

**Milby Law Offices, P.A.**  
**300 West Douglas, Suite 600**  
**Wichita KS 67202**  
**(316) 267-8677 phone**  
**(316) 267-8069 fax**  
**staff@milbylaw.com**

**WHAT TO DO AFTER YOUR FIRST APPOINTMENT**

**Check the box below when completed**

\_\_\_\_\_ Complete Bankruptcy Questionnaire and check list (Please make sure to **fill in all blanks** if a question does not apply to you put **NA**. **Call your legal assistant** if you have questions as you are preparing your paperwork.)

\_\_\_\_\_ Gather all documents necessary required to complete your bankruptcy filing.  
**(See list on next page)**

\_\_\_\_\_ Complete the pre-bankruptcy counseling session. You can not be placed into your legal assistant's rotation until this is completed and in our office.

**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.

\_\_\_\_\_ 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.

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

**For a chapter 7 case on the day, you have your sign and file appointment:** Your cash on hand, 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 **six months** of pay stubs from **all** job(s) worked 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 15** and **16** income from the last **year 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, sale of property, child support, food stamps, alimony, etc.
4.  Current statement showing the balance in all retirement plans; papers regarding retirement loans currently owed. (Including current & former places of employment that have not been closed).
5.  Statement showing the date on which 401k loans pay off.
6.  **Federal** tax returns for the last **two** years for Chapter 7 or **four** years for Chapter 13.
8.  **State** tax returns for the last **two** years for Chapter 7 or **four** years for Chapter 13.
9.  Paperwork from lawsuits and court cases (**for example**: Divorce Decrees, Divorce Property Settlements, Child Support Orders or worksheets prepared in the last 4 years, or Spousal Support Orders). Documents on any wage garnishment. Paperwork on any liens you may have on your property and petitions, or judgments.
10.  **Last four months** of bank statements for any of your bank accounts or payroll debit cards that are open or have been closed in this timeframe. If you put money in someone else's bank account I will need three months of bank statements for that account also.
11.  Vehicle registrations or titles for all vehicles and mobile homes on which you are listed as an owner. If you still have a loan provide a copy of your Proof of insurance and your loan documents.
12.  Take your credit counseling from one of the places on the "Approved Credit Counseling Agencies" sheet that is enclosed. (Your file will not be put into your assistant's rotation until this is received).
13.  Sign and return the Bankruptcy Fee Contract with your fee deposit.
14.  Loan documents for vehicles purchased within the last **four** years.
15.  Loan documents for items purchased within the last four years.
16.  Copies of any loans or leases (furniture, jewelry, signature loans, payday loans etc.)
17.  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)
18.  Papers from any bankruptcy you filed during the last eight years.

## **Counseling to Be Done *Before*** **You Can file Bankruptcy**

You should have your certificate of completion of credit counseling e-mailed to:

[staff@milbylaw.com](mailto:staff@milbylaw.com)

### **Summit Financial Education Inc**

Internet Only Course

[www.summitfe.org](http://www.summitfe.org)

Hours: Mon to Sun 6am to 7pm

Cost: \$14.95 Internet Base Fee\*

Phone Assistance: 800-780-5965

\*Additional fees for expedited service.\*

### **Abacus**

Internet and Phone Course

[www.abacuscc.org](http://www.abacuscc.org)

Hours: 24/7

Cost: \$25.00 Internet

Cost: \$35.00 Phone

Attorney Code: ACC66468

Phone Assistance: 800-516-3834

### **Dollar Learning Foundation**

Internet & phone

[www.dollarbk.org](http://www.dollarbk.org)

Phone Assistance: 877-366-6070

Cost: \$20.00

Attorney Code: D9253M

### **Cricket Debt Counseling**

Internet & Phone

[cricketdebt.com](http://cricketdebt.com)

Phone: 866-719-0400

\$24.00 per household

Attorney Code: 401692

### **Consumer Credit Counseling**

Phone, In Person, Internet

[www.kscgccs.org](http://www.kscgccs.org)

Wichita Office:

727 N Waco Ave Ste 175

Wichita, KS

Phone: 316-265-2000

Salina Office:

1201 W Walnut St

Salina, KS

Phone: 800-279-2227

Hours: Mon – Fri 8am to 5pm

Cost: \$50.00 Phone or In Person

Cost: \$30.00 Internet

For a complete list of all approved agencies you may go to the U.S. Trustee web site at  
[http://www.usdoj.gov/ust/eo/bapcpa/ccde/cc\\_approved.htm](http://www.usdoj.gov/ust/eo/bapcpa/ccde/cc_approved.htm)



