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Personal and Confidential Bankruptcy Worksheet

Dear Client:

Please complete this Bankruptcy Worksheet, or instead **you may complete the worksheet online on a secure website.** Using the online worksheet will save you the time of hand-writing the answers. If you wish to complete the worksheet online, please email Stephanie at stephanie@jthomasblack.com to create an account for you.

Documents Needed: We Don't Need Copies! We scan documents and return them to you.

1. Signed & initialed Attorney Fee Contract and Retainer Fee (no personal checks, debit card OK)
2. Completed credit report order form;
3. This Worksheet, completed;
4. Signed & Initialed Acknowledgment of Responsibilities;
5. Proof of Income (your pay check stubs for the past 7 months (or P&L statements if self-employed);
6. Your last 6 months' bank statements (AND you should keep the first bank statement you receive after your case is filed as we may need to provide it to the trustee);
7. Most recent retirement plan & brokerage account statements from all other accounts, such as credit union, Etrade or mutual fund account, IRAs, 401(k)s, and other retirement accounts;
8. Your Texas Driver's license (or other official picture I.D.) and your Social Security card;
9. Proof of insurance for vehicles you are still paying for;
10. Your tax returns (1040 forms) for past two years;

If you have them, we can also use the following:

11. Lawsuits, judgments, & divorce decrees, or child support orders (if divorced in last 4 years);
12. All bills, medical bills & collection letters from past three (3) months.
13. Contracts or leases on your cars, trucks, or mobile homes that you have signed and that are still in effect or not fully paid, or leases on office space or other rental space.
14. If you've SOLD real estate in past two (2) years, a copy of the "settlement statement."

You don't have to make a special trip to bring these documents to the office! We accept them a number of ways:

1. Bring them to the office;
2. Scan and email them to us (we can send you a Dropbox link);
3. Put them on USB or Flash Drive;
4. Burn them to a CD;
5. Fax them to us;
6. Mail them to us via U.S. Postal Service;
7. Deliver to us using UPS or Fedex or other delivery service;
8. Whatever way is most convenient for you!

Thank you!

J. Thomas Black

YOUR NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTY _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

PAGER _____ CELLULAR _____

EMAIL ADDRESS _____

SPOUSE (IF APPLICABLE):

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTY _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

EMAIL _____ CELLULAR _____

PLEASE PROVIDE THE NAME, ADDRESS & TELEPHONE NUMBER OF SOMEONE (A RELATIVE OR FRIEND) WHO WILL ALWAYS KNOW HOW TO REACH YOU:

1. HOW LONG HAVE YOU LIVED IN TEXAS? _____

2. Have you used any other names within the last 8 years? If yes, please supply information. i.e. maiden name, prior married name, "doing business as" name, etc.

3. Have you or your spouse filed a PRIOR BANKRUPTCY? YES / NO (CIRCLE ONE.)
HOW MANY? _____ If so, please supply information below (attach additional pages if necessary).

Name filed under _____ Chapter filed _____

Case # _____ Date filed _____ Date dismissed/discharged _____

4. IS YOUR HOME OR OTHER PROPERTY ABOUT TO BE SEIZED, REPOSSESSED OR FORECLOSED? YES / NO

5. BESIDES YOUR SPOUSE, DO YOU HAVE ANY CO-DEBTORS ON ANY NOTE OR ACCOUNT TO BE LISTED IN BANKRUPTCY? YES / NO If yes, please list which ones.

6. DO YOU HAVE ANY LEASES (Apartment, vehicle, business property, etc.?) YES / NO If yes, describe:

How were you referred to this office? Friend or relative, Name: _____
Attorney or C.P.A., Name: _____ Yellow Pages: _____
Internet (Search Engine or Terms): _____ Lawyer Referral Service _____
Other (please explain): _____

MONTHLY INCOME

MARITAL STATUS: Married Single Separated Divorced Widowed

Date of (most recent) marriage, separation, divorce, etc. _____

DEPENDENTS LIVING AT HOME:

NAME	AGE	RELATIONSHIP

DEBTOR (YOU)	YOUR SPOUSE
--------------	-------------

Occupation		
Employer		
When did you start job?		
Address of Employer		
<u>Gross</u> wages, salary, and commissions per pay check (attach paycheck stub if available)		
Estimated overtime		
Deductions (PER CHECK) FICA & Withholding Insurance Union Dues Other (Specify) _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Net take home pay (per paycheck)		
Other sources of income		

YOU:
Do you get paid..... Weekly Twice a month Every 2 weeks Monthly ?

