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Attorneys at Law

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1934-2018

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information.

Name: _____
Last First Middle Initial

Spouse's Name: _____
Last First Middle Initial

Address: _____
(Street and Number)

(City) (State) (Zip)

Birth Date: ____/____/____ Age: ____ Social Security Number: _____

Spouse's Birth Date: ____/____/____ Age: ____ Social Security Number: _____

Marital Status: _____

Please list any children/age/gender : _____

Home Phone: (____) _____

May we leave a message? ____ Yes ____ No

Cell Phone: (____) _____

May we leave a message? ____ Yes ____ No

Email: _____ May we email you? ____ Yes ____ No

Please take a moment to let us know how you heard about us:

____ Radio ____ Client Referral ____ Yellow Pages ____ Attorney Referral ____ Website

____ Internet Search ____ Other Please Describe: _____

ph: (859) 236-4214 OR (859) 236-8888 fax: (859) 236-6636
www.danvillekyattorney.com • danvillekyattorney@gmail.com



1st Pre-Filing Course Instructions on Signing up for the CC Advising Credit Counseling Course

1-855-980-6690 | support@ccadvising.com | ccadvising.com

Helpful Tip: Take the course on a laptop or desktop computer. If you take the course on a tablet, smartphone, or other mobile device it will cost more. The extra fees allow us to support a wide variety of different devices, and mobile users will complete the final chat by telephone instead of online chat.

STEP 1



Type **ccadvising.com** into your web browser's address bar and press the Enter key.

STEP 2



Click on **"Sign Up"** or **"I NEED an account"** to register an account.

STEP 3



Fill out the registration page carefully. Enter in all requested information, being careful to make sure you have filled out all of the required fields. Do not forget to read and agree to the terms and conditions. If you need any help, please do not hesitate to contact us.

Helpful Tip: Keep in mind, the attorney code is not required. If your attorney did not give you a code, you do not need to fill one in.

STEP 4



After you have registered and payment has been submitted, you will have full access to the course. Keep in mind, all of the information requested only requires estimates. The information you provide does not have to be exact. After you have completed the various portions of the course, the final portion is a live chat with a counselor (if you are taking the mobile version of our course, the final chat is a telephone call with one of our counselors). The course is not complete until the final chat has been completed.

STEP 5



After you have completed the final chat with a counselor, your certificate will be issued, sent to your attorney, and available to you by logging back into your account.

If you have any questions, feel free to contact us!

CHAPTER 7 BANKRUPTCY FEE AGREEMENT

1. The undersigned, _____ (the "Client(s)"), hereby retains and employs, Brian D. Bailey, Attorney at Law (the "Attorney"), to represent them in a case to be initiated under Chapter 7 of the Bankruptcy Code.
2. The legal services to be rendered are as follows:
 - a. Preparation and filing of the petition, Statement of Financial Affairs, Statement of Intention, Means Test Statement, and Schedules;
 - b. Attendance at one Meeting of the Creditors;
 - c. Executing Client approved reaffirmation agreements;
 - d. Preparation and filing of Form 23 and debtor(s) Certificate(s) of Debtor Education;
 - e. Handle routine communications with creditors during the pendency of your case regarding claims the creditors may have against you;
 - f. **The Attorney is not responsible for opening and sorting Client mail for bankruptcy purposes.**
3. Any additional work in addition to paragraphs 2(a) through 2(e) must be agreed to and memorialized in writing, executed by both parties and requires an additional fee. The Attorney reserves the right to require any additional fees to be paid in advance before any additional work is performed on the Client's behalf. There may also be additional costs associated with any additional work performed under this section.
4. Amendments to the Debtor's bankruptcy filing require a minimum fee of \$100.00.
5. If the Client chooses to convert the Chapter 7 filing to a Chapter 13 filing, a new agreement must be executed before any work on the conversion will be completed by the Attorney. Any fee earned before the conversion becomes the property of the Attorney.
6. Motions to Avoid Liens require an additional \$250.00 flat fee per lien to be paid in advance of the filing of these motions.
7. In consideration of the legal services to be rendered to the Client by the Attorney the Client agrees to pay to the Attorney a **non-refundable flat fee of \$1,490.00** which includes a filing fee of \$335.00. **The Client understands that the Attorney will not file the petition until the flat fee is paid in full and the Client has satisfied the other terms of this agreement.**
8. The Client acknowledges that the Attorney has discussed restrictions on compensation set out in the bankruptcy code and understands that representation which occurs after the commencement of the bankruptcy case may not by law be included in or charged against the monies paid to the Attorney prior to the petition, and that such services described above and subject to this agreement which occur after the petition will be billed separately at the rate of

CHAPTER 7 BANKRUPTCY FEE AGREEMENT

\$250.00 per hour. Post-petition charges for legal services may be paid only for monies which are not property of the bankruptcy estate and which are earned by the Client after the date on which the bankruptcy petition is filed.

