| Fill in this information | to identify your case: |
|--------------------------|------------------------|
|--------------------------|------------------------|

| United States Bankruptcy Court for the: | |
|---|--|
| | apter 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 06/24

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, | First name | First name | | | | | |
| | your driver's license or passport). | Middle name | Middle name | | | | | |
| | Bring your picture identification to your meeting | Last name | Last name | | | | | |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) | | | | | |
| 2 | All other names you | | | | | | | |
| 2. | All other names you have used in the last 8 years | First name | First name | | | | | |
| | Include your married or | Middle name | Middle name | | | | | |
| | maiden names and any assumed, trade names and <i>doing business as</i> names. | Last name | Last name | | | | | |
| | Do NOT list the name of any | First name | First name | | | | | |
| | separate legal entity such as a corporation, partnership, or LLC that is not filing this | Middle name | Middle name | | | | | |
| | petition. | Last name | Last name | | | | | |
| | | Business name (if applicable) | Business name (if applicable) | | | | | |
| | | Business name (if applicable) | Business name (if applicable) | | | | | |
| | | | | | | | | |
| 3. | Only the last 4 digits of your Social Security | xxx – xx – | xxx – xx – | | | | | |
| | number or federal Individual Taxpayer | OR | OR | | | | | |
| | Identification number (ITIN) | 9 xx - xx | 9 xx - xx | | | | | |

| Deptor 1 | Debto | r 1 |
|----------|-------|-----|
|----------|-------|-----|

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|-----------------------|---|---|
| | | | |
| 4. | Your Employer | _ | - |
| | Identification Number | EIN | EIN |
| | (EIN), if any. | | |
| | | <u> </u> | |
| | | | |
| | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | | |
| | | | |
| | | Number Street | Number Street |
| | | | |
| | | | |
| | | | |
| | | | |
| | | City State ZIP Code | City State ZIP Code |
| | | | |
| | | County | County |
| | | County | County |
| | | If your mailing address is different from the one | If Debtor 2's mailing address is different from |
| | | above, fill it in here. Note that the court will send | yours, fill it in here. Note that the court will send |
| | | any notices to you at this mailing address. | any notices to this mailing address. |
| | | | |
| | | | Number Otrest |
| | | Number Street | Number Street |
| | | | |
| | | P.O. Box | P.O. Box |
| | | | |
| | | City State ZIP Code | City State ZIP Code |
| | | | |
| | | | |
| 6. | Why you are choosing | Check one: | Check one: |
| this district to file for bankruptcy | | Over the last 190 days before filing this patition | Over the last 190 days before filing this patition |
| | | Over the last 180 days before filing this petition, I have lived in this district longer than in any | Over the last 180 days before filing this petition, I have lived in this district longer than in any |
| | | other district. | other district. |
| | | I have another reason. Explain. | I have another reason. Explain. |
| | | (See 28 U.S.C. § 1408.) | (See 28 U.S.C. § 1408.) |
| | | (| (|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Bankruptcy Code you are choosing to file under for Bancher Banch | cone. (Fo nkruptcy (napter 7 napter 11 napter 12 napter 13 vill pay t cal court urself, yo bmitting th a pre- need to p oplication equest t v law, a ju ss than 1 ny the fee hapter 7 | r a brief description (Form 2010)). Also, (Form 2010)). Also, he entire fee whe for more details a ou may pay with o your payment on printed address. Day the fee in ins of for Individuals to that my fee be wa udge may, but is r 150% of the officia e in installments). | go to the top of particular en I file my peti- bout how you m cash, cashier's c your behalf, you tallments. If you tallments. If you haved (You may not required to, you il poverty line that If you choose that d (Official Form | tion. Please che hay pay. Typicall heck, or money ur attorney may p u choose this opt <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it | U.S.C. § 342(b) for Individuals Filing he appropriate box. eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check etion, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to just fill out the <i>Application to Have the</i> with your petition. |
|--|--|---|--|--|---|
| The chapter of the Bankruptcy Code you are choosing to file under C C<th>cone. (Fo nkruptcy (napter 7 napter 11 napter 12 napter 13 vill pay t cal court urself, yo bmitting th a pre- need to p oplication equest t v law, a ju ss than 1 ny the fee hapter 7</th><th>r a brief description (Form 2010)). Also, (Form 2010)). Also, he entire fee whe for more details a ou may pay with o your payment on printed address. Day the fee in ins <i>h for Individuals to</i> chat my fee be wa udge may, but is r (50% of the officia e in installments). <i>Filing Fee Waived</i></th><th>go to the top of particular en I file my peti- bout how you m cash, cashier's c your behalf, you tallments. If you tallments. If you haved (You may not required to, you il poverty line that If you choose that d (Official Form</th><th>tion. Please che hay pay. Typicall heck, or money ur attorney may p u choose this opt <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it</th><th>eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check tion, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i></th> | cone. (Fo nkruptcy (napter 7 napter 11 napter 12 napter 13 vill pay t cal court urself, yo bmitting th a pre- need to p oplication equest t v law, a ju ss than 1 ny the fee hapter 7 | r a brief description (Form 2010)). Also, (Form 2010)). Also, he entire fee whe for more details a ou may pay with o your payment on printed address. Day the fee in ins <i>h for Individuals to</i> chat my fee be wa udge may, but is r (50% of the officia e in installments). <i>Filing Fee Waived</i> | go to the top of particular en I file my peti- bout how you m cash, cashier's c your behalf, you tallments. If you tallments. If you haved (You may not required to, you il poverty line that If you choose that d (Official Form | tion. Please che hay pay. Typicall heck, or money ur attorney may p u choose this opt <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it | eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check tion, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> |
| The chapter of the Bankruptcy Code you are choosing to file under C C<th>cone. (Fo nkruptcy (napter 7 napter 11 napter 12 napter 13 vill pay t cal court urself, yo bmitting th a pre- need to p oplication equest t v law, a ju ss than 1 ny the fee hapter 7</th><th>r a brief description (Form 2010)). Also, (Form 2010)). Also, he entire fee whe for more details a ou may pay with o your payment on printed address. Day the fee in ins <i>h for Individuals to</i> chat my fee be wa udge may, but is r (50% of the officia e in installments). <i>Filing Fee Waived</i></th><th>go to the top of particular en I file my peti- bout how you m cash, cashier's c your behalf, you tallments. If you tallments. If you haved (You may not required to, you il poverty line that If you choose that d (Official Form</th><th>tion. Please che hay pay. Typicall heck, or money ur attorney may p u choose this opt <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it</th><th>eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check tion, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i></th> | cone. (Fo nkruptcy (napter 7 napter 11 napter 12 napter 13 vill pay t cal court urself, yo bmitting th a pre- need to p oplication equest t v law, a ju ss than 1 ny the fee hapter 7 | r a brief description (Form 2010)). Also, (Form 2010)). Also, he entire fee whe for more details a ou may pay with o your payment on printed address. Day the fee in ins <i>h for Individuals to</i> chat my fee be wa udge may, but is r (50% of the officia e in installments). <i>Filing Fee Waived</i> | go to the top of particular en I file my peti- bout how you m cash, cashier's c your behalf, you tallments. If you tallments. If you haved (You may not required to, you il poverty line that If you choose that d (Official Form | tion. Please che hay pay. Typicall heck, or money ur attorney may p u choose this opt <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it | eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check tion, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> |
| Bankruptcy Code you are choosing to file under for Bankruptcy Image: Comparison of the under C Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image: Comparison of the under Image | nkruptcy (napter 7 napter 11 napter 12 napter 12 napter 13 vill pay t cal court nurself, yo bonitting th a pre- need to p poplication equest t v law, a ju ss than 1 ny the fee hapter 7 | (Form 2010)). Also, he entire fee whe for more details a ou may pay with our your payment on printed address. bay the fee in ins in for Individuals to that my fee be way udge may, but is r 50% of the officia in installments). Filing Fee Waived | go to the top of particular en I file my peti- bout how you m cash, cashier's c your behalf, you tallments. If you tallments. If you haved (You may not required to, you il poverty line that If you choose that d (Official Form | tion. Please che hay pay. Typicall heck, or money ur attorney may p u choose this opt <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it | eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check tion, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> |
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| How you will pay the fee How you will pay the fee Indo Indo | napter 12 napter 13 vill pay t cal court urself, yo bmitting th a pre- need to p oplication equest t v law, a ju ss than 1 by the fee hapter 7 | he entire fee whe for more details a ou may pay with o your payment on printed address. The fee in ins of for Individuals to that my fee be wa udge may, but is r 50% of the officia in installments). Filing Fee Waived | about how you m cash, cashier's c your behalf, you tallments. If you aived (You may not required to, you I poverty line that If you choose the d (Official Form | hay pay. Typicall heck, or money ur attorney may p u choose this op <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it | y, if you are paying the fee order. If your attorney is pay with a credit card or check atton, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> |
| How you will pay the fee How you will pay the fee Indon you will pay the fee < | vill pay t cal court surself, yo bmitting th a pre- need to p <i>pplication</i> equest t <i>v</i> law, a ju ss than 1 by the fee hapter 7 | he entire fee whe for more details a ou may pay with o your payment on printed address. bay the fee in ins for Individuals to that my fee be wa udge may, but is r 50% of the officia e in installments). Filing Fee Waived | about how you m cash, cashier's c your behalf, you tallments. If you aived (You may not required to, you I poverty line that If you choose the d (Official Form | hay pay. Typicall heck, or money ur attorney may p u choose this op <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it | y, if you are paying the fee order. If your attorney is pay with a credit card or check atton, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> |
| How you will pay the fee Industry of the set of the | vill pay t cal court surself, yo bmitting th a pre- need to p oplication equest t / law, a ju ss than 1 by the fee hapter 7 | he entire fee who for more details a ou may pay with o your payment on printed address. Day the fee in ins of for Individuals to that my fee be wa udge may, but is r 50% of the officia in installments). <i>Filing Fee Waived</i> | about how you m cash, cashier's c your behalf, you tallments. If you aived (You may not required to, you I poverty line that If you choose the d (Official Form | hay pay. Typicall heck, or money ur attorney may p u choose this op <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it | y, if you are paying the fee order. If your attorney is pay with a credit card or check atton, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> |
| Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business In A In A In B < | cal court surself, yo bonitting th a pre- need to p oplication equest t / law, a ju ss than 1 by the fee hapter 7 | for more details a ou may pay with o your payment on printed address. Day the fee in ins of for Individuals to that my fee be wa udge may, but is r 150% of the officia in installments). <i>Filing Fee Waived</i> | about how you m cash, cashier's c your behalf, you tallments. If you aived (You may not required to, you I poverty line that If you choose the d (Official Form | hay pay. Typicall heck, or money ur attorney may p u choose this op <i>Fee in Installme</i> request this opti waive your fee, a at applies to you is option, you m 103B) and file it | y, if you are paying the fee order. If your attorney is pay with a credit card or check atton, sign and attach the <i>ints</i> (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i> |
| bankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business | | t | When | | |
| Are any bankruptcy Naccord constraints Are any bankruptcy Naccord constraints Naccord constraints<th>o. Diotrio</th><th></th><th></th><th></th><th>Case number</th> | o. Diotrio | | | | Case number |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business | | | | MM / DD / YYYY | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business | Distric | t | When | MM / DD / YYYY | Case number |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business | Distric | t | When | | Case number |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business | | | | MM / DD / YYYY | |
| filed by a spouse who is not filing this case with you, or by a business |) | | | | |
| you, or by a business | s. Debtor | r | | | _ Relationship to you |
| - (())- (-0 | Distric | t | When | MM/DD/YYYY | Case number, if known |
| affiliate? | Debtor | r | | | _ Relationship to you |
| | | | | | Case number, if known |
| | | | | MM / DD / YYYY | |
| 1. Do you rent your ING residence? ING Ye | | line 12. our landlord obtaine | ed an eviction judg | ment against you? | ? |
| | | o. Go to line 12. | | | |

| Debtor | 1 |
|--------|---|
|--------|---|

Part 3:

First Name Middle Name

Last Name

Report About Any Businesses You Own as a Sole Proprietor

Case number (if known)___

| 12. Are you a sole proprietor | No. Go to Part 4. | | | | |
|---|--|---|--|--|--|
| of any full- or part-time business? | 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 | Name of business, if any | | | | |
| a corporation, partnership, or LLC. | Number Street | | | | |
| If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | | | |
| to this petition. | City | State ZIP Code | | | |
| | Check the appropriate box to desc | ribe your business: | | | |
| | Health Care Business (as defi | ned in 11 U.S.C. § 101(27A)) | | | |
| | Single Asset Real Estate (as c | efined in 11 U.S.C. § 101(51B)) | | | |
| | Stockbroker (as defined in 11 | J.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 <i>small business</i> | 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). | | | | |
| debtor? For a definition of <i>small</i> | □ No. I am not filing under Chapter 11. | | | | |
| business debtor, see 11 U.S.C. § 101(51D). | No. I am filing under Chapter 11, but I the Bankruptcy Code. | am NOT a small business debtor according to the definition in | | | |
| | • | a small business debtor according to the definition in the lose to proceed under Subchapter V of Chapter 11. | | | |
| | | a small business debtor according to the definition in the proceed under Subchapter V of Chapter 11. | | | |

| btor 1 | | | | | Case number (if known) | | | | |
|--|---|---------------|---------------------|--------------------------|---------------------------------------|-------------------|-------------|-----------|-----------|
| | First Name | Middle Name | | Last Name | | | | | |
| | - | | | | | | | | |
| art 4: | Report if Y | 'ou Own d | or Have | Any Hazardous Prop | erty or Any | Property That | at Needs Im | mediate / | Attention |
| | | | | | | | | | |
| | ou own or ha | | 🛛 No | | | | | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to | | | What is the hazard? | | | | | | |
| | threat | — 163. | | | | | | | |
| | | | | | | | | | |
| | ic health or s | | | | • • • • • • • • • • • • • • • • • • • | | | | |
| | r do you own any | - | | | | | | | |
| | erty that nee ediate attenti | | | If immediate attention i | s needed, wh | / is it needed? _ | | | |
| | xample, do you | | | | | | | | |
| | able goods, or | | | | | | | | |
| that m | must be fed, or a building needs urgent repairs? | | | | | | | | |
| | | bairs? | | Where is the property? | | | | | |
| | | | | , | Number | Street | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | City | | | State | ZIP Code |
| | | | | | City | | | Siale | ZIP Code |

Middle Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

First Name

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. |
| | Level examples and path is willtaw. |

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.