**CLIENT INFORMATION** (wife if she is filing bankruptcy):

Name: \_\_\_\_\_  
                    (First)                    (Full Middle Name)                    (Last)

If you have used any other names over the last eight years list them here:

\_\_\_\_\_

Social security number: |\_\_|\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

If you have used any other social security numbers list them here:

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Numbers and Email:

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you have an e-mail address that we may use to communicate confidentially with you during the bankruptcy and that you check daily, please provide it below:

E-mail: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Street address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

\_\_\_\_\_

Have you been living in Kansas for at least 90 days? [ ] Yes [ ] No

Have you been living in Kansas for at least two years? [ ] Yes [ ] No

**IF A THIRD PARTY IS PAYING FOR YOUR BANKRUTPCY**

If a third party pays my bankruptcy fees and/or expenses and it becomes necessary to issue a refund, that refund should be issued to: (check one)

- Me (the client)
- The third party who paid the funds:

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

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

\_\_\_\_\_

- You have permission to discuss my bankruptcy with \_\_\_\_\_
- No you may not discuss my bankruptcy with anyone else.

**ADDITIONAL CONTACT PERSON**

**Name and address of someone living locally who will always know where you can be contacted.**

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

Street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PRIOR BANKRUPTCIES**

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

Date your bankruptcy case was filed: \_\_\_\_\_ Case # \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
State bankruptcy was filed: \_\_\_\_\_ Chapter filed: \_\_\_\_\_

Date your spouse's bankruptcy case was filed: \_\_\_\_\_ Case # \_\_\_\_\_  
Discharge Date: \_\_\_\_\_ State bankruptcy was filed: \_\_\_\_\_  
Chapter 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 complete the information on page 22.

Homestead Address (Residence): 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 homeowner's 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.)

### Interest in other Real Estate (for example: rental property or timeshare)

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 homeowner's 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 more money towards your home loan other than the regular monthly payment? [ ]Yes [ ]No

**PERSONAL PROPERTY: Please read instructions in the paragraph below.**

Your Property: This section is designed to assist you in preparing a complete list of all your personal property. You must report the *current value* of the property that you own in each category. *Current value* is sometimes called *fair market value* and, for this form, is the fair market value as of the date of the filing of your bankruptcy. *Current value* is how much the property is worth, which may be more or less than when you purchased the property. **If you have insurance on the personal items in your home, please refer to your insurance policy limits when stating the current value of your household goods, electronics, firearms, jewelry, etc.**

**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 below

Name and address of co owner here: \_\_\_\_\_

Name of car lender: \_\_\_\_\_ Date car was purchase: \_\_\_\_\_

Has this car been refinanced:  Yes  No

When was the loan taken out: Year \_\_\_\_\_

Describe any damage to the vehicle: \_\_\_\_\_

**Vehicle #2**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \_\_\_\_\_ Mileage: \_\_\_\_\_

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

Name and address of co owner here: \_\_\_\_\_

Name of car lender: \_\_\_\_\_ Date car was purchase: \_\_\_\_\_

Has this car been refinanced:  Yes  No

When was the loan taken out: Year \_\_\_\_\_

Describe any damage to the vehicle: \_\_\_\_\_

**Vehicle #3**

Make \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \_\_\_\_\_ Mileage: \_\_\_\_\_

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

Name and address of co owner here: \_\_\_\_\_

Name of car lender: \_\_\_\_\_ Date car was purchase: \_\_\_\_\_

Has this car been refinanced:  Yes  No

When was the loan taken out: Year \_\_\_\_\_

Describe any damage to the vehicle: \_\_\_\_\_



**Vehicle #4**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \_\_\_\_\_ Mileage: \_\_\_\_\_  
Who are the owners?  you  spouse  both you and spouse  other, list below