YOUR SPOUSE:
Do you get paid..... Weekly Twice a month Every 2 weeks Monthly ?

MONTHLY EXPENSES

Rent or Home Mortgage	\$
Are Real Property Taxes Included? <input type="radio"/> Yes <input type="radio"/> No Is property Insurance Included? <input type="radio"/> Yes <input type="radio"/> No	
Electricity \$_____ and Gas (Entex or Propane) \$_____ Total:	\$
Water & Sewer	\$
Telephone/Long Distance/Internet	\$
Garbage Pickup/Homeowner's Assn. (Describe)	\$
Alarm System/Cable TV (Describe)	\$
Home Maintenance (Repairs/Upkeep/Lawn Care/Pool) (Describe)	\$
Food (Monthly grocery bill)	\$
Clothing, Shoes & Hosiery (Include back to school & Christmas)	\$
Laundry and Dry Cleaning	\$
Medical, Dental, Medicines, Eye Doctor, Eye Glasses	\$
Gasoline for Autos	\$
Repairs, Tires, Tuneups, Oil Changes, Registration	\$
Church or Charity Contributions (not deducted from paycheck)	\$
INSURANCE (not deducted from paycheck) ● Homeowner's or Renter's (not included in mortgage) ● Life ● Health ● Auto ● Other (Describe)	\$ _____ \$ _____ \$ _____ \$ _____
TAXES (not taken from wages or included in mortgage)	\$
INSTALLMENT PAYMENTS ● Auto ● Other (Describe) ● Other (Describe) ● Other (Describe)	\$ _____ \$ _____ \$ _____ \$ _____
Alimony, Maintenance, & Support paid to others	\$
Visitation Expenses (plane tickets, etc.)	\$
Payments for Support of Additional Dependents Not Living At Home	\$
Recreation, Clubs, & Entertainment	\$
Other Expenses (Please list on next page)	\$

****THIS PAGE MUST BE COMPLETED IF YOU HAVE A BUSINESS****

If you **DO NOT** have a business, initial here: _____.

If you have a current Profit and Loss Statement on your business, you may substitute that for this form.

Do you have an accountant or bookkeeper? Yes____ No____. Name, address, and phone number:

MONTHLY BUSINESS BUDGET

MONTHLY INCOME:

Gross Business Income (amount before expenses are deducted) \$ _____

*If Some of the Items Are Paid Annually or Quarterly, Breakdown Figures Into Monthly Amounts

MONTHLY EXPENSES:

Monthly Payments on Business Property	\$	_____
Rental Lease of Business Location	\$	_____
Taxes (Describe)	\$	_____
Accounting	\$	_____
Advertising	\$	_____
Electric**	\$	_____
Fuel/Gas for business travel	\$	_____
Insurance	\$	_____
Repairs and maintenance	\$	_____
Salaries	\$	_____
FICA tax	\$	_____
Sales tax	\$	_____
Property tax	\$	_____
Water**	\$	_____
Phone**	\$	_____
Contract Labor	\$	_____
Supplies	\$	_____
Inventory	\$	_____

**separate from household, utilities for business operations only

OTHER MONTHLY BUSINESS COSTS:

Describe: _____	\$	_____
Describe: _____	\$	_____
Describe: _____	\$	_____
Describe: _____	\$	_____
Describe: _____	\$	_____

TOTAL ALL MONTHLY EXPENSES: \$ _____

NET INCOME (or LOSS) \$ _____

PROPERTY

1.a. **Do You Own a Home?** YES / NO Homestead address: _____

Date of purchase: _____ Are you delinquent in payments? Yes / No If so, how many? _____

Did You Make Lump Sum Payment on House in Past 10 yrs? Yes / No Amount? _____

Name of first lien holder: _____

Payoff balance \$ _____ Present estimated value of property \$ _____ Tax Assessor's Value \$ _____

Name of second lien holder on property: _____

2nd lien balance \$ _____ Do you owe taxes or homeowner's association dues on property? YES / NO

If so, how much? _____

1.b. **Do You Own Other Land, Houses or Real Estate?** YES/NO Property address: _____

Date of purchase: _____ Are you delinquent in payments? YES/NO If so, how many? _____

Name of first lien holder: _____

Payoff balance \$ _____ Present estimated value of property \$ _____ Tax Assessor's Value \$ _____

Name of second lien holder on property: _____

2nd lien balance \$ _____ Do you owe taxes or homeowner's association dues on property? YES / NO

Do you own any additional land, houses, or real estate? YES/NO If so, provide information requested for each parcel on an additional sheet and attach to this questionnaire.

