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WHAT TO DO AFTER YOUR FIRST APPOINTMENT

Check the box below when completed

_____ Complete Bankruptcy Questionnaire (Please make sure to fill in all blanks if a question does not apply to you put **NA.**)

_____ Complete the pre-bankruptcy counseling session.

**YOU HAVE SEVERAL OPTIONS. SEE MY ATTACHED SUGGESTIONS, (TITLED)
CREDIT COUNSELING TO BE DONE BEFORE YOU CAN SIGN YOUR BANKRUPTCY.**

You can also take the post-bankruptcy course through these same providers.

_____ Gather all documents necessary required to complete your bankruptcy filing.

_____ Schedule second appointment with my office and bring the following:

- a. Completed Bankruptcy Questionnaire
- b. All necessary documents
- c. Money order in the amount of what was estimated by the attorney:

Bring estimated minimum amount to your next appointment \$ _____

_____ Keep and provide attorney's office with copies of all bills received from now until the date the bankruptcy is filed.

_____ Keep providing attorney's office with all paystubs earned up to the date your bankruptcy is filed. If you are being garnished you will need to provide the paystubs until the garnishment has stopped.

*****I am trying to build up my business through internet advertising. If you have a few moments, would you mind liking my Milby Law Facebook page. Also, would you be willing to leave a review for us on Google.com, YP.com or Avvo.com?*****

On the day, you have your sign and file appointment

Your bank account(s) check cards may only have \$50.00 or less. All checks and ATM transactions must have cleared your account in order to file your bankruptcy.

CHECK LIST FOR NEXT APPOINTMENT

Complete everything on this checklist before your next appointment.

You will need to provide the following paperwork along with the questionnaire. If an item does not apply to you mark N/A. If you are unable to provide the information please provide the reason you cannot obtain the information.

1. The last **seven months** of pay stubs showing **deductions** from all sources of income for you and all persons residing in your home who provide income to your household (for example commissions, bonuses, unemployment).
2. List on **page 14** income from the last **seven months** (for example social security, from sale of property, child support, Spousal support, rental income).
3. The last **seven months** papers regarding the following (money received): Stocks (dividend income), retirement benefits,
4. Current statement regarding the amounts in any retirement plans. Papers regarding any retirement loan currently owed.
5. Your **federal** tax returns for the last **two** years for a Chapter 7 or **four** years for a Chapter 13.
6. Your **state** tax returns for the last **two** years for a Chapter 7 or **four** years for a Chapter 13.
7. Paperwork from lawsuits and court cases (for example divorce decrees and divorce property settlement agreements, petitions, judgments, child support or spousal support). Documents on any wage garnishment orders. Paperwork on any liens you may have on your property.
8. **Last four months** of bank statements for any of your bank accounts or payroll debit cards. If you put money in someone else's bank account I will need three months of bank statements for that account also.
9. Vehicle registrations or titles for all vehicles and mobile homes on which you are listed. If you still have a loan provide a copy of your Proof of insurance.
10. Take your credit counseling from one of the places on the "Approved Credit Counseling Agencies" sheet that is enclosed.
11. Sign and return the Bankruptcy Fee Contract with your fee deposit.
12. Loan documents for vehicles purchased within the last **four** years.
13. Loan documents for items purchased within the last four years.
14. Copies of any loans or leases: (furniture, jewelry or vehicles).
15. All statements, bills, notices, letters received for the last **three** months regarding: (credit cards, medical, payday loans, student loans, back taxes, personal loans, unemployment over payment)
16. Papers from any bankruptcy you filed during the last eight years.
17. Other: _____

PRIOR BANKRUPTCIES

If you or your spouse ever filed a bankruptcy before, please answer the following:

Date your bankruptcy case was filed: _____ Case # _____
City and state bankruptcy was filed: _____

Date your spouse's bankruptcy case was filed: _____ Case # _____
City and state bankruptcy was filed: _____

REAL ESTATE

The following questions only need to be answered if you own or have any legal interest in real estate. It also pertains to real estate outside of Kansas and if you own real estate with a former spouse. If you own more than one interest in real estate attach additional sheets as necessary.

Address of the property: Street: _____ City, State: _____ Zip _____

What do you think the property could sell for today? \$ _____

Is there a trailer, mobile, manufactured, or modular home on this property? []Yes []No

If the property is inside an incorporated city limits is it less than one acre? []Yes []No

If it's outside an incorporated city limits is it less than 160 acres? []Yes []No

Are you living in this property? _____ If not, are tenants living on the property? _____ If tenants, how much rent do they pay? \$ _____

Is property part of a homeowners association, condominium unit or cooperative corporation? _____

If yes, what are the dues? \$ _____ (Some of the homeowner dues incurred after bankruptcy is filed might not be discharged in bankruptcy.)

HOMES INCLUDING PRIOR HOMES AND MOBILE HOMES

Over the last ten years have you paid anything on a home, including prior homes (anything that was your home) other than regular monthly payments? []Yes []No

PERSONAL PROPERTY

Your Property: This section is designed to assist you in preparing a complete list of all your property. For “**fair market value**” list what you could sell the items for in its current condition at a **garage sale**. If there is not enough space, then there is extra space at the end or attach a separate sheet of paper with the information.

