _____
Liens: Creditor Name: _____
Address: _____
Account Number: _____
Date Incurred: _____ Amount Owed: _____

Security Deposits (landlord, utility, ect.)(Type and Amount):

Educational IRA, ABLE program, State Tuition program (Type and Value):

Intellectual Property, Patents, Copyrights, Trademarks, Trade Secrets (Type and Value):

Tax Refund owed to you (Amount): _____
Family Support (Child Support, Alimony, Maintenance, Divorce Settlement, Property Settlement (Type and Amount):

Other Amounts Owed to Debtor(s):

Amount: _____ Joint/ Individual: _____
Name & Address of who owes debt: _____

Insurance Policies (Term Life, Whole Life, Burial):

Insurance Company Name: _____
Beneficiary Name(s): _____
Owner of Policy: _____
Current Value: _____
Insurance Company Name: _____
Beneficiary Name(s): _____
Owner of Policy: _____
Current Value: _____

Decedent property due Debtor (property from someone who has died)

Are you currently suing or have the right to sue someone? ___ No ___ Yes

If yes, give details and dates of any suits: _____

Business Related:

Any account receivable or earned commissions? _____

List ALL office equipment, furnishings, and supplies and value of each:

List ALL machinery, fixtures, equipment, business supplies, & tools of the trade and the value of each: _____

List ALL inventory and its value: _____

Any partnerships or joint ventures? _____

Any other business related property? _____

Farm Related:

Any farm animals (type and value)? _____

Any crops harvest or growing (type and value)? _____

Any farming equipment, machinery, fixtures, tools, supplies, chemicals, or feed (type and value)? _____

Any other personal property of any kind not already listed (type and value)?

List ALL debts you owe:

Creditor: _____ Date Incurred: _____

Address: _____ Type of Debt: _____

_____ Balance: _____

Account Number: _____

Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____

Address: _____ Type of Debt: _____

_____ Balance: _____

Account Number: _____

Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Creditor: _____ Date Incurred: _____
Address: _____ Type of Debt: _____
_____ Balance: _____
Account Number: _____
Co-signer Name & Address: _____

Collateral (such as household goods, tools, ect.): _____

Please list any additional creditors on a separate sheet and attach it to the questionnaire.

What is your marital status? _____

Employer Information:

Debtor 1:

Employer Name & Address: _____

Occupation: _____ How frequently are you paid? _____

How long have you been employed at this job? _____

Second Employer Name and Address: _____

Occupation: _____ How frequently are you paid? _____

How long have you been employed at this job? _____

Debtor 2:

Employer Name & Address: _____

Occupation: _____ How frequently are you paid? _____

How long have you been employed at this job? _____

Second Employer Name and Address: _____

Occupation: _____ How frequently are you paid? _____

How long have you been employed at this job? _____

Per pay period	Debtor1	Debtor2
Gross income	\$	\$
Estimated overtime	\$	\$
Taxes	\$	\$
Mandatory contribution to retirement plan	\$	\$
Voluntary contribution to retirement plan	\$	\$
Required repayments of retirement loan	\$	\$
Insurance	\$	\$
Domestic support obligation (child support, alimony)	\$	\$
Union dues	\$	\$
Other deductions	\$	\$

Do you receive income from business operations outside of your regular paycheck listed above? **No** **Yes**

If yes, how much do you receive per month? _____

Do you receive income from interest or dividends outside your regular paycheck listed above? **No** **Yes**

If yes, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents? **No** **Yes**

If yes, how much do you receive per month? _____

Do you receive income from unemployment? **No** **Yes**

If yes, how much do you receive per month? _____

Do you receive income from Social Security? **No** **Yes**

If yes, how much do you receive per month? _____

Do you receive monetary government assistance (food stamps, families first)?

No **Yes**

If yes, describe and how much do you receive per month? _____

Do you receive retirement or pension money? **No** **Yes**

If yes, how much do you receive per month? _____

Do you have other sources of income not listed? ___ **No** ___ **Yes**

If yes, describe and how much do you receive per month? _____

Are you expecting any increase or decrease in salary next year? ___ **No** ___ **Yes**

If yes, please describe? _____

Current Expenses:

Is this a joint filing with your spouse? ___ **No** ___ **Yes**

If yes, does the Joint Debtor live in a separate household? ___ **No** ___ **Yes**

Please list all dependents of you and your spouse with their age and relationship to you (if applicable)

Name/age/relationship	Who does the dependent live with?
-----------------------	-----------------------------------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

Do you and your spouse live separately and maintain separate households? ___ **No** ___ **Yes**

If yes, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

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 weeks, ect.), write in the amount and the frequency that you pay the amount.