1. **Cash** on hand: Amount of money in your pocket/purse, at home & everywhere else: \$ _____

2. **Checking or savings accounts**, money market or share accounts, certificates of deposits or security deposits:

a. Name of bank, credit union or utility: _____

Current balance: \$ _____ Type of account: _____

b. Name of bank, credit union or utility: _____

Current balance: \$ _____ Type of account: _____

c. Name of bank, credit union or utility: _____

Current balance: \$ _____ Type of account: _____

3. **Do you have more than three accounts?** YES/NO If yes, please provide the information requested for each account on an additional sheet.

a. **Do you have other types of accounts or deposits?**

Paypal: Current balance: \$ _____

Amazon: Current balance: \$ _____

Online gambling account Current balance: \$ _____

Casino accounts: Current balance: \$ _____

Unused gift cards:	Current balance:\$	_____
Unused gift certificates	Current balance:\$	_____
Unused reward points	Current balance:\$	_____
Unused airline tickets	Current balance:\$	_____
Other account	Current balance:\$	_____

b. Are you or your spouse a signer on anyone else's bank accounts? YES/NO (circle one)

IMPORTANT NOTICE: Wells Fargo Bank, N.A. monitors all the bankruptcy case filings in the U.S. If your name is on a relative's or other person's bank accounts at Wells Fargo Bank, N.A., and you file chapter 7 bankruptcy, the bank will freeze their accounts until the bankruptcy trustee releases them. You may want to have your name removed from all of your relative's Wells Fargo Bank, N.A. checking, savings, and CD accounts until your chapter 7 case is completed.

4. **Do you have personal property of GREAT VALUE (more than \$550 each item),** such as antiques, art, coin, stamp or gun collections? YES/NO (circle one)

Describe: _____

5. **DESCRIBE YOUR VEHICLES:** (if more than 4, list on additional sheet)

a. Year, Make, Model: _____ Mileage: _____

Lien holder: _____ Monthly payment \$ _____ # payments behind: _____

Total balance due\$ _____ Value\$ _____ Date purchased: _____

b. Year, Make, Model: _____ Mileage: _____

Lien holder: _____ Monthly payment \$ _____ # payments behind: _____

Total balance due\$ _____ Value\$ _____ Date purchased: _____

c. Year, Make, Model: _____ Mileage: _____

Lien holder: _____ Monthly payment \$ _____ # payments behind: _____

Total balance due\$ _____ Value\$ _____ Date purchased: _____

d. Year, Make, Model: _____ Mileage: _____

Lien holder: _____ Monthly payment \$ _____ # payments behind: _____

Total balance due\$ _____ Value\$ _____ Date purchased: _____

e. **Do you own a MOBILE HOME, BOAT OR RECREATIONAL VEHICLE?** YES/NO

Describe: _____

Year, Make, Model: _____

Lien holder: _____ Monthly payment \$ _____ # payments behind: _____

f. Do you own any **STOCKS OR BONDS** that are NOT in a retirement plan or 401(k) plan? YES/NO

Describe: _____

g. Do you have a **RETIREMENT PLAN, PROFIT SHARING PLAN OR IRA?** YES/NO.

Describe: _____

- h. Does **ANYONE** owe you any money? YES/NO Describe: _____
- i. **Have you FILED ALL TAX RETURNS?** YES/NO Which Years Not Filed?: _____
- j. Do you **OWE TAXES?** How much and for which tax years? _____
- k. Are you due a **TAX REFUND?** YES/NO How Much & Which Year? _____
- l. Do you have **ANY CLAIMS AGAINST ANYONE**, including claims from an auto accident, or lawsuits pending against anyone? YES/NO

Describe: _____

Are you about to **INHERIT** any money or property or receive any **LIFE INSURANCE PROCEEDS** from anyone's death? YES/NO

Describe: _____

- m. Do you **OWN (or have you owned) A BUSINESS**, or any part of a business in the past two years? YES / NO

State Name of Business and Nature of Business: _____

When Did Business Start (& Stop if applicable): _____

- n. State the **TYPE OF BUSINESS**: Sole Proprietor (dba) Partnership Corporation LLC LLP

- o. **DESCRIBE ALL ASSETS AND PROPERTY OWNED BY BUSINESS** and Estimated Value: (use additional page if necessary, include bank accounts, accounts receivable, inventory, machinery, vehicles, tools, equipment, every kind of property.)

