



BANKRUPTCY INTAKE FORM

Name: _____ **Date:** _____

Social Security Number: _____ **Date of Birth:** _____

Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip:** _____ **Alternate Phone Number:** _____

Email Address: _____

County of Residence: _____ **Length of Time at Current Address** _____

Prior Address if Less Than 2 Years: _____

Marital Status: Single Married Divorced Separated Widowed

Spouse Name: _____

Social Security Number: _____ **Date of Birth:** _____

Address (if living separately): _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone Number:** _____

DEPENDANTS

Name	Age	Relationship to You	In this person/child living with you?

Have you ever filed for Bankruptcy before, even if it was dismissed or you did not go through with it? YES NO

If the answer is yes, what year and case number? Year: _____ Case Number: _____

Are both you and your spouse filing this bankruptcy together? YES NO

Have either you or your spouse been known by any other name during the past six years? YES NO

Name Used: _____ **Dates Used:** _____

Name Used: _____ **Dates Used:** _____

How did you hear about us? Referral Phone book Internet Newspaper Ad Other _____

INCOME HISTORY

Employers Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Length of time at this job? _____ Job Title: _____

Rate of Pay: _____ How often do you get paid: weekly Bi-weekly Bi-monthly Monthly

Child Support/Alimony YES NO If yes, how much: _____ How often: _____ For how long: _____

Food Stamps YES NO If yes, how much: _____ How often: _____ For how long: _____

FIA assistance YES NO If yes, how much: _____ How often: _____ For how long: _____

Unemployment YES NO If yes, how much: _____ How often: _____ For how long: _____

Workmans comp YES NO If yes, how much: _____ How often: _____ For how long: _____

Pension/Social Security YES NO If yes, how much: _____ How often: _____ For how long: _____

Disability income YES NO If yes, how much: _____ How often: _____ For how long: _____

Rental/Roomate income YES NO If yes, how much: _____ How often: _____ For how long: _____

Commissions YES NO If yes, how much: _____ How often: _____ For how long: _____

Annuity or Trust Income YES NO If yes, how much: _____ How often: _____ For how long: _____

Will you be receiving a bonus check or profit sharing check within the next year? YES NO Amount: _____

Have you received a bonus check or profit sharing check within the last year? YES NO Amount: _____

Are you or your spouse expecting to receive a buyout/buydown from your current employer within the next year?

Yes No

Have you or your spouse received a buyout or severance pay from our current employer during the last two years?

Yes No

Do you have a second job? Yes No If yes, Employer name: _____

Employer Address: _____

Length of time at this job? _____ Job Title: _____ Rate of pay: _____

How often did you get paid: Weekly Bi-weekly Bi-monthly Monthly

Spouse's Employment Information: Please see next page.

Are you self employed, own your own business or receive a 1099? If yes, complete next page

Is your Spouse employed? Yes No

If yes, Employers Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Length of time at this job? _____ Job Title: _____

Rate of Pay: _____ How often do you get paid: weekly Bi-weekly Bi-monthly Monthly

SELF EMPLOYMENT INCOME

Are you self employed, own your own business or receive a 1099? Please complete below:

Are you paid as an independent contractor (1099)? Yes No Do you own your own business? Yes No

Name of Company: _____ City: _____ State: _____ Zip: _____

For how long: _____ LLC, Corp, or DBA: _____ Partners? _____

Type of Business: _____

Have you owned your own business ***other*** than the one mentioned above in the last 6 years? Yes No

What is the name of the company: _____

LLC, Corp, or DBA: _____ How long operational? _____

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY amounts in the spaces to the right of each expense.

HOUSING EXPENSES

Rent Payment (Monthly) _____
 1st Mortgage payment or Mobile home payment _____
 2nd Mortgage (if applicable) _____
 3rd Mortgage (if applicable) _____
 Lot Rent Payment (if applicable) _____
 Are real estate taxes included in your mortgage payment? Yes No _____
 Taxes **not** included in your mortgage payment _____
 Insurance **not** included in your mortgage payment _____

UTILITIES

(normal monthly averages)

Electricity _____
 Gas _____
 Water _____
 Telephone (basic & long distance) _____
 Trash Pickup _____
 Cable TV and/or internet service _____
 Cell phone service _____

BASIC NEEDS (monthly)

Home maintenance (for home owners) _____
 Food _____
 Clothing _____
 Laundry (dry cleaning, soap, etc...) _____
 Medical expenses **not** paid by insurance (Co-pays, glasses, etc.) _____

INSURANCE

Renter's insurance _____
 Life Insurance (other than employer) _____
 Health Insurance (other than employer) _____
 Automobile Insurance _____
 Other Insurance _____

TRANSPORTATION

Gasoline/auto maintenance _____
 Auto Payments _____
 Auto Lease Payments _____

TAXES

IRS/State of WI payments _____

OTHER EXPENSES

Alimony or child support _____
 Payments for someone outside your home _____
 College tuition/Books _____
 Union dues/Professional Dues (not payroll deducted) _____
 Oil Changes/Tabs for autos _____
 Church Tithes/Contributions _____
 Baby sitter/Day Care expenses _____
 Childrens activities (dance class, karate, etc.) _____
 Childrens dental, braces _____
 School lunches _____
 School expenses _____
 Diapers/Formula _____
 Physical Therapy _____
 Psychiatrist/Therapist _____
 Prescriptions (out of pocket) _____
 Personal care items _____
 Pet supplies/food/vet _____
 Newspapers, books magazines _____
 Cigarettes/Tobacco _____
 Condo association fees _____
 Storage Fees _____
 Lawn/Snow service _____
 Rent to own furniture _____
 Loans to family or friends _____
 Student Loans _____
 Probation fees/Restitution _____
 Recreation _____
 Other _____

YOUR REAL ESTATE

Including Mobile Homes and all other property

Check the type of real estate you own: House Condominium Mobile Home Vacant Lot Rental Property
 Time Share Out of state/other country Other Co-op

How many properties do you own: _____

Name(s) on Deed or Title: _____

Address of Property: _____

City: _____ State: _____ Zip: _____ Country: _____

1st Mortgage Company: _____

Monthly payments: _____ What is the payoff amount?: _____

Are you behind in payments?: Yes No If so, how many months?: _____

Have you refinanced your home in the last 2 years? Yes No If yes, when: _____ Amount Received: _____

What is the value of your home?: _____ Are you past due on property taxes?: Yes No

Do you intend to keep your home or surrender it? Keep Surrender

Is there a sheriff sale scheduled? Yes No If yes, date of sale?: _____

When did you purchase your home? _____ Purchase price: _____

Have you had an appraisal? Yes No Amount of appraisal: _____ Date of appraisal: _____

Do you own any real estate with other people, or has someone added your name to their property? Yes No

Do you own any real estate via land contract? Yes No

If condo, name and address of Association _____ City: _____ State: _____ Zip: _____

Condo fee amount paid monthly: _____ Are you past due: Yes No If yes, amount past due: _____

Do you pay lot rent? Yes No If yes, amount: _____ Are you past due? Yes No If yes, amount: _____

Mobile Home Park