Middle Name

Last Name

Case number (if known)

| Pa | rt 6: Answer These Ques | tions for Reporting Purposes | | | | | | |
|-----|---|--|---|--|--|--|--|--|
| 16. | What kind of debts do you have? | 16a. Are your debts 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." | | | | | | |
| | you navoi | No. Go to line 16b. Yes. Go to line 17. | | | | | | |
| | | | | ss debts are debts that you incurred to obtain on of the business or investment. | | | | |
| | | No. Go to line 16c.Yes. Go to line 17. | | | | | | |
| | | 16c. State the type of debts you ow | e that are not consumer del | ots or business debts. | | | | |
| 17. | Are you filing under Chapter 7? | No. I am not filing under Chapt | ter 7. Go to line 18. | | | | | |
| | 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? | | | any exempt property is excluded and ailable to distribute to unsecured creditors? | | | | |
| 18. | How many creditors do | 1-49 | 1,000-5,000 | 25,001-50,000 | | | | |
| | you estimate that you owe? | 50-99 | 5,001-10,000 | 50,001-100,000 | | | | |
| | owe? | 100-199200-999 | 10,001-25,000 | More than 100,000 | | | | |
| 19. | How much do you | □ \$0-\$50,000 | □ \$1,000,001-\$10 millior | | | | | |
| | estimate your assets to be worth? | \$50,001-\$100,000 | \$10,000,001-\$50 millio | | | | | |
| | be worth? | \$100,001-\$500,000 \$500,001-\$1 million | □ \$50,000,001-\$100 mill □ \$100,000,001-\$500 mi | | | | | |
| 20. | How much do you | □ \$0-\$50,000 | \$ 1,000,001-\$10 million | | | | | |
| | estimate your liabilities | \$50,001-\$100,000 | \$10,000,001-\$50 millio | | | | | |
| | to be? | \$100,001-\$500,000 | 🖵 \$50,000,001-\$100 mill | ion 🔲 \$10,000,000,001-\$50 billion | | | | |
| | | \$500,001-\$1 million | □ \$100,000,001-\$500 mi | illion I More than \$50 billion | | | | |
| Pa | rt 7: Sign Below | | | | | | | |
| Fo | or you | I have examined this petition, and I correct. | declare under penalty of pe | rjury that the information provided is true and | | | | |
| | | | | proceed, if eligible, under Chapter 7, 11,12, or 13 under each chapter, and I choose to proceed | | | | |
| | | 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. | | | | | | |
| | | | n fines up to \$250,000, or im | obtaining money or property by fraud in connection prisonment for up to 20 years, or both. | | | | |
| | | × | × | | | | | |
| | | Signature of Debtor 1 | | Signature of Debtor 2 | | | | |
| | | Executed on | Ŷ | Executed on | | | | |

| Debtor 1 | First Name | Middle Name | Last Name | Case numbe | er (if known) | | | | | | - |
|---|--|-------------|---|--|---------------------------------------|-----------------------------|------------------------|----------------------------|---------------------------------------|--------------------|---|
| | | | | | | | | | | | |
| represente If you are r by an attor | ttorney, if yo d by one not represen rney, you do e this page. | ou are | I, the attorney for the debtor(s) name to proceed under Chapter 7, 11, 12, of available under each chapter for which the notice required by 11 U.S.C. § 34 knowledge after an inquiry that the in | or 13 of title 11, United States th the person is eligible. I also 2(b) and, in a case in which § formation in the schedules file | Code, and certify tha 707(b)(4) | d have at I ha (D) ap | e exp ve d plies | laine eliver s, cert | d the reli ed to the ify that I | ief e debtor(s) | |
| | | | Signature of Attorney for Debtor | | | MM | / | DD | / YYYY | | |
| | | | Printed name | | | | | | | | |
| | | | | | | | | | | | |
| | | | Firm name | | | | | | | | |
| | | | Number Street | | | | | | | | |
| | | | City | Sta | te | ZIP C | ode | | | | |
| | | | Contact phone | Em | ail address | | | | | | |
| | | | Bar number | Sta | te | | | | | | |
| | | | | | | | | | | | |

Debtor 1

First Name

Last Name

Case number (if known)

For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you bankruptcy without an should understand that many people find it extremely difficult to represent attorney themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by To be successful, you must correctly file and handle your bankruptcy case. The rules are very an attorney, you do not technical, and a mistake or inaction may affect your rights. For example, your case may be need to file this page. 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? □ 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? □ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? 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 х Signature of Debtor 1 Signature of Debtor 2

| Date MM / DD / YYYY | Date | MM / DD / YYYY |
|---------------------|---------------|----------------|
| Contact phone | Contact phone | |
| Cell phone | Cell phone | |
| Email address | Email address | |

| Fill in this information to identify your case: | | | | |
|---|------------|-------------|-----------|--|
| Debtor 1 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | | 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

Summarize Your Assets

Part 1:

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.

Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$ 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 1c. Copy line 63, Total of all property on Schedule A/B \$__ Part 2: **Summarize Your Liabilities** Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$ 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... Your total liabilities Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I..... 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of *Schedule J*..... \$

| Part New Lastines Part 42 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. 7. What kind of debt do you have? Yes 7. What kind of debt do you have? Yes 9 Yes Yes 7. What kind of debt do you have? Yes 9 Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal. 1 family, or household purpose. 11 U.S.C. 5 (101(8). Fill out lines 8-8g for statistical purposes. 28 U.S.C. § 158. 9 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 122A-1 Line 14. S | Debtor 1 | Debtor 1 Case number (<i>it known</i>) | | | | | |
|--|----------------|---|---|--|--|--|--|
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 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 ?. 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 122D-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 Schedule E/F, 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.) 9d. Student loans. (Copy line 6f.) 9d. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | Part 4: | Answer These Questions for Administrative and Statistical Records | | | | | |
| 7. What kind of debt do you have? 7. What kind of debt do you have? Image: the state primarity 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. Image: the state net primarity 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 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F. 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.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9c. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9c. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9c. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 9c. Obligations arising out of a separation agreement or divorce that you did not report as | 6. Are yo | ou filing for bankruptcy under Chapters 7, 11, or 13? | | | | | |
| 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: 9. Total claim From Part 4 on Schedule E/F, copy the following: \$ | | | orm to the court with your other schedules. | | | | |
| family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Our 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 Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$ | 7. What | 7. What kind of debt do you have? | | | | | |
| this form to the court with your other schedules. | | | | | | | |
| Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$ | | | t of the form. Check this box and submit | | | | |
| Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$ | | | | | | | |
| From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$ | 9. Copy | the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | | | | | |
| 9a. Domestic support obligations (Copy line 6a.) \$ | | | Total claim | | | | |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ | Fror | n Part 4 on <i>Schedule E/F</i> , copy the following: | | | | | |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ | 9a. Do | omestic support obligations (Copy line 6a.) | \$ | | | | |
| 9d. Student loans. (Copy line 6f.) \$ | 9b. Ta | xes and certain other debts you owe the government. (Copy line 6b.) | \$ | | | | |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ | 9c. Cli | aims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | | | | |
| priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ | 9d. St | udent loans. (Copy line 6f.) | \$ | | | | |
| | | | \$ | | | | |
| 9g. Total. Add lines 9a through 9f. \$ | 9f. De | bts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ | | | | |
| | 9g. To | tal. 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 Hav | e an Interest In | |
|-----------------|--|---|--|---------------------------------------|
| 1. Do yo | u own or have any legal or equitable intere | st in any residence, building, land, or similar prop | erty? | |
| | o. Go to Part 2. | | | |
| 🗖 Ye | es. Where is the property? | | | |
| 1.1. | Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured cla the amount of any secure <i>Creditors Who Have Clair</i> | d claims on Schedule D: |
| | | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | | Land | \$ | \$ |
| | City State ZIP Code | | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known | |
| | County | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co (see instructions) | mmunity property |
| | own or have more than one, list here: | Other information you wish to add about this it property identification number: What is the property? Check all that apply. Image: Single-family home | | d claims on Schedule D: |
| 1.2. | Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | | Current value of the portion you own? |
| | City State ZIP Code | Land Investment property Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Quest | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | | |
| | County | Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is community property (see instructions) | |
| | | Other information you wish to add about this ite property identification number: | m, such as local | |

| Debtor | 1 |
|--------|---|
|--------|---|

| 1.3. | Street address, if available, or other description | 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 | Do not deduct secured cla the amount of any secured <i>Creditors Who Have Clain</i> Current value of the entire property? \$ Describe the nature of interest (such as fees the entireties, or a life | d claims on <i>Schedule D:</i> as Secured by Property. Current value of the portion you own? \$ |
|---------|---|---|--|---|
| | County | 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 ite property identification number: | | mmunity property |
| | | Il of your entries from Part 1, including any entries nere | | \$ |
| Part 2: | Describe Your Vehicles | | | |
| you own | that someone else drives. If you lease a vehicle , vans, trucks, tractors, sport utility vehicles o | st in any vehicles, whether they are registered or r e, also report it on Schedule G: Executory Contracts a , motorcycles | | ; |
| 3.1. | Make: Model: | Who has an interest in the property? Check one. | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | d claims on Schedule D: |
| | Year: Approximate mileage: Other information: | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | | Check if this is community property (see instructions) | \$ | \$ |
| lf you | own or have more than one, describe here: | | | |
| 3.2. | Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | d claims on Schedule D: |
| | Year: Approximate mileage: | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | Check if this is community property (see instructions) | \$ | \$ |
| | | | | |

| 3.3. Make: Who has an interest in the property? Check one interest of any second adams or assemptions. PI Model: Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only <th></th> <th></th> <th></th> <th></th> <th></th> | | | | | |
|---|-----------------|---|---|---------------------------|-------------------------|
| Model: | 33 | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | ims or exemptions. Put |
| Year: Current value of the Current value of the property? Approximate mileage: Check if this is community property (see instructions) 3.4. Make: Who has an interest in the property? Check on: Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Check if this is community property (see instructions) Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Page: 4.1. Make: Model: Other information: Check if this is community property? Check on: No No 4.1. Make: Model: Check if this is community property? Check on: No Year: Other information: Check if this is community property? Check on: No Year: Other information: Check if this is community property? Check on: No Year: Other information: Year: Other information: Check if this is com | 0.0. | | Debtor 1 only | | |
| Approximate mileage: | | | Debtor 2 only | | |
| At least one of the debtors and another S S Other information: Check if this is community property (see instructions) S S 3.4. Make: Who has an interest in the property? Check one instructions) Do not debtor 3 only check of this is community property (see instructions) Do not debtor 4 only check of this is community property (see instructions) 4.1. Make: Current value of the debtors and another Current value of the other 1 only check of this is community property (see instructions) S S 4.1. Make: Who has an interest in the property? Check one instructions) Do not debtor 4 only check of this is community property (see instructions) Do not debtor 4 only check of this is community property (see instructions) 4.1. Make: Who has an interest in the property? Check one instructions) Do not debtor 4 only check of this is community property (see instructions) 4.1. Make: Who has an interest in the property? Check one instructions) Do not debtor 4 only check of this is community property (see instructions) If you own or have more than one, list here: 4.1. Make: Who has an interest in the property? Check one instructions) If you own or have more than one, list here: 4.1. Make: Who has an interest in the property? Check one instructions) If you own or have more than one, list here: 4.1. Make: Who has an interest in the proper | | | | | |
| 4. Make: Who has an interest in the property? Check one instructions? Do not deduct secared claims or exemptions. Put the amount of any secure diams or exemptions. Put th | | Approximate mileage: | At least one of the debtors and another | | portion you onthi |
| 3.4. Make: Model: Model: Model: Detor 1 only Detor 2 only Detor 1 and Detor 2 only Current value of the entire property? Current value of the entire property? S | | Other information: | | \$ | \$ |
| 3.4. Who has an interest in the property? Check one location developed and the claims Secured by Property? 9.4. Madei: Do not deduct secured deline or second by Property? 9.4. Approximate mileage: Do not deduct secured delines or second by Property? 9.4. Mattercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories S 8. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories S 9. Yes: S S 1. Made: Debtor 1 ony Debtor 2 ony Denot deduct secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the defines with the claims or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put the amount of any secured delines or exemptions. Put th | | | | Ψ | Ψ |
| a.t. Model: Debtor 1 only Debtor 2 only Debtor 2 andy Debtor 1 and Debtor 2 andy Debtor 1 and Debtor 2 andy Debtor 1 and Debtor 2 andy S | | | | | |
| Model: | 34 | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | aims or exemptions. Put |
| Year: | 0.4. | | Debtor 1 only | the amount of any secure | d claims on Schedule D: |
| Approximate mileage: | | | Debtor 2 only | | |
| At least one of the debtors and another Other information: Check if this is community property (see instructions) Image: | | | | | |
| Image: | | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own |
| Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories I No Yes Vho has an interest in the property? Check one. Model: Debtor 1 only Other information: Debtor 2 only Other information: Check if this is community property (see instructions) If you own or have more than one, list here: 4.2. Make: Who has an interest in the property? Check one. Model: Debtor 1 only Debtor 1 only Current value of the current value of the entire property? If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Who has an interest in the property? Check one. Model: Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only S | | Other information: | | ¢ | ¢ |
| Matercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Nodel: Year: Other information: | | | | Ψ | Ψ |
| Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes 4.1. Make: | | | | | |
| Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes 4.1. Make: | | | | | |
| Model: | 4.1. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | ims or exemptions. Put |
| Model: | 4.1. | Make: | | | |
| Year: Debtor 1 and Debtor 2 only At least one of the debtors and another Current value of the entire property? S | | Model: | • | | |
| Other information: At least one of the debtors and another Current value of the portion you own? If you own or have more than one, list here: Check if this is community property (see instructions) \$ | | Year: | - | | |
| If you own or have more than one, list here: <pre></pre> | | Other information: | • | | |
| If you own or have more than one, list here: 4.2. Make: | | | | , | |
| If you own or have more than one, list here: 4.2. Make: | | | | \$ | \$ |
| 4.2. Make: | | | instructions) | | |
| 4.2. Make: | | | | | |
| 4.2. Madel: Model: | lf you | own or have more than one, list here: | | | |
| Model: | 4.2. | Make: | | | |
| Year: | | Model: | , | | |
| Other information: At least one of the debtors and another Check if this is community property (see instructions) Check if this is community property (see instructions) Check if this is community property (see instructions) Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages Substruction (see instruction (see instructinsee instruction (see instruction (see instruct | | Year: | - | Current value of the | Current value of the |
| Check if this is community property (see Check if this is community property (see Check if this is communit | | Other information: | | entire property? | 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 | | | | | |
| 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages | | | Check if this is community property (see | \$ | \$ |
| | | | instructions) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 5. Add ! | the dollar value of the portion you own | for all of your entries from Part 2, including any entrie | s for pages | ¢ |
| | | | | | Ψ |
| | | | | | |

First Name

Middle Name

Last Name

| Pa | art 3: Describe Your Personal and Household Items | |
|-----|--|--|
| Do | o 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 | ٦. |
| | | \$ |
| 11. | Clothes | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| | Ves. 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 | \$ |

Middle Name Last Name

| o 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 claim or exemptions. |
|---|---|--|-------------------|---|
| 6. Cash <i>Examples:</i> Money you | have in your wallet, in your hor | ne, in a safe deposit box, and on hand when you file | your petition | |
| 🖵 No | | | | |
| Q Yes | | Ca | ash: | \$ |
| and other si | | ints; certificates of deposit; shares in credit unions, b iultiple accounts with the same institution, list each. | prokerage houses, | |
| 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: | | | \$ |
| | or publicly traded stocks investment accounts with brok Institution or issuer name: | erage firms, money market accounts | | |
| | | | | \$ |
| | | | | |
| | | | | \$ |
| 9. Non-publicly traded s an LLC, partnership, a No Yes. Give specific information about | and joint venture Name of entity: | rated and unincorporated businesses, including % | of ownership: | \$ |
| them | | | % | \$ |
| | | | % | \$ |

| No | | | |
|---|--|---|--|
| NO Yes. Give specific | Issuer name: | | |
| information about them | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | |
| tirement or pension | | 0.1/k) 40.2/h) thrift covings accounts or other papeign or profit charing plans | |
| No | RA, ERISA, Reogil, 40 | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| Yes. List each | | | |
| account separately. | Type of account: | Institution name: | |
| | 401(k) or similar plan: | | \$ |
| | Pension plan: | | \$ |
| | IRA: | | \$ |
| | Retirement account: | | \$ |
| | Keogh: | | \$ |
| | - | | |
| | Additional account: | | \$ |
| our share of all unused | d deposits you have m | hade so that you may continue service or use from a company | \$ \$ |
| our share of all unused camples: Agreements mpanies, or others | Additional account: prepayments d deposits you have m | | |
| our share of all unused camples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepaie | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | |
| our share of all unused camples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepair Ins | nade so that you may continue service or use from a company | |
| our share of all unused camples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepair Ins Electric: | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | |
| ur share of all unused amples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepair Ins Electric: Gas: | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | \$ \$ |
| ur share of all unused amples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ |
| ur share of all unused amples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on rer | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | \$ \$ \$ \$ |
| ur share of all unused amples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepaid Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ |
| ur share of all unused amples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on rer | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ \$ |
| ur share of all unused amples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepaid Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: | nade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ \$ \$ \$ |
| ur share of all unused amples: Agreements mpanies, or others No | Additional account: prepayments d deposits you have m with landlords, prepaid Electric: Gas: Heating oil: Security deposit on rem Prepaid rent: Telephone: Water: | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| our share of all unused camples: Agreements mpanies, or others No | Additional account: | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ \$ \$ \$ |
| our share of all unused camples: Agreements mpanies, or others No Yes | Additional account: | hade so that you may continue service or use from a company id rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| nuities (A contract fo | Additional account: | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| xamples: Agreements ompanies, or others No Yes | Additional account: | hade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: | \$ \$ \$ \$ \$ \$ \$ \$ \$ |