- p. **STATE WHETHER OR NOT YOU OWN ANY OF THE FOLLOWING TYPES OF PROPERTY- CIRCLE "YES" OR "NO"**

FOR EACH "YES" ANSWER, BRING THE PAPERWORK (IF ANY) DESCRIBING THE PROPERTY, OR DESCRIBE FULLY BELOW OR ON SEPARATE SHEET.

- Yes/No (9) "Cash value" life insurance policies (the kind you can cash in or borrow against)
- Yes/No (10) Annuities
- Yes/No (12) Stock of interests in incorporated or unincorporated entities
- Yes/No (13) Interests in partnerships or joint ventures
- Yes/No (14) Government bonds, savings bonds, corporate bonds, or other instruments
- Yes/No (15) Accounts receivables
- Yes/No (16) Alimony, Support, or Marital Property Settlements
- Yes/No (17) Debts owed to you
- Yes/No (18) Equitable or Future interests, Life estates, and Rights or powers for your benefit
- Yes/No (19) Interests in an inheritance of life insurance policy, death benefit plan or trust
- Yes/No (20) Other contingent and unliquidated debts owed to you
- Yes/No (21) Patents, copyrights, or other intellectual property, web site or domain name
- Yes/No (22) Licenses, franchises, or other general intangibles
- Yes/No (25) Aircraft and accessories
- Yes/No (26) Office Equipment, office furnishings, or office supplies (need detailed list)

HOUSEHOLD GOODS, PERSONAL EFFECTS, AND OTHER PROPERTY

Complete this form by stating the number of each of the items you own in the blank provided, and the market value, the amount of money that you would pay to buy them, if you were buying them USED, IN THE CONDITION THAT THEY ARE NOW.

If you don't own any of the items, leave blank. Write in other items you own under "other." **YOU MUST LIST EVERYTHING YOU OWN, ATTACH ADDITIONAL SHEETS IF NECESSARY.**

Value the items as though you were purchasing them used, as at a Salvation Army or Goodwill store. Do not use purchase price or insurance value, unless it is in fact what you could purchase it for, used.

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<p>Jewelry Husband Market Value</p> <p style="text-align:center"># of Items</p> <p>Watch _____</p> <p>Watch _____</p> <p>Wedding Band _____</p> <p>All Other Rings _____</p> <p>Bracelets _____</p> <p>Other (describe) _____</p> <p>Other (describe) _____</p>	<p>Jewelry Wife Market Value</p> <p style="text-align:center"># of Items</p> <p>Watch _____</p> <p>Watch _____</p> <p>Wedding Band _____</p> <p>All Other Rings _____</p> <p>Bracelets _____</p> <p>Other (describe) _____</p> <p>Other (describe) _____</p>
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<p>Clothing and Shoes: Market Value</p> <p>Husband _____</p> <p>Wife _____</p>	<p>Security Deposits With Landlords, Others:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; text-align:center">Name</td> <td style="width:30%; text-align:center">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name	Amount	_____	_____	_____	_____
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Please indicate which household goods and personal effect have money owed against them or have been used as collateral. Also indicate which creditor holds such a lien against your property.



Statement of Financial Affairs

	Debtor	Spouse
1a. WHAT IS YOUR TOTAL (GROSS) INCOME FROM EMPLOYMENT OR BUSINESS THIS YEAR TO-DATE?	\$ _____	\$ _____
YOUR INCOME LAST YEAR FROM EMPLOYMENT OR BUSINESS	\$ _____	\$ _____
YOUR INCOME YEAR BEFORE LAST FROM EMPLOYMENT OR BUSINESS	\$ _____	\$ _____

1b. OTHER INCOME RECEIVED DURING LAST TWO YEARS
examples: Interest, rents, royalties, inheritance, Social Security, gambling winnings, child support, unemployment, Worker's comp, lawsuit settlements, sales of property, etc.

