

Fill in this information to identify your case:

United States Bankruptcy Court for the:

_____ District of _____

Case number (if known): _____ Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver’s license or passport).

Bring your picture identification to your meeting with the trustee.

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX – XX – _____
OR
9 XX – XX – _____

XXX – XX – _____
OR
9 XX – XX – _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

Number Street

City State ZIP Code

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Four horizontal lines for explanation.

Check one:

I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Four horizontal lines for explanation.

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

8. **How you will pay the fee**

- I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

- No
- Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- No
- Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. **Do you rent your residence?**

- No. Go to line 12.
- Yes. Has your landlord obtained an eviction judgment against you?
 - No. Go to line 12.
 - Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- No. Go to Part 4.
Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any
Number Street
City State ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
Stockbroker (as defined in 11 U.S.C. § 101(53A))
Commodity Broker (as defined in 11 U.S.C. § 101(6))
None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

- No
Yes. What is the hazard?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property? Number Street

City State ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have? 16a. Are your debts primarily consumer debts? 16b. Are your debts primarily business debts? 16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18. How many creditors do you estimate that you owe? 1-49, 50-99, 100-199, 200-999, 1,000-5,000, 5,001-10,000, 10,001-25,000, 25,001-50,000, 50,001-100,000, More than 100,000

19. How much do you estimate your assets to be worth? \$0-\$50,000, \$50,001-\$100,000, \$100,001-\$500,000, \$500,001-\$1 million, \$1,000,001-\$10 million, \$10,000,001-\$50 million, \$50,000,001-\$100 million, \$100,000,001-\$500 million, \$500,000,001-\$1 billion, \$1,000,000,001-\$10 billion, \$10,000,000,001-\$50 billion, More than \$50 billion

20. How much do you estimate your liabilities to be? \$0-\$50,000, \$50,001-\$100,000, \$100,001-\$500,000, \$500,001-\$1 million, \$1,000,001-\$10 million, \$10,000,001-\$50 million, \$50,000,001-\$100 million, \$100,000,001-\$500 million, \$500,000,001-\$1 billion, \$1,000,000,001-\$10 billion, \$10,000,000,001-\$50 billion, More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X Signature of Debtor 1

X Signature of Debtor 2

Executed on MM / DD / YYYY

Executed on MM / DD / YYYY

Debtor 1

First Name Middle Name Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor Date
MM / DD / YYYY

Printed name

Firm name

Number Street

City State ZIP Code

Contact phone Email address

Bar number State

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- No
- Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- No
- Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- No
- Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x

Signature of Debtor 1

Date _____
MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

x

Signature of Debtor 2

Date _____
MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | Your assets Value of what you own |
|---|---|
| 1. <i>Schedule A/B: Property</i> (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | \$ _____ |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | \$ _____ |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | \$ _____ |

Part 2: Summarize Your Liabilities

| | Your liabilities Amount you owe |
|---|---|
| 2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D) | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ _____ |
| 3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ _____ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | + \$ _____ |
| Your total liabilities | \$ _____ |

Part 3: Summarize Your Income and Expenses

| | |
|---|----------|
| 4. <i>Schedule I: Your Income</i> (Official Form 106I) | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ _____ |
| 5. <i>Schedule J: Your Expenses</i> (Official Form 106J) | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ _____ |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ _____

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.

| | Total claim |
|--|--------------------|
| From Part 4 on <i>Schedule E/F</i>, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ _____ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ _____ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ _____ |
| 9d. Student loans. (Copy line 6f.) | \$ _____ |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ _____ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ _____ |
| 9g. Total. Add lines 9a through 9f. | \$ _____ |

Fill in this information to identify your case and this filing:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____

Check if this is an amended filing

Official Form 106A/B
Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

1.1. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

1.3. _____
 Street address, if available, or other description

 City State ZIP Code

 County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
|--|--|

| | |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.** →

| |
|----------|
| \$ _____ |
|----------|

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
|--|--|

| | |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
|--|--|

| | |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

3.3. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

4.1. Make: _____
Model: _____
Year: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
Model: _____
Year: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ [Text box for total value]

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No Yes. Describe..... \$

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No Yes. Describe..... \$

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No Yes. Describe..... \$

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No Yes. Describe..... \$

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No Yes. Describe..... \$

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No Yes. Describe..... \$

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No Yes. Describe..... \$

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No Yes. Describe..... \$

14. Any other personal and household items you did not already list, including any health aids you did not list

No Yes. Give specific information..... \$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here \$

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No Yes Cash: \$

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No Yes Institution name: 17.1. Checking account: \$ 17.2. Checking account: \$ 17.3. Savings account: \$ 17.4. Savings account: \$ 17.5. Certificates of deposit: \$ 17.6. Other financial account: \$ 17.7. Other financial account: \$ 17.8. Other financial account: \$ 17.9. Other financial account: \$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No Yes Institution or issuer name: \$ \$ \$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No Yes. Give specific information about them Name of entity: % of ownership: \$ \$ \$

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

Three lines for issuer name and amount, each with a dollar sign.

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account: Institution name:

Seven rows for account types (401(k), Pension plan, IRA, Retirement account, Keogh, Additional account, Additional account) and amounts.

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company. Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes

Institution name or individual:

Eight rows for security deposits/prepayments (Electric, Gas, Heating oil, Security deposit on rental unit, Prepaid rent, Telephone, Water, Rented furniture, Other) and amounts.

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes

Issuer name and description:

Three lines for issuer name and amount, each with a dollar sign.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Three lines for listing institutions with dollar amounts.

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them....

Text box for details and a dollar amount line.

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

Text box for details and a dollar amount line.

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

Text box for details and a dollar amount line.

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Text box for details.

Federal, State, and Local dollar amount lines.

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

Text box for details.

Alimony, Maintenance, Support, Divorce settlement, Property settlement dollar amount lines.

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

Text box for details and a dollar amount line.

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

Form for insurance policies with checkboxes for 'No' and 'Yes', and fields for company name, beneficiary, and surrender/refund value.

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

Form for property interest with checkboxes for 'No' and 'Yes', and a text box for specific information.

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

Form for claims against third parties with checkboxes for 'No' and 'Yes', and a text box for claim description.

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

Form for other contingent claims with checkboxes for 'No' and 'Yes', and a text box for claim description.

35. Any financial assets you did not already list

Form for financial assets with checkboxes for 'No' and 'Yes', and a text box for specific information.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

Box for the total dollar value from Part 4.

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

Form for business-related property with checkboxes for 'No' and 'Yes'.

Current value of the portion you own? Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

Form for accounts receivable with checkboxes for 'No' and 'Yes', and a text box for description.

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Form for office equipment with checkboxes for 'No' and 'Yes', and a text box for description.

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

Form for 40: Machinery, fixtures, equipment, supplies you use in business, and tools of your trade. Includes checkboxes for 'No' and 'Yes. Describe.....' with a text box and a dollar sign.

41. Inventory

Form for 41: Inventory. Includes checkboxes for 'No' and 'Yes. Describe.....' with a text box and a dollar sign.

42. Interests in partnerships or joint ventures

Form for 42: Interests in partnerships or joint ventures. Includes checkboxes for 'No' and 'Yes. Describe.....' with fields for 'Name of entity:', '% of ownership:', and dollar amounts.

43. Customer lists, mailing lists, or other compilations

Form for 43: Customer lists, mailing lists, or other compilations. Includes checkboxes for 'No' and 'Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?' with a sub-section for 'Yes. Describe.....' and a dollar sign.

44. Any business-related property you did not already list

Form for 44: Any business-related property you did not already list. Includes checkboxes for 'No' and 'Yes. Give specific information,', followed by multiple lines for text and dollar amounts.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

Form for 45: A box for the total dollar value, with a dollar sign and an arrow pointing to it from the text above.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

Form for 46: Includes checkboxes for 'No. Go to Part 7.' and 'Yes. Go to line 47.'

Current value of the portion you own? Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

Form for 47: Includes checkboxes for 'No' and 'Yes.....' with a text box and a dollar sign.

48. Crops—either growing or harvested

No Yes. Give specific information. \$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No Yes \$

50. Farm and fishing supplies, chemicals, and feed

No Yes \$

51. Any farm- and commercial fishing-related property you did not already list

No Yes. Give specific information. \$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No Yes. Give specific information. \$ \$ \$

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 \$

56. Part 2: Total vehicles, line 5 \$

57. Part 3: Total personal and household items, line 15 \$

58. Part 4: Total financial assets, line 36 \$

59. Part 5: Total business-related property, line 45 \$

60. Part 6: Total farm- and fishing-related property, line 52 \$

61. Part 7: Total other property not listed, line 54 + \$

62. Total personal property. Add lines 56 through 61. \$ Copy personal property total + \$

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA**

In the Matter of:

)
)
)
)
)
)

Case No. _____

**DEBTOR'S CLAIM FOR
PROPERTY EXEMPTIONS**

Debtor.