Vehicles:

Cars, trucks, vans, motorcycles, RVs, motor homes, 4-wheelers, dirt bikes and similar:

Vehicle #1

Make: _____ Model: _____ Year: _____ Value: _____ Mileage: _____

Who are the owners? you spouse both you and spouse other, list

Name and address of co owner here: _____

Name of car lender: _____ Date car was purchase: _____

Has this car been refinanced: Yes No

Vehicle #2

Make: _____ Model: _____ Year: _____ Value: _____ Mileage: _____

Who are the owners? you spouse both you and spouse other, list

Name and address of co owner here: _____

Name of car lender: _____ Date car was purchase: _____

Has this car been refinanced: Yes No

Vehicle #3

Make _____ Model: _____ Year: _____ Value: _____ Mileage: _____

Who are the owners? you spouse both you and spouse other, list

Name and address of co owner here: _____

Name of car lender: _____ Date car was purchase: _____

Has this car been refinanced: Yes No

Vehicle #4

Make: _____ Model: _____ Year: _____ Value: _____ Mileage: _____

Who are the owners? you spouse both you and spouse other, list

Name and address of co owner here: _____

Name of car lender: _____ Date car was purchase: _____

Has this car been refinanced: Yes No

Mobile Home, Manufactured Home, or Trailer

Make: _____ Model: _____ Year: _____ Value: _____

Who are the owners? you spouse both you and spouse other, list

Name and address of co-owner here: _____

Name of lender: _____ Date of purchase: _____

Has this mobile home been refinanced: Yes No

Boats, boat trailers, watercraft, utility trailers, aircraft:

Make: _____ Model: _____ Year: _____ Value: _____

Who are the owners? you spouse both you and spouse other, list

Name and address of co-owner here: _____

Name of lender: _____ Date of purchase: _____

Have you ever refinanced: Yes No

Make: _____ Model: _____ Year: _____ Value: _____

Who are the owners? you spouse both you and spouse other, list

Name and address of co-owner here: _____

Name of lender: _____ Date of purchase: _____

Have you ever refinanced: Yes No

Household goods, furniture, and appliances: Value: _____

Electronics TVs, game systems, computers:

Description: _____ Value: _____

Collectibles of value (art, antiques, coin and stamp collections, card collection):

Description: _____ Value: _____

Description: _____ Value: _____

Sports equipment, hobby equipment, and musical instruments:

Description: _____ Value: _____

Description: _____ Value: _____

Firearms and ammunition:

Description: _____ Value: _____

Description: _____ Value: _____

Clothing Value: _____

Jewelry: Value: _____

Pets and other animals (other than household pets of minimal value):

Description: _____ Value: _____

Health aids (example: wheel chair):

Description: _____ Value: _____

Description: _____ Value: _____

Financial assets:

Cash on hand Amount: _____

Checking Account #1: Debtor 1 [] Debtor 2 [] Both [] Other []
Name of Bank: _____ Amount: _____

Checking Account #2: Debtor 1 [] Debtor 2 [] Both [] Other []
Name of Bank: _____ Amount: _____

Checking Account #3: Debtor 1 [] Debtor 2 [] Both [] Other []
Name of Bank: _____ Amount: _____

Checking Account #4: Debtor 1 [] Debtor 2 [] Both [] Other []
Name of Bank: _____ Amount: _____

Savings Account #1: Debtor 1 [] Debtor 2 [] Both [] Other []
Name of Bank: _____ Amount: _____

Savings Account #2: Debtor 1 [] Debtor 2 [] Both [] Other []
Name of Bank: _____ Amount: _____

Pay Card #1: (**NOT** Credit Cards) Debtor 1 [] Debtor 2 [] Both [] Other []
Name of Card/Bank: _____ Amount: _____

Pay Card #2: (**NOT** Credit Cards) Debtor 1 [] Debtor 2 [] Both [] Other []
Name of Card/Bank: _____ Amount: _____

IRA, 401(k), 403(b), 457, KPERs or other or such retirement accounts:

Account #1 (type, like IRA or 401(k) _____) Amount: _____
Debtor 1 [] Debtor 2[]

Account #2 (type, like IRA or 401(k) _____) Amount: _____
Debtor 1 [] Debtor 2[]

If any of your IRAs or any part of them was inherited, then list the name and relations of the person you inherited it from here: _____

Bonds, mutual funds and publicly traded stocks:

Describe: _____ Amount: _____
Describe: _____ Amount: _____

Non-publicly traded stocks and interests in businesses, corporations, LLCs partnerships and joint ventures:

Describe: _____ Value: _____

Government and corporate bonds including US Savings Bonds:

Describe: _____ Value: _____

Security deposits:

Landlord: Amount: _____
Gas: Amount: _____
Water: Amount: _____
Electric: Amount: _____
Phone: Amount: _____
Other: (describe _____) Amount: _____