Last Name

| 24. Interests in an education IR 26 U.S.C. §§ 530(b)(1), 529A | A, in an account in a qualified ABLE program, or under a qualified state (b), and 529(b)(1). | ate tuition program. | |
|--|---|-------------------------|--|
| □ No | | | |
| ☐ Yes | Institution name and description. Separately file the records of any inter | ests.11 U.S.C. § 521(c) | : |
| | | | \$ |
| | | | \$ |
| | | | \$ \$ |
| | | | Φ |
| 25. Trusts, equitable or future in exercisable for your benefit | nterests in property (other than anything listed in line 1), and rights o | r powers | |
| No No | | | |
| Yes. Give specific | | | ¢ |
| information about them | | | \$ |
| | narks, trade secrets, and other intellectual property ames, websites, proceeds from royalties and licensing agreements | | |
| Yes. Give specific | | | 1 |
| information about them | | | \$ |
| | | | 1 |
| 27. Licenses, franchises, and o | ther general intangibles exclusive licenses, cooperative association holdings, liquor licenses, profe | sional liconsos | |
| | | | |
| No Yes. Give specific | | | 1 |
| information about them | | | \$ |
| | | | |
| Money or property owed to you | u? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you | | | |
| | | | |
| Yes. Give specific information | ation | Cadaval. (1 | |
| about them, includin | g whether | Federal: \$ |) |
| you already filed the and the tax years | | State: \$ | |
| | | Local: \$ | 5 |
| | ,, | | |
| 29. Family support | | | |
| | sum alimony, spousal support, child support, maintenance, divorce settlen | ent, property settlemen | t |
| No No | · | | |
| Yes. Give specific information | ation | Alimony: | \$ |
| | | Maintenance: | \$ \$ |
| | | Support: | \$ \$ |
| | | Divorce settlement: | \$ \$ |
| | | Property settlement: | * \$ |
| | | r roporty somement. | τ |
| 30. Other amounts someone of | ves you sability insurance payments, disability benefits, sick pay, vacation pay, wo | rkers' compensation | |
| | nefits; unpaid loans you made to someone else | | |
| 🗖 No | | | |
| Yes. Give specific information | ation | | |
| | | | \$ |

Last Name

| 31. Interests in insurance policies: Health, disability, | | (HSA); credit, homeowner's, or renter's insurance | |
|--|--|---|--|
| D No | | | |
| Yes. Name the insurance of each policy and I | | Beneficiary: | Surrender or refund value: |
| | | | \$ |
| | | | \$ |
| | | | ¢ |
| | | | Ψ |
| If you are the beneficiary of a property because someone | | lied insurance policy, or are currently entitled to receive | |
| D No | | | _ |
| Yes. Give specific inform | nation | | \$ |
| | | | Ψ |
| Examples: Accidents, emplo | es, whether or not you have filed a laws syment disputes, insurance claims, or righ | | |
| No No | | | |
| Yes. Describe each clair | n | | \$ |
| 34 Other contingent and unlig | unidated claims of every nature includi | ing counterclaims of the debtor and rights | |
| to set off claims | addated claims of every nature, mendal | ing counterclaims of the destor and rights | |
| 🗖 No | | | _ |
| Yes. Describe each clair | n | | |
| | | | \$ |
| | | | |
| 35. Any financial assets you d | id not already list | | |
| D No | - | | _ |
| Yes. Give specific inform | nation | | |
| | | | \$ |
| | - Commentation Commentation Including | | |
| | | ny entries for pages you have attached | \$ |
| | | - | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |
| Part 5: Describe Any | Business-Related Property Yo | ou Own or Have an Interest In. List any r | eal estate in Part 1. |
| 37 Do you own or have any le | gal or equitable interest in any busines | ss-related property? | |
| No. Go to Part 6. | gai of equitable interest in any susine | | |
| Yes. Go to line 38. | | | |
| | | | Comment walks of the |
| | | | Current value of the portion you own? |
| | | | Do not deduct secured claims |
| | | | or exemptions. |
| 38. Accounts receivable or con | mmissions you already earned | | |
| No No | | | |
| Yes. Describe | | | |
| | | | \$ |
| 39. Office equipment, furnishi | | | |
| | uputers, software, modems, printers, copiers, fa | x machines, rugs, telephones, desks, chairs, electronic devices | |
| No No | | | - |
| Yes. Describe | | | \$ |
| | | | |

| Debtor | 1 |
|--------|---|
|--------|---|

Middle Name

Last Name

| 40. Machinery, fixtures, e | quipment, supplies you use in business, and tools of your trade | | |
|---|--|-------------------|--|
| D No | | | ٦ |
| Yes. Describe | | | \$ |
| L | | | |
| 41. Inventory | | | |
| Yes. Describe | | | \$ |
| l | | | |
| 42. Interests in partnersh | ips or joint ventures | | |
| D No | | | |
| Yes. Describe | Name of entity: | % of ownership: | |
| | | % | \$ |
| | | | \$ |
| | | % | \$ |
| | ng lists, or other compilations | | |
| | include nero anally identificate information (as defined in 44 U.C.C. \$ 404/444 | \\ 2 | |
| | include personally identifiable information (as defined in 11 U.S.C. § 101(41A | .)) ? | |
| Yes. Desc | ribe | | |
| | | | \$ |
| 44 Any business-related | property you did not already list | | |
| No | | | |
| Yes. Give specific information | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 45 Add the dollar value | of all of your entries from Part 5, including any entries for pages you have at | tached | |
| | number here | | \$ |
| | | | |
| | | | |
| | ny Farm- and Commercial Fishing-Related Property You Own or Ha r have an interest in farmland, list it in Part 1. | ve an Interest Ir | I. |
| | · · · · · · · · · · · · · · · · · · · | | |
| - | any legal or equitable interest in any farm- or commercial fishing-related pro | perty? | |
| No. Go to Part 7.Yes. Go to line 47. | | | |
| | | | Current value of the |
| | | | portion you own? |
| | | | Do not deduct secured claims or exemptions. |
| 47. Farm animals | | | |
| | poultry, farm-raised fish | | |
| □ No □ Yes | | | ٦ |
| - 103 | | | |
| | | | \$ |

| Debtor 1 | N | | Case number (if known) | |
|--|--|--------------------------------------|--------------------------------|----------|
| First | Name Middle Name Last Na | me | | |
| - | growing or harvested | | | |
| NoYes. Give a information | | | | \$ |
| 🗖 No | | hinery, fixtures, and tools of trade | | |
| Q Yes | | | | \$ |
| 50. Farm and fish | ing supplies, chemicals, and fee | d | | |
| No Ves | | | | ٦ |
| | | | | \$ |
| D No | l commercial fishing-related prop | perty you did not already list | | |
| Yes. Give information | | | | \$ |
| | - | Part 6, including any entries for pa | • • | \$ |
| | | | | |
| Part 7: Des | cribe All Property You Ow | vn or Have an Interest in Tl | hat You Did Not List Above | |
| | other property of any kind you di on tickets, country club membership | id not already list? | | |
| D No | | | | \$ |
| Yes. Give information | | | | \$ \$ |
| | | | | \$ |
| 54. Add the dollar | r value of all of your entries from | Part 7. Write that number here | | \$ |
| | | | | |
| Part 8: List | the Totals of Each Part of | of this Form | | |
| 55. Part 1: Total r | eal estate, line 2 | | | \$ |
| 56. Part 2: Total v | ehicles, line 5 | \$ | | |
| 57. Part 3: Total p | ersonal and household items, lir | ne 15 \$ | | |
| 58. Part 4: Total f | inancial assets, line 36 | \$ | | |
| 59. Part 5: Total b | usiness-related property, line 45 | \$ | | |
| 60. Part 6: Total fa | arm- and fishing-related property | r, line 52 \$ | | |
| 61. Part 7: Total o | ther property not listed, line 54 | +\$ | | |
| 62. Total persona | I property. Add lines 56 through 61 | 1 \$ | Copy personal property total → | +\$ |
| 63. Total of all pro | operty on Schedule A/B. Add line | 55 + line 62 | | \$ |

91C (4/21)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

| In the Matter of: |)) | Case No |
|---|--------------|--|
| Debtor. |))) | DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS |
| NOTE : You must complete this form in addition to Official Form domicile was located in North Carolina for the 730 days immediate was not located in a single state for those 730 days, but your domic | ly preceding | g 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 <u>https://www.uscourts.gov/forms/bankruptcy-forms</u>.

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:

- \Box 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 Exem | | | | | |
| (b) Unused portion (This amount, if any claim an exemption (NCGS 1C-1601(a) | forward and used to | \$ | | | |

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

91C (4/21)

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 | 4 - 1 | | \$ <u></u> | 3,500 | | |
| (b) Amount from 1(b) above (A part or all of 1(b) m | | 0 | \$ <u> </u> | | | |
| | Tota | al Net Exemption | \$ <u> </u> | | | |

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 | | Amt. Lien | Net Value | |
|--|------------------------------|--------------|-------------------|------|-----------|--------------|--|
| | | | | | | | |
| (a) Statutory allowance(b) Amount from 1(b) above to b(A part or all of 1 (b) may be | | aph. | \$ <u>2</u> \$ | ,000 | | | |
| | Total N | et 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 | | | | |

| 91 | IC (4/21) | |
|----|--|---|
| | Musical Instruments | |
| | A in Complition of | |
| | | |
| | T NA | |
| | Vand Taala | |
| | | |
| | A | |
| | Other (| |
| | (a) Statutory allowance for Debtor | Total Net Value \$ \$ 5,000 |
| | (b) Statutory allowance for Debtor's dependent at \$1,000 each (not to exceed \$4,000 total | ts:dependents l for dependents) \$ |
| | (c) Amount from 1(b) above to be used in this (A part or all of 1 (b) may be used as need | |
| | | Total Net Exemption |
| 6. | LIFE INSURANCE. (NCGS 1C-1601(a)(6) a | 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 HEAL (NCGS 1C-1601(a)(7). No limit on value.) | LTH AIDS (FOR DEBTOR OR DEBTOR'S DEPENDENTS). |
| | Description: | |
| 8. | DEBTOR'S RIGHT TO RECEIVE THE FO number or amount.) | OLLOWING COMPENSATION: (NCGS 1C-1601(a)(8). No limit on |
| | A. \$ Compensation for perso annuities. | onal injury, including compensation from private disability policies or |
| | B. \$ Compensation for death | of a person upon whom Debtor was dependent for support. |
| 9. | PLAN TREATED IN THE SAME MANNE | DEFINED IN THE INTERNAL REVENUE CODE AND ANY CR AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE 1601(a)(9). No limit on number or amount.) AND OTHER U.S.C. § 522(b)(3)(C). |
| | Detailed Description | Value |
| | | |

91C (4/21)

| 10. COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVI (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in savings plan within the preceding 12 months, except to the extent any of the contributions were made in course of Debtor's financial affairs and were consistent with Debtor's past pattern of contributions. This applies only to the extent that the funds are for a child of Debtor and will actually be used for the child's university expenses.) | | | | | | |
|---|---|--|--|--|--|---|
| Detailed Description | | | | | Value | |
| | | | | | | |
| 11. RETIREMENT BENEFI UNIT OF OTHER STAT THAT STATE OR GOVI | E, TO THE EX | TENT THOS | SE BENEFI | ГS ARE EXEMP1 | UNDER T | |
| Description: | | | | | | |
| 12. ALIMONY, SUPPORT, S THAT HAVE BEEN REC amount to the extent such p Description: | CEIVED OR TO ayments are rea PERSONAL P OUSLY BEEN | O WHICH D sonably neces ROPERTY V CLAIMED 4 | EBTOR IS H sary for the s WHICH DEH ABOVE. (NC I(b) which ha | ENTITLED. (NCG upport of Debtor of BTOR DESIRES T CGS 1C-1601(a)(2) | S 1C-1601(a a dependen FO CLAIM . The amoun | a)(12). No limit on t of Debtor.) AS EXEMPT at claimed may not |
| (a) Total Net Value of prop (b) Total amount available (c) Less amounts from para Used in the following para | from paragraph graph 1(b) whic | 1(b). | \$ | | | \$ |
| Used in the following par | Paragi | aph 3(b) | \$ | | | |
| | Ū. | aph 4(b) aph 5(c) | \$ ¢ | | | |
| | | alance Availat | ble from para | graph 1(b) | | \$ |
| | | | | et Exemption | | \$ |
| 14. OTHER EXEMPTIONS | CLAIMED UN | DER THE LA | AWS OF TH | IE STATE OF NO | RTH CAR | OLINA: |
| Aid to the Aged, Disabled a Aid to the Blind, NCGS 11 Yearly Allowance for Surv | 1-18 | - | Children, NC | GS 108A-36 | - | |

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:

| 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, <u>http://www.ncmb.uscourts.gov/</u>.

| Fill in this information to identify your case: | | | | |
|---|---------------------------|-------------|-----------|--|
| Debtor 1 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | |
| | Bankruptcy Court for the: | | | |
| Case number (If known) | | | | |
| | | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property 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 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

| for each claim. If more than one creditor h As much as possible, list the claims in alp | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical 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 | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| | Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) Gar Joan Statutory lien (such as tax lien, mechanic's lien) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| At least one of the debtors and another | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | | _ | | |
| | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| - | Last 4 digits of account number Describe the property that secures the claim: | \$ | \$\$ | \$ |
| Date debt was incurred | | \$ | \$ | \$ |
| Date debt was incurred 2.2 Creditor's Name | | \$ | \$ | \$ |
| Date debt was incurred | Describe the property that secures the claim: | \$ | \$ | \$ |
| Date debt was incurred 2.2 Creditor's Name | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. | \$ | \$: | \$ |
| Date debt was incurred 2.2 Creditor's Name | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent | \$ | \$ | \$ |
| Date debt was incurred | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | \$ | \$ | \$ |
| Date debt was incurred | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | \$ | \$ |
| Date debt was incurred | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | \$ | \$ | \$ |
| Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured | \$ | \$; | \$ |
| Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | \$ | \$: | \$ |
| Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) | \$ | \$ | \$ |
| Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$; | \$ |
| Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) | | \$; | \$ |
| Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? 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 claim relates to a | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$; | \$ |

Middle Name Last Name

Case number (if known)_

| Part 1: | Additional Page After listing any entries on this p by 2.4, and so forth. | age, number them beginning with 2.3, followed | 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 |
|--|--|---|--|--|--|
| Creditor | 's Name | Describe the property that secures the claim: | \$ | \$ | \$ |
| City Who ow Debt Debt At le Che com | State ZIP Code res the debt? Check one. for 1 only for 2 only for 1 and Debtor 2 only ast one of the debtors and another ck if this claim relates to a simunity debt bt was incurred | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | | |
| | | - | <u>۴</u> | ¢ | ¢ |
| City Who ow Debt Debt At le Che com | State ZIP Code res the debt? Check one. for 1 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | \$ | | \$ |
| Creditor Number | 's Name Street | As of the date you file, the claim is: Check all that apply. Contingent | \$ | ۵ | ۵ |
| City | State ZIP Code | Unliquidated Disputed | | | |
| Debt Debt Debt At le Che | res the debt? Check one. for 1 only for 2 only for 1 and Debtor 2 only ast one of the debtors and another ck if this claim relates to a munity debt | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | | |
| | bt was incurred | Last 4 digits of account number | | | |
| lf | this is the last page of your form, | in Column A on this page. Write that number here: add the dollar value totals from all pages. | \$ | | |
| | Irite that number here: | | \$ | | |

page ____ of ____

First Name Middle Name Last Name

Case number (if known)____

| Pa | art 2: L | ist Others to Be Not | ified for a Debt | That You Already | Listed |
|----------|----------------------------|----------------------------|--|--|--|
| ag yo | ency is tryi u have mor | ng to collect from you for | a debt you owe to a y of the debts that | someone else, list th you listed in Part 1, l | a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | | _ |
| | . tunio er | | | | |
| | | | | | - |
| | City | | State | ZIP Code | - |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | | - |
| | | | | | _ |
| | <u>City</u> | | 04-4- | 710.0-1- | _ |
| | City | | State | ZIP Code | |
| | Name | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | | _ |
| | | | | | - |
| | City | | State | ZIP Code | - |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | N | | | | _ |
| | Number | Street | | | |
| | | | | | - |
| | City | | State | ZIP Code | - |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | | - |
| | | | | | _ |
| | | | | | _ |
| | City | | State | ZIP Code | |
| | Namo | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | Number | Street | | | - |
| | | | | | - |
| | City | | State | ZIP Code | - |

| | First Name | Middle Name | Last Name |
|--------------------------------|---------------------------|-------------|-----------|
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E Case number | Bankruptcy Court for the: | District of | |
| (If known) | | | _ |