Name and address of co owner here: \_\_\_\_\_

Name of car lender: \_\_\_\_\_ Date car was purchase: \_\_\_\_\_

Has this car been refinanced:  Yes  No

When was the loan taken out: Year \_\_\_\_\_

Describe any damage to the vehicle: \_\_\_\_\_  
\_\_\_\_\_

**Mobile Home, Manufactured Home, or Trailer**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \_\_\_\_\_

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

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 below

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 below

Name and address of co-owner here: \_\_\_\_\_

Name of lender: \_\_\_\_\_ Date of purchase: \_\_\_\_\_

Have you ever refinanced:  Yes  No

**Household goods, furniture, and appliances (Replacement value):** Value: \_\_\_\_\_

**Electronics TVs, game systems, computers (Replacement value):**

Description: \_\_\_\_\_ Value: \_\_\_\_\_

**Collectibles of value. What you could sale for on Ebay**

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

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

**Sports equipment, hobby equipment, and musical instruments (Replacement value):**

Description: \_\_\_\_\_ Value: \_\_\_\_\_

**Firearms and ammunition will need current value:**

**(Look online for used firearm prices)**

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

**Clothing** ..... Value: \_\_\_\_\_

**Jewelry: (Replacement value)**..... Value: \_\_\_\_\_

**Pets and other animals** (of any kind, example 1 bulldog, 2 house cats):

Description(s): \_\_\_\_\_ Value: \_\_\_\_\_

**Health aids** (example: wheelchair):

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: \_\_\_\_\_

Child Support Card #1: (**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 were **inherited**, then list the name and relationship 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 you have paid, NOT monthly payments:**

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 any insurance policies (whole or universal life) your name is attached to.....**

Value: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

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

**Term Life Insurance, (also include any policies thru your employer)**

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:**

| <u>Name of and address of other party</u>                             | <u>Type of Lease</u> | <u>Payments</u> |           |
|---|----------------------|-----------------|-----------|
| <b>Examples:</b><br>ABC Apartments<br>123 N Main<br>Wichita, KS 67202 | Apartment rental     | \$500           | per month |
| XYZ Appliance Rental<br>4567 S Broadway<br>Wichita, KS 67202          | Washer/dryer rental  | \$45            | per week  |
| _____   | _____                | \$_____         | 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: \_\_\_\_\_

Payroll:  
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: \_\_\_\_\_

Payroll:  
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:**

| <u>Age</u> | <u>Relationship</u> | <u>Dependents live with you full time or part time</u> |
|------------|---------------------|--|
|------------|---------------------|--|

**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<br>wage information | Income of<br>other member<br>of household |
|--|----------------------------------|---|
| Gross pay per <b>month</b> 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                           |
| <b>Other income:</b>   |                                  |   |
| Pension, social security or other retirement <b>income</b> (describe below)  |                                  |   |
| _____.....   | \$_____                          | \$_____ monthly                           |
| _____.....   | \$_____                          | \$_____ monthly                           |
| <b>Income</b> from any other sources (unemployment, food stamps, child support, etc.):   |                                  |   |
| _____.....   | \$_____                          | \$_____ monthly                           |
| _____.....   | \$_____                          | \$_____ monthly                           |
| If you or your spouse expect your income to increase or decrease<br>by more than 10% with in the next year state how much<br>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.

**FUTURE estimate expenses:**

Rent or home first mortgage payment (including lot rent) ..... \$\_\_\_\_\_ monthly  
 Are real estate taxes included? [ ] Yes [ ] No  
 Is insurance included? [ ] Yes [ ] 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, sewer and trash ..... \$\_\_\_\_\_ monthly  
 Telephone and cell phone ..... \$\_\_\_\_\_ 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 (prescriptions, co pays, glasses)..... \$\_\_\_\_\_ 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:

Life insurance **NOT** deducted from wages ..... \$\_\_\_\_\_ monthly  
 Health/disability 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  
 School, education fees and expenses .....\$\_\_\_\_\_ monthly  
 Other expenses not already listed (for example: Pet supplies, tobacco, storage unites, gym memberships etc.):  
 \_\_\_\_\_ \$\_\_\_\_\_ monthly  
 \_\_\_\_\_ \$\_\_\_\_\_ monthly

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

Describe: \_\_\_\_\_



**STATEMENT OF FINANCIAL AFFAIRS**

List **all** previous addresses for the last three years. If you don't know the street address, then list the city and state. **DO NOT LIST YOUR CURRENT ADDRESS.**

| <u>Previous Address</u>              | <u>From</u>  | <u>To</u>    |
|--------------------------------------|--------------|--------------|
| (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 **(Use information from your W2 and tax returns.):**

**Client's wage income:**

Gross wages before any deductions for the year 2018 ..... \$ \_\_\_\_\_  
 Gross wages before any deductions for the year 2019 ..... \$ \_\_\_\_\_  
 Gross wages before any deductions for the year 2020 (so far this year) ..... \$ \_\_\_\_\_

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

Gross wages before any deductions for the year 2018 ..... \$ \_\_\_\_\_  
 Gross wages before any deductions for the year 2019 ..... \$ \_\_\_\_\_  
 Gross wages before any deductions for the year 2020 (so far this year) ..... \$ \_\_\_\_\_