Annuities (describe): _____ Value: _____

Education IRA, college tuition plans:

Describe: _____ Amount: _____

Trusts, life estates, future and equitable interests in property or assets:

Describe: _____ Value: _____

Patents, copyrights, intellectual property, licenses, franchises, etc. (describe):

Describe: _____ Value: _____

Tax refunds owed to you at this time:

Federal: \$ _____ State: _____

Spousal maintenance (alimony) and child support owed to you Amount: _____

Any other property settlement or money you are receiving or may be receiving in the future as a result of a divorce, legal separation, or annulment:

Describe: _____

Other amounts someone or some company owes you including unpaid wages, social security, worker's compensation, unpaid loans:

Describe: _____ Amount: _____

Cash value of insurance policies (whole or universal life) Value: _____

Name of insurance company: _____

When was, the insurance bought (if more than a year ago, the approximate year): _____

Term Life Insurance

Name of insurance company: _____

When was, the insurance bought (if more than a year ago, the approximate year): _____

Inheritances, estate distributions, and other death benefits:

Describe: _____ Amount: _____

If you or your spouse have any possible claims or lawsuits against any other person or business describe the claim: _____

Is the claim part of a lawsuit? Yes No

If you have a health savings account list the amount in it Amount: _____

“Other property not previously listed.”

Describe: _____

Business tools, supplies and inventory

Office equipment, furnishings, & supplies

Describe: _____ Value: _____

Machines, tools or supplies used in business

Describe: _____ Value: _____

Business inventory

Describe: _____ Value: _____

UNEXPIRED LEASES AND CONTRACTS:

Name of and address of other party Type of Lease Payments

Examples:

ABC Apartments 123 N Main Wichita, KS 67202	Apartment rental	\$500	per month
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XYZ Appliance Rental 4567 S Broadway Wichita, KS 67202	Washer/dryer rental	\$45	per week
--	---------------------	------	----------

_____	_____	\$ _____	per _____
-------	-------	----------	-----------

_____	_____	\$ _____	per _____
-------	-------	----------	-----------

_____	_____	\$ _____	per _____
-------	-------	----------	-----------

DEBTOR'S INCOME SOURCE (IF HUSBAND AND WIFE FILING LIST HUSBAND FIRST):

Retired Unemployed Other: _____

Name and address of employer:

Name of company: _____

Address: _____ City _____ State ____ Zip _____

How long have you worked there? _____ Job title: _____

SPOUSE'S INCOME SOURCE (ONLY IF SPOUSE IS FILING BANKRUPTCY WITH YOU)

Retired Unemployed Other: _____

Name and address of employer:

Name of company: _____

Address: _____ City _____ State ____ Zip _____

How long have you worked there? _____ Job title: _____

Please list all dependents that live with you with their age and relationship to you including full time students age 18 or older:

Age	Relationship	Dependents live with you full time or part time
-----	--------------	---

Examples:

8 yrs	daughter	full time
12yrs	step son	full time
16yrs	son	half time
20 yrs	son	full time and a student

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT MONTHLY WAGE AND INCOME INFORMATION

IMPORTANT NOTE: Even if you are an individual bankruptcy but are married and living with your spouse, you spouse’s wage, income, and expense information must be provided. If there is any other person providing regular monthly income his or her wages and income must be provided.

	Your monthly wage information	Income of other member of household
Gross pay per month before payroll deductions.....	\$_____	\$_____ monthly
Deduction for payroll taxes and social security per month....	\$_____	\$_____ monthly
Deduction for insurance (health, life, disability) per month. \$_____	\$_____	\$_____ monthly
Deduction for pension / retirement / 401(k) per month.....	\$_____	\$_____ monthly
Deduction for union dues per month.....	\$_____	\$_____ monthly
Deduction for alimony_____child support_____.....	\$_____	\$_____ monthly
Other deductions (describe below)		
_____.....	\$_____	\$_____ monthly
Other income:		
Pension, social security or other retirement income (describe below)		
_____.....	\$_____	\$_____ monthly
_____.....	\$_____	\$_____ monthly
Income from any other sources (unemployment, food stamps, child support, etc.):		
_____.....	\$_____	\$_____ monthly
_____.....	\$_____	\$_____ monthly
If you or your spouse expect your income to increase or decrease by more than 10% with in the next year state how much you expect your income to change.....	\$_____	\$_____ monthly

ESTIMATE OF FUTURE AVERAGE MONTHLY EXPENSES:

IMPORTANT NOTE: Even if you are an individual bankruptcy but are married and living with your spouse, you spouse's wage, income, and expense information must be provided. If there is any other person providing regular monthly income his or her wages and income must be provided.