NOTE: You must complete this form in addition to Official Form 106C (Schedule 'C') to claim property as exempt if: (1) your domicile was located in North Carolina for the 730 days immediately preceding the date of the filing of the petition, or (2) your domicile was not located in a single state for those 730 days, but your domicile was located in North Carolina for 180 days immediately preceding the 730-day period or for a longer portion of such 180-day period than in any other place. For more information, please refer to Local Rule 4003-1 of the United States Bankruptcy Court for the Middle District of North Carolina. Schedule 'C' may be found at <https://www.uscourts.gov/forms/bankruptcy-forms>.

I, _____, the undersigned Debtor, hereby claim the following property as exempt pursuant to 11 U.S.C. § 522(b)(3)(A), (B), and (C), the laws of the state of North Carolina, and non-bankruptcy federal law.

1. REAL OR PERSONAL PROPERTY USED BY DEBTOR OR DEBTOR'S DEPENDENT AS RESIDENCE OR BURIAL PLOT. (NCGS 1C-1601(a)(1)).

Select appropriate exemption amount below:

- Total net value not to exceed \$35,000.
- Total net value not to exceed \$60,000. (Debtor is unmarried, 65 years of age or older, property was previously owned by Debtor as a tenant by the entireties or joint tenant with rights of survivorship, and former co-owner is deceased.)

| Description of Property & Address | Market Value | Mtg. Holder or Lien Holder(s) | Amt. Mtg. or Lien | Net Value |
|-----------------------------------|--------------|-------------------------------|-------------------|-----------|
|-----------------------------------|--------------|-------------------------------|-------------------|-----------|

(a) Total Net Value \$ _____
 Total Net Exemption \$ _____

(b) Unused portion of exemption, not to exceed \$5,000. \$ _____
 (This amount, if any, may be carried forward and used to claim an exemption in any property owned by Debtor. (NCGS 1C-1601(a)(2)).

2. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the laws of the state of North Carolina pertaining to property held as tenants by the entirety.

| Description of Property & Address | Market Value | Mtg. Holder or Lien Holder(s) | Amt. Mtg. or Lien | Net Value |
|-----------------------------------|--------------|-------------------------------|-------------------|-----------|
|-----------------------------------|--------------|-------------------------------|-------------------|-----------|

3. **MOTOR VEHICLE.** (NCGS 1C-1601(a)(3). Only one vehicle allowed under this paragraph, with net value claimed as exempt not to exceed \$3,500.)

| Year, Make, Model of Auto | Market Value | Lien Holder(s) | Amt. Lien | Net Value |
|------------------------------|-----------------|----------------|-----------|--------------|
|------------------------------|-----------------|----------------|-----------|--------------|

(a) Statutory allowance \$ 3,500
 (b) Amount from 1(b) above to be used in this paragraph.
 (A part or all of 1(b) may be used as needed.) \$ _____
 Total Net Exemption \$ _____

4. **TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS.** (NCGS 1C-1601(a)(5). Used by Debtor or Debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

| Description | Market Value | Lien Holder(s) | Amt. Lien | Net Value |
|-------------|-----------------|----------------|-----------|--------------|
|-------------|-----------------|----------------|-----------|--------------|

(a) Statutory allowance \$ 2,000
 (b) Amount from 1(b) above to be used in this paragraph.
 (A part or all of 1 (b) may be used as needed.) \$ _____
 Total Net Exemption \$ _____

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for Debtor plus \$1,000 for each dependent of Debtor, not to exceed \$4,000 total for dependents.)

| Description | Market Value | Lien Holder(s) | Amt. Lien | Net Value |
|-----------------------|-----------------|----------------|-----------|--------------|
| Clothing & Personal | _____ | _____ | _____ | _____ |
| Kitchen Appliances | _____ | _____ | _____ | _____ |
| Stove | _____ | _____ | _____ | _____ |
| Refrigerator | _____ | _____ | _____ | _____ |
| Freezer | _____ | _____ | _____ | _____ |
| Washing Machine | _____ | _____ | _____ | _____ |
| Dryer | _____ | _____ | _____ | _____ |
| China | _____ | _____ | _____ | _____ |
| Silver | _____ | _____ | _____ | _____ |
| Jewelry | _____ | _____ | _____ | _____ |
| Living Room Furniture | _____ | _____ | _____ | _____ |
| Den Furniture | _____ | _____ | _____ | _____ |
| Bedroom Furniture | _____ | _____ | _____ | _____ |
| Dining Room Furniture | _____ | _____ | _____ | _____ |
| Lawn Furniture | _____ | _____ | _____ | _____ |
| Television | _____ | _____ | _____ | _____ |
| () Stereo () Radio | _____ | _____ | _____ | _____ |

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| | | | | |
|---------------------|-------|-------|-------|-------|
| Musical Instruments | _____ | _____ | _____ | _____ |
| () Piano () Organ | _____ | _____ | _____ | _____ |
| Air Conditioner | _____ | _____ | _____ | _____ |
| Paintings & Art | _____ | _____ | _____ | _____ |
| Lawn Mower | _____ | _____ | _____ | _____ |
| Yard Tools | _____ | _____ | _____ | _____ |
| Crops | _____ | _____ | _____ | _____ |
| Animals | _____ | _____ | _____ | _____ |
| Other () | _____ | _____ | _____ | _____ |

Total Net Value \$ _____

(a) Statutory allowance for Debtor \$ 5,000

(b) Statutory allowance for Debtor's dependents: _____ dependents at \$1,000 each (not to exceed \$4,000 total for dependents) \$ _____

(c) Amount from 1(b) above to be used in this paragraph. (A part or all of 1 (b) may be used as needed.) \$ _____

Total Net Exemption \$ _____

6. **LIFE INSURANCE.** (NCGS 1C-1601(a)(6) and Article X, Section 5 of North Carolina Constitution.)

Name of Insurance Company _____ Policy No. _____
 Name of Insured _____ Policy Date _____
 Name of Beneficiary _____

7. **PROFESSIONALLY PRESCRIBED HEALTH AIDS (FOR DEBTOR OR DEBTOR'S DEPENDENTS).** (NCGS 1C-1601(a)(7). No limit on value.)

Description: _____

8. **DEBTOR'S RIGHT TO RECEIVE THE FOLLOWING COMPENSATION:** (NCGS 1C-1601(a)(8). No limit on number or amount.)

- A. \$ _____ Compensation for personal injury, including compensation from private disability policies or annuities.
- B. \$ _____ Compensation for death of a person upon whom Debtor was dependent for support.

9. **INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE** (NCGS 1C-1601(a)(9). No limit on number or amount.) **AND OTHER RETIREMENT FUNDS DEFINED IN 11 U.S.C. § 522(b)(3)(C).**

| Detailed Description | Value |
|----------------------|-------|
| _____ | _____ |
| _____ | _____ |

10. **COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a college savings plan within the preceding 12 months, except to the extent any of the contributions were made in the ordinary course of Debtor's financial affairs and were consistent with Debtor's past pattern of contributions. This exemption applies only to the extent that the funds are for a child of Debtor and will actually be used for the child's college or university expenses.)

| Detailed Description | Value |
|----------------------|-------|
| _____ | _____ |
| _____ | _____ |

11. **RETIREMENT BENEFITS UNDER A RETIREMENT PLAN OF OTHER STATE OR GOVERNMENTAL UNIT OF OTHER STATE, TO THE EXTENT THOSE BENEFITS ARE EXEMPT UNDER THE LAWS OF THAT STATE OR GOVERNMENTAL UNIT.** (NCGS 1C-1601(a)(11). No limit on amount.)

Description: _____

12. **ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH DEBTOR IS ENTITLED.** (NCGS 1C-1601(a)(12). No limit on amount to the extent such payments are reasonably necessary for the support of Debtor or a dependent of Debtor.)