**Non-wage income such as social security, retirement, child support, unemployment, sale of property, cashed in retirement, food stamps, etc.**

**Client's non-wage income:**

Year 2018 Type of income: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Year 2019 Type of income: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Year 2020 Type of income: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Spouse's non wage income:**

Year 2018 Type of income: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Year 2019 Type of income: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Year 2020 Type of income: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

ACCOUNTING OF OTHER INCOME  
(Full year that you are filing in)

|          | <u>SOURCE</u>                | <u>AMOUNT</u>     |
|----------|------------------------------|-------------------|
| Example: | <u>Social Security</u>       | <u>\$750.00</u>   |
| Example: | <u>Child Support</u>         | <u>\$325.00</u>   |
| Example: | <u>Unemployment</u>          | <u>\$1,200.00</u> |
| Example: | <u>Pension</u>               | <u>\$1,500.00</u> |
| Example: | <u>Food Stamps</u>           | <u>\$150.00</u>   |
| Example: | <u>Child Care Assistants</u> | <u>\$650.00</u>   |

|           |       |       |
|-----------|-------|-------|
| January   | _____ | _____ |
| February  | _____ | _____ |
| March     | _____ | _____ |
| April     | _____ | _____ |
| May       | _____ | _____ |
| June      | _____ | _____ |
| July      | _____ | _____ |
| August    | _____ | _____ |
| September | _____ | _____ |
| October   | _____ | _____ |
| November  | _____ | _____ |
| December  | _____ | _____ |

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

|           | <u>SOURCE</u>                | <u>AMOUNT</u>     |
|-----------|------------------------------|-------------------|
| Example:  | <u>Social Security</u>       | <u>\$750.00</u>   |
| Example:  | <u>Child Support</u>         | <u>\$325.00</u>   |
| Example:  | <u>Unemployment</u>          | <u>\$1,200.00</u> |
| Example:  | <u>Pension</u>               | <u>\$1,500.00</u> |
| Example:  | <u>Food Stamps</u>           | <u>\$150.00</u>   |
| Example:  | <u>Child Care Assistants</u> | <u>\$650.00</u>   |
| January   | _____                        | _____             |
| February  | _____                        | _____             |
| March     | _____                        | _____             |
| April     | _____                        | _____             |
| May       | _____                        | _____             |
| June      | _____                        | _____             |
| July      | _____                        | _____             |
| August    | _____                        | _____             |
| September | _____                        | _____             |
| October   | _____                        | _____             |
| November  | _____                        | _____             |
| December  | _____                        | _____             |

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

| <u>Creditor</u>                  | <u>Total Amounts Paid</u> | <u>Actual Dates Paid</u>       |
|----------------------------------|---------------------------|--------------------------------|
| (Example) Main Street Apartments | \$400 per month           | 1 <sup>st</sup> of each month  |
| (Example) Ford Motor Credit      | \$500 per month           | 15 <sup>th</sup> of each month |
| (Example) Dr. Mary Smith, MD     | \$750 (paid off bill)     | June 20 <sup>th</sup> , 2019   |
| _____                            | _____                     | _____                          |
| _____                            | _____                     | _____                          |
| _____                            | _____                     | _____                          |
| _____                            | _____                     | _____                          |

**List all payments made on debts you owe to family members and relatives within the last year. List all payments you made on behalf of someone else with in the last year.:**

| <u>Name of the person</u> | <u>Relationship</u> | <u>Amount Paid</u>              |
|---------------------------|---------------------|---------------------------------|
| (Example) Mary Smith      | friend              | \$750 (co-signed for car)       |
| (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? \_\_\_\_\_

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

| <u>Creditor</u>            | <u>Property</u> | <u>Date</u> |
|----------------------------|-----------------|-------------|
| (Example) XYZ Credit Union | 2012 Dodge      | March, 2016 |
| _____                      | _____           | _____       |
| _____                      | _____           | _____       |

**List all set offs by creditors in the last 90 days; including banks and financial institutions**

| <u>Creditor</u>  | <u>Property</u>  | <u>Date</u> | <u>Reason</u>                    |
|------------------|------------------|-------------|----------------------------------|
| 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 per person whether money or property:**

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

**List all charitable contributions totaling \$600 or more over the last 2 years:**  
 (Will need a tithing statement from your church or receipts showing the donation).