Rent or home first mortgage payment (including lot rent)	\$_____	monthly
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Real estate taxes IF NOT included in mortgage payment	\$_____	monthly
Homeowner's insurance IF NOT included in mortgage payment...	\$_____	monthly
Renter's insurance.....	\$_____	monthly
Home maintenance	\$_____	monthly
Homeowner's association or condominium dues.....	\$_____	monthly
Home second mortgage payment	\$_____	monthly
Utilities:		
Electric and heat	\$_____	monthly
Water and sewer	\$_____	monthly
Telephone and cell phone	\$_____	monthly
Trash	\$_____	monthly
Cable/satellite/internet	\$_____	monthly
Food (including school lunches) and housekeeping supplies.....	\$_____	monthly
Childcare	\$_____	monthly
Clothing	\$_____	monthly
Personal care products (like haircuts) and services	\$_____	monthly
Medical and dental expenses	\$_____	monthly
Transportation expenses (gas, maintenance, oil changes, etc. but NOT including car payments or insurance)	\$_____	monthly
Recreation and entertainment	\$_____	monthly
Charitable and religious donations	\$_____	monthly
Insurance NOT deducted from wages or included in a home mortgage payment:		
Health/disability insurance NOT deducted from wages.	\$_____	monthly
Life insurance NOT deducted from wages	\$_____	monthly
Auto insurance	\$_____	monthly
Other insurance (describe: _____)	\$_____	monthly
Personal property taxes (cars, boats, etc.)	\$_____	monthly
Installment or lease payments:		
Car payment for vehicle 1 Make _____ Year _____	\$_____	monthly
Car payment for vehicle 2 Make _____ Year _____	\$_____	monthly
Car payment for vehicle 3 Make _____ Year _____	\$_____	monthly
Spousal maintenance (alimony) you pay NOT deducted from wages.	\$_____	monthly
Child support you pay NOT deducted from wages	\$_____	monthly
Other payments you make as a result of a divorce or separation.....	\$_____	monthly
Private school tuition, fees, expenses	\$_____	monthly
Other expenses not already listed (describe):		
_____	\$_____	monthly
_____	\$_____	monthly

Do you expect any of your expenses to increase or decrease in the next year?

Describe: _____

STATEMENT OF FINANCIAL AFFAIRS

List your previous addresses for the last three years. If you don't know the street address, then list the city and state.

Previous Address	From	To
(Example) 123 N Main, Wichita Kansas	August, 2015	August, 2016
(Example) Derby, Kansas, Zip	2012	July, 2015
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WAGE INCOME

For your job and any other jobs including self employment list the following income information for EACH of the follow years (approximations are acceptable):

Client's wage income:

Gross wages before any deductions for the year 2016 \$ _____
 Gross wages before any deductions for the year 2017 \$ _____
 Gross wages before any deductions for the year 2018 (so far this year) \$ _____

Spouse's wage income (if filing with you):

Gross wages before any deductions for the year 2016 \$ _____
 Gross wages before any deductions for the year 2017 \$ _____
 Gross wages before any deductions for the year 2018 (so far this year) \$ _____

Non-wage income such as social security, retirement, child support, unemployment, sale of property, cashed in retirement, food stamps, etc. (approximations are acceptable):

Client's non-wage income:

Year 2016 Type of income: _____ \$ _____
 _____ \$ _____
 Year 2017 Type of income: _____ \$ _____
 _____ \$ _____
 Year 2018 Type of income: _____ \$ _____
 _____ \$ _____

Spouse's non wage income:

Year 2016 Type of income: _____ \$ _____
 _____ \$ _____
 Year 2017 Type of income: _____ \$ _____
 _____ \$ _____
 Year 2018 Type of income: _____ \$ _____
 _____ \$ _____

ACCOUNTING OF OTHER INCOME
(go back seven months)

	<u>SOURCE</u>	<u>MONTH RECEIVED</u>	<u>AMOUNT</u>
Example:	<u>Social Security</u>	<u>June</u>	<u>\$750.00</u>
Example:	<u>Child Support</u>	<u>October</u>	<u>\$325.00</u>
Example:	<u>Unemployment</u>	<u>May</u>	<u>\$1,200.00</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Do the same for your spouse (unless your spouse is not filing bankruptcy *and* does not reside with you).

	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

List each creditor you paid a TOTAL of \$600.00 or more within the last 90 days:

Creditor	Amounts	Dates
(Example) Main Street Apartments	\$400 per month	1 st of each month
(Example) Ford Motor Credit	\$500 per month	15 th of each month
(Example) Dr. Mary Smith, MD	\$750 (paid off bill)	20 th of last month
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all payments made within the last two years to any family members and relatives including payments you made on their behalf:

Name of the person	Relationship	Amount Paid
(Example) Mary Smith	mother	\$750
(Example) John Smith	brother	\$50/m for 12 months
(Example) Betty Smith	aunt	\$817.53 (paid her credit card)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Court Cases: List all court cases, lawsuits, administrative actions, you were involved in, including divorces and evictions:

IMPORTANT! If money is still owed in any of these lawsuits you still must list the company or person that sued you in the list of creditors at the end of this questionnaire.