Fill in this information to identify your case:

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 Unsecure | ed Claims | | | |
|---|---|------------------------------------|-------------------------------|-----------------------------|
| Do any creditors have priority unsecured claims No. Go to Part 2. Yes. | s against you? | | | |
| List all of your priority unsecured claims. If a cr each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the of | reditor has more than one priority unsecured claim, list to a claim has both priority and nonpriority amounts, list th claims in alphabetical order according to the creditor's n Part 1. If more than one creditor holds a particular claim | at claim here a ame. If you hav | nd show both e more than t | priority and wo priority |
| (For an explanation of each type of claim, see the i | nstructions for this form in the instruction booklet.) | Total claim | Priority amount | Nonpriority amount |
| Priority Creditor's Name | Last 4 digits of account number | \$ | _ \$ | \$ |
| Number Street | When was the debt incurred? | | | |
| City State ZIP Code Who incurred the debt? Check one. Debtor 1 only | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed | y. | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | | | |
| □ No □ Yes | Other. Specify | - | | |
| Priority Creditor's Name | Last 4 digits of account number | \$ | _ \$ | \$ |
| Number Street | As of the date you file, the claim is: Check all that apply | y . | | |
| City State ZIP Code Who incurred the debt? Check one. | Unliquidated Disputed | | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: Domestic support obligations | | | |
| At least one of the debtors and another Check if this claim is for a community debt | Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | | | |
| Is the claim subject to offset? INO Ves | Cther. Specify | - | | |

| art 1: Your PRIORITY Unsecured | I Claims - Continuation Page | | | |
|---|--|-------------|--------------------|----------------------|
| fter listing any entries on this page, num | ber them beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriorit amount |
| Priority Creditor's Name | Last 4 digits of account number | \$ | _ \$ | _ \$ |
| Number Street | When was the debt incurred? | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| City State ZIP 0 | Code Contingent | | | |
| | Disputed | | | |
| Who incurred the debt? Check one. Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| Check if this claim is for a communit | interviente d | | | |
| Is the claim subject to offset? | | | | |
| ☐ No ☐ Yes | | | | |
| | Last 4 digits of account number | \$ | \$ | \$ |
| Priority Creditor's Name | | | | |
| Number Street | When was the debt incurred? | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP C | | | | |
| Who incurred the debt? Check one. | Disputed | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| Check if this claim is for a communit | ty debt intoxicated Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| No Yes | | | | |
| | Last 4 digits of account number | \$ | _ \$ | \$ |
| Priority Creditor's Name | When was the debt incurred? | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | | | | |
| City State ZIP C | Code Unliquidated | | | |
| Who incurred the debt? Check one. | Disputed | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury while you were intoxicated | | | |
| Check if this claim is for a communit | Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| | | | | |

Case number (if known)_

Debtor 1

| | First Name Middle Name Last Name | | |
|-----|---|--|---------------------|
| Pa | rt 2: List All of Your NONPRIORITY Unsecured Claims | S | |
| 3 | Do any creditors have nonpriority unsecured claims against yo | au? | |
| | \square No. You have nothing to report in this part. Submit this form to the | | |
| | Yes | | |
| 4 | List all of your nonpriority unsecured claims in the alphabetical | I order of the creditor who holds each claim. If a creditor ha | more than one |
| | nonpriority unsecured claim, list the creditor separately for each clai | m. 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 no | npriority unsecured |
| | claims fill out the Continuation Page of Part 2. | | |
| - | | | Total claim |
| 4.1 | | _ Last 4 digits of account number | |
| | Nonpriority Creditor's Name | When was the debt incurred? | \$ |
| | Number Street | | |
| | | | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Turne of NONDRIODITY unconverted alarma | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | _ | U Student loans | |
| | Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debt | 3 |
| | | Other. Specify | |
| | Yes | | |
| 4.2 | | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | | _ | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | 3 |
| | | Other. Specify | |
| | | | |
| 4.3 | | Last 4 digits of account number | |
| | Nonpriority Creditor's Name | | \$ |
| | | When was the debt incurred? | |
| | Number Street | | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only Debtor 2 only | Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | 6 |
| | No Yes | Other. Specify | |
| | | | |

Case number (if known)____

Debtor 1

Case number (if known)_

| t 2: Your NONPRIORITY Unsecured Claims – Contin | nuation Page | |
|---|---|------------|
| r listing any entries on this page, number them beginning wit | th 4.4, followed by 4.5, and so forth. | Total clai |
| | Last 4 digits of account number | ¢ |
| Nonpriority Creditor's Name | When was the debt incurred? | Φ |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | Unliquidated Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loans | |
| _ | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify | |
| □ No □ Yes | | |
| | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | Unliquidated | |
| Debtor 1 only | Disputed | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify | |
| □ No □ Yes | | |
| | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Whe incurred the debt? Obselvers | | |
| Who incurred the debt? Check one. | Disputed | |
| Debtor 1 only Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| No No | | |
| Yes | | |

Part 3:

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

| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|----------|-----------|-------|----------|--|
| Name | | | | |
| Neverbar | Office of | | | Line of (<i>Check one</i>): |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Clain |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (<i>Check one</i>): D Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | - |
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (<i>Check one</i>): D Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| City | | State | ZIP Code | Last 4 digits of account number |
| ony | | Olate | 211 0000 | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | on which chary in rate rol rate 2 and you hat the original creators |
| | | | | Line of (Check one): D Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | |
| City | | State | ZIP Code | Last 4 digits of account number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | |
| Number | Street | | | Line of (<i>Check one</i>): |
| Number | Sileer | | | Claims |
| | | | | Last 4 divite of eccevert number |
| City | | State | ZIP Code | Last 4 digits of account number |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (<i>Check one</i>): D Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | | Claims |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| Name | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | | Line of (<i>Check one</i>): D Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| | | State | ZIP Code | Last 4 digits of account number |
| City | | | | |

| Part 4: A | t 4: Add the Amounts for Each Type of Unsecured Claim | | | | | | | | |
|---|---|----------------------------|--|--|--|--|--|--|--|
| 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 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 | 6f. Student loans | 6f | | | | | | | |
| from Part 2 | 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. <u>\$</u> | | | | | | | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ | | | | | | | |
| | 6j. Total. Add lines 6f through 6i. | 6j. \$ | | | | | | | |
| | | | | | | | | | |

| Fill in this information to identify your case: | | | | | | | |
|---|------------|-------------|-----------|--|--|--|--|
| Debtor | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse If filing) | | 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.

Sec. 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 | |

Case number (if known)_

| | | Additional Pa | ge if You Ha | ve More Contracts or Leas | ses |
|---|--------|---------------|---------------|----------------------------|-----------------------------------|
| | Person | or company w | th whom you l | 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 | |

| | City |
|-------|--------------|
| | |
| | |
| | |
| Offic | al Form 106H |
| Onio | |
| | |

| 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 E | 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.

| | Do you have any codebtors? (If you are filing a joint case, do | not list either spouse as a | a codebtor.) |
|-----|--|---------------------------------------|--|
| | Yes | | |
| 2. | Within the last 8 years, have you lived in a community pro Arizona, California, Idaho, Louisiana, Nevada, New Mexico, P | | |
| | No. Go to line 3. | | |
| | Yes. Did your spouse, former spouse, or legal equivalent li | ve with you at the time? | |
| | | | |
| | Yes. In which community state or territory did you live? | F | ill 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 | n Column 1, list all of your codebtors. Do not include your | spouse as a codebtor if | f your spouse is filing with you. List the person |
| • | shown in line 2 again as a codebtor only if that person is a | | |
| | Schedule D (Official Form 106D), Schedule E/F (Official Fo | • • | - |
| | 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 | | | |
| 0.1 | Name | | Schedule D, line |
| | Name | | Schedule E/F, line |
| | Number Street | | Schedule G, line |
| | | | |
| | City State | ZIP Code | |
| 3.2 | | | |
| | Name | | Schedule D, line |
| | | | Schedule E/F, line |
| | Number Street | | Schedule G, line |
| | City State | ZIP Code | |
| 3.3 | | | |
| 0.0 | Name | | Schedule D, line |
| | Name | | Schedule E/F, line |
| | Number Street | | □ Schedule G, line |
| | | | |
| | City State | ZIP Code | |

Last Name

| | Ad | dditional Page to Lis | st More Codebtors | | |
|---|-----------|-----------------------|-------------------|----------|--|
| | Column 1: | Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | | Check all schedules that apply: |
| 3 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | | | | | |
| | City | | State | ZIP Code | |
| 3 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number | Street | | | Concourse 2.1, mine Schedule G, line |
| | Number | Oliver | | | |
| | City | | State | ZIP Code | |
| 3 | | | | | C Schedule D line |
| | Name | | | | Schedule D, line Schedule E/F, line |
| | Number | Church | | | Schedule G, line Schedule G, line |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 3 | | | | | |
| | Name | | | | Schedule D, line |
| | | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | City | | State | ZIP Code | |
| 3 | Oity | | Olate | 211 0000 | |
| | Name | | | | Schedule D, line |
| | | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | | | Chata | ZIP Code | |
| 3 | City | | State | ZIF Code | |
| | Name | | | | Schedule D, line |
| | | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | 0:1 | | 01-1- | 710.0-1- | |
| 3 | City | | State | ZIP Code | |
| 0 | Name | | | | Chedule D, line |
| | | | | | □ Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | | | | | |
| 3 | City | | State | ZIP Code | |
| | Name | | | | — Schedule D, line |
| | INAILE | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | | | | | |
| | City | | State | ZIP Code | |

| Fill in this in | formation to ide | entify your case: | | |
|---------------------------------|---------------------|--------------------|-----------|--|
| Debtor 1 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court fo | or the: District o | f | |
| Case number (If known) | | | | Check if this is: |
| | | | | A supplement showing postpetition chapter income as of the following date: |
| Official Fo | orm 106l | | | MM / DD / YYYY |

Official Form 1061 Schedule I: Your Income

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. | | Debtor 1 | | | Debtor 2 or non-fil | ling spouse |
|----|---|---|--|-------|---------------------------|---|---------------------|
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed Not employed | d | | EmployedNot employed | |
| | Include part-time, seasonal, or self-employed work. | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Occupation | | | | | |
| | | Employer's name | | | | | |
| | | Employer's address | | | | | |
| | | | Number Street | | | Number Street | |
| | | - | | | | | |
| | | | City | Stat | e ZIP Code | City | State ZIP Code |
| | | How long employed there | ? | | | · | |
| P | art 2: Give Details About | Monthly Income | | | | | |
| | Estimate monthly income as of spouse unless you are separated. | | If you have nothir | ng to | report for any line, writ | e \$0 in the space. Inclu | ide your non-filing |
| | If you or your non-filing spouse ha below. If you need more space, at | | | matio | on for all employers for | that person on the line | S |
| | | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| 2 | List monthly gross wages, sala deductions). If not paid monthly, | ary, and commissions (befo calculate what the monthly w | re all payroll age would be. | 2. | \$ | \$ | |
| 3 | Estimate and list monthly over | time pay. | | 3. | +\$ | + \$ | |
| 4 | Calculate gross income. Add lir | ne 2 + line 3. | | 4. | \$ | \$ | |

12/15

| _ | | | | |
|---|----|----|---|---|
| D | eb | to | r | 1 |

Middle Name

Last Name

Case number (if known)_

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|------------|---------------------|-----------------------------------|------------------------|
| Copy line 4 here | 4. | \$ | \$ | |
| List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | ¢ | \$ | |
| 5b. Mandatory contributions for retirement plans | 5a. 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. | +\$ | _ + \$ | |
| Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$. | 6. | \$ | \$ | |
| Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | \$ | |
| 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 depende regularly receive | nt | | | |
| 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 assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | \$ | \$ | |
| Specify: | 8f. | Ψ | Ψ | |
| 8g. Pension or retirement income | 8g. | \$ | \$ | |
| 8h. Other monthly income. Specify: | 8h. | +\$ | +\$ | |
| Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | \$ | |
| 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. | \$ | _ + \$ = | \$ |
| . State all other regular contributions to the expenses that you list in Sched Include contributions from an unmarried partner, members of your household, y friends or relatives. | | | oommates, and other | |
| Do not include any amounts already included in lines 2-10 or amounts that are | not av | vailable to pay exp | enses listed in Schedule J. | |
| Specify: | | | 11. + | \$ |
| Add the amount in the last column of line 10 to the amount in line 11. The | result | is the combined i | monthly income. | |
| Write that amount on the Summary of Your Assets and Liabilities and Certain S | Statisti | cal Information, if | | \$ |
| | | | | Combined monthly in |
| 3. Do you expect an increase or decrease within the year after you file this f | | | | |

L

| 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 I | Bankruptcy Court for the: | District of | | | |
| Case number | | | | | |

Official Form 106J

Schedule J: Your Expenses

Check if this is:

An amended filing

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

MM / DD / YYYY

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 Hous | sehold | | | | |
|---------------------------|--|---|---|-----|------------------------|---|
| 1. Is this a j | oint case? | | | | | |
| Yes. C | Go to line 2. Does Debtor 2 live in a se | eparate household? | | | | |
| | No Yes. Debtor 2 must file | Official Form 106J-2, Expenses for S | eparate Household of Debtor 2. | | | |
| Do not list Debtor 2. | ave dependents? Debtor 1 and ate the dependents' | No 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? No Yes No Yes No Yes No Yes No Yes No Yes No Yes |
| expenses | expenses include s of people other than and your dependents? | No Yes | | | | |
| Part 2: | Estimate Your Ongoiı | ng Monthly Expenses | | | | |
| expenses as applicable of | s of a date after the ban date. | bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme | ental Schedule J, check the box | | - | - |
| • | • | -cash government assistance if you it on Schedule I: Your Income (Offi | | | Your expe | nses |
| | al or home ownership ear for the ground or lot. | xpenses for your residence. Include | first mortgage payments and | 4. | \$ | |
| If not inc | cluded in line 4: | | | | | |
| 4a. Rea | al estate taxes | | | 4a. | \$ | |
| 4b. Pro | pperty, homeowner's, or re | enter's insurance | | 4b. | \$ | |
| 4c. Hoi | me maintenance, repair, a | and upkeep expenses | | 4c. | \$ | |
| 4d. Hoi | meowner's association or | condominium dues | | 4d. | \$ | |

| Debtor | 1 |
|--------|---|
|--------|---|

Middle Name

Last Name

Case number (if known)

| | | | Your expenses |
|-----|---|----------|---------------|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ |
| | | | |
| 6. | Utilities: | <u>_</u> | ¢ |
| | 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. | \$ |
| 10 | Your payments of alimony, maintenance, and support that you did not report as deducted from | | |
| 10. | 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 Incom | ne. | |
| | 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. | \$ |

| ebtor 1 | Case number (if known) | | | | | | |
|--|------------------------|-----|--|--|--|--|--|
| First Name Middle Name Last Name | | | | | | | |
| Other. Specify: | 21. | +\$ | | | | | |
| 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. | \$ | | | | | |
| | | | | | | | |
| Calculate your monthly net income. | | \$ | | | | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | Ψ | | | | | |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | | | | | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23с. | \$ | | | | | |
| Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you a mortgage payment to increase or decrease because of a modification to the terms of you | expect your | | | | | | |
| Yes. Explain here: | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Fill in this in | formation to ider | ntify your case: | | |
|--|----------------------|------------------|-----------|--|
| Debtor 1 | First Name | Middle Name | Last Name | — Check if this is: |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | An amended filing A supplement showing postpetition chapter |
| United States I Case number (If known) | Bankruptcy Court for | the: District of | | expenses as of the following date: |