Do your expenses include another person's expenses other than yourself and your dependents? ___ **No** ___ **Yes**

Indicate how much you pay for each item each month:

Primary rent or home mortgage \$ _____

Does that amount include real estate taxes? ___ **No** ___ **Yes**

If no, how much do you pay? \$ _____

Does that amount include property, homeowner's, or renter's insurance?
___ **No** ___ **Yes**

If no, how much do you pay? \$ _____

How much do you pay each month in home maintenance, repair, or upkeep expenses? \$ _____

Do you have homeowner's association or condominium dues? ___ **No** ___ **Yes**

If yes, how much do you pay? \$ _____

Are there addition mortgage payments? ___ **No** ___ **Yes**

If yes, how much do you pay? \$ _____

Utilities:

Electricity and heating fuel: \$ _____

Water & sewer \$ _____

Telephone/ Cell phone \$ _____

Cable/Satellite/Internet \$ _____

Garbage collection \$ _____

Food & housekeeping Supplies \$ _____

Childcare & child educational cost \$ _____

Clothing, laundry, & dry cleaning \$ _____

Personal care products & services \$ _____

Medical & dental expenses \$ _____

Transportation (not including care payment) \$ _____

Recreation, entertainment, newspapers, magazines,

books, clubs \$ _____
 Charitable contributions & religious donations \$ _____
 Insurance NOT deducted from wages or included in
 home mortgage payments or other real estate
 A. Life insurance \$ _____
 B. Health insurance \$ _____
 C. Auto insurance \$ _____
 D. Other insurances (list amount and describe) \$ _____

Tax bills NOT deducted from wages or included in home
 Mortgage payments or other real estate expenses \$ _____
 Installment payments for car, furniture, ect (Describe):

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Installment payments for car, furniture, ect. (Describe):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Alimony, maintenance, or support paid to others \$ _____
 Payments for support of additional dependents not
 living at your home \$ _____

Other Real Estate Property expenses NOT included with
 Rent or home mortgage property:
 A. Mortgage payment on other Real Estate Property \$ _____
 B. Taxes on other Real Estate Property \$ _____
 C. Other Real Property, Homeowner's, or Renter's
 Insurance payments \$ _____
 D. Home maintenance (repairs and upkeep) \$ _____
 E. Homeowner's association or condominium dues \$ _____

Other expenses (Describe):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Describe any increase or decrease in expenses you expect to occur within the next
 year:

Additional expenses:

Mandatory payroll deductions not already listed:
 _____ \$ _____
 _____ \$ _____

Court ordered payments not already listed:
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Education for employment or for a physically or
 mentally challenged child \$ _____
 Child care (baby sitting, day care, nursery, preschool) \$ _____
 Disability insurance (if not listed above) \$ _____
 Health savings account \$ _____

Care for elderly, chronically ill, or disabled family	\$ _____
Protection from family violence	\$ _____
Education expenses for children under 18	\$ _____
Non-mandatory contribution to retirement account (Including loan repayments):	
_____	\$ _____
_____	\$ _____

Statement of Financial Affairs:

Income from employment or operation of business:

State your gross income from employment or operation of a business. If you have not received an income from employment during the last 2 years immediately preceding this calendar year, check this box: _____ None

Debtor 1:

January 1 of this year through current date:

Dollar amount you were paid \$ _____
 Source (Employer or business name) _____

Last year:

Dollar amount you were paid \$ _____
 Source (Employer or business name) _____

The year before last (January 1- December 31):

Dollar amount you were paid \$ _____
 Source (Employer or business name) _____

Debtor 2 or Spouse (if applicable):

January 1 of this year through current date:

Dollar amount you were paid \$ _____
 Source (Employer or business name) _____

Last year:

Dollar amount you were paid \$ _____
 Source (Employer or business name) _____

The year before last (January 1- December 31):

Dollar amount you were paid \$ _____
 Source (Employer or business name) _____

Income other than from employment or operation of a business:

State the amount of income received other than from employment or operation of a business during the 2 years immediately preceding the commencement of this case:
 _____ None

Debtor 1:

January 1 of this year through current date:

Dollar amount you were paid \$ _____
 Source (Employer or business name) _____

Last year:

Dollar amount you were paid \$ _____
 Source (Employer or business name) _____

The year before last (January 1- December 31):

Dollar amount you were paid \$ _____
 Source (Employer or business name) _____

Debtor 2 or Spouse (if applicable):

January 1 of this year through current date:

Dollar amount you were paid \$ _____

Source (Employer or business name) _____

Last year:

Dollar amount you were paid \$ _____

Source (Employer or business name) _____

The year before last (January 1- December 31):

Dollar amount you were paid \$ _____

Source (Employer or business name) _____

Payments to creditors:

List all payments totaling over \$600 made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation (alimony, child support, ect.) or that were made as part of an alternative repayment plan: _____ None

Creditor: _____

Address: _____

Date of payments: _____

Amount paid: \$ _____ Amount Still Owed \$ _____

Creditor: _____

Address: _____

Date of payments: _____

Amount paid: \$ _____ Amount Still Owed \$ _____

Creditor: _____

Address: _____

Date of payments: _____

Amount paid: \$ _____ Amount Still Owed \$ _____

If your debts are primarily non-consumer debts (business), list all totaling over \$5,850 made within the last 90 days to any creditor: _____ None

Creditor: _____

Address: _____

Date of payments: _____

Amount paid: \$ _____ Amount Still Owed \$ _____

Creditor: _____

Address: _____

Date of payments: _____

Amount paid: \$ _____ Amount Still Owed \$ _____

All debtors, list all payments made within one year to any "insiders" or for the benefit of any "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporation, or your affiliates.)