Description: _____

13. **ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXEMPT THAT HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE.** (NCGS 1C-1601(a)(2). The amount claimed may not exceed the remaining amount available under paragraph 1(b) which has not been used for other exemptions.)

| Description | Market Value | Lien Holder(s) | Amt. Lien | Net Value | Value Claimed as Exempt |
|-------------|--------------|----------------|-----------|-----------|-------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

| | | |
|--|----------|----------|
| (a) Total Net Value of property claimed in paragraph 13. | | \$ _____ |
| (b) Total amount available from paragraph 1(b). | \$ _____ | |
| (c) Less amounts from paragraph 1(b) which were Used in the following paragraphs: | | |
| Paragraph 3(b) | \$ _____ | |
| Paragraph 4(b) | \$ _____ | |
| Paragraph 5(c) | \$ _____ | |
| Net Balance Available from paragraph 1(b) | | \$ _____ |
| Total Net Exemption | | \$ _____ |

14. **OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:**

| | |
|--|-------|
| Aid to the Aged, Disabled and Families with Dependent Children, NCGS 108A-36 | _____ |
| Aid to the Blind, NCGS 111-18 | _____ |
| Yearly Allowance for Surviving Spouse, NCGS 30-15 | _____ |
| North Carolina Local Government Employees Retirement Benefits, NCGS 128-31 | _____ |

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North Carolina Teachers and State Employees Retirement Benefits, NCGS 135-9 _____
 Firemen's Relief Fund Pensions, NCGS 58-86-90 _____
 Workers Compensation Benefits, NCGS 97-21 _____
 Unemployment Benefits, so long as not commingled and except for debts
 for necessities purchased while unemployed, NCGS 96-17 _____
 Group Insurance Proceeds, NCGS 58-58-165 _____
 Partnership Property, except on a claim against the partnership, NCGS 59-55 _____
 Wages of a Debtor Necessary for Support of Family, NCGS 1-362 _____
 Other* _____
TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT \$ _____

15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

Foreign Service Retirement and Disability Payments, 22 U.S.C. § 4060 _____
 Social Security Benefits, 42 U.S.C. § 407 _____
 Injury of Death Compensation Payments from War Risk Hazards, 42 U.S.C. § 1717 _____
 Wages of Master or Seamen, 46 U.S.C. § 11109 _____
 Civil Service Retirement Benefits, 5 U.S.C. § 8346 _____
 Longshoremen and Harbor Workers Compensation Act Death and Disability Benefits,
 33 U.S.C. § 916 _____
 Railroad Retirement Act Annuities and Pensions 45 U.S.C. § 231m _____
 Veterans' Benefits, 38 U.S.C. § 5301 _____
 Special Pension Paid to Winners of Congressional Medal of Honor, 38 U.S.C. § 1562 _____
 Other* _____
TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT \$ _____

16. RECENT PURCHASES

The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangible personal property purchased by Debtor less than 90 days preceding the initiation of judgment collection proceedings or the filing of a petition for bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property that may be exempt and no additional property was transferred into or used to acquire the replacement property.

List tangible personal property purchased by Debtor less than 90 days preceding the filing of the bankruptcy petition:

| Description | Market Value | Lien Holder(s) | Amt. Lien | Net Value |
|-------------|--------------|----------------|-----------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

DATE: _____

Debtor

*If you choose "Other," you must describe the statutory basis for the exemption. A non-exhaustive list of additional exemptions may be found on the Court's website, <http://www.ncmb.uscourts.gov/>.

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|---|
|---|--|---|

| | | | | |
|---|--|----------|----------|----------|
| 2.1 | Describe the property that secures the claim: _____ | \$ _____ | \$ _____ | \$ _____ |
| Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | |
| Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | | | | |
| Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | | | |
| Date debt was incurred _____ Last 4 digits of account number _____ | | | | |

| | | | | |
|---|--|----------|----------|----------|
| 2.2 | Describe the property that secures the claim: _____ | \$ _____ | \$ _____ | \$ _____ |
| Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | |
| Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | | | | |
| Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | | | |
| Date debt was incurred _____ Last 4 digits of account number _____ | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____

| | | | | |
|----------------|---|--|---|------------------------------------|
| Part 1: | Additional Page | <i>Column A</i> | <i>Column B</i> | <i>Column C</i> |
| | After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |

| | | | | | |
|---|---|--|---|----------|----------|
| □ | | Describe the property that secures the claim: | \$ _____ | \$ _____ | \$ _____ |
| | Creditor's Name _____ | | | | |
| | Number _____ Street _____ | | | | |
| | City _____ State _____ ZIP Code _____ | | | | |
| | Who owes the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | | |
| | <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | | |
| | <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | | |
| | <input type="checkbox"/> At least one of the debtors and another | | Nature of lien. Check all that apply. | | |
| | <input type="checkbox"/> Check if this claim relates to a community debt | | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) | | |
| | Date debt was incurred _____ | | <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | |
| | Last 4 digits of account number _____ | | <input type="checkbox"/> Judgment lien from a lawsuit | | |
| | | | <input type="checkbox"/> Other (including a right to offset) _____ | | |

| | | | | | |
|---|---|--|---|----------|----------|
| □ | | Describe the property that secures the claim: | \$ _____ | \$ _____ | \$ _____ |
| | Creditor's Name _____ | | | | |
| | Number _____ Street _____ | | | | |
| | City _____ State _____ ZIP Code _____ | | | | |
| | Who owes the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | | |
| | <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | | |
| | <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | | |
| | <input type="checkbox"/> At least one of the debtors and another | | Nature of lien. Check all that apply. | | |
| | <input type="checkbox"/> Check if this claim relates to a community debt | | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) | | |
| | Date debt was incurred _____ | | <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | |
| | Last 4 digits of account number _____ | | <input type="checkbox"/> Judgment lien from a lawsuit | | |
| | | | <input type="checkbox"/> Other (including a right to offset) _____ | | |

| | | | | | |
|---|---|--|---|----------|----------|
| □ | | Describe the property that secures the claim: | \$ _____ | \$ _____ | \$ _____ |
| | Creditor's Name _____ | | | | |
| | Number _____ Street _____ | | | | |
| | City _____ State _____ ZIP Code _____ | | | | |
| | Who owes the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | | |
| | <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | | |
| | <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | | |
| | <input type="checkbox"/> At least one of the debtors and another | | Nature of lien. Check all that apply. | | |
| | <input type="checkbox"/> Check if this claim relates to a community debt | | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) | | |
| | Date debt was incurred _____ | | <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | |
| | Last 4 digits of account number _____ | | <input type="checkbox"/> Judgment lien from a lawsuit | | |
| | | | <input type="checkbox"/> Other (including a right to offset) _____ | | |

| | |
|---|----------|
| Add the dollar value of your entries in Column A on this page. Write that number here: | \$ _____ |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | \$ _____ |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | |
|--|--|
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ |
| <input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ |

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
- Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|---|--|-----------------|--------------------|
| <div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">2.1</div> <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Type of PRIORITY unsecured claim:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | |

| | | | |
|---|--|--|--|
| <div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">2.2</div> <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Type of PRIORITY unsecured claim:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | |
|---|--|--|--|

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|--|-------------|-----------------|--------------------|
|--|-------------|-----------------|--------------------|

| | |
|--|---|
| <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> | <p style="text-align: right;">Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> |
| <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

| | |
|--|---|
| <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> | <p style="text-align: right;">Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> |
| <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

| | |
|--|---|
| <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> | <p style="text-align: right;">Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> |
| <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|---|---|-------------|
| 4.1 | Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ _____ |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | | | |

| | | | |
|--|---|---|----------|
| 4.2 | Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ _____ |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | | | |

| | | | |
|--|---|---|----------|
| 4.3 | Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ _____ |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | | | |

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|---|--|--|--|
| □ | Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |
|---|--|--|--|

| | | | |
|---|--|--|--|
| □ | Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |
|---|--|--|--|

| | | | |
|---|--|--|--|
| □ | Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |
|---|--|--|--|

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ _ _ _

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ _ _ _

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ _ _ _

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ _ _ _

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ _ _ _

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ _ _ _

Name
Number Street
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line ___ of (Check one): [] Part 1: Creditors with Priority Unsecured Claims
[] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ _ _ _

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$ _____

6b. Taxes and certain other debts you owe the government

6b. \$ _____

6c. Claims for death or personal injury while you were intoxicated

6c. \$ _____

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ _____

6e. Total. Add lines 6a through 6d.

6e. \$ _____

Total claim

Total claims from Part 2

6f. Student loans

6f. \$ _____

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ _____

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ _____

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ _____

6j. Total. Add lines 6f through 6i.