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 consolidation:**

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 2 years for more than \$100:**

| <u>Who received the property?</u> | <u>Property transferred</u> | <u>Date of transfer</u> | <u>Amount</u> |
|-----------------------------------|-----------------------------|-------------------------|---------------|
| (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:**

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

**List any storage units in the last year:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Open  Closed   
 Contents: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Open  Closed   
 Contents: \_\_\_\_\_

**List safety deposit box in the last year:**

Name of Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_ Open  Closed   
 Contents: \_\_\_\_\_

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

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

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

Amount \$ \_\_\_\_\_ Name of creditor \_\_\_\_\_

Amount \$ \_\_\_\_\_ Name of creditor \_\_\_\_\_

**If you have received cash advances totaling more that \$950.00 from a creditor within the last 90 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 totally 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 \_\_\_\_\_

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 full year-to-date Profit & Loss Statement if possible.

| <b>Monthly</b>          | <b>Gross Business<br/>Income</b> | <b>Business<br/>Expenses</b> |
|-------------------------|----------------------------------|------------------------------|
| <b><u>January</u></b>   | \$ _____                         | \$ _____                     |
| <b><u>February</u></b>  | \$ _____                         | \$ _____                     |
| <b><u>March</u></b>     | \$ _____                         | \$ _____                     |
| <b><u>April</u></b>     | \$ _____                         | \$ _____                     |
| <b><u>May</u></b>       | \$ _____                         | \$ _____                     |
| <b><u>June</u></b>      | \$ _____                         | \$ _____                     |
| <b><u>July</u></b>      | \$ _____                         | \$ _____                     |
| <b><u>August</u></b>    | \$ _____                         | \$ _____                     |
| <b><u>September</u></b> | \$ _____                         | \$ _____                     |
| <b><u>October</u></b>   | \$ _____                         | \$ _____                     |
| <b><u>November</u></b>  | \$ _____                         | \$ _____                     |
| <b><u>December</u></b>  | \$ _____                         | \$ _____                     |



\*\*\*\*\*

**READ THIS PAGE VERY CAREFULLY AND INITIAL!**

**Debtor\_\_\_\_\_ Codebtor\_\_\_\_\_**

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  Both  Individual

Is anyone else obligated (**like a cosigner**)?  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

#### 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  Both  Individual

Is anyone else obligated (**like a cosigner**)?  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

\*\*\* 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     Individual

Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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     Individual

Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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: |
| <b>EXAMPLE:</b>                                |   |
| <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 cosigner)? _____                            | If so, name and address: _____                              |

---

---

|  |   |
|--|---|
| Name and complete mailing address of creditor: | If a collection agency or attorney is collecting give name and address: |
| <b>EXAMPLE:</b>                                |   |
| <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*(if you have this)*</u>                      | Account No.: <u>*(if you have this)*</u>   |
| 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 <input type="checkbox"/> Individual |
| Is anyone else obligated (like a cosigner)? _____                 | 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual

Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual

Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual

Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual

Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual

Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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

Individual

Is anyone else obligated (**like a cosigner**)?  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

Individual

Is anyone else obligated (**like a cosigner**)?  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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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? [ ] Current Child support [ ] Past Due 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? [ ] Current Child support [ ] Past Due 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? [ ] Current Child support [ ] Past Due 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 [ ] Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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 [ ] Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                         |   |
| Approximate amount owed: \$ _____ Year debt incurred _____  |   |
| Who is obligated on the account? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |   |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____ 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? <input type="checkbox"/> Medical Services <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                         |   |
| Approximate amount owed: \$ _____ Year debt incurred _____  |   |
| Who is obligated on the account? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |   |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____ 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? <input type="checkbox"/> Medical Services <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                         |   |
| Approximate amount owed: \$ _____ Year debt incurred _____  |   |
| Who is obligated on the account? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |   |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____ 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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  Individual  
Is anyone else obligated (**like a cosigner**)? \_\_\_\_\_ 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services   | <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                       |
| Approximate amount owed: \$ _____                                 | Year debt incurred _____  |
| Who is obligated on the account? <input type="checkbox"/> Husband | <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____        | 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? <input type="checkbox"/> Medical Services <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                         |   |
| Approximate amount owed: \$ _____ Year debt incurred _____  |   |
| Who is obligated on the account? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |   |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____ 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? <input type="checkbox"/> Medical Services <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                         |   |
| Approximate amount owed: \$ _____ Year debt incurred _____  |   |
| Who is obligated on the account? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |   |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____ 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? <input type="checkbox"/> Medical Services <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____                         |   |
| Approximate amount owed: \$ _____ Year debt incurred _____  |   |
| Who is obligated on the account? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Individual |   |
| Is anyone else obligated ( <b>like a cosigner</b> )? _____ If so, name and address: _____   |   |

---