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 Hous | sehold | | | |
|---|--|---------------------------------|-----------------------|--|
| 1. Do you and Debtor 1 maintain sep | parate households? | | | |
| No. Do not complete this formYes | n. | | | |
| 2. Do you have dependents? | No No | Dependent's relationship to | Dependent's | Does dependent live |
| 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. | Yes. Fill out this information for each dependent | Debtor 2: | age | with you? |
| Do not state the dependents' names. | | | | No Yes No Yes |
| | | | | NoYes |
| | | | | NoYes |
| 3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1? | NoYes | | | |
| Part 2: Estimate Your Ongoin | ng Monthly Expenses | | | |
| Estimate your expenses as of your be expenses as of a date after the bank | | re using this form as a supplem | ent in a Chapter 13 o | ase to report |

| | | expenses paid for with non-cash government assistance if you know the value of sistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) | Your expenses | |
|----|-------|--|---------------|----|
| 4. | | rental or home ownership expenses for your residence. Include first mortgage payments and rent for the ground or lot. | \$ | |
| | lf no | ot 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. | \$ |

| Debtor | 1 |
|--------|---|
|--------|---|

Middle Name

Last Name

Case number (if known)

| | | Your expenses |
|--|------|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$ |
| 5. Additional mortgage payments for your residence, such as nome 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. | \$ |
| | Tour | * |
| 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. | \$ |
| | 170. | Ψ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (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 Incor | ne. | |
| 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 | | \$ |

| Debto | or 1 | | | | | Case number (if known) | | | |
|--------------|----------|---------------|--|-----------------------------|------------------------|--------------------------|-----|-----|--|
| | | First Name | Middle Name | Last Name | | | | | |
| | | | | | | | | | |
| 21 (| Other St | oecify: | | | | | 21. | +\$ | |
| 21. | | peeny | | | | | 21. | τφ | |
| | | | | through 04 | | | | | |
| | | • • | ses. Add lines the second seco | Debtor 2. Copy the result | t to line 22b of Sche | edule J to calculate the | | | |
| | | | btor 1 and Debto | | | | 22. | \$ | |
| | | | | | | | | | |
| | | | | | | | | | |
| 23. Li | ne not u | sed on this f | orm. | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 24. D | o you ex | cpect an inc | rease or decrea | ise in your expenses wi | thin the year after | you file this form? | | | |
| Fo | or examp | ole, do you e | expect to finish pa | aying for your car loan wit | hin the year or do y | ou expect your | | | |
| m | ortgage | payment to | increase or decre | ease because of a modific | cation to the terms of | f your mortgage? | | | |
| | No. | | | | | | | | |
| | Yes. | Explain he | aro. | | | | | | |
| _ | 103. | схріан ні | ere. | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 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: 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 | |
|--|---|
| D' I | |
| | o is NOT an attorney to help you fill out bankruptcy forms? |
| | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| | |
| | |
| | |
| Under penalty of perjury, I declare that I I that they are true and correct. | nave read the summary and schedules filed with this declaration and |
| , | |
| | 44 |
| Signature of Debtor 1 | Signature of Debtor 2 |
| | |
| Date | Date |
| | ואואי / עע / איזאי |

| Fill in this information to identify your case: | | | | | |
|---|---------------------------|-------------|-----------|--|--|
| Debtor 1 | | | | | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | District of | | | |
| Case number | | | | | |
| | | | | | |

| Check if this is an |
|---------------------|
| amended filing |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

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 Sta | itus and Where Y | ou Lived Before | |
|------|--|-------------------------------|--|-----------------------------------|
| | hat is your current marital status? Married Not married Iring the last 3 years, have you lived anywhere | other than where y | ou live now? | |
| | No Yes. List all of the places you lived in the last 3 | years. Do not include | e where you live now. | |
| | Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
| | Number Street | - From To | Same as Debtor 1 Number Street | Same as Debtor 1 From To |
| | City State ZIP Code | _ | City State ZIP Code | |
| | Number Street | - From To | Same as Debtor 1 Number Street | Same as Debtor 1 From To |
| | City State ZIP Code | _ | City State ZIP Code | |
| sta | ithin the last 8 years, did you ever live with a s ates and territories include Arizona, California, Ida No Yes. Make sure you fill out Schedule H: Your Co | aho, Louisiana, Neva | valent in a community property state or territory? (C da, New Mexico, Puerto Rico, Texas, Washington, and m 106H). | Community property Wisconsin.) |
| Part | 2: Explain the Sources of Your Income | | | |

| Debtor | 1 |
|--------|---|
|--------|---|

_

Middle Name

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 | detai | ls. |

First Name

| | 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: | Wages, commissions, bonuses, tips Operating a business | \$ | Wages, commissions, bonuses, tipsOperating a business | \$ |
| For last calendar year: (January 1 to December 31,) | Wages, commissions, bonuses, tipsOperating a business | \$ | Wages, commissions, bonuses, tips Operating a business | \$ |
| For the calendar year before that: (January 1 to December 31,) | Wages, commissions, bonuses, tips Operating a business | \$ | Wages, commissions, bonuses, tips Operating a business | \$ |

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

Last Name

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,) | | \$ \$ \$ | | \$ \$ \$ |
| For the calendar year before that: (January 1 to December 31,) | | \$ \$ \$ | | \$ \$ \$ |

| Debtor 1 | First Name Middle Name Last Name | | Case r | number (if known) | |
|-------------|---|---------------------------------------|---|--|--|
| | First Name Middle Name Last Name | | | | |
| Dort 2 | List Contain Dovements Vev Made Bafe | we Veu Filed | for Donkrumtov | | |
| Part 3: | List Certain Payments You Made Befo | | тог ванкгиртсу | | |
| | | | | | |
| 6. Are eith | ner Debtor 1's or Debtor 2's debts primarily o | consumer debt | ts? | | |
| No. | Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a perso | | | e defined in 11 U.S.C. § 101(| 8) as |
| | During the 90 days before you filed for bankru | uptcy, did you pa | ay any creditor a total of | \$8,575* or more? | |
| | No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom you total amount you paid that creditor. D | u paid a total of Do not include p | \$8,575* or more in one ayments for domestic su | or more payments and the upport obligations, such as | |
| | child support and alimony. Also, do r | not include payn | nents to an attorney for t | this bankruptcy case. | |
| | * Subject to adjustment on 4/01/28 and every | 3 years after th | at for cases filed on or a | after the date of adjustment. | |
| 🛛 Yes | . Debtor 1 or Debtor 2 or both have primarily | / consumer de | bts. | | |
| | During the 90 days before you filed for bankru | iptcy, did you pa | ay any creditor a total of | \$600 or more? | |
| | No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom you | u paid a total of | \$600 or more and the to | otal amount you paid that | |
| | creditor. Do not include payments for alimony. Also, do not include payment | r domestic supp | oort obligations, such as | child support and | |
| | aimony. Also, do not include payment | | | | |
| | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | \$ | \$ | |
| | Creditor's Name | | Φ | Φ | Mortgage |
| | | | | | Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | | | Suppliers or vendors Other |
| | City State ZIP Code | | | | ■ Other |
| | | - | | | |
| | Creditor's Name | | \$ | \$ | Mortgage |
| | | | | | Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | | | Suppliers or vendors |
| | City State ZIP Code | | | | • Other |
| | | | | | |
| | | | \$ | \$ | |
| | Creditor's Name | | Ψ | Ψ | Mortgage |
| | | | | | |
| | Number Street | | | | Credit card Loan repayment |
| | | | | | Loan repayment Suppliers or vendors |
| | | | | | Other |
| | City State ZIP Code | | | | |
| | | | | | |

| Debtor [·] | 1 |
|---------------------|---|
|---------------------|---|

Middle Name

Last Name

Case number (if known)_

| 7. | <i>Insic</i> corp ager | orations of which you are a | any gene n officer, ess you d | ral partners; re director, perso | latives of any goin in control, or | general partners; pa owner of 20% or n | artnerships of which nore of their voting | <pre>/ho was an insider? n you are a general partner; securities; and any managing domestic support obligations,</pre> |
|----|------------------------------|--|-------------------------------------|-------------------------------------|------------------------------------|---|---|--|
| | | 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 | | | | |
| | _ | опу | Sidle | | · · · | | | |
| | | | | | | \$ | \$ | |
| | | Insider's Name | | | | | | |
| | | Number Street | | | | | | |
| | | Number Street | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | City | State | ZIP Code | | | | |
| | | | | | | | | |
| 8. | an in Inclu | nsider? Ide payments on debts guar | ranteed o | or cosigned by | an insider. | | | n account of a debt that benefited |
| 8. | an in Inclu | n sider? Ide payments on debts guar No | ranteed o | or cosigned by | | Total amount paid | er any property of Amount you still owe | n account of a debt that benefited Reason for this payment Include creditor's name |
| 8. | an in Inclu | n sider? Ide payments on debts guar No | ranteed o | or cosigned by | an insider. Dates of | Total amount | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | n sider? Ide payments on debts guar No | ranteed o | or cosigned by | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| 8. | an in Inclu | nsider? Ide payments on debts guar No Yes. List all payments that b | ranteed o | or cosigned by | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | nsider? Ide payments on debts guar No Yes. List all payments that b | ranteed o | or cosigned by | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | nsider? Ide payments on debts guar No Yes. List all payments that b | ranteed o | or cosigned by | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | nsider? Ide payments on debts guar No Yes. List all payments that b Insider's Name Number Street | ranteed o | or cosigned by an insider. | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | nsider? Ide payments on debts guar No Yes. List all payments that b | ranteed o | or cosigned by | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | nsider? Ide payments on debts guar No Yes. List all payments that b Insider's Name Number Street | ranteed o | or cosigned by an insider. | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | Insider? Ide payments on debts guar No Yes. List all payments that b Insider's Name Number Street City | ranteed o | or cosigned by an insider. | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | nsider? Ide payments on debts guar No Yes. List all payments that b Insider's Name Number Street | ranteed o | or cosigned by an insider. | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | Insider's Name | ranteed o | or cosigned by an insider. | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | Insider? Ide payments on debts guar No Yes. List all payments that b Insider's Name Number Street City | ranteed o | or cosigned by an insider. | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | Insider's Name | ranteed o | or cosigned by an insider. | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | an in Inclu | Insider's Name | ranteed o | or cosigned by an insider. | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |

| Debtor 1 |
|----------|
|----------|

First Name Middle Name

Last Name

Case number (if known)_

| 4: Identify Legal Actions, ithin 1 year before you filed for b | • | - | wsuit. court action. or | administrative procee | edina? |
|--|-------------|---|--|------------------------|---|
| st all such matters, including person | | | | - | - |
| id contract disputes. | | | | | |
| Yes. Fill in the details. | | | | | |
| | Nature | of the case | Court or agency | | Status of the case |
| | | | | | |
| Case title | | | Court Name | | Dending |
| | | | | | On appeal |
| | | | Number Street | | Concluded |
| Case number | | | | | |
| | | | City | State ZIP Code | |
| | | | | | D Pending |
| Case title | | | Court Name | | Pending On appeal |
| | | | Number Official | | Concluded |
| | | | Number Street | | |
| Case number | | | City | State ZIP Code | |
| | | | | | |
| No. Go to line 11. Yes. Fill in the information below. | ails below. | any of your property | repossessed, foreclos | ed, garnished, attache | ed, seized, or levied? |
| neck all that apply and fill in the det No. Go to line 11. | ails below. | any of your property Describe the propert | | ed, garnished, attache | |
| neck all that apply and fill in the det No. Go to line 11. | ails below. | | | | Value of the property |
| neck all that apply and fill in the det No. Go to line 11. | ails below. | | | | |
| neck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information below. | ails below. | | y | | Value of the property |
| neck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information below. | ails below. | Describe the propert | ey ned | | Value of the property |
| neck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information below. | ails below. | Describe the propert Explain what happer Property was r Property was f | ned epossessed. oreclosed. | | Value of the property |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | ails below. | Describe the propert Explain what happer Property was f Property was f Property was f | ned repossessed. oreclosed. garnished. | Date | Value of the property |
| Number Street | ails below. | Describe the propert Explain what happer Property was r Property was f Property was g Property was a | ned repossessed. oreclosed. garnished. attached, seized, or levi | ed. | Value of the property |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | ails below. | Describe the propert Explain what happer Property was f Property was f Property was f | ned repossessed. oreclosed. garnished. attached, seized, or levi | Date | Value of the property |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | ails below. | Describe the propert Explain what happer Property was r Property was f Property was g Property was a | ned repossessed. oreclosed. garnished. attached, seized, or levi | ed. | Value of the property\$ Value of the property |
| No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street | ails below. | Describe the propert Explain what happer Property was r Property was f Property was g Property was a | ned repossessed. oreclosed. garnished. attached, seized, or levi | ed. | Value of the property |
| neck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City Sta Creditor's Name City Sta | ails below. | Describe the propert Explain what happer Property was r Property was f Property was g Property was a | ned repossessed. oreclosed. garnished. attached, seized, or levi | ed. | Value of the property\$ Value of the property |
| neck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City | ails below. | Describe the propert Explain what happer Property was r Property was f Property was g Property was a | ned repossessed. oreclosed. garnished. attached, seized, or levi | ed. | Value of the property\$ Value of the property |
| neck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City Sta Creditor's Name City Sta | ails below. | Describe the propert Explain what happer Property was f Property was g Property was a Describe the propert | ned repossessed. oreclosed. garnished. attached, seized, or levi | ed. | Value of the property\$ Value of the property |
| neck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City Sta Creditor's Name City Sta | ails below. | Describe the propert Explain what happer Property was f Property was f Property was a Describe the propert Explain what happer | ned repossessed. oreclosed. garnished. attached, seized, or levi ty | ed. | Value of the property\$ Value of the property |
| neck all that apply and fill in the det No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City Sta Creditor's Name City Sta | ails below. | Describe the propert Explain what happer Property was r Property was g Property was a Describe the propert Explain what happer Property was a Describe the propert Explain what happer Property was a | hed epossessed. oreclosed. garnished. attached, seized, or levi by | ed. | Value of the property\$ Value of the property |

| Debtor 1 | | Case number (if known) | | |
|----------|---|--|--------------------------|-----------------|
| | First Name Middle Name Last Na | ame | | |
| | | | | |
| 11. With | in 90 days before you filed for bankrup | tcy, did any creditor, including a bank or financial institution | on, set off any am | ounts from your |
| | ounts or refuse to make a payment beca | | , ,, | , |
| | | - | | |
| | es. Fill in the details. | | | |
| | | | | |
| | | Describe the action the creditor took | Date action was taken | Amount |
| c | Creditor's Name | | wastaken | |
| | | | | |
| Ā | lumber Street | | | 5 |
| | | | | |
| - | | | | |
| | | | 1 | |
| ō | City State ZIP Code | Last 4 digits of account number: XXXX | | |
| | | | | |
| 12. With | in 1 year before you filed for bankruptc | y, was any of your property in the possession of an assign | nee for the benefit | of |
| | itors, a court-appointed receiver, a cus | | | |
| | No. | | | |
| | | | | |
| | _ | | | |
| Part 5: | List Certain Gifts and Contribut | ions | | |
| | | | | |
| 13. With | in 2 years before you filed for bankrupt | cy, did you give any gifts with a total value of more than \$6 | 600 per person? | |
| | | | | |
| | es. Fill in the details for each gift. | | | |
| | co. This in the details for each gift. | | | |
| | Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave | Value |
| | per person | | the gifts | |
| | | | T | |
| | | | | \$ |
| F | Person to Whom You Gave the Gift | | | Ψ |
| | | | | • |
| - | | | | \$ |
| _ | | | | |
| N | lumber Street | | | |
| | | | | |
| c | City State ZIP Code | | | |
| - | Person's relationship to you | | | |
| F | | | | |
| - | Lifte with a total value of more than \$600 | Describe the gifts | Dates you gave | Value |
| | Sifts with a total value of more than \$600 per person | Describe the gifts | the gifts | Value |
| | | | | |
| | | | | \$ |
| P | Person to Whom You Gave the Gift | | | ₩ |
| | | | | ¢ |
| - | | | | Ф |
| | | | | |
| Ī | lumber Street | | | |
| | | | | |
| - | Dity State ZIP Code | | | |
| C | City State ZIP Code | | | |
| F | Person's relationship to you | | | |
| | | | | |