Parties in the lawsuit: (Example) ABC Hospital vs. John Smith
 Name of court: Sedgwick County Court Case number: 2016 LM 12345
 If garnished, how much in last 90 days? \$435.00

Parties in the lawsuit: (Example) Susan Smith vs. John Smith
 Name of Court: Butler County Court Case number: 2011 DM 6789
 If garnished, how much in the last 90 days? none

Parties _____ vs. _____

Name of Court _____ Case number _____

If garnished, how much in the last 90 days? \$ _____

Parties _____ vs. _____

Name of court _____ Case number _____

If garnished, how much in the last 90 days? _____

Parties _____ vs. _____

Name of court _____ Case number _____

If garnished, how much in the last 90 days? _____

Parties _____ vs. _____

Name of court _____ Case number _____

If garnished, how much in the last 90 days? _____

Parties _____ vs. _____

Name of court _____ Case number _____

If garnished, how much in the last 90 days? _____

List all property that has been repossessed, foreclosed, garnished, attached or seized in the last 12months:

Creditor	Property	Date
(Example) XYZ Credit Union	2012 Dodge	March, 2016
_____	_____	_____
_____	_____	_____

List all set off by creditors in the last 90 days:

Creditor	Property	Date	Reason
ABC Credit Union	Money on deposit	2 weeks ago	behind on my car payment to them
_____	_____	_____	_____
_____	_____	_____	_____

List all gifts you gave in the last 2 years that total \$600 or more whether money or property:

Recipient of gift	Relationship	Type of Gift	Date	Amount/Value
Example (Joe Jones)	friend	money	March, 2016	\$500
Example (Susan Jones)	sister	05 Chevy	April, 2015	\$1000

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all charitable contributions totally \$600 or more over the last 12 months:

Name of charity: _____ Total 12 month amount \$ _____

List all losses from fire, theft, accident, or gambling or similar in the last 12 months:

	<u>Loss</u>	<u>Date</u>	<u>Value of loss</u>	<u>Covered by insurance?</u>
(Example)	Auto accident	August, 2016	\$1400	Yes
(Example)	Gambling	various times	about \$600 total	No

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List anyone you paid in the last year for debt settlement or debt counseling:

Name and address of who was paid: _____

Date of last payment: _____ Amount paid in the last year: _____

List any property you have sold or transferred in the last two years if over \$100:

Who received the property?	Property transferred	Date of transfer	Amount
(Example) Joe Brown	1980 Starcraft Boat	July, 2016	\$750

_____	_____	_____	_____
_____	_____	_____	_____

List any property or money you transferred in the last ten years to a self settled trust or similar in which you are beneficiary. _____

List all financial accounts that you closed, sold or moved in the last 12 months:

Account	Type of Account	Date close/transferred	Amount
(Example) Bank of America	Closed checking	6 months ago	\$50
(Example) Wells Fargo Bank	Cashed IRA	year ago	\$2000

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

List any storage units and its contents: _____

List safety deposit box and its contents: _____

List any property that you have that is owned by someone else:

	Property	Owner	Reason you have it.
(Example)	2010 Toyota	Jill Jones (sister)	Borrowing it. My car was repo'ed.
(Example)	Dirt bike	Sam Smith (friend)	Storing it in my garage.

OTHER PAYMENTS

List all payroll deductions that are used to pay any of your debts (for example an automatic payroll deduction to make your car payment):

Amount \$ 350.00 for 2015 Chevy Payment Date: 15th of each month

Amount \$ 75.00 for Speedy Cash Payment Date: 5th of each month

Amount \$ _____ for _____ Payment Date: _____

Amount \$ _____ for _____ Payment Date: _____

Amount \$ _____ for _____ Payment Date: _____

Amount \$ _____ for _____ Payment Date: _____

If you incurred a debt within the last 90 days totaling more than \$650.00 provide the following:

Amount \$ _____ Name of creditor _____

Amount \$ _____ Name of creditor _____

If you have received cash advances totaling more than \$950.00 from a creditor within the last 70 days provide the following:

Amount \$ _____ Name of creditor _____

Amount \$ _____ Name of creditor _____

If there have been a significant increase in the number or amount of charges on any credit cards or lines of credit in the past few months (for example charges totaling several hundred dollars or more or balance transfers) list the name of the creditor and be prepared to discuss the amounts and dates of the transactions.

Amount \$ _____ Name of creditor _____

Amount \$ _____ Name of creditor _____

BUSINESS INFORMATION

Complete if you have been in business within the last 4 years.

Have you been any of the following: owned own business____ incorporated____ partnership____

Type of Business _____ address _____

Business Name _____ Tax ID # _____

Date Started _____ Date Stopped _____

BOOKS, RECORDS, AND FINANCIAL STATEMENTS

List name and address of bookkeeper or accountant who within the last **two years** has kept or supervised keeping of record for the business.

List name and address of any firm or individual who within the last **two years** has audited the books or prepared a financial statement.

If prepared has the financial statement been given to anyone within the last **two years**? _____ If yes, list name and address. _____

List name and address of all firms or individuals who currently have possession of the books of accounts and records of the debtor. If not available explain why.