Year Received	Source		
_____	_____	\$ _____	\$ _____
Year Received	Source		
_____	_____	\$ _____	\$ _____
Year Received	Source		
_____	_____	\$ _____	\$ _____
Year Received	Source		
_____	_____	\$ _____	\$ _____

2. LIST ALL PAYMENTS TOTALING MORE THAN \$600 TO A SINGLE CREDITOR IN THE PAST 60 DAYS (NOT INCLUDING ORDINARY MONTHLY PAYMENTS)

Name and Address	Amount Paid/Date	Balance Due
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3. LIST ALL PAYMENTS TO RELATIVES ON A LOAN OR DEBT IN THE PAST 12 MONTHS

Name and Address	Relationship to You	Amount Paid	Balance Due
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4. LIST ALL LAW SUITS, GARNISHMENTS AND ATTACHMENTS TO WHICH YOU WERE A PARTY TO IN THE LAST YEAR:

Court & Case Number	Court and Location	Status
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5. LIST ALL REPOSSESSIONS AND RETURNS TO SELLERS WITHIN THE LAST YEAR

Name and address of creditor	Description of property returned	Value of property
_____	_____	\$ _____
_____	_____	\$ _____

6. LIST ALL PROPERTY BEING HELD BY A RECEIVER OR COURT-APPOINTED OFFICER.

Name and address of Receiver Description of Property Court and Case Number

7a. LIST ALL GIFTS WITHIN THE PAST TWELVE MONTHS TO (a) FAMILY MEMBERS TOTALING MORE THAN \$200 PER FAMILY MEMBER and (b) CHURCHES OR CHARITIES TOTALING MORE THAN \$100 PER CHURCH OR CHARITY.

Name/Address of Transferee Relationship to You Date of Gift Description & Value of Gift

8. LIST ALL LOSSES DUE TO FIRE, THEFT, OTHER CASUALTY LOSS OR GAMBLING WITHIN THE LAST YEAR.

Description of property Value of Property Date of loss

9. LIST ALL PAYMENTS TO ATTORNEYS OR ANYONE, WITHIN THE PAST TWELVE MONTHS, FOR DEBT COUNSELING, FORECLOSURE ASSISTANCE OR BANKRUPTCY SERVICES (not including J. Thomas Black).

Payee Name/Address Date of Payment Amount Paid

10a. LIST ALL TRANSFERS AND SALES OF PROPERTY IN THE PAST TWELVE MONTHS (INCLUDING CARS, HOUSES, STOCKS OR BONDS, BUSINESSES, ANY PROPERTY)

10b. IF YOU HAVE GIVEN ANYONE A LIEN OR MORTGAGE ON ANY OF YOUR PROPERTY IN THE PAST TWELVE MONTHS, GIVE DETAILS

Name/Address of Transferee Relationship to You Date of Lien Description of Lien

11. LIST ALL BANK ACCOUNTS OR FINANCIAL ACCOUNTS YOU HAVE CLOSED WITHIN THE LAST 12 MONTHS (include checking and savings, brokerage or mutual fund accounts, etc.)

Name and address of financial institution Account No. Closing Balance Closing Date

_____ _____ \$ _____ _____

_____ _____ \$ _____ _____

_____ _____ \$ _____ _____

12. LIST EACH SAFE DEPOSIT BOX IN WHICH YOU HAVE HAD SECURITIES (STOCKS or BONDS), CASH, OR OTHER VALUABLES IN THE PAST TWELVE MONTHS:

Name/Address of Bank Names of Those with Access Describe Contents Date of Surrender

13. LIST ANY MONEY OR PROPERTY THAT HAS BEEN SETOFF IN THE PAST 12 MONTHS
(examples: you default on a bank loan, bank takes money out of your account)

14. LIST ALL PROPERTY OWNED BY ANOTHER PERSON THAT YOU HOLD OR CONTROL.(provide name of owner and describe property holding or controlling)

15. LIST ALL ADDRESSES FOR THE PAST TWO YEARS AND THE DATES OF RESIDENCE.

Former Address Name Used Dates of Occupancy

16. LIST ALL CURRENT OR FORMER SPOUSES FOR THE PAST 6 YEARS (THAT HAVE LIVED WITH YOU IN TEXAS OR ANOTHER COMMUNITY PROPERTY STATE)

example: Jane Smith, current spouse example: Edward Vaughn, former spouse divorced 12-15-2002

17a ENVIRONMENTAL QUESTIONS. List the name and address of every site for which you have received notice in writing by a governmental unit that you may be liable under an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law (attach additional sheets if necessary):

17b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

17c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

17d. DO YOU OWN OR POSSESS ANY DANGEROUS PROPERTY? (explosives, radioactive materials, hazardous waste, anthrax?) YES/NO

If yes, describe: _____

Do you own or possess any property, either land or personal property, that to the best of your knowledge poses or is alleged to pose, an imminent and identifiable threat of harm to the public health or safety? YES/NO.