| 1 | Case number (if known) | | |
|---|---|---------------------------------|-------------------------|
| First Name Middle Name | Last Name | | |
| | | | |
| ithin 2 years before you filed for bank | ruptcy, did you give any gifts or contributions with a total valu | e of more than \$6 | 00 to any charit |
| No | | | |
| Yes. Fill in the details for each gift or c | | | |
| Gifts or contributions to charities | Describe what you contributed | Date you | Value |
| that total more than \$600 | | contributed | |
| | | T | |
| | | | \$ |
| Charity's Name | | | Ψ |
| | | | \$ |
| | | | + |
| | | | |
| Number Street | | | |
| | | | |
| City State ZIP Code | | | |
| | | | |
| | | | |
| 6: List Certain Losses | | | |
| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i> | Date of your loss | Value of proper lost |
| | | T | |
| | | | \$ |
| | | | |
| | | | |
| 7: List Certain Payments or Tr | ansfers | | |
| | uptcy, did you or anyone else acting on your behalf pay or tra | nsfer any property | to anyone |
| | cy or preparing a bankruptcy petition? | | |
| | preparers, or credit counseling agencies for services required in y | our bankruptcy. | |
| | | | |
| Yes. Fill in the details. | | | |
| | Description and value of any property transferred | Date payment or transfer was | Amount of pay |
| Person Who Was Paid | - | made | |
| | | | |
| 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 | Amount o |
|---|---|-----------------------|---------------------------------|-------------|
| | | | transfer was made | payment |
| Person Who Was Paid | | | | <u>^</u> |
| Number Street | | | | \$ |
| Number Street | | | | \$ |
| | | | | |
| City State ZIP Code | | | | |
| | | | | |
| Email or website address | _ | | | |
| Person Who Made the Payment, if Not You | | | | |
| | | | | |
| omised to help you deal with your credit not include any payment or transfer that y No | | | | |
| Yes. Fill in the details. | | | | |
| | Description and value of any property | transferred | Date payment or transfer was | Amount of p |
| Person Who Was Paid | - | | made | |
| Number Street | | | | \$ |
| | | | | |
| | - | | | |
| | - | | | \$ |
| City State ZIP Code | - | transfer any prop | erty to anyone, other th | \$ |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you ha | business or financial affairs? made as security (such as the granting | | | |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r | business or financial affairs? made as security (such as the granting | | | |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No | business or financial affairs? made as security (such as the granting | of a security interes | t or mortgage on your pro | perty). |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No | business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property | of a security interes | t or mortgage on your pro | perty). |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No Yes. Fill in the details. | business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property | of a security interes | t or mortgage on your pro | perty). |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No Yes. Fill in the details. | business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property | of a security interes | t or mortgage on your pro | perty). |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No Yes. Fill in the details. | business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property | of a security interes | t or mortgage on your pro | perty). |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No Yes. Fill in the details. | business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property | of a security interes | t or mortgage on your pro | perty). |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No Yes. Fill in the details. | business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property | of a security interes | t or mortgage on your pro | perty). |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No Yes. Fill in the details. | business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property | of a security interes | t or mortgage on your pro | perty). |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you | business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property | of a security interes | t or mortgage on your pro | perty). |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you hav No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you | business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property | of a security interes | t or mortgage on your pro | perty). |

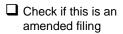
| Debtor 1 First Name Middle Name Last N | lame | Case number (if know | n) | |
|--|---|--|--|---|
| 19. Within 10 years before you filed for bankrug are a beneficiary? (These are often called as No Yes. Fill in the details. | | ty to a self-settled trust | or similar device of w | hich you |
| | Description and value of the prope | rty transferred | | Date transfer was made |
| Name of trust | | | | |
| Part 8: List Certain Financial Accounts 20. Within 1 year before you filed for bankruptor closed, sold, moved, or transferred? Include checking, savings, money market, brokerage houses, pension funds, cooperation of No No Yes. Fill in the details. | cy, were any financial accounts o or other financial accounts; certi | r instruments held in y ficates of deposit; shar | our name, or for your | |
| | 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 | xxxx | Checking Savings Money market Brokerage | | \$ |
| City State ZIP Code | xxxx | Other Checking Savings | | \$ |
| Number Street | | Money market Brokerage Other | | |
| 21. Do you now have, or did you have within 1 securities, cash, or other valuables? No Yes. Fill in the details. | year before you filed for bankrup | ntcy, any safe deposit b | ox or other depository | / for |
| | Who else had access to it? | Describe the | contents | Do you still have it? |
| Name of Financial Institution | Name | | | ☐ No ☐ Yes |
| Number Street | Number Street | | | |
| City State ZIP Code | City State ZIP Code | | | |

| First Name Mid | della Mana a di anti li | | Case number (if known) | |
|--|--|--|---|---|
| | Idle Name Last I | vame | | |
| Have you stored propert | y in a storage unit c | or place other than your home wit | thin 1 year before you filed for bankru | ptcy? |
| | | | | |
| Yes. Fill in the details | S. | Who else has or had access to it? | Describe the contents | Do you stil |
| | | | | have it? |
| | | | | |
| Name of Storage Facility | , | Name | | 🖵 Yes |
| Number Street | | Number Street | | |
| | | | | |
| | | City State ZIP Code | | |
| City | State ZIP Code | | | |
| | | | | |
| art 9: Identify Pro | perty You Hold o | or Control for Someone Else | | |
| . Do you hold or control | any property that so | omeone else owns? Include any p | property you borrowed from, are stori | ng for, |
| or hold in trust for some | eone. | | | |
| | | | | |
| Yes. Fill in the detai | ls. | | | |
| | | Where is the property? | Describe the property | Value |
| | | | | |
| Owner's Name | | | | \$ |
| Number Street | | Number Street | | |
| Number Slieet | | | | |
| | | | | |
| | | City State ZI | P Code | |
| City | State ZIP Code | City State ZI | P Code | |
| City | | City State Zinnental Information | P Code | |
| City art 10: Give Details | s About Environn | nental Information | P Code | |
| City art 10: Give Details or the purpose of Part 10, | s About Environn , the following defir | nental Information | | |
| City art 10: Give Details or the purpose of Part 10, <i>Environmental law</i> mea | s About Environn , the following defir ns any federal, stat | nental Information itions apply: e, or local statute or regulation co | oncerning pollution, contamination, re | |
| City art 10: Give Details or the purpose of Part 10, <i>Environmental law</i> mea hazardous or toxic subs | s About Environn , the following defir ns any federal, stat stances, wastes, or | nental Information hitions apply: e, or local statute or regulation co material into the air, land, soil, s | oncerning pollution, contamination, re urface water, groundwater, or other m | |
| City Give Details or the purpose of Part 10, <i>Environmental law</i> mea hazardous or toxic sub- including statutes or re | s About Environn , the following defir ns any federal, stat stances, wastes, or gulations controllir | nental Information hitions apply: e, or local statute or regulation co material into the air, land, soil, s ng the cleanup of these substance | oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material. | nedium, |
| City art: 10: Give Details or the purpose of Part 10, <i>Environmental law</i> mea hazardous or toxic sub- including statutes or re <i>Site</i> means any locatior | s About Environn , the following defir ns any federal, stat stances, wastes, or gulations controllir n, facility, or proper | nental Information hitions apply: e, or local statute or regulation co material into the air, land, soil, s ng the cleanup of these substance ty as defined under any environm | oncerning pollution, contamination, re urface water, groundwater, or other m | nedium, |
| City art 10: Give Details or the purpose of Part 10, <i>Environmental law</i> mea hazardous or toxic sub- including statutes or re <i>Site</i> means any location utilize it or used to own | s About Environn , the following defir ns any federal, stat stances, wastes, or gulations controllir n, facility, or proper l, operate, or utilize | nental Information hitions apply: e, or local statute or regulation co material into the air, land, soil, s ing the cleanup of these substance ty as defined under any environm it, including disposal sites. | oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material. nental law, whether you now own, ope | nedium, rate, or |
| City art 10: Give Details or the purpose of Part 10, <i>Environmental law</i> mea hazardous or toxic sub- including statutes or re <i>Site</i> means any locatior utilize it or used to own <i>Hazardous material</i> mea | s About Environn , the following defir ins any federal, stat stances, wastes, or gulations controllir h, facility, or proper h, operate, or utilize ans anything an env | nental Information hitions apply: e, or local statute or regulation co material into the air, land, soil, s ing the cleanup of these substance ty as defined under any environm it, including disposal sites. | oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material. | nedium, rate, or |
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| City art 10: Give Details or the purpose of Part 10, <i>Environmental law</i> mea hazardous or toxic sub- including statutes or re <i>Site</i> means any locatior utilize it or used to own <i>Hazardous material</i> mea substance, hazardous r eport all notices, releases Has any governmental u | s About Environn , the following defir ns any federal, stat stances, wastes, or gulations controllir n, facility, or proper n, facility, or proper ans anything an en- material, pollutant, o s, and proceedings | nental Information itions apply: e, or local statute or regulation ca material into the air, land, soil, s ing the cleanup of these substance ty as defined under any environm it, including disposal sites. vironmental law defines as a haza contaminant, or similar term. that you know about, regardless | oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material. nental law, whether you now own, ope ardous waste, hazardous substance, t of when they occurred. | nedium, rate, or oxic |
| City art 10: Give Details or the purpose of Part 10, <i>Environmental law</i> mea hazardous or toxic sub- including statutes or re <i>Site</i> means any locatior utilize it or used to own <i>Hazardous material</i> mea substance, hazardous r eport all notices, released . Has any governmental u | s About Environn , the following defir ins any federal, stat stances, wastes, or gulations controllir n, facility, or proper n, facility, or proper n, facility, or proper n, facility, or proper n, and proceedings unit notified you tha | nental Information itions apply: e, or local statute or regulation ca material into the air, land, soil, s ing the cleanup of these substance ty as defined under any environm it, including disposal sites. vironmental law defines as a haza contaminant, or similar term. that you know about, regardless | oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material. nental law, whether you now own, ope ardous waste, hazardous substance, t of when they occurred. | nedium, rate, or oxic |
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| City art 10: Give Details or the purpose of Part 10, <i>Environmental law</i> mea hazardous or toxic sub- including statutes or re <i>Site</i> means any locatior utilize it or used to own <i>Hazardous material</i> mea substance, hazardous r eport all notices, releases Has any governmental u | s About Environn , the following defir ins any federal, stat stances, wastes, or gulations controllir n, facility, or proper n, facility, or proper n, facility, or proper n, facility, or proper n, and proceedings unit notified you tha | nental Information itions apply: e, or local statute or regulation ca material into the air, land, soil, s ing the cleanup of these substance ty as defined under any environm it, including disposal sites. vironmental law defines as a haza contaminant, or similar term. that you know about, regardless | oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material. nental law, whether you now own, ope ardous waste, hazardous substance, t of when they occurred. | nedium, rate, or oxic |
| City art 10: Give Details or the purpose of Part 10, <i>Environmental law</i> mea hazardous or toxic sub- including statutes or re <i>Site</i> means any locatior utilize it or used to own <i>Hazardous material</i> mea substance, hazardous r eport all notices, releases Has any governmental u | s About Environn , the following defir ins any federal, stat stances, wastes, or gulations controllir n, facility, or proper n, facility, or proper n, facility, or proper n, facility, or proper n, and proceedings unit notified you tha | nental Information itions apply: e, or local statute or regulation ca material into the air, land, soil, s ing the cleanup of these substance ty as defined under any environm it, including disposal sites. vironmental law defines as a haza contaminant, or similar term. that you know about, regardless it you may be liable or potentially | oncerning pollution, contamination, re urface water, groundwater, or other m es, wastes, or material. nental law, whether you now own, ope ardous waste, hazardous substance, t of when they occurred. | nedium, rate, or oxic ronmental law? |
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| ebtor 1 | | Case number (if kno | own) | |
|---|--------------------------------------|-----------------------|-------------------------------|-----------------------|
| First Name Middle Name La | ast Name | | | |
| | | | | |
| 5. Have you notified any governmental unit | of any release of hazardous mater | ial? | | |
| | ····· | | | |
| No No | | | | |
| Yes. Fill in the details. | | | | |
| | Governmental unit | Environmental law, if | you know it | Date of notice |
| | | | | |
| | | | | |
| Name of site | Governmental unit | | | |
| | | _ | | |
| Number Street | Number Street | | | |
| | | | | |
| | City State ZIP Code | - | | |
| | | | | |
| City State ZIP Code | | | | |
| 6. Have you been a party in any judicial or a | administrative proceeding under a | v environmental law? | Include settlements and | orders |
| | | , | state settlemente alla | |
| | | | | |
| Yes. Fill in the details. | | | | |
| | Court or agency | Nature of the cas | se | Status of the case |
| | | | | Lase |
| Case title | | | | Pending |
| | Court Name | | | _ |
| | | | | On appeal |
| | Number Street | | | Concluded |
| | | | | |
| Case number | City State ZIP Co | ode | | |
| | | | | |
| Part 11: Give Details About Your B | usiness or Connections to An | v Business | | |
| 27. Within 4 years before you filed for bankr | | | na connections to any bu | siness? |
| A sole proprietor or self-employe | | | | 311633 |
| A member of a limited liability control | - | | | |
| A partner in a partnership | | | | |
| An officer, director, or managing | executive of a corporation | | | |
| | - | | | |
| An owner of at least 5% of the vo | ting or equity securities of a corpo | ration | | |
| No. None of the above applies. Go to | Part 12. | | | |
| Yes. Check all that apply above and t | | siness. | | |
| _ · · · · · · · · · · · · · · · · · · · | Describe the nature of the busine | | mployer Identification numbe | er |
| | _ | | o not include Social Security | |
| Business Name | | | | |
| | | E | IN: | |
| Number Street | _ | | | |
| | Name of accountant or bookkeep | er Da | ates business existed | |
| | - | | | |
| | | F | rom To | |
| City State ZIP Code | — | | | |
| | Describe the nature of the busine | ss Ei | mployer Identification numbe | er |
| Business Name | | De | o not include Social Security | number or ITIN. |
| Dusiness Indille | | | | |
| | | E | IN: | |
| Number Street | Name of accountant or backless | or D | atos husinoss ovistad | |
| | Name of accountant or bookkeep | Di | ates business existed | |
| | — | | | |
| | | F | rom To | |
| City State ZIP Code | | | | |