9. This agreement does not include representation in litigation currently pending or anticipated upon its execution. The Client understands that foreclosure and other collection proceedings pending in State Court may survive the bankruptcy proceeding. This agreement does not include representation in these proceedings.
10. The Client understands that the Attorney cannot guarantee a discharge.
11. The Client understands that garnishments, foreclosures, levy's, executions or other legal collection remedies will not stop until the petition is filed.
12. **The Client must pay for and complete two credit counseling courses.** The Attorney is not responsible for the completion of these courses and cannot assist the Client in completing them. **The Client understands that the Attorney cannot file the petition until the Client completes the first credit counseling course and the Attorney receives the certificate of completion.** Failure to complete the second credit counseling course can result in the dismissal of the bankruptcy case.
13. The Attorney has made no representation when the Client's bankruptcy will be filed. There are many factors which control the filing of the petition including but not limited to the receipt of documents from the client. A list of the required documents will be provided to the client and it is the **CLIENT'S RESPONSIBILITY TO DELIVER THEM TO THE ATTORNEY IN A TIMELY MANNER.** The Attorney will not file the Client's petition unless all documents requested are received. The Attorney agrees to file the Client's petition in a timely manner once all documents requested are received. From time to time the Trustee will ask for additional documents. The Client is responsible for providing these documents to the Attorney within the time frame required by the Trustee or the Court. If the Client fails to provide the documents within the time frame requested the Client's case may be dismissed.
14. The Client agrees to disclose all property, regardless of its exempt status, to the Attorney and understands that all property of any kind owned by the Client must be listed on the Petition. The Attorney is not responsible for deception by the Client. Any deception on the part of the client is a material breach of this agreement and the Attorney may withdraw at his sole discretion and any fees paid to the Attorney shall be forfeited by the Client.
15. The Attorney reserves the right to withdraw from representation should the Client breach any material term of this agreement. The Attorney is released from his obligation to perform under the terms of this agreement after 90 calendar days following its execution if the Client fails to perform any obligation contained within.

CHAPTER 7 BANKRUPTCY FEE AGREEMENT

16. The Client understands that the US Bankruptcy Court may audit the Client's case. The Attorney is not obligated to assist in said audit, however if the Client wishes to retain the Attorney to assist in complying with the audit then a new fee agreement must be entered into and a new fee paid to the Attorney before any work is completed.
17. This is the parties' entire agreement. Any modification must be expressed in writing, signed by both parties and attached hereto.

Signed and agreed to on this _____ day of _____, 2019.

CLIENT

CLIENT

HON. BRIAN D. BAILEY, ATTORNEY

CHAPTER 7 DOCUMENT CHECKLIST

1. Copies of the past two (2) years both Federal and State Tax Returns _____
2. Certified Copy of Deed(s) to all real property you have an ownership interest
(These can be obtained at the County Clerk's office in the county the property is located) _____
3. Certified Copy of Mortgage(s) _____
4. Property Tax notices or PVA statement on all real property _____
5. Six (6) months bank statements on all financial accounts in your name _____
6. Titles to all motor vehicles, boats, trailers, ATV, etc. in your name
(Duplicates can be obtained in the County Clerk's office if lost or misplaced) _____
7. Contract for any and all life insurance policies _____
8. Current statement from retirement/IRA account(s) _____
9. Last six months of paystubs from all employment/income sources
(If self-employed please provide six months of profit/loss information) _____
10. Loan agreements to all personal loans _____
11. Order of Wage Garnishment or bank seizure (if applicable) _____
12. Completed Credit Counseling Course _____

Section 2 - Property (Schedule A/B)

Separately list and describe assets in each category below. 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. If more space is needed, attach a separate page to this questionnaire.

Part A. Residence, Building, Land, Other Real Estate

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	Estimated Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	If you are not the only owner: Please enter the % of the property you own.	Office Use Only Exemptions?
<p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p>	<p>Who issued the mortgage, lien or loan? (Name and Address)</p> <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		
<p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p>	<p>Who issued the mortgage, lien or loan? (Name and Address)</p> <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		

Part B. Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Other Vehicles

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only Exemptions?
Vehicle #1	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #2	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #3	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Watercraft/Aircraft/Motor Homes/ATVs/Other (list year, make, and model)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part C. Personal and Household Items