INVENTORIES

Has an inventory of the property been done? _____ If yes, list who supervised preparation and when inventory was done. _____

ENVIRONMENTAL ISSUES

Have you ever received notice that you may be liable under or in violation of an environmental law?

Have you provided a notice to a governmental unit of a release of hazardous material? _____

List all judicial or administrative proceedings relating to any environmental law, including settlements and orders.

Self Employment Business Income

Please provide a year-to-date Profit & Loss Statement if possible.

Month	Business Income	Business Expenses
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**ADDITIONAL INFORMATION WHERE THERE WAS NOT ENOUGH
ROOM ON THE QUESTIONNAIRE**

PAGE OF THE
QUESTIONNAIRE

EXTRA INFORMATION

***READ THIS PAGE VERY CAREFULLY! ***

List **all** debts on the following pages even if the debt is mentioned in the preceding pages.

Even if you give us a copy of the bill **still list the debt** on the following pages.

Even if the debt is not primarily yours, like you are a cosigner, or an ex-spouse was ordered to pay, **still list the debt**.

Even if you plan on paying a debt (like a car or house you want to keep) **you must still list the debt**.

Even if a debt may not be dischargeable (like taxes or student loans) **you must still list the debt**.

If an address is **not provided the debt cannot be included** on the bankruptcy.

In Section A list only secured creditors. These include your home loan, vehicle loan, vehicle leases, furniture and appliance leases or “rent-to-own” programs and any other loans in which the creditor has a lien on some property.

In Section B list student loans whether federal, state or private, debt owed to schools such as things not covered by student loans. List this even though it is not dischargeable in bankruptcy and even if you are current on payments.

In Section C list, any residential leases, rent-to-owns or vehicle leases. If an address is not provided the debt cannot be included on the bankruptcy.

In Section D list, any back taxes owed to the Federal and State income taxes, property taxes, real estate taxes, sales taxes (if you had your own business) and any other taxes owed.

In Section E list child support, spousal support (alimony), money you owe an ex-spouse and any agency collecting it (Kansas Payment Center, SRS, an attorney). List this even though it is not dischargeable in bankruptcy and even if you are current on payments.

In Section F list, unsecured creditors. These include medical bills, most credit card bills, pay day loans, back rent, past due utility bills, money owed to relatives, and all other debt. You must provide a **complete** mailing address for each creditor.

SECTION A – SECURED CREDITORS ONLY

(For example: home loan, vehicle loan, vehicle title loan, rent-to-own, and any other secured loans)

IMPORTANT INSTRUCTIONS:

DO NOT put credit cards, medical, or any other unsecured loans in this section.

EXAMPLE:

Name and complete mailing address
of creditor:

Ford Motor Credit

PO Box 219686

Kansas City, MO 64121

If a collection agency or attorney
is collecting give name & address:

Smtih And Farmer Attorney at Law

12356 W Snow Suite 125

Wichita, KS 67102

Account No.: 123456*(if you have one)*

Account No.: 5874*(if you have one)*

Approximate amount owed: \$10,000

Year debt incurred: 2012

What is the collateral? 2009 Ford

What is the current market value of the collateral? \$12,000

Who is obligated on the account? [] Husband [] Wife [X] Both

Is anyone else obligated (like a cosignor)? ____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? [] Keep/Reaffirm [X] Surrender

EXAMPLE:

Chase Home Finance

3415 Vision Dr

Columbus, OH 43219

Account No.: 123456-15234

Account No.: _____

Approximate amount owed: \$110,000

Year debt incurred: 2012

What is the collateral? 2531 N. Washington, St, Wichita, KS 67201

What is the current market value of the collateral? \$120,000

Who is obligated on the account? [] Husband [] Wife [X] Both

Is anyone else obligated (like a cosignor)? ____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? [X] Keep/Reaffirm [] Surrender

*** Account numbers are not required but provide if known. ***

SECTION A - SECURED CREDITORS ONLY

(For example: home loan, vehicle loan, vehicle title loan, rent-to-own, and any other secured loans)

IMPORTANT INSTRUCTIONS:

DO NOT put credit cards, medical, or any other unsecured loans in this section.

Name and complete mailing address of creditor:	If a collection agency or attorney is collecting give name & address:
_____	_____
_____	_____
_____	_____

Account No.: _____	Account No.: _____
Approximate amount owed: \$ _____	Year debt incurred: _____
What is the collateral? (Example: 2007 Ford, house at 123 N. Main)	

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? ____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

Name and complete mailing address of creditor:	If a collection agency or attorney is collecting give name & address:
_____	_____
_____	_____
_____	_____

Account No.: _____	Account No.: _____
Approximate amount owed: \$ _____	Year debt incurred: _____
What is the collateral? (Example: 2007 Ford, house at 123 N. Main)	

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? ____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION A – SECURED CREDITORS ONLY

(For example: home loan, vehicle loan, vehicle title loan, rent-to-own, and any other secured loans)

IMPORTANT INSTRUCTIONS:

DO NOT put credit cards, medical, or any other unsecured loans in this section.