If yes, describe: _____

17e. If you answered yes to the question above, describe the property, the nature and location of the dangerous condition, and whether it is environmental or otherwise.

18a. IF YOU HAVE BEEN AN OFFICER, DIRECTOR, PARTNER, 5% OR MORE OWNER, OR MANAGING EXECUTIVE OF A CORPORATION OR PARTNERSHIP IN THE PAST TWO YEARS, GIVE DETAILS.

18b. IF YOU HAVE BEEN A SOLE PROPRIETOR OR SELF-EMPLOYED IN THE PAST TWO YEARS, GIVE DETAILS.

19a. LIST ALL BOOKKEEPERS AND ACCOUNTANTS WHO KEPT YOUR BOOKS (OR SUPERVISED THE KEEPING OF YOUR BOOKS) IN THE PAST 2 YEARS.

19b. LIST ALL FIRMS OR INDIVIDUALS WHO AUDITED YOUR BOOKS AND RECORDS, OR PREPARED A FINANCIAL STATEMENT OF YOURS.

19c. LIST ALL FIRMS OR INDIVIDUALS WHO ARE IN POSSESSION OF YOUR BOOKS OF ACCOUNT AND RECORDS AS OF THE FILING OF THIS BANKRUPTCY CASE.

19d. LIST ALL FINANCIAL INSTITUTIONS, CREDITORS AND OTHER PARTIES, TO WHOM YOU HAVE GIVEN A FINANCIAL STATEMENT IN THE PAST 2 YEARS.

20a. (FOR BUSINESSES) LIST THE DATES OF THE LAST 2 INVENTORIES OF YOUR PROPERTY, THE NAME OF THE PERSON SUPERVISING THE TAKING THE INVENTORY, AND THE DOLLAR AMOUNT OF EACH INVENTORY.

20b. (FOR BUSINESSES) LIST THE NAME AND ADDRESS OF THE PERSON HAVING POSSESSION OF THE RECORDS OF EACH OF THE INVENTORIES, ABOVE.

WHAT CAUSED YOU TO GET INTO FINANCIAL DIFFICULTY?

21. CHECK ALL OF THE FOLLOWING CAUSES OF BANKRUPTCY THAT APPLY TO YOU.

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Overspending | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Loss of overtime | <input type="checkbox"/> Repossession |
| <input type="checkbox"/> Business failure | <input type="checkbox"/> Medical problems | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Taxes |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Retirement | <input type="checkbox"/> Harassment | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Medical bills | <input type="checkbox"/> Loss of job | <input type="checkbox"/> Lawsuit |

22. Were there any creditors or bill collectors that harassed you or caused you to file bankruptcy? If so, give details below or on a separate sheet.

23. THANK YOU FOR TAKING THE TIME TO COMPLETE THIS WORKSHEET!

IT IS YOUR RESPONSIBILITY TO BE SURE THAT ALL OF YOUR CREDITORS ARE LISTED ON THE FINAL "SCHEDULES" THAT ARE FILED WITH THE BANKRUPTCY COURT. YOU MAY LIST YOUR CREDITORS BELOW- OR BRING YOUR LATEST STATEMENTS OR BILLS FOR US TO REVIEW. WE WILL OBTAIN YOUR CREDIT REPORT AND USE IT TO "DOUBLE-CHECK." NOT ALL CREDITORS ARE LISTED ON CREDIT REPORTS.

Name		Name	
Account #		Account #	
Address		Address	
Amt. Owed	What was purchased?	Amt. Owed	What was purchased?
Date purchased or Date debt incurred		Date purchased or Date debt incurred	
Name		Name	
Account #		Account #	
Address		Address	
Amt. Owed	What was purchased?	Amt. Owed	What was purchased?
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Account #		Account #	
Address		Address	
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Address		Address	
Amt. Owed	What was purchased?	Amt. Owed	What was purchased?
Date purchased or Date debt incurred		Date purchased or Date debt incurred	
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Account #		Account #	
Address		Address	
Amt. Owed	What was purchased?	Amt. Owed	What was purchased?
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