6j. \$ _____

Total claim

Fill in this information to identify your case:

Debtor _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.2 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.3 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.4 | Name _____ Number Street _____ City State ZIP Code _____ | |
| 2.5 | Name _____ Number Street _____ City State ZIP Code _____ | |



Additional Page if You Have More Contracts or Leases

| Person or company with whom you have the contract or lease | What the contract or lease is for |
|--|-----------------------------------|
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |
| 2. _____ Name _____ Number Street _____ City State ZIP Code _____ | |

Fill in this information to identify your case:

Debtor 1 _____
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is an amended filing

Official Form 106H
Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

| | | |
|------------|---|---|
| 3.1 | _____ Name _____ Number Street _____ City State ZIP Code | <input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____ |
| 3.2 | _____ Name _____ Number Street _____ City State ZIP Code | <input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____ |
| 3.3 | _____ Name _____ Number Street _____ City State ZIP Code | <input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____ |

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

| | |
|--|--|
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |
| <p>3._</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> | <p><input type="checkbox"/> Schedule D, line _____</p> <p><input type="checkbox"/> Schedule E/F, line _____</p> <p><input type="checkbox"/> Schedule G, line _____</p> |

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY _____

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- Employed
- Not employed

- Employed
- Not employed

Occupation

Employer's name

Employer's address

| | |
|---------------------------------------|---------------------------------------|
| Number _____ Street _____ | Number _____ Street _____ |
| _____ | _____ |
| _____ | _____ |
| City _____ State _____ ZIP Code _____ | City _____ State _____ ZIP Code _____ |

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ _____ | \$ _____ |
| 3. Estimate and list monthly overtime pay. | 3. + \$ _____ | + \$ _____ |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ _____ | \$ _____ |

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|----------------|--|
| Copy line 4 here..... → 4. | \$ _____ | \$ _____ |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ _____ | \$ _____ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ _____ | \$ _____ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ _____ | \$ _____ |
| 5d. Required repayments of retirement fund loans | 5d. \$ _____ | \$ _____ |
| 5e. Insurance | 5e. \$ _____ | \$ _____ |
| 5f. Domestic support obligations | 5f. \$ _____ | \$ _____ |
| 5g. Union dues | 5g. \$ _____ | \$ _____ |
| 5h. Other deductions. Specify: _____ | 5h. + \$ _____ | + \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ _____ | \$ _____ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ _____ | \$ _____ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ _____ | \$ _____ |
| 8b. Interest and dividends | 8b. \$ _____ | \$ _____ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ _____ | \$ _____ |
| 8d. Unemployment compensation | 8d. \$ _____ | \$ _____ |
| 8e. Social Security | 8e. \$ _____ | \$ _____ |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ _____ | \$ _____ |
| 8g. Pension or retirement income | 8g. \$ _____ | \$ _____ |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ _____ | + \$ _____ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ _____ | \$ _____ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ _____ + | \$ _____ = \$ _____ |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | |
| | | 11. + \$ _____ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies | | 12. \$ _____ Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
- Yes. **Does Debtor 2 live in a separate household?**
 - No
 - Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.
 Do not state the dependents' names.

| <input type="checkbox"/> No | <input type="checkbox"/> Yes. Fill out this information for each dependent..... | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|-----------------------------|---|--|-----------------|---|
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
- Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

| | Your expenses |
|---|---------------|
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. | 4. \$ _____ |
| If not included in line 4: | |
| 4a. Real estate taxes | 4a. \$ _____ |
| 4b. Property, homeowner's, or renter's insurance | 4b. \$ _____ |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$ _____ |
| 4d. Homeowner's association or condominium dues | 4d. \$ _____ |

Your expenses

- 5. **Additional mortgage payments for your residence**, such as home equity loans 5. \$ _____
- 6. **Utilities:**
 - 6a. Electricity, heat, natural gas 6a. \$ _____
 - 6b. Water, sewer, garbage collection 6b. \$ _____
 - 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ _____
 - 6d. Other. Specify: _____ 6d. \$ _____
- 7. **Food and housekeeping supplies** 7. \$ _____
- 8. **Childcare and children's education costs** 8. \$ _____
- 9. **Clothing, laundry, and dry cleaning** 9. \$ _____
- 10. **Personal care products and services** 10. \$ _____
- 11. **Medical and dental expenses** 11. \$ _____
- 12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments. 12. \$ _____
- 13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ _____
- 14. **Charitable contributions and religious donations** 14. \$ _____
- 15. **Insurance.**
Do not include insurance deducted from your pay or included in lines 4 or 20.
 - 15a. Life insurance 15a. \$ _____
 - 15b. Health insurance 15b. \$ _____
 - 15c. Vehicle insurance 15c. \$ _____
 - 15d. Other insurance. Specify: _____ 15d. \$ _____
- 16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ 16. \$ _____
- 17. **Installment or lease payments:**
 - 17a. Car payments for Vehicle 1 17a. \$ _____
 - 17b. Car payments for Vehicle 2 17b. \$ _____
 - 17c. Other. Specify: _____ 17c. \$ _____
 - 17d. Other. Specify: _____ 17d. \$ _____
- 18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$ _____
- 19. **Other payments you make to support others who do not live with you.**
Specify: _____ 19. \$ _____
- 20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
 - 20a. Mortgages on other property 20a. \$ _____
 - 20b. Real estate taxes 20b. \$ _____
 - 20c. Property, homeowner's, or renter's insurance 20c. \$ _____
 - 20d. Maintenance, repair, and upkeep expenses 20d. \$ _____
 - 20e. Homeowner's association or condominium dues 20e. \$ _____

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ _____

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ _____

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ _____

23b. Copy your monthly expenses from line 22c above.

23b. - \$ _____

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ _____

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J-2

Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. *If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J.* Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Do you and Debtor 1 maintain separate households?

No. Do not complete this form.

Yes

2. Do you have dependents?

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Do not state the dependents' names.

| <input type="checkbox"/> No | <input type="checkbox"/> Yes. Fill out this information for each dependent..... | Dependent's relationship to Debtor 2: | Dependent's age | Does dependent live with you? |
|-----------------------------|---|---------------------------------------|-----------------|---|
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

| | Your expenses |
|--|---------------|
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. | 4. \$ _____ |
| If not included in line 4: | |
| 4a. Real estate taxes | 4a. \$ _____ |
| 4b. Property, homeowner's, or renter's insurance | 4b. \$ _____ |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$ _____ |
| 4d. Homeowner's association or condominium dues | 4d. \$ _____ |

Your expenses

- 5. **Additional mortgage payments for your residence**, such as home equity loans 5. \$ _____
- 6. **Utilities:**
 - 6a. Electricity, heat, natural gas 6a. \$ _____
 - 6b. Water, sewer, garbage collection 6b. \$ _____
 - 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ _____
 - 6d. Other. Specify: _____ 6d. \$ _____
- 7. **Food and housekeeping supplies** 7. \$ _____
- 8. **Childcare and children's education costs** 8. \$ _____
- 9. **Clothing, laundry, and dry cleaning** 9. \$ _____
- 10. **Personal care products and services** 10. \$ _____
- 11. **Medical and dental expenses** 11. \$ _____
- 12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments. 12. \$ _____
- 13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ _____
- 14. **Charitable contributions and religious donations** 14. \$ _____
- 15. **Insurance.**
Do not include insurance deducted from your pay or included in lines 4 or 20.
 - 15a. Life insurance 15a. \$ _____
 - 15b. Health insurance 15b. \$ _____
 - 15c. Vehicle insurance 15c. \$ _____
 - 15d. Other insurance. Specify: _____ 15d. \$ _____
- 16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ 16. \$ _____
- 17. **Installment or lease payments:**
 - 17a. Car payments for Vehicle 1 17a. \$ _____
 - 17b. Car payments for Vehicle 2 17b. \$ _____
 - 17c. Other. Specify: _____ 17c. \$ _____
 - 17d. Other. Specify: _____ 17d. \$ _____
- 18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$ _____
- 19. **Other payments you make to support others who do not live with you.**
Specify: _____ 19. \$ _____
- 20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
 - 20a. Mortgages on other property 20a. \$ _____
 - 20b. Real estate taxes 20b. \$ _____
 - 20c. Property, homeowner's, or renter's insurance 20c. \$ _____
 - 20d. Maintenance, repair, and upkeep expenses 20d. \$ _____
 - 20e. Homeowner's association or condominium dues 20e. \$ _____

21. **Other.** Specify: _____

21. **+\$** _____

22. **Your monthly expenses.** Add lines 5 through 21.
The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