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name & address: _____

Account No.: _____ Account No.: _____
Approximate amount owed: \$ _____ Year debt incurred: _____
What is the collateral? (Example: 2007 Ford, house at 123 N. Main)

What is the current market value of the collateral? \$ _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name & address: _____

Account No.: _____ Account No.: _____
Approximate amount owed: \$ _____ Year debt incurred: _____
What is the collateral? (Example: 2007 Ford, house at 123 N. Main)

What is the current market value of the collateral? \$ _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION A - SECURED CREDITORS ONLY

(For example: home loan, vehicle loan, vehicle title loan, rent-to-own, and any other secured loans)

IMPORTANT INSTRUCTIONS:

DO NOT put credit cards, medical, or any other unsecured loans in this section.

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name & address: _____

Account No.: _____ Account No.: _____

Approximate amount owed: \$ _____ Year debt incurred: _____

What is the collateral? (Example: 2007 Ford, house at 123 N. Main) _____

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name & address: _____

Account No.: _____ Account No.: _____

Approximate amount owed: \$ _____ Year debt incurred: _____

What is the collateral? (Example: 2007 Ford, house at 123 N. Main) _____

What is the current market value of the collateral? \$ _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep the collateral by continuing to pay for it (reaffirm) or do you want to surrender the collateral and not continue paying? Keep/Reaffirm Surrender

SECTION B – STUDENT LOANS AND OTHER EDUCATIONAL DEBTS

EXAMPLES: Student loans whether federal, state or private, debt owed to schools such as things not covered by student loan.

Name and complete mailing address of creditor:	If a collection agency or attorney is collecting give name and address:
EXAMPLE:	
<u>Navient</u>	
<u>PO Box 74035</u>	
<u>Atlanta, GA 30374</u>	

Account No.: 8901-2345-6789*(if you have this)*	Account No.: _____
Approximate amount owed: \$ <u>20,000</u>	Year debt incurred <u>2012-2014</u>
Who is obligated on the account? <input checked="" type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____	

Name and complete mailing address of creditor:	If a collection agency or attorney is collecting give name and address:
EXAMPLE:	
<u>Wichita State University</u>	<u>Central State Recovery</u>
<u>PO Box 38</u>	<u>PO Box 3130</u>
<u>Wichita, KS 67260</u>	<u>Hutchinson, KS 67504</u>

Account No.: <u>8940</u> *(if you have this)*	Account No.: <u> </u> *(if you have this)*
Approximate amount owed: \$ <u>12,150.00</u>	Year debt incurred <u>2016</u>
Who is obligated on the account? <input type="checkbox"/> Husband <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Both	
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____	

Account numbers are not required but provide if available.

SECTION B – STUDENT LOANS AND OTHER EDUCATIONAL DEBTS

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION B – STUDENT LOANS AND OTHER EDUCATIONAL DEBTS

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give
name and address: _____

Account No.: _____ Account No.: _____
Approximate amount owed: \$_____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give
name and address: _____

Account No.: _____ Account No.: _____
Approximate amount owed: \$_____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give n
name and address: _____

Account No.: _____ Account No.: _____
Approximate amount owed: \$_____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION C – LEASES

EXAMPLES: Residential lease, rent-to-own, vehicle loans.

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

EXAMPLE:

Main Street Apartments

123 N. Main

Wichita, KS 67201

Account No.: 8901-2345-6789*(if you have this) * Account No.: *(if you have this)*

What type of lease? Apartment/Home Appliances/Furniture

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep leasing or do you want to cancel the lease?

Keep Cancel, move out/return the property

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

EXAMPLE:

XYX Rent to Own

Collections Are US

PO Box 7897

PO Box 2150

Wichita, KS 67278

Hutchinson, KS 67504

Account No.: 8940*(if you have this) * Account No.: *(if you have this)*

What type of lease? Apartment/Home Appliances/Furniture

Approximate amount owed: \$ 1,150.00 Year debt incurred 2015

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep leasing or do you want to cancel the lease?

Keep Cancel, move out/return the property

*****Account numbers are not required but provide if available.*****

SECTION C – LEASES

Name and complete mailing address of creditor: If a collection agency or attorney is collecting give name and address:

Account No.: _____ Account No.: _____

What type of lease? Apartment/Home Appliances/Furniture

Approximate amount owed: \$_____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep leasing or do you want to cancel the lease?

Keep Cancel, move out/return the property

Name and complete mailing address of creditor: If a collection agency or attorney is collecting give name and address:

Account No.: _____ Account No.: _____

What type of lease? Apartment/Home Appliances/Furniture

Approximate amount owed: \$_____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep leasing or do you want to cancel the lease?

Keep Cancel, move out/return the property

Name and complete mailing address of creditor: If a collection agency or attorney is collecting give name and address:

Account No.: _____ Account No.: _____

What type of lease? Apartment/Home Appliances/Furniture

Approximate amount owed: \$_____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Do you want to keep leasing or do you want to cancel the lease?

Keep Cancel, move out/return the property

SECTION D – TAXES

EXAMPLES: Federal and state income taxes, property taxes, sales taxes (if you had your own business and didn't pay the state your sales taxes).