| First Name Middle Name Las | st Name Case number (<i>it known</i>) | |
|--|--|--|
| | | |
| | Describe the nature of the business Employer Identif | |
| Business Name | | ocial Security number or ITIN |
| | EIN: | |
| Number Street | Name of accountant or bookkeeper Dates business | existed |
| | - | |
| City State ZIP Code | From | To |
| | | |
| | | |
| ithin 2 years before you filed for bankru stitutions, creditors, or other parties. | uptcy, did you give a financial statement to anyone about your busine | ss? Include all financial |
| - | | |
| No Yes. Fill in the details below. | | |
| res. Fill in the details below. | | |
| | Date issued | |
| | | |
| Name | MM / DD / YYYY | |
| | | |
| Number Street | _ | |
| | _ | |
| | | |
| | | |
| City State ZIP Code | | |
| City State ZIP Code | | |
| City State ZIP Code | | |
| | | |
| City State ZIP Code | | |
| 12: Sign Below | ent of Financial Affairs and any attachments, and I declare under pen | alty of perjury that the |
| 12: Sign Below have read the answers on this <i>Stateme</i> nswers are true and correct. I understa | ent of Financial Affairs and any attachments, and I declare under pena and that making a false statement, concealing property, or obtaining | money or property by frau |
| 12: Sign Below have read the answers on this <i>Stateme</i> nswers are true and correct. I understa | | money or property by frau |
| 12: Sign Below have read the answers on this <i>Stateme</i> inswers are true and correct. I understa in connection with a bankruptcy case ca | and that making a false statement, concealing property, or obtaining | money or property by frau |
| 12: Sign Below have read the answers on this <i>Stateme</i> nswers are true and correct. I understan n connection with a bankruptcy case ca 8 U.S.C. §§ 152, 1341, 1519, and 3571. | and that making a false statement, concealing property, or obtaining an result in fines up to \$250,000, or imprisonment for up to 20 years, | money or property by frau |
| 12: Sign Below have read the answers on this <i>Stateme</i> nswers are true and correct. I understan n connection with a bankruptcy case ca 8 U.S.C. §§ 152, 1341, 1519, and 3571. | and that making a false statement, concealing property, or obtaining an result in fines up to \$250,000, or imprisonment for up to 20 years, | money or property by frau |
| 12: Sign Below have read the answers on this <i>Stateme</i> nswers are true and correct. I understan n connection with a bankruptcy case ca 8 U.S.C. §§ 152, 1341, 1519, and 3571. | and that making a false statement, concealing property, or obtaining an result in fines up to \$250,000, or imprisonment for up to 20 years, | money or property by frau |
| 12: Sign Below have read the answers on this Stateme inswers are true and correct. I understa in connection with a bankruptcy case ca 8 U.S.C. §§ 152, 1341, 1519, and 3571. | and that making a false statement, concealing property, or obtaining a nesult in fines up to \$250,000, or imprisonment for up to 20 years, | money or property by frau |
| 12: Sign Below have read the answers on this Statemenswers are true and correct. I understant connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3571. X Signature of Debtor 1 Date | and that making a false statement, concealing property, or obtaining an result in fines up to \$250,000, or imprisonment for up to 20 years, | noney or property by frau or both. |
| 12: Sign Below have read the answers on this Statemenswers are true and correct. I understant connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3571. X Signature of Debtor 1 Date Did you attach additional pages to Your | and that making a false statement, concealing property, or obtaining a nesult in fines up to \$250,000, or imprisonment for up to 20 years, | noney or property by frau or both. |
| 12: Sign Below have read the answers on this Statemenswers are true and correct. I understant connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3571. X Signature of Debtor 1 Date Did you attach additional pages to Your No | and that making a false statement, concealing property, or obtaining an result in fines up to \$250,000, or imprisonment for up to 20 years, | noney or property by frau or both. |
| 12: Sign Below have read the answers on this Statemenswers are true and correct. I understant connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3571. X Signature of Debtor 1 Date Did you attach additional pages to Your No | and that making a false statement, concealing property, or obtaining an result in fines up to \$250,000, or imprisonment for up to 20 years, | noney or property by frau or both. |
| 12: Sign Below have read the answers on this Statemenswers are true and correct. I understant connection with a bankruptcy case cate U.S.C. §§ 152, 1341, 1519, and 3571. X Signature of Debtor 1 Date Did you attach additional pages to Your No Yes | and that making a false statement, concealing property, or obtaining a nesult in fines up to \$250,000, or imprisonment for up to 20 years, | noney or property by frau or both. |
| 12: Sign Below have read the answers on this Statemenswers are true and correct. I understant connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3571. X Signature of Debtor 1 Date Did you attach additional pages to Your No Yes Did you pay or agree to pay someone were | and that making a false statement, concealing property, or obtaining an result in fines up to \$250,000, or imprisonment for up to 20 years, | noney or property by frau or both. |
| 12: Sign Below have read the answers on this Statements n connection with a bankruptcy case case a U.S.C. §§ 152, 1341, 1519, and 3571. X Signature of Debtor 1 Date Did you attach additional pages to Your No Yes Did you pay or agree to pay someone will No | and that making a false statement, concealing property, or obtaining a nesult in fines up to \$250,000, or imprisonment for up to 20 years, | noney or property by frau or both. Official Form 107)? |

| 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 E | Bankruptcy Court for the: | | District of (State) |
| (If known) | | | _ |



Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. 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).

Part 1: List Your Creditors Who Have Secured Claims

| For any creditors that you listed in Part 1 of Schedule D: C information below. | reditors Who Have Claims Secured by Property (Offici | al Form 106D), fill in the |
|---|--|---|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]: | ☐ No ☐ Yes |
| Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]: | ☐ No ☐ Yes |
| Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]: | ☐ No ☐ Yes |
| Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]: | ☐ No ☐ Yes |

Middle Name

Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|----------------------------|
| Lessor's name: | No No |
| Description of leased property: | Tes Yes |
| Lessor's name: | No No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | D No |
| Description of leased property: | Tes Yes |
| Lessor's name: | □ No □ Yes |
| Description of leased property: | |
| Lessor's name: | No No |
| Description of leased property: | Yes |
| Lessor's name: | D No |
| Description of leased property: | C Yes |
| Lessor's name: | D No |
| Description of leased property: | ☐ Yes |

Part 3:

Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

| | × |
|-----------------------|------------------------|
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date | Date MM / DD / YYYY |

United States Bankruptcy Court

| | District Of |
|------|---|
| In 1 | re |
| | Case No |
| Del | btor 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. | \Box I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. |
| | \Box 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;

B2030 (Form 2030) (12/15)

- 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 nonexempt 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_form s.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/ApprovedCredit AndDebtCounselors.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 LIST REQUIRED BY RULE 1007(a)

The above-named Debtors hereby verify that the attached list required by Rule 1007(a) of the Federal Rules of Bankruptcy Procedure 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 | | | | | |
| Case number (If known) | | | | | |

Check one box only as directed in this form and in Form 122A-1Supp:

- □ 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

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). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- □ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

A Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

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, an (before all payroll deductions). | nd commiss | sions | | \$ | \$ |
| 3. | Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | | | \$ | \$ | |
| 4. | All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, and roommates. Include regular contributions from a spor filled in. Do not include payments you listed on line 3. | nclude regul your depend | ar contributio lents, parents | ons S, | \$ | \$ |
| 5. | Net income from operating 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 | \$ | \$ | Copy here➔ | \$ | \$ |
| 6. | Net income from rental and other real property Gross receipts (before all deductions) | Debtor 1 \$ | Debtor 2 \$ | | | |
| | Ordinary and necessary operating expenses | - \$ | - \$ | | | |
| | Net monthly income from rental or other real property | \$ | \$ | Copy here➔ | \$ | \$ |
| 7. | Interest, dividends, and royalties | | | | \$ | \$ |

| | First Name Middle Name Last Name | | | |
|---|---|----------------------|---|--------------------------|
| | First Name Middle Name Last Name | | | |
| | | Column A Debtor 1 | <i>Column B</i> Debtor 2 or non-filing spouse | |
| 8. U | Jnemployment 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 | | | |
| b r c p d | 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 bay 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. | \$ | \$ | |
| E a te S | ncome from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; 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. | + \$ | + \$ | |
| | | |] | |
| | Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$ | + | = _{\$} |
| | | T | · · · · · · · · · · · · · · · · · · · | Total current |
| Par | t 2: Determine Whether the Means Test Applies to You | | | monthly income |
| | | | | |
| 12 C | | | | |
| | Calculate your current monthly income for the year. Follow these steps: | | • | |
| | Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 | | Copy line 11 here 🗲 | \$ |
| | | | Copy line 11 here 🗲 | \$ x 12 |
| 1 | 12a. Copy your total current monthly income from line 11 | | Copy line 11 here→ 12b. | |
| 1 | 12a. Copy your total current monthly income from line 11Multiply by 12 (the number of months in a year). | | | x 12 |
| 1 1 13. C | 12a. Copy your total current monthly income from line 11Multiply by 12 (the number of months in a year).12b. The result is your annual income for this part of the form. | | | x 12 |
| 1 13. C F | 12a. Copy your total current monthly income from line 11 | | | x 12 |
| 1 13. C F F T | Copy your total current monthly income from line 11 | | 12b. | x 12 |
| 1 13. C F F T T ii | 12a. Copy your total current monthly income from line 11 | | 12b. | x 12 \$ |
| 1 13. C F F T iii | 12a. Copy your total current monthly income from line 11 | the separate | 12b. | x 12 \$ |

| Debtor 1 | First Name Middle Name Last Name | Case number (# known) |
|----------|---|--|
| Part 3: | Sign Below | |
| | By signing here, I declare under penalty of perjury | that the information on this statement and in any attachments is true and correct. |
| | × | × |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date | Date |
| | If you checked line 14a, do NOT fill out or file F | ⁻ orm 122A–2. |
| | If you checked line 14b, fill out Form 122A–2 a | nd file it with this form. |

| 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 122A–1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1:

Identify the Kind of Debts You Have

| Are your debts 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." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). | | | | | |
|--|--|--|--|--|--|
| No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is no presumption of abuse, and sign Part 3. Then submit this supplement with the signed Form 122A-1. | | | | | |
| Yes. Go to Part 2. | | | | | |
| Part 2: Determine Whether Military Service Provisions Apply to You | | | | | |
| 2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))? | | | | | |
| No. Go to line 3. | | | | | |
| Yes. Did you incur debts mostly while you were on active duty or while you were 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). | e performing a homeland defense activity? | | | | |
| No. Go to line 3. | | | | | |
| Yes. Go to Form 122A-1; on the top of page 1 of that form, check box Then submit this supplement with the signed Form 122A-1. | 1, There is no presumption of abuse, and sign Part 3. | | | | |
| 3. Are you or have you been a Reservist or member of the National Guard? | | | | | |
| No. Complete Form 122A-1. Do not submit this supplement. | | | | | |
| \square Yes. Were you called to active duty or did you perform a homeland defense ac | tivity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). | | | | |
| No. Complete Form 122A-1. Do not submit this supplement. | | | | | |
| Yes. Check any one of the following categories that applies: | | | | | |
| I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, | | | | |
| □ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case. | check box 3, <i>The Means Test does not apply now,</i> and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The | | | | |
| lacksquare I am performing a homeland defense activity for at least 90 days. | exclusion period means the time you are on active duty or are performing a homeland defense activity, and for | | | | |
| I performed a homeland defense activity for at least 90 days, | 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). | | | | |
| ending on, which is fewer than 540 days before I file this bankruptcy case. | If your exclusion period ends before your case is closed, you may have to file an amended form later. | | | | |

| 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 E | Bankruptcy Court for the: | District of | | |
| Case number | | | | |
| (If known) | | | | |
| | | | | |

| | Check the appropriate box as directed in lines 40 or 42: | | | |
|---|--|--|--|--|
| According to the calculations required by this Statement: | | | | |
| | 1. There is no presumption of abuse. | | | |
| | 2. There is a presumption of abuse. | | | |
| | Check if this is an amended filing | | | |

Official Form 122A–2

Chapter 7 Means Test Calculation

04/25

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-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).

| Ρ | art 1: | Determine Your Adjusted Income | | | |
|----|------------------|---|--|-----------------------|----|
| 1. | Сору | your total current monthly income | Copy line 11 from Offici | al Form 122A-1 here ➔ | \$ |
| 2. | Did yo | ou fill out Column B in Part 1 of Form 122A–1? | | | |
| | | p. Fill in \$0 for the total on line 3. | | | |
| | 🗋 Ye | es. Is your spouse filing with you? | | | |
| | | No. Go to line 3. | | | |
| | | Yes. Fill in \$0 for the total on line 3. | | | |
| 3. | | t your current monthly income by subtracting any part of your spendents. Follow these steps: | pouse's income not used | I to pay for the | |
| | On lin regula | e 11, Column B of Form 122A–1, was any amount of the income you rly used for the household expenses of you or your dependents? | reported for your spouse N | NOT | |
| | | p. Fill in 0 for the total on line 3. | | | |
| | 🛛 Ye | es. Fill in the information below: | | | |
| | | State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents | Fill in the amount you are subtracting from your spouse's income | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | + \$ | | |
| | | Total | \$ | Copy total here | \$ |
| 4. | Adjus | t your current monthly income. Subtract the total on line 3 from line | 91. | | \$ |

Last Name

Part 2: 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 deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A–1.

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

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

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.