22. \$ _____

23. Line not used on this form.

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X _____

Signature of Debtor 1

X _____

Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
- Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
- Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---------------------|----------------------------|---|---|
| Number Street | From _____ To _____ | <input type="checkbox"/> Same as Debtor 1 | <input type="checkbox"/> Same as Debtor 1 |
| City State ZIP Code | | Number Street | From _____ To _____ |
| | | City State ZIP Code | |
| Number Street | From _____ To _____ | <input type="checkbox"/> Same as Debtor 1 | <input type="checkbox"/> Same as Debtor 1 |
| City State ZIP Code | | Number Street | From _____ To _____ |
| | | City State ZIP Code | |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
- Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
- Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|---|--|---|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For last calendar year: (January 1 to December 31, _____) YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For the calendar year before that: (January 1 to December 31, _____) YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| For last calendar year: (January 1 to December 31, _____) YYYY | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| For the calendar year before that: (January 1 to December 31, _____) YYYY | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Table with 4 columns: Dates of payment, Total amount paid, Amount you still owe, Was this payment for... (Mortgage, Car, Credit card, Loan repayment, Suppliers or vendors, Other). It contains three rows of creditor information for reporting payments of \$600 or more.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No
- Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|--|------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- No
- Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|--|------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | Include creditor's name |
| Insider's Name _____ Number Street _____ City State ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
- Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|---------------------------|------------------------------------|
| Case title _____ _____ | | Court Name _____ | <input type="checkbox"/> Pending |
| Case number _____ | | Number Street _____ | <input type="checkbox"/> On appeal |
| | | City State ZIP Code _____ | <input type="checkbox"/> Concluded |
| | | | |
| Case title _____ _____ | | Court Name _____ | <input type="checkbox"/> Pending |
| Case number _____ | | Number Street _____ | <input type="checkbox"/> On appeal |
| | | City State ZIP Code _____ | <input type="checkbox"/> Concluded |
| | | | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- No. Go to line 11.
- Yes. Fill in the information below.

| | Describe the property | Date | Value of the property |
|---|---|-------|-----------------------|
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | | _____ | \$ _____ |
| | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | | _____ | \$ _____ |
| | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No
- Yes. Fill in the details.

| | Describe the action the creditor took | Date action was taken | Amount |
|---|---|-----------------------|--------|
| Creditor's Name <hr/> Number Street <hr/> City State ZIP Code | | | \$ |
| | Last 4 digits of account number: XXXX-__ __ __ __ | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No
- Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
- Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift <hr/> Number Street <hr/> City State ZIP Code Person's relationship to you _____ | | | \$ |
| | | | \$ |
| Person to Whom You Gave the Gift <hr/> Number Street <hr/> City State ZIP Code Person's relationship to you _____ | | | \$ |
| | | | \$ |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
- Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|----------|
| Charity's Name | | _____ | \$ _____ |
| Number Street | | _____ | \$ _____ |
| City State ZIP Code | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No
- Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | _____ | \$ _____ |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No
- Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Number Street | | _____ | \$ _____ |
| City State ZIP Code | | _____ | \$ _____ |
| Email or website address | | | |
| Person Who Made the Payment, if Not You | | | |

| | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Person Who Was Paid <hr/> Number Street <hr/> City State ZIP Code <hr/> Email or website address <hr/> Person Who Made the Payment, if Not You <hr/> | <div style="border: 1px solid black; height: 150px;"></div> | _____ | \$ _____ |
| | | _____ | \$ _____ |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

- No
- Yes. Fill in the details.

| | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|-----------------------------------|-------------------|
| Person Who Was Paid <hr/> Number Street <hr/> City State ZIP Code <hr/> | <div style="border: 1px solid black; height: 100px;"></div> | _____ | \$ _____ |
| | | _____ | \$ _____ |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
 Do not include gifts and transfers that you have already listed on this statement.

- No
- Yes. Fill in the details.

| | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
| Person Who Received Transfer <hr/> Number Street <hr/> City State ZIP Code <hr/> Person's relationship to you _____ <hr/> | <div style="border: 1px solid black; height: 150px;"></div> | <div style="border: 1px solid black; height: 150px;"></div> | _____ |
| Person Who Received Transfer <hr/> Number Street <hr/> City State ZIP Code <hr/> Person's relationship to you _____ <hr/> | | | _____ |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- No
- Yes. Fill in the details.

| | Description and value of the property transferred | Date transfer was made |
|------------------------------|---|------------------------|
| Name of trust _____ _____ | | _____ |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
- Yes. Fill in the details.

| | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---|---------------------------------|--|--|---|
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | XXXX-____-____-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | XXXX-____-____-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
- Yes. Fill in the details.

| Who else had access to it? | Describe the contents | Do you still have it? |
|---|--|---|
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | Name _____ Number Street _____ City State ZIP Code _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
- Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|-----------------------------------|---------------------|-----------------------|---|
| Name of Storage Facility | Name | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Number Street | Number Street | | |
| City State ZIP Code | City State ZIP Code | | |
| City State ZIP Code | City State ZIP Code | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
- Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|------------------------|-----------------------|----------|
| Owner's Name | | \$ _____ |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|-----------------------------------|----------------|
| Name of site | | _____ |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

25. Have you notified any governmental unit of any release of hazardous material?

- No
Yes. Fill in the details.

Table with 3 columns: Governmental unit, Environmental law, if you know it, Date of notice. Includes fields for Name of site, Number Street, City State ZIP Code.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
Yes. Fill in the details.

Table with 3 columns: Court or agency, Nature of the case, Status of the case. Includes fields for Case title, Court Name, Number Street, Case number, City State ZIP Code, and checkboxes for Pending, On appeal, Concluded.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
A member of a limited liability company (LLC) or limited liability partnership (LLP)
A partner in a partnership
An officer, director, or managing executive of a corporation
An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.
Yes. Check all that apply above and fill in the details below for each business.

Table for business details with 2 columns: Describe the nature of the business, Employer Identification number. Includes fields for Business Name, Number Street, City State ZIP Code, Name of accountant or bookkeeper, Dates business existed, and EIN.

| | | |
|--|-------------------------------------|--|
| Business Name _____ Number Street _____ City State ZIP Code _____ | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | Name of accountant or bookkeeper | Dates business existed |
| | | From _____ To _____ |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- Yes. Fill in the details below.

| | |
|---------------------|----------------|
| | Date issued |
| Name | MM / DD / YYYY |
| Number Street | |
| City State ZIP Code | |

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X _____ **X** _____
 Signature of Debtor 1 Signature of Debtor 2

Date _____ Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
- Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court

_____ District Of _____

In re

Case No. _____

Debtor

Chapter _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ _____

Prior to the filing of this statement I have received \$ _____

Balance Due \$ _____

2. The source of the compensation paid to me was:

- Debtor
- Other (specify)

3. The source of compensation to be paid to me is:

- Debtor
- Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

Signature of Attorney

Name of law firm

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy, and**
- **Your debts are primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan for family farmers or fishermen
- Chapter 13 — Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | | |
|---|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | | |
|---|---------|--------------------|
| | \$1,167 | filing fee |
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | |
|---|-------|--------------------|
| | \$200 | filing fee |
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | | |
|---|-------|--------------------|
| | \$235 | filing fee |
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Middle District of North Carolina

In re: _____
Debtor(s)

Case No. _____
Chapter _____

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: _____

Signature of Debtor

Date: _____

Signature of Joint Debtor

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number _____
(If known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.
- Not married.** Fill out Column A, lines 2-11.
 - Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | | | | | | | | | |
|---|--|--|--|----------|----------|--|----------|----------|---|------------|------------|---|----------|----------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ _____ | \$ _____ | | | | | | | | | | | | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse. | \$ _____ | \$ _____ | | | | | | | | | | | | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | \$ _____ | \$ _____ | | | | | | | | | | | | |
| 5. Net income from operating a business, profession, or farm | <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="background-color: #e0e0e0; padding: 2px;">Debtor 1</td> <td style="background-color: #e0e0e0; padding: 2px;">Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">- \$ _____</td> <td style="text-align: right;">- \$ _____</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ _____ | \$ _____ | Ordinary and necessary operating expenses | - \$ _____ | - \$ _____ | Net monthly income from a business, profession, or farm | \$ _____ | \$ _____ |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$ _____ | \$ _____ | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | - \$ _____ | - \$ _____ | | | | | | | | | | | | |
| Net monthly income from a business, profession, or farm | \$ _____ | \$ _____ | | | | | | | | | | | | |
| | \$ _____ | \$ _____ | | | | | | | | | | | | |
| 6. Net income from rental and other real property | <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="background-color: #e0e0e0; padding: 2px;">Debtor 1</td> <td style="background-color: #e0e0e0; padding: 2px;">Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">- \$ _____</td> <td style="text-align: right;">- \$ _____</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$ _____ | \$ _____ | Ordinary and necessary operating expenses | - \$ _____ | - \$ _____ | Net monthly income from rental or other real property | \$ _____ | \$ _____ |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$ _____ | \$ _____ | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | - \$ _____ | - \$ _____ | | | | | | | | | | | | |
| Net monthly income from rental or other real property | \$ _____ | \$ _____ | | | | | | | | | | | | |
| | \$ _____ | \$ _____ | | | | | | | | | | | | |

Column A Debtor 1

Column B Debtor 2 or non-filing spouse

7. Interest, dividends, and royalties

\$

\$

8. Unemployment compensation

\$

\$

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$

For your spouse \$

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$

\$

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$

\$

\$

\$

Total amounts from separate pages, if any.