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Electronics (<i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Collectibles of value (<i>art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Sports, photo, exercise, and other hobby equipment; musical instruments	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Firearms, ammunition, and related equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Clothing (<i>everyday clothes, furs, leather coats, designer wear, shoes, accessories</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Pets/non-farm animals	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Health aids and all other household items not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part D. Financial Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Cash (spare change/money in your purse or wallet, cash not in accounts)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #1 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #2 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Savings account #1 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Savings account #2 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only Exemptions?
Certificate of deposit (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #1 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #2 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #3 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #4 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Bonds, mutual funds, and publicly traded stocks	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Non-publicly traded stocks and interests in businesses, corporations, LLCs, partnerships, and joint ventures (<i>list % of ownership</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Government and corporate bonds and instruments (<i>including U.S. Savings Bonds</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Retirement, pension, or profit-sharing plan #1 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #2 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #3 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Security deposits (typically with landlord or utility) (list holder)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Prepayments (prepaid rent, layaway, gift cards, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Annuities (list company)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Education IRA, Sec. 529 or Sec. 530 account, state tuition plan	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Trusts, life estates, future, and equitable interests in property or assets	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Patents, copyrights, trademarks, trade secrets, and other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Licenses, franchises, and other general intangibles	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Tax refunds owed to you (<i>list years due</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Alimony and child support	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other amounts someone owes you (<i>unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Cash value of insurance policies (<i>whole or universal life, health, disability, HSA, etc.</i>) (<i>list insurance company and beneficiary</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Inheritances, estate distributions, and death benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Personal injury claims or awards	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Lawsuits or claims against anyone for anything	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
All other claims or rights to sue someone	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Any other financial asset not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part E. Business-Related Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only Exemptions?
Accounts receivable or commissions earned (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Office equipment, furnishings, and supplies (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Machinery, fixtures, equipment, business supplies, and tools of your trade (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Business inventory (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Interests in partnerships or joint ventures (<i>name and type of business, % interest</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Customer and mailing lists	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other business-related property not already listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part F. Farm and Commercial Fishing-Related Property

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Farm animals (<i>livestock, poultry, farm-raised fish, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Crops (<i>growing or harvested</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Farm and commercial fishing equipment, implements, machinery, fixtures, and tools of trade (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Farm and commercial fishing supplies, chemicals, and feed (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part G. Miscellaneous

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
All other property of any kind not previously listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Section 6 - Current Expenses (Schedule J)

1. Is this a Joint Filing with your Spouse?

☐ No ☐ Yes

2. Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

Relationship

Age

Who does the dependent live with?

Relationship	Age	Who does the dependent live with?

Do you and your spouse live separately and maintain separate households? ☐ No ☐ Yes. If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

3. Do your expenses include another person's expenses other than yourself and your dependents?

☐ No ☐ Yes

Indicate how much you pay for each item each month:

4. Primary Rent or Home Mortgage:

\$ _____

Does that amount include real estate taxes?

☐ No ☐ Yes

If **yes**, how much do you pay? \$ _____

Does that amount include property, homeowner's, or renter's insurance?

☐ No ☐ Yes

If **yes**, how much do you pay? \$ _____

Does that amount include any Home maintenance, repair, or upkeep expenses?

☐ No ☐ Yes

If **yes**, how much do you pay? \$ _____

Does that amount include any Homeowner's association or condominium dues?

☐ No ☐ Yes

If **yes**, how much do you pay? \$ _____

5. Are there Additional Mortgage payments?

\$

☐ No ☐ Yes

If **yes**, how much do you pay? _____

6. Utilities:

a. Electricity and heating fuel: _____

\$

b. Water and sewer: _____

\$

c. Telephone service/long distance: _____

\$

d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:

\$

\$

\$

7. Food and housekeeping supplies _____

\$

8.	Childcare and Children Education Costs	\$	
9.	Clothing, laundry, and dry cleaning:	\$	
10.	Personal care products and services:	\$	
11.	Medical and dental expenses:	\$	
12.	Transportation (do NOT include car payments):	\$	
13.	Recreation,entertainment, newspapers, magazines, and books:	\$	
14.	Charitable contributions and religious donations:	\$	
15.	Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: (Do not include amounts entered in Line 4 or Line 20)		
	a. Life insurance:	\$	
	b. Health insurance:	\$	
	c. Auto insurance:	\$	
	d. Other insurance (describe and list monthly amount):		
		\$	
		\$	
		\$	
16.	Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:		
		\$	
		\$	
		\$	
17.	Installment payments for car, furniture, etc. (Describe):		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
18.	Alimony, maintenance and support paid to others:	\$	
19.	Payments for support of additional dependents not living at your home:	\$	
20.	Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5)		
	a. Mortgage payment on other Real Estate Property	\$	
	b. Taxes on other Real Estate Property	\$	
	c. Other Real Property, Homeowner's, or Renter's Insurance payments	\$	
	d. Home maintenance (including repairs and upkeep)	\$	
	e. Homeowner's association or condominium dues	\$	
21.	Other expenses (Describe): (please see "Additional Expenses" below before putting anything here)		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Describe any increase or decrease in expenses you expect to occur within the next year?

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses (707(b) Expenses for Form 122)

17.	Mandatory payroll deductions not already listed:	\$	
		\$	
		\$	
19.	Court ordered payments not already listed:	\$	
		\$	
		\$	
20.	Education for employment or for a physically or mentally challenged child:	\$	
21.	Child care (<i>baby sitting, day care, nursery & preschool, etc.</i>):	\$	
25.	Disability Insurance (<i>if not listed above</i>):	\$	
	Health Savings Account:	\$	
26.	Care for elderly, chronically ill or disabled family members:	\$	
27.	Protection from family violence:	\$	
29.	Education expense for your children under 18:	\$	
41. (c13s)	Non-mandatory contributions to retirement accounts (<i>including loan repayments</i>):	\$	
		\$	
		\$	