| | | _ |
|--|--|----|
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\$

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 total here ➔ |

| Ba. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ | or 1 | | | | | Case numbe | ľ (if known) | |
|---|----------|----------------|---------------------------|-------------------------------|----------------------------|--------------|--------------------|--------------|
| Assed on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for Sankruptcy purposes into two parts: | | First Name | Middle Name | Last Name | | | | |
| ankruptey purposes into two parts: • Housing and utilities – Insurance and operating expenses • Housing and utilities – Margage or rent expenses For answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link speciate instructions for this form. This chart may also be available at the barkruptcy clerk's office. • Housing and utilities – Insurance and operating expenses: • dolar amount listed for your county for insurance and operating expenses. • dolar amount listed for your county for insurance and operating expenses. • Losing and utilities – Mortgage or rent expenses: • dolar amount listed for your county for insurance and operating expenses. • Losing and utilities – Mortgage or rent expenses: • dolar amount listed for your county for insurance and operating expenses. • dolar amount listed for your county for motigage or rent expenses. • contractually due to get specified in the 60 months after you file for bankruptcy. Then divide by 60. • Total average monthly payment, add all amounts that are contractually due to get specified motify payment for all months after you file for bankruptcy. Then divide by 60. • Cotal average monthly payment, add all amounts that are specified in the 60 (total average monthly payment) from line 9a (mortgage or rent expense). • Cotal average monthly payment, add all amounts after you file for bankruptcy. Then divide by 60. • Neme of the creditor | Local St | andards | You must use | the IRS Local Standards to a | answer the questions in | lines 8-15. | | |
| Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses From any alko be available at the backruptcy derks office. A nearest the questions in lines 8-9, use the U.S. Trustee Program chart. To derive the question of points using the lines 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: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses: Housing and utilities - Mortgage or rent expenses: Building and utilities - Mortgage or rent expenses: Subort the number of poople you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. Subort the number of poople you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. Subort the number of poople you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. Subort the number of poople you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. To calculate the total average monthly payment, add all amounts that are contractually due to each secured oreditor in the 60 months after you file for bankrupter, then dvide by 60. Total average monthly payment Total average monthly payment Subtract line 60. (total average monthly payment) from line 8a (mortgage or | Based o | on informatio | on from the IRS, | the U.S. Trustee Program | has divided the IRS L | ocal Stand | lard for housing | for |
| • 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 bankrupter (off soffice.) • Housing and utilities – Mortgage or rent 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. • Housing and utilities – Mortgage or rent expenses: • Losing the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. • Losing the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. • 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 product in the 60 months after you life for bankruptor. Then divide by 60. • Total average monthly payment • S | bankrup | tcy purpose | es into two parts | : | | | | |
| 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. The chart may also be available at the bankruptty clerk's office. 4 Notesting and utilities – Mortgage or rent expenses: 3 Using the number of people you entered in line 5. fill in the dollar amount listed 6 Total average monthly payment for all mortgages and other debts secured by your home. 7 Total average monthly payment for all mortgages and other debts secured by your home. 7 Total average monthly payment for all mortgages and other debts secured by your home. 7 Total average monthly payment for all mortgages and other debts secured by your home. 7 Total average monthly payment and all amounts that are contractually due to each secured creditor in the 60 months after you file for bankrupty. 8 Met mortgage or rent expense: 9 Subtract line 60 (lotel average monthly payment) 9 Subtract line 60 (lotel average monthly pa | | - | | · · · · | | | | |
| To that the using the link specified in the separate instructions for this form. Is charm may also be available at the bankruptor clerk's office. • 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. • Housing and utilities – Mortgage or rent expenses: • • Loing the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. • • Loing the number of people you entered in line 5, fill in the dollar amount listed for your county for 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 bankruptor. Then divide by 80. • Mame of the creditor Average monthly • total average monthly payment form line 5a (mortgage or rent expenses). • So. • Net mortgage or rent expenses. Subtract line 5b (Ictal average monthly payment) from line 5a (mortgage or rent expenses). • Mare of the creditor • So. • Net mortgage or rent expenses. Subtract line 5b (Ictal average monthly payment) from line 5a (mortgage or rent expenses). • Myou claim that the US. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects. • Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. • O to line 14. • O to line 12. • O to line 12. | Housi | ing and util | illes – Mortgage | or rent expenses | | | | |
| his chart may also be available at the bankruptcy clerk's office. • Housing and utilities - Insurance and operating expenses: • S | Γo answ | ver the ques | tions in lines 8- | 9, use the U.S. Trustee Pro | gram chart. | | | |
| dollar amount listed for your county for insurance and operating expenses. \$ | | | | | instructions for this form | n. | | |
| Sn. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ | | | | | | | | |
| tor your county for mortgage or rent expenses. 3e. 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 oreditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment for all mortgages and other debts secured oregin and the for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment s |). Hous | sing and util | lities – Mortgage | or rent expenses: | | | | |
| 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 barkruptcy. Then divide by 60. | | | | | | | \$ | |
| <pre>contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment \$</pre> | 9b. To | otal average | monthly paymen | t for all mortgages and othe | r debts secured by your | home. | | |
| Set Net mortgage or rent expense. Subtract line 9b (<i>total average monthly payment</i>) from line 9a (<i>mortgage or rent expense</i>). If this amount is less than \$0, enter \$0. O. 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: 1. Local transportation expenses: Check the number of vehicles for which you claim the number of vehicles for which you claim the 2. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the correction persone fills the Quert the RS Local Standards and the number of vehicles for which you claim the correction persone fills the Quert the RS Local Standards and the number of vehicles for which you claim the correction persone fills the Quert the RS Local Standards and the number of vehicles for which you claim the correction persone fills the Quert the RS Local Standards and the number of vehicles for which you claim the correction persone fills the Quert the RS Local Standards and the number of vehicles for which you claim the correction persone fills the Quert the Correct the the number of vehicles for which you claim the correction persone fills the Quert the Correct the the number of vehicles for which you claim the correction persone fills the Quert the Correct the the number of vehicles for which you claim the correction persone fills the Quert the Correct the the number of vehicles for which you claim the correction persone fills the Quert the correction persone person | cc | ontractually o | due to each secu | red creditor in the 60 months | | | | |
| Total average monthly payment \$ | | Name of the | creditor | | | | | |
| Total average monthly payment \$ | | | | | \$ | | | |
| Total average monthly payment \$ | - | | | | | | | |
| Total average monthly payment \$ | | | | | \$ | | | |
| Total average monthly payment \$ | | | | | + s | | | |
| Total average monthly payment \$ | - | | | | • | 7 | | Demost this |
| 9c. Net mortgage or rent expense. Subtract line 9b (<i>total average monthly payment</i>) from line 9a (<i>mortgage or rent expense</i>). If this amount is less than \$0, enter \$0. \$ | | | Total a | verage monthly payment | \$ | | -\$ | amount on |
| Subtract line 9b (<i>total average monthly payment</i>) from line 9a (<i>mortgage or rent expense</i>). If this amount is less than \$0, enter \$0 | | | | | | | | line 33a. |
| Subtract life so (<i>total average monthly payment</i>) from life so (<i>mongage of rent expense</i>). If this amount is less than \$0, enter \$0 | 9c. 1 | Net mortgag | e or rent expense |) . | | | | |
| 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: 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. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expenses: Using the IRS Local Standards and the number of vehicles for which you claim the operation expenses: Using the IRS Local Standards and the number of vehicles for which you claim the operation expenses. | Ş | Subtract line | 9b (<i>total average</i> | e monthly payment) from line | e 9a (<i>mortgage or</i> | | \$ | J J |
| the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 1. 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 14. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expense. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expense. | I | ient expense | e). It this amount | | | | | |
| the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 1. 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 14. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expense. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expense. | | | | | | | | |
| Explain why: 1. 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. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the correction expense: Using the IRS Local Standards and the number of vehicles for which you claim the correction expense: Using the IRS Local Standards and the number of vehicles for which you claim the correction expense: Using the IRS Local Standards and the number of vehicles for which you claim the correction expense: Using the IRS Local Standards and the number of vehicles for which you claim the correction expense: Using the IRS Local Standards and the number of vehicles for which you claim the correction expense. | | | | | | | is incorrect and | d affects \$ |
| why: 1. 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. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense. Using the IRS Local Standards and the number of vehicles for which you claim the operation expense. | | | | | - | | | |
| 1. 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. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expense. If it is the Operating Costs that each for your costs and the number of vehicles for which you claim the operating expense. | | | | | | | | |
| 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating operating Costs that early for your Costs and the number of vehicles for which you claim the operating operating Costs that early for your Costs. | | | | | | | | |
| 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the control in a | 4 1 | | 4 | | - for which were aloing or | | | |
| 1. Go to line 12. 2 or more. Go to line 12. 2. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operation expense. If is the Operating Costs that each for your Costs are region or material transformer provided and the second standards and the number of vehicles for which you claim the operating costs that each for your Costs. | | | | | s for which you claim ar | 1 ownersnip | o or operating exp | Jense. |
| 2 or more. Go to line 12. 2. 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 each for your Costs are register at register at the operating expenses. | _ | | | | | | | |
| aparating avanages fill in the Onerating Costs that apply for your Canaya region or matropolitan statistical area | _ | | | | | | | |
| aparating avanages fill in the Onerating Costs that apply for your Canaya region or matropolitan statistical area | | | | | | | | |
| aparating avanages fill in the Onerating Costs that apply for your Canaya region or matropolitan statistical area | 2 Vohir | cle oneratio | n expense: I lein | n the IRS I ocal Standards a | nd the number of vehic | les for whic | h you claim the | |
| \underline{s} | | | | | | | | \$ |

Last Name

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 filed for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment \$ Repeat this Copy Total average monthly payment amount on \$ here line 33b. Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 \$_ expense Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0. 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. Name of each creditor for Vehicle 2 Average monthly payment \$ Repeat this Copy Total average monthly payment amount on here 🗲 line 33c. Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 expense Subtract line 13e from 13d. If this amount is less than \$0, enter \$0..... 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*.

| | In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. | |
|--|---|----------|
| employment taxes, Social Sec pay for these taxes. However | ount that you will actually owe for federal, state and local taxes, such as income taxes, self- curity taxes, and Medicare taxes. You may include the monthly amount withheld from your , if you expect to receive a tax refund, you must divide the expected refund by 12 and a total monthly amount that is withheld to pay for taxes. | \$ |
| Do not include real estate, sa | les, or use taxes. | |
| 17. Involuntary deductions: The union dues, and uniform costs | e total monthly payroll deductions that your job requires, such as retirement contributions, s. | <u>^</u> |
| Do not include amounts that a | are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ |
| together, include payments th | nthly premiums that you pay for your own term life insurance. If two married people are filing hat you make for your spouse's term life insurance. Do not include premiums for life s, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | \$ |
| agency, such as spousal or cl | | \$ |
| Do not include payments on p | past due obligations for spousal or child support. You will list these obligations in line 35. | Ψ |
| 20. Education: The total monthly | amount that you pay for education that is either required: | |
| as a condition for your job, | or | |
| for your physically or mental | ally challenged dependent child if no public education is available for similar services. | \$ |
| 21. Childcare: The total monthly | amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | |
| Do not include payments for a | any elementary or secondary school education. | \$ |
| is required for the health and health savings account. Include | nses, excluding insurance costs: The monthly amount that you pay for health care that welfare of you or your dependents and that is not reimbursed by insurance or paid by a de only the amount that is more than the total entered in line 7. e or health savings accounts should be listed only in line 25. | \$ |
| | | _ |
| you and your dependents, su | lephone services: The total monthly amount that you pay for telecommunication services for ch as pagers, call waiting, caller identification, special long distance, or business cell phone ary for your health and welfare or that of your dependents or for the production of income, if it ployer. | + \$ |
| | pasic home telephone, internet and cell phone service. Do not include self-employment orted on line 5 of Official Form 122A-1, or any amount you previously deducted. | |
| 24. Add all of the expenses allo | wed under the IRS expense allowances. | ¢ |
| Add lines 6 through 23. | · · · · · · · · · · · · · · · · · · · | \$ |

| ebtor 1 | First Name Middle Name | Last Nama | | Case number (if known) | |
|---------------------------------------|--|---|---|---|------|
| | First Name Middle Name | Last Name | | | |
| Additior | nal Expense Deductions | | al deductions allowed by the N e any expense allowances list | | |
| insur | | | | The monthly expenses for health cessary for yourself, your spouse, or your | |
| Heal | th insurance | | \$ | | |
| Disa | bility insurance | | \$ | | |
| Heal | th savings account | + | \$ | | |
| Total | I | | \$ | Copy total here - | \$ |
| Do y | ou actually spend this total a | amount? | | | |
| □ N □ Y | lo. How much do you actual ′es | ly spend? | \$ | | |
| contir house | nue to pay for the reasonable | e and necessary care mediate family who is | and support of an elderly, chi unable to pay for such expensi | ual monthly expenses that you will ronically ill, or disabled member of your ses. These expenses may include | \$ |
| you a | | mily Violence Prevent | ion and Services Act or other | that you incur to maintain the safety of federal laws that apply. | \$ |
| lf you 8, the You n | believe that you have home on fill in the excess amount of | e energy costs that are of home energy costs. documentation of your | e more than the home energy | rance and operating expenses on line 8. costs included in expenses on line ust show that the additional amount | \$ |
| per ch eleme You n | hild) that you pay for your de entary or secondary school. | ependent children who documentation of you | o are younger than 18 years o r actual expenses, and you m | nthly expenses (not more than \$214.58* Id to attend a private or public ust explain why the amount claimed is | \$ |
| * Su | ubject to adjustment on 4/01/ | 28, and every 3 years | s after that for cases begun or | or after the date of adjustment. | |
| than t food a To fin this fo | the combined food and cloth and clothing allowances in th | ing allowances in the ne IRS National Stand num additional allowa available at the bankr | IRS National Standards. That lards. ince, go online using the link s uptcy clerk's office. | food and clothing expenses are higher amount cannot be more than 5% of the specified in the separate instructions for | \$ |
| | tinuing charitable contribution in the contribution of the contrib | | | ute in the form of cash or financial | + \$ |
| | all of the additional exper ines 25 through 31. | se deductions. | | | \$ |

Last Name

| Deductior | ns for Debt Payment | | | | | | |
|-----------------------|--|---|---------------------------------|--|-------------------------|----------------------|----|
| | bts that are secured by an inf and other secured debt, fill in | | | uding home mo | rtgages, vehicle | | |
| To calc | culate the total average monthly r in the 60 months after you file | payment, add all amou | ints that are co | ntractually due to | o each secured | | |
| | Mortgages on your home: | | | | Average monthly payment | | |
| | Copy line 9b here | | | → | \$ | _ | |
| | Loans on your first two vehic | los | | | | | |
| | Copy line 13b here. | | | → | \$ | | |
| | | | | | • | - | |
| 33c. (| Copy line 13e here | | | → | \$ | - | |
| 33d. l | List other secured debts: | | | | | | |
| | Name of each creditor for other secured debt | Identify proper secures the de | | Does payment include taxes or insurance? | | | |
| | | | | 🔲 No | ¢ | | |
| | | | | Yes | Φ | | |
| | | | | No No | \$ | | |
| | | | | Yes | | | |
| | | | | No Yes | + \$ | | |
| | | | | | | Copy total | |
| 33e. Tot | al average monthly payment. A | dd lines 33a through 33. | sd | | . \$ | here 🗲 | \$ |
| or othe | y debts that you listed in line er property necessary for you . Go to line 35. s. State any amount that you m listed in line 33, to keep poss Next, divide by 60 and fill in th | ur support or the support ust pay to a creditor, in a ession of your property | ort of your de | pendents? | | | |
| | Name of the creditor | Identify property that secures the debt | Total cure amount | | Monthly cure amount | | |
| | | | \$ | ÷ 60 = | \$ | - | |
| | | | \$ | ÷ 60 = | \$ | - | |
| | | | \$ | ÷ 60 = | + \$ | - | |
| | | | | Total | \$ | Copy total here ➔ | \$ |
| 35. Do you that ar | u owe any priority claims suc e past due as of the filing dat | h as a priority tax, chil e of your bankruptcy o | d support, or case? 11 U.S.0 | alimony — C. § 507. | | | |
| _ | . Go to line 36. | | | č | | | |
| 🛛 Yes | s. Fill in the total amount of all c ongoing priority claims, such | | | current or | | | |
| | Total amount of all past-due | priority claims | | | . \$ | ÷ 60 = | \$ |

| Debtor | 1 First Name Middle Name Last Name | Ca | se number (if known) | |
|--------|---|----------------------------------|--------------------------|-------------------------|
| | | | | |
| 36. | Are you eligible to file a case under Chapter 13? 11 U For more information, go online using the link for <i>Bankrup</i> instructions for this form. <i>Bankruptcy Basics</i> may also be | otcy Basics specified in the sep | | |
| | □ No. Go to line 37. | | | |
| | Yes. Fill in the following information. | | | |
| | Projected monthly plan payment if you were filing | under Chapter 13 | \$ | |
| | Current multiplier for your district as stated on the Administrative Office of the United States Courts North Carolina) or by the Executive Office for Uni other districts). | (for districts in Alabama and | x | |
| | To find a list of district multipliers that includes yo link specified in the separate instructions for this f available at the bankruptcy clerk's office. | | ~ | Comutatal |
| | Average monthly administrative expense if you w | ere filing under Chapter 13 | \$ | Copy total here ➔ \$ |
| 37. | Add all of the deductions for debt payment. Add lines 33e through 36 | | | \$ |
| Tot | al 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 | +\$ | 1 | |
| | Total deductions | \$ | Copy total here | |
| Pa | rt 3: Determine Whether There Is a Presumpti | on of Abuse | | |
| 39. | Calculate monthly disposable income for 60 months | | | |
| | 39a. Copy line 4, adjusted current monthly income | \$ | | |
| | 39b. Copy line 38, Total deductions | - \$ | | |
| | 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a. | \$ | Copy here➔ \$ | |
| | □ For the next 60 months (5 years) | | x 60 | |
| | 39d. Total. Multiply line 39c by 60 | | \$ | Copy here➔ S |
| | | | | |
| 40. | Find out whether there is a presumption of abuse. Chec | ck the box that applies: | | |
| | The line 39d is less than \$10,275*. On the top of page to Part 5. | e 1 of this form, check box 1, 7 | here is no presumption | of abuse. Go |
| | The line 39d is more than \$17,150*. On the top of pag may fill out Part 4 if you claim special circumstances. The special circumstances. | | There is a presumption | of abuse. You |
| | □ The line 39d is at least \$10,275*, but not more than a | \$17.150*. Go to line 41 | | |
| | | | ofter the date of adjust | mont |
| | * Subject to adjustment on 4/01/28, and every 3 years | aner that for cases lieu on of | aner the date of adjustr | nent. |

Middle Name

Last Name

Case number (if known)

| 41. 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled out A | |
|----------|--|---|
| | Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form | s |
| | | x .25 |
| 41b | 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I). | Сору |
| | Multiply line 41a by 0.25. | • here → • |
| | | |
| is en | rmine whether the income you have left over after subtracting all allowed deducti ough to pay 25% of your unsecured, nonpriority debt. k the box that applies: | ons |
| | ine 39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>There is</i> So to Part 5. | no presumption of abuse. |
| | ine 39d is equal to or more than line 41b. On the top of page 1 of this form, check bo f abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5. | x 2, There is a presumption |
| | | |
| Part 4: | Give Details About Special Circumstances | |
| | have any special circumstances that justify additional expenses or adjustments o ble alternative? 11 U.S.C. § $707(b)(2)(B)$. | f current monthly income for which there is no |
| 🗖 No. | Go to Part 5. | |
| Yes. | Fill in the following information. All figures should reflect your average monthly expense for each item. You may include expenses you listed in line 25. | or income adjustment |
| | You must give a detailed explanation of the special circumstances that make the expen adjustments necessary and reasonable. You must also give your case trustee documer expenses or income adjustments. | |
| | Give a detailed explanation of the special circumstances | Average monthly expense or income adjustment |
| | | - \$ |
| | | - \$ |
| | | - \$ |
| | | - \$ |
| | | · |
| Part 5: | Sign Below | |
| | | |
| | By signing here, I declare under penalty of perjury that the information on this statemen | t and in any attachments is true and correct. |
| | × × | |
| | Signature of Debtor 1 Signature of De | btor 2 |
| | Date Date Date | / YYYY |
| | | , |