+\$

+\$

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ + \$ = \$

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$

13. Calculate the marital adjustment. Check one:

- You are not married. Fill in 0 below.
You are married and your spouse is filing with you. Fill in 0 below.
You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$
\$
+\$

Total \$ Copy here -

14. **Your current monthly income.** Subtract the total in line 13 from line 12. \$ _____

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here → \$ _____
Multiply line 15a by 12 (the number of months in a year). **x 12**

15b. The result is your current monthly income for the year for this part of the form. \$ _____

16. **Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live. _____

16b. Fill in the number of people in your household. _____

16c. Fill in the median family income for your state and size of household. \$ _____
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. **How do the lines compare?**

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. **Copy your total average monthly income from line 11.** \$ _____

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. — \$ _____

19b. **Subtract line 19a from line 18.** \$ _____

20. **Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b..... \$ _____
Multiply by 12 (the number of months in a year). **x 12**

20b. The result is your current monthly income for the year for this part of the form. \$ _____

20c. Copy the median family income for your state and size of household from line 16c..... \$ _____

21. **How do the lines compare?**

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.

Debtor 1 _____
First Name Middle Name Last Name

Case number (if known) _____

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X _____
Signature of Debtor 1

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1)*.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ _____

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$

7b. Number of people who are under 65 X

7c. Subtotal. Multiply line 7a by line 7b. \$ Copy here -> \$

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$

7e. Number of people who are 65 or older X

7f. Subtotal. Multiply line 7d by line 7e. \$ Copy here -> + \$

7g. Total. Add lines 7c and 7f. \$ Copy here -> \$

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities - Insurance and operating expenses
Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$

9. Housing and utilities - Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Table with 2 columns: Name of the creditor, Average monthly payment. Includes input lines for creditor names and payments.

9b. Total average monthly payment \$ Copy here -> - \$ Repeat this amount on line 33a.

9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. \$ Copy here -> \$

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$

Explain why: _____

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
1. Go to line 12.
2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. \$

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1:

13a. Ownership or leasing costs using IRS Local Standard \$

13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Table with 2 columns: Name of each creditor for Vehicle 1, Average monthly payment

Table rows showing creditor names and average monthly payments with a plus sign.

Total average monthly payment Copy here - \$ Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. Copy net Vehicle 1 expense here \$

Vehicle 2 Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard \$

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Table with 2 columns: Name of each creditor for Vehicle 2, Average monthly payment

Table rows showing creditor names and average monthly payments with a plus sign.

Total average monthly payment Copy here - \$ Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0. Copy net Vehicle 2 expense here \$

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation. \$

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. \$

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes... \$
17. Involuntary deductions: The total monthly payroll deductions that your job requires... \$
18. Life insurance: The total monthly premiums that you pay for your own term life insurance... \$
19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court... \$
20. Education: The total monthly amount that you pay for education that is either required... \$
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting... \$
22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care... \$
23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services... + \$
24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. \$

Additional Expense Deductions

These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
Health insurance \$
Disability insurance \$
Health savings account + \$
Total \$ Copy total here -> \$
Do you actually spend this total amount?
[] No. How much do you actually spend? \$
[] Yes \$

- 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$
27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$
By law, the court must keep the nature of these expenses confidential.

28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ _____

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\$ _____

* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary.

\$ _____

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income.

+ \$ _____

32. Add all of the additional expense deductions. Add lines 25 through 31.

\$ _____

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment

Mortgages on your home

33a. Copy line 9b here -> \$ _____

Loans on your first two vehicles

33b. Copy line 13b here. -> \$ _____

33c. Copy line 13e here. -> \$ _____

33d. List other secured debts:

Table with 3 columns: Name of each creditor for other secured debt, Identify property that secures the debt, Does payment include taxes or insurance? (No/Yes) and corresponding dollar amounts.

33e. Total average monthly payment. Add lines 33a through 33d. \$ _____ Copy total here -> \$ _____

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- No. Go to line 35.
Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Table with 4 columns: Name of the creditor, Identify property that secures the debt, Total cure amount, Monthly cure amount. Includes a Total row with a box for the sum and a 'Copy total here' arrow.

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- No. Go to line 36.
Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. \$ _____ ÷ 60 \$ _____

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

\$ _____

X _____

Average monthly administrative expense

\$ _____ Copy total here \$ _____

37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$ _____

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ _____

Copy line 32, All of the additional expense deductions \$ _____

Copy line 37, All of the deductions for debt payment + \$ _____

Total deductions \$ _____ Copy total here \$ _____

Part 2:

Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here \$

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Table with 2 columns: Describe the special circumstances, Amount of expense. Includes a Total row with a 'Copy here' arrow pointing to a plus sign.

44. Total adjustments. Add lines 40 through 43. \$ Copy here - \$

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$

Part 3:

Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below.

Table with 6 columns: Form, Line, Reason for change, Date of change, Increase or decrease?, Amount of change. Includes checkboxes for Increase/Decrease and dollar amount fields.

Debtor 1

First Name Middle Name Last Name

Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

x _____

Signature of Debtor 1

x _____

Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA**

Fill in this information to identify your case:

Debtor 1: _____
 First Name Middle Name Last Name

Debtor 2: _____
 (Spouse, if filing) First Name Middle Name Last Name

Case number: _____
 (If known)

SS# Debtor 1: XXX – XX – _____

SS# Debtor 2: XXX – XX – _____

Check if this is an amended plan, and list below the sections of the plan that have changed.

CHAPTER 13 PLAN

Section 1: Notices.

To Debtors: This form sets out options that may be appropriate in some cases, but the presence of an option on this form does not indicate that the option is appropriate in your circumstances. Plans that do not comply with Local Rules and judicial rulings may not be confirmable. **You must check each box that applies in § 1.1 and 1.3 below. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.**

| | | | |
|-----|---|-----------------------------------|--|
| 1.1 | A limit on the amount of a secured claim, set out in Section 4, which may result in a partial payment or no payment at all to the secured creditor. | <input type="checkbox"/> Included | <input type="checkbox"/> Not included |
| 1.2 | Avoidance of a judicial lien or nonpossessory, nonpurchase money security interest will be done by separate motion or adversary proceeding. | | <input checked="" type="checkbox"/> Not included |
| 1.3 | Nonstandard provisions set out in Section 9. | <input type="checkbox"/> Included | <input type="checkbox"/> Not included |

To Creditors: Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.

You will need to file a proof of claim in order to be paid under any plan. Official notice will be sent to Creditors, which will provide the name and address of the Trustee, the date and time of the meeting of creditors, and information regarding the filing of proofs of claim.

You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one. If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least seven days before the date set for the hearing on confirmation. You will receive notification from the Bankruptcy Court of the date set for the hearing on confirmation. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015.

Section 2: Plan Length, Payments and Liquidation Value.

2.1 **Plan length.** The applicable commitment period is:

- 36 months
- 60 months

Debtor _____

Case Number _____

2.2 Payments. The Debtor will make payments to the Trustee as follows:

\$ _____ per month for _____ month(s)

\$ _____ per month for _____ month(s)

Additional payments _____

The Debtor shall commence payments to the Trustee within thirty (30) days from the date the petition was filed. If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to pay creditors as specified in this plan.

2.3 Liquidation value.

a. The amount that allowed priority and non-priority unsecured claims would receive if assets were liquidated in a Chapter 7 case, after allowable exemptions, is estimated to be \$_____.

b. Classes of unsecured claims are established, if necessary, based on liquidation value requirements as follows:

Class __ – Allowed unsecured claims of _____ with a liquidation value requirement of \$_____.

Class __ – Allowed unsecured claims of _____ with a liquidation value requirement of \$_____.

Class __ – Allowed joint unsecured claims of _____ with a liquidation value requirement of \$_____.

c. Due to liquidation value requirements, interest at ___% per annum will be paid to allowed priority and non-priority unsecured claims as provided below:

Interest to all allowed priority and non-priority unsecured claims.

Interest to allowed priority and non-priority claims in Class _____.

Section 3: Fees and Priority Claims.

3.1 Attorney fees.

The Attorney for the Debtor will be paid the presumptive base fee of \$_____. The Attorney has received \$_____ from the Debtor pre-petition and the remainder of the fee will be paid monthly by the Trustee as funds are available.