Creditor: _____

Address: _____

Relationship to Debtor: _____

Date of payments: _____

Amount paid: \$ _____

Amount Still Owed \$ _____

Creditor: _____

Address: _____

Relationship to Debtor: _____

Date of payments: _____

Amount paid: \$ _____

Amount Still Owed \$ _____

Any lawsuits, executions, garnishments, or attachments:

List all suits and administrative proceedings to which you are or were a party within one year preceding the filing of this case. ____ **None**

Plaintiff/ Defendant: _____

Nature of Proceeding: _____

Court or Agency and Location: _____

Status or Disposition: _____

Plaintiff/ Defendant: _____

Nature of Proceeding: _____

Court or Agency and Location: _____

Status or Disposition: _____

Describe all property that has been garnished, seized, or attached under any legal or equitable process within one year immediately preceding the commencement of this case. ____ **None**

Name and address of person/ company for whom the property was seized (creditor): _____

Date of Seizure: _____

Description and value of property: _____

Name and address of person/ company for whom the property was seized (creditor): _____

Date of Seizure: _____

Description and value of property: _____

Repossessions, foreclosures, and returns:

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within one year immediately preceding the commencement of this case. ____ **None**

Creditor Name: _____

Address: _____

Date of repossession, foreclosure, transfer or return: _____

Description and value of property: _____

Creditor Name: _____

Address: _____

Date of repossession, foreclosure, transfer or return: _____

Description and value of property: _____

Creditor Name: _____
Address: _____
Date of repossession, foreclosure, transfer or return: _____
Description and value of property: _____

Assignments and receiverships:

Describe any assignments of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. ____ None

Name of Assignee: _____
Address: _____
Date of Assignment: _____
Terms of Assignment/ Settlement: _____

Name of Assignee: _____
Address: _____
Date of Assignment: _____
Terms of Assignment/ Settlement: _____

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

Name of Custodian: _____
Address: _____
Name and location of court: _____
Case title and number: _____
Date of Order: _____
Description and value of property: _____

Gifts:

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except 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. ____ None

Name of Recipient: _____
Address: _____
Relationship to you, if any: _____
Date of Gift: _____
Description and value of gift: _____

Name of Recipient: _____
Address: _____
Relationship to you, if any: _____

Date of Gift: _____
Description and value of gift: _____

Losses:

List all losses from fire, theft, gambling, or other casualty within one year immediately preceding the commencement of this case or since the commencement of this case. ____ None

Description and value of property: _____

Description of circumstances and amount covered by insurance, if any: _____

Date of loss: _____

Payments related to debt counseling or bankruptcy:

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case. ____ None

Name of Payee: _____
Address: _____
Date of Payment: _____
Name of person who paid, if not you: _____
Amount of money/ description and value of property: _____

Other transfers (including sale of your property):

List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within 2 years immediately preceding the commencement of this case. ____ None

Name of transferee: _____
Address: _____
Relationship to debtor, if any: _____
Date of transfer: _____
Description of property and value received: _____

Name of transferee: _____
Address: _____
Relationship to debtor, if any: _____
Date of transfer: _____
Description of property and value received: _____

List all property you transferred within 10 years immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are beneficiary. ____ None

Name of trust or similar device: _____
Date of transfer: _____
Amount of money or description and value of property or interest: _____

Name of trust or similar device: _____
Date of transfer: _____
Amount of money or description and value of property or interest: _____

Closed financial accounts:

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. _____ None

Name of institution: _____
Address: _____
Type and number of account: _____
Final Balance: \$ _____ Date of sale or closing: _____

Name of institution: _____
Address: _____
Type and number of account: _____
Final Balance: \$ _____ Date of sale or closing: _____

Safe deposit boxes:

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within one year immediately preceding commencement of this case. _____ None

Name of bank or other depository: _____
Address: _____
Name of those who have access to box or depository: _____
Address: _____
Description of contents: _____

Date of transfer, if any: _____

Setoffs:

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within 90 days preceding the commencement of this case. _____ None

Name of creditor: _____
Address: _____
Date of setoff: _____ Amount of setoff: \$ _____

Name of creditor: _____
Address: _____
Date of setoff: _____ Amount of setoff: \$ _____

Property held for another person:

List all property that you hold or control that is owned by another person. ___ None

Name of owner: _____

Address: _____

Description and value of property: _____

Location of property: _____

Name of owner: _____

Address: _____

Description and value of property: _____

Location of property: _____

Previous addresses of debtor:

If you have moved within the 3 years immediately preceding the commencement of this case, list all residences during the last 3 years, excluding your present address.

___ None

Address: _____

Your name at the time: _____

Dates of occupancy: _____

Address: _____

Your name at the time: _____

Dates of occupancy: _____

Spouse and former spouses:

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the 8 year period immediately preceding the commencement of this case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

___ None

Name: _____

Name: _____

Debtor Signature: _____

Date: _____

Joint Debtor Signature: _____

Date: _____