Name and complete mailing address of creditor:

If a collection agency or attorney is collecting give name and address:

EXAMPLE:

IRS

PO Box 7346

Philadelphia, PA 19101

Account No.: 8901-2345-6789*(if you have this) *

Account No.: *(if you have this)*

What type of taxes? Personal Property tax

Business Sales tax

Approximate amount owed: \$2,000.00

Year debt incurred 2015 and 2015

Who is obligated on the account? Husband

Wife Both

Is anyone else obligated (like a cosignor)?

If so, name and address: _____

Name and complete mailing address of creditor:

If a collection agency or attorney is collecting give name and address:

EXAMPLE:

State of Kansas

PO Box 12005

Topeka, KS 66612

Account No.: 8940*(if you have this) *

Account No.: *(if you have this)*

What type of taxes? Personal Property tax

Business Sales tax

Approximate amount owed: \$ 15,000.00

Year debt incurred 2013,2014,2015

Who is obligated on the account? Husband

Wife Both

Is anyone else obligated (like a cosignor)?

If so, name and address: _____

*****Account numbers are not required but provide if available.*****

SECTION D - TAXES

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What type of taxes? Personal Property tax Business Sales tax
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What type of taxes? Personal Property tax Business Sales tax
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What type of taxes? Personal Property tax Business Sales tax
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

**SECTION E – DOMESTIC SUPPORT OBLIGATIONS
AND OTHER OBLIGATIONS AS A RESULT OF A
DIVORCE OR LEGAL SEPERATION
“WHETHER CURRENT OR PAST DUE”**

EXAMPLES: Child support, spousal support (alimony), money you owe an ex-spouse.

Name and complete mailing address of creditor:

If a collection agency or attorney is collecting give name and address:

EXAMPLE:

Mary Smith

4567 N Main

Wichita, KS 67201

Case No.: _____

What is the debt for? [] Child support [X] Spousal Maintenance

Approximate amount owed: \$2,000.00 Year debt incurred 2015

Name and complete mailing address of creditor:

If a collection agency or attorney is collecting give name and address:

EXAMPLE:

Brenda Jones

1253 Brown St

Topeka, KS 66612

Kansas Payment Center

PO Box 758599

Topeka, KS 66675

Case No.: _____

What is the debt for? [X] Child support [] Spousal Maintenance

Approximate amount owed: Unknown Year debt incurred 2015

**SECTION E – DOMESTIC SUPPORT OBLIGATIONS AND OTHER
OBLIGATIONS AS A RESULT OF A DIVORCE OR LEGAL SEPERATION
“WHETHER CURRENT OR PAST DUE”**

Name and complete mailing address of creditor:

If a collection agency or attorney is collecting give name and address:

Case No.: _____

What is the debt for? Child support Spousal Maintenance

Approximate amount owed: _____ Year debt incurred _____

Name and complete mailing address of creditor:

If a collection agency or attorney is collecting give name and address:

Case No.: _____

What is the debt for? Child support Spousal Maintenance

Approximate amount owed: _____ Year debt incurred _____

Name and complete mailing address of creditor:

If a collection agency or attorney is collecting give name and address:

Case No.: _____

What is the debt for? Child support Spousal Maintenance

Approximate amount owed: _____ Year debt incurred _____

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

EXAMPLE:

_____Citibank Visa_____ _____ABC Collection Agency_____
_____123 N. Main_____ _____PO Box 789_____
_____Chicago, IL 60601_____ _____Wichita, KS 67201_____

Account No.: 4567-8901-2345-6789* _____ Account No.: 12345 _____
What is the debt for? [] Medical Services [X] Credit Card [] Other _____
Approximate amount owed: \$ 4,000 _____ Year debt incurred 2012-2014
Who is obligated on the account? [X] Husband [] Wife [] Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

_____Speedy Cash_____ _____
_____PO Box 780408_____ _____
_____Wichita, KS 67278_____ _____

Account No.: _____ Account No.: _____
What is the debt for? [] Medical Services [] Credit Card [X] Other Pay day loan _____
Approximate amount owed: \$ 1,500.00 _____ Year debt incurred _____
Who is obligated on the account? [X] Husband [] Wife [] Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

*****Account numbers are not required but provide if available.*****

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION F - ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____

What is the debt for? Medical Services Credit Card Other _____

Approximate amount owed: \$ _____ Year debt incurred _____

Who is obligated on the account? Husband Wife Both

Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

SECTION F – ALL OTHER DEBT

EXAMPLES: Credit cards, medical bills, pay day loans and any other debt or possible debt (for example you were in a car accident and think you may be sued).

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
What is the debt for? Medical Services Credit Card Other _____
Approximate amount owed: \$ _____ Year debt incurred _____
Who is obligated on the account? Husband Wife Both
Is anyone else obligated (like a cosignor)? _____ If so, name and address: _____

Name and complete mailing address of creditor: _____ If a collection agency or attorney is collecting give name and address: _____

Account No.: _____ Account No.: _____
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