The Attorney for the Debtor will be paid a reduced fee of \$_____. The Attorney has received \$_____ from the Debtor pre-petition and the remainder of the fee will be paid monthly by the Trustee as funds are available.

The Attorney for the Debtor will file an application for approval of a fee in lieu of the presumptive base fee.

3.2 Trustee costs. The Trustee will receive from all disbursements such amount as approved by the Court for payment of fees and expenses.

3.3 Priority Domestic Support Obligations (“DSO”).

a. None. If none is checked, the rest of Section 3.3 need not be completed or reproduced.

b. The name and address of the holder of any DSO as defined in 11 U.S.C. § 101(14A) is as follows:

| Name of DSO Claimant | Address, City & State |
|----------------------|-----------------------|
| | |

Debtor _____

Case Number _____

- c. All post-petition DSO amounts will be paid directly by the Debtor to the holder of the claim and not by the Trustee.
- d. Arrearages owed to DSO claimants under 11 U.S.C. § 507(a)(1)(A) not presently paid through wage garnishment will be paid by the Trustee as follows:

| Name of DSO Claimant | Estimated Arrearage Claim | Monthly payment |
|----------------------|---------------------------|-----------------|
| | \$ | \$ |

3.4 Other priority claims to be paid by Trustee.

- a. None. If none is checked, the rest of Section 3.4 need not be completed or reproduced.
- b. To be paid by Trustee

| Creditor | Estimated Priority Claim |
|----------|--------------------------|
| | \$ |
| | \$ |

Section 4: Secured Claims.

4.1 Real Property – Claims secured solely by Debtor’s principal residence.

- a. None. If none is checked, the rest of Section 4.1 need not be completed or reproduced.
- b. Maintenance of payments and cure of default.

Installment payments on the claims listed below will be maintained and any arrearage will be paid in full. Proofs of claim should reflect arrearage amounts through the petition date. For claims being paid by the Trustee, the Trustee will commence disbursements of installment payments the month after confirmation. Any filed arrearage claim will be adjusted to include post-petition installment payments through the month of confirmation.

Amounts stated on a filed proof of claim, and as adjusted to include post-petition payments through the month of confirmation, will control over any contrary amounts listed below for the installment payment and the arrearage. Additionally, the Trustee will adjust the installment payment in accordance with any Notice of Mortgage Payment Change filed under Bankruptcy Rule 3002.1.

The Trustee is authorized to pay any post-petition fee, expense, or charge for which notice is filed under Bankruptcy Rule 3002.1 if no objection is filed to such fee, expense, or charge.

| Creditor | Address of Residence | Current Y/N | Installment Payment | Estimated Arrearage Amount on Petition Date | If Current, Indicate by Debtor or Trustee |
|----------|----------------------|-------------|---------------------|---|---|
| | | | \$ | \$ | |

- c. Claims to be paid in full by Trustee.

| Creditor | Address of Residence | Estimated Claim | Monthly Payment | Monthly Escrow Payment | Interest Rate |
|----------|----------------------|-----------------|-----------------|------------------------|---------------|
| | | \$ | \$ | \$ | % |

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- d. Request for valuation to treat claims as secured to the value of the property and any amount in excess as unsecured.
This will be effective only if the applicable box in Section 1.1 of this plan is checked.

| Creditor | Address of Residence | Value of Residence | Amount of Claims Senior to Creditor's Claim | Amount of Secured Claim | Monthly Payment to Creditor | Interest Rate |
|----------|----------------------|--------------------|---|-------------------------|-----------------------------|---------------|
| | | \$ | \$ | \$ | \$ | % |

4.2 Real Property – Claims secured by real property other than by Debtor's principal residence AND claims secured by Debtor's principal residence and additional collateral.

- a. None. If none is checked, the rest of Section 4.2 need not be completed or reproduced.
- b. Maintenance of payments and cure of default.

Installment payments on the claims listed below will be maintained and any arrearage will be paid in full. Proofs of claim should reflect arrearage through the petition date. For claims being paid by the Trustee, the Trustee will commence disbursements of installment payments the month after confirmation and any filed arrearage claims will be adjusted accordingly. Amounts stated on a proof of claim as adjusted to include post-petition payments through the month of confirmation, will control over any contrary amounts listed below for the installment payment and the arrearage.

| Creditor | Collateral | Current Y/N | Installment Payment | Estimated Arrearage Amount on Petition Date | If Current, Indicate by Debtor or Trustee |
|----------|------------|-------------|---------------------|---|---|
| | | | \$ | \$ | |

- c. Claims to be paid in full by Trustee.

| Creditor | Collateral | Estimated Claim | Monthly Payment | Monthly Escrow Payment | Interest Rate |
|----------|------------|-----------------|-----------------|------------------------|---------------|
| | | \$ | \$ | \$ | % |

- d. Request for valuation to treat claims as secured to the value of the property and any amount in excess as unsecured.
This will be effective only if the applicable box in Section 1.1 of this plan is checked.

| Creditor | Collateral | Value of Property | Amount of Claims Senior to Creditor's Claim | Amount of Secured Claim | Monthly Payment to Creditor | Interest Rate |
|----------|------------|-------------------|---|-------------------------|-----------------------------|---------------|
| | | \$ | \$ | \$ | \$ | % |

4.3 Personal property secured claims.

- a. None. If none is checked, the rest of Section 4.3 need not be completed and reproduced.
- b. Claims secured by personal property to be paid in full.

| Creditor | Collateral | Estimated Claim | Monthly Payment | Interest Rate | Adequate Protection Payment | Number of Adequate Protection Payments |
|----------|------------|-----------------|-----------------|---------------|-----------------------------|--|
| | | \$ | \$ | % | \$ | |

- c. Claims secured by personal property excluded from 11 U.S.C. § 506 being either (i) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for personal use of the Debtor, or (ii) incurred within one (1) year of the petition date and secured by a purchase money security interest in any other thing of value. The filed claim must include documentation to show exclusion from 11 U.S.C. § 506 in order to be paid in full.

| Creditor | Collateral | Estimated Claim | Monthly Payment | Interest Rate | Adequate Protection Payment | Number of Adequate Protection Payments |
|----------|------------|-----------------|-----------------|---------------|-----------------------------|--|
| | | \$ | \$ | % | \$ | |

- d. Request for valuation to treat claims as secured to the value of the collateral and any amount in excess as unsecured. *This will be effective only if the applicable box in Section 1.1 of this plan is checked.*

| Creditor | Estimated Amount of Total Claim | Collateral | Value of Collateral | Amount of Claims Senior to Creditor's Claim | Amount of Secured Claim | Monthly Payment | Interest Rate | Adequate Protection Payment | Number of Adequate Protection Payments |
|----------|---------------------------------|------------|---------------------|---|-------------------------|-----------------|---------------|-----------------------------|--|
| | \$ | | \$ | \$ | \$ | \$ | % | \$ | |

- e. Maintenance of payments and cure of default.

Installment payments on the claims listed below will be maintained and any arrearage will be paid in full. Proofs of claim should reflect arrearage through the petition date. For claims being paid by the Trustee, the Trustee will commence disbursements of installment payments the month after confirmation and any filed arrearage claims will be adjusted accordingly. Amounts stated on a proof of claim as adjusted to include post-petition payments through the month of confirmation, will control over any contrary amounts listed below for the installment payment and the arrearage.

| Creditor | Collateral | Installment Payment | Estimated Arrearage Amount on Petition Date | Pre-Confirmation Adequate Protection Payments |
|----------|------------|---------------------|---|---|
| | | \$ | \$ | \$ |

The Debtor requests that the Court determine the value of the secured claims listed as set forth in Sections 4.1.d, 4.2.d, and 4.3.d as applicable. For each non-governmental secured claim listed above, the Debtor states that the value of the secured claim should be set out in the column headed *Amount of Secured Claim*. For secured claims of governmental units only, unless otherwise ordered by the Court, the value of a secured claim listed in a proof of claim filed in accordance with the Bankruptcy Rules controls over any contrary amount listed above. For each listed claim, the value of the secured claim will be paid in full with interest at the rate stated above.

The portion of any allowed claim that exceeds the amount of the secured claim will be treated as an unsecured claim under Section 6 of this plan. If the amount of a creditor's secured claim is listed above as having no value, the creditor's allowed claim will be treated in its entirety as an unsecured claim under Section 6 of this plan. Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in Section 4.

The holder of any claim listed in Section 4 as having value in the column headed *Amount of Secured Claim* will retain the lien on the property interest of the Debtor or the estate until the earlier of:

- (a) payment of the underlying debt determined under non-bankruptcy law, or
- (b) discharge of the underlying debt under 11 U.S.C. § 1328, at which time the lien will terminate and be released by the creditor.

Section 5: Collateral to be Surrendered.

- a. None. If none is checked, the rest of Section 5 need not be completed or reproduced.

- b. The Debtor proposes to surrender to each creditor listed below the collateral that secures the creditor’s claim.

Upon timely filing of a claim evidencing a non-avoidable lien, the Debtor will surrender the collateral in satisfaction of the secured claim, and the stay under 11 U.S.C. § 362(a) will be terminated as to the collateral only and the stay under § 1301 will be terminated in all respects effective upon confirmation of this plan. Effective upon confirmation the creditor will be allowed a period of 120 days for personal property and a period of 180 days for real property to file a documented deficiency claim. Any allowed unsecured claim resulting from disposition of the collateral will be treated as an unsecured claim under Section 6.

| Creditor | Collateral to be Surrendered |
|----------|------------------------------|
| | |

Section 6: Nonpriority Unsecured Claims.

6.1 Nonpriority unsecured claims not separately classified.

Allowed nonpriority unsecured claims will be paid pro rata with payments to commence after priority unsecured claims are paid in full. There is no requirement for a distribution to nonpriority unsecured claims except as provided in Section 2.3 or 6.

- a. The minimum sum of \$_____ will be paid pro rata to nonpriority unsecured claims due to the following:
- Disposable Income
 - Other
- b. Allowed non-priority unsecured claims will be paid in full with interest at ____% per annum due to all disposable income not being applied to the plan payment.

6.2 Separately classified nonpriority unsecured claims.

- a. None. If none is checked, the rest of Section 6.2 need not be completed or reproduced.
- b. Allowed nonpriority unsecured homeowner association (HOA) claims are separately classified as follows:
- _____ HOA – The Debtor will pay homeowner association dues directly.
 - _____ HOA – The Trustee will disburse monthly payments of \$_____ beginning the month after confirmation. The post-petition dues through the month of confirmation will be paid in full at the rate of \$_____ per month. Pre-petition arrearage will be an unsecured claim unless the proof of claim includes evidence of a lien.
- c. Allowed nonpriority unsecured claims, other than HOA claims, listed below are separately classified.

| Creditor | Basis for Separate Classification (Include Name and Address of Co-Debtor, if Applicable) | Estimated Claim | Monthly Payment | Interest Rate (If applicable) |
|----------|--|-----------------|-----------------|-------------------------------|
| | | \$ | \$ | % |

Section 7: Executory Contracts and Unexpired Leases.

- a. None. If none is checked, the rest of Section 7 need not be completed or reproduced.

Debtor _____

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- b. Executory contracts and leases to be rejected.

| Creditor | Nature of Lease or Contract |
|----------|-----------------------------|
| | |
| | |

- c. Executory contracts and leases to be assumed.

| Creditor | Nature of Lease or Contract | Monthly Payment | Payment by Debtor or Trustee | Arrearage Amount | Arrearage Paid by Debtor or Trustee | Monthly Payment on Arrearage |
|----------|-----------------------------|-----------------|------------------------------|------------------|-------------------------------------|------------------------------|
| | | \$ | | \$ | | \$ |

Section 8: Local Standard Provisions.

- 8.1 a. The Trustee shall collect and disburse payments in accordance with the plan.
- b. Proofs of claim must be filed to receive disbursements pursuant to the plan. Any claim to be paid as secured must contain evidence of a properly perfected lien on property of the estate. If a claim is listed as secured and the creditor files an unsecured claim, the claim will be treated as unsecured.
- c. Any creditor holding an allowed secured claim and to whom the Debtor is surrendering property under the order confirming plan is granted relief from the automatic stay as to the property and relief from any co-debtor stay so the creditor may obtain possession and liquidate the property. Any net proceeds, after payment of liens and costs of liquidation, are to be forwarded to the Trustee.
- d. All payments being made by the Trustee on any claim secured by real or personal property shall terminate upon the lifting of the automatic stay with respect to the affected property.
- e. Notwithstanding the allowance of a claim as secured, all rights under Title 11 to avoid liens or transfers are reserved and confirmation of the plan is without res judicata effect as to any action to avoid a lien or transfer.
- f. Notwithstanding 11 U.S.C. § 1327(b), all property of the estate as specified by 11 U.S.C. §§ 541 and 1306 shall continue to be property of the estate following confirmation until the earlier of discharge, dismissal, or conversion of the case.
- g. Confirmation of the plan shall not prejudice the right of the Debtor or Trustee to object to any claim.
- h. The Debtor must promptly report to the Trustee and must amend the petition schedules to reflect any significant increases in income and any substantial acquisitions of property such as inheritance, gift of real or personal property, or lottery winnings.

8.2 THE FOLLOWING ADDITIONAL PROVISIONS ARE APPLICABLE TO THE HOLDER OR SERVICER (“HOLDER”) OF A CLAIM SECURED BY A DEED OF TRUST, A MORTGAGE OR SECURITY INTEREST IN REAL PROPERTY, OR A MOBILE HOME THAT IS THE DEBTOR’S PRINCIPAL RESIDENCE:

- a. The Holder, upon confirmation, is precluded from imposing late charges or other default related fees based solely on pre-confirmation default.
- b. If the Trustee is disbursing ongoing monthly installment payments, the Holder must apply each ongoing payment to the month in which the payment is designated.
- c. For any loan with an escrow account, the Holder must prepare and must send an escrow analysis annually to the Debtor, the Trustee and the Debtor’s attorney. The first escrow analysis must be filed with the proof of claim in accordance with Bankruptcy Rule 3002.1. The escrow analysis should not include any amounts that were included or should have been included in the arrearage claim.
- d. The Holder shall continue to send monthly statements to the Debtor in the same manner as existed pre-petition and such statements will not be deemed a violation of the automatic stay.

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- e. The Holder is required, upon request, to provide account information to the Trustee within 21 days of the request and failure to provide a timely response may result in an order requiring the Holder to appear and show cause as to why Holder should not be sanctioned for failure to comply.
- f. Nothing herein shall modify Holder’s responsibilities under Bankruptcy Rule 3002.1.
- g. Unless the Court orders otherwise, an order granting a discharge in the case shall be a determination that all pre-petition and post-petition defaults have been cured and the account is current and reinstated on the original payment schedule under the note and security agreement as if no default had ever occurred.
- h. **PENALTY FOR FAILURE OF HOLDER TO COMPLY WITH THE REQUIREMENTS OUTLINED IN BANKRUPTCY RULE 3002.1.**
Without limitation to the Court’s authority to afford other relief, any willful failure of the Holder to credit payments in the manner required by Bankruptcy Rule 3002.1 or any act by the creditor following the entry of discharge to charge or collect any amount incurred or assessed prior to the filing of the Chapter 13 Petition or during the pendency of the Chapter 13 case that was not authorized by the order confirming plan or approved by the Court after proper notice, may be found by the Court to constitute contempt of Court and to be a violation of 11 U.S.C. § 524(i) and the injunction under 11 U.S.C. § 524(a)(2).

Section 9: Nonstandard Plan Provisions.

- a. None. If none is checked, the rest of Section 9 need not be completed or reproduced.
- b. The following plan provisions will be effective only if there is a check in the box “Included” in Section 1.3. Any nonstandard provision as defined by Bankruptcy Rule 3015(c) set out elsewhere in this plan is void.

By filing this document, the Debtor(s), if not represented by an Attorney, or the Attorney for Debtor(s) certify(ies) that the wording and order of the provisions in this Chapter 13 Plan are identical to those contained in NCMB Chapter 13 Plan, other than any nonstandard provisions included in Section 9.

Signature(s):

If the Debtor(s) do not have an Attorney, the Debtor(s) must sign below; otherwise the Debtor(s) signatures are optional. The Attorney for the Debtor(s), if any, must sign below.

Signature of Debtor 1

Signature of Debtor 2

Executed on _____
mm/dd/yyyy

Executed on _____
mm/dd/yyyy

Debtor _____

Case Number _____

Signature of Attorney for Debtor(s)

Date: _____

Address: _____

Telephone: _____

State Bar No: _____

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA**

In re: _____)
_____)
_____)
SS# xxx-xx- _____)
SS# xxx-xx- _____)
_____)
Debtor(s) _____)

Case No. _____

CHAPTER 13 PLAN

CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the plan was served by first class mail, postage prepaid, to the following parties at their respective addresses:

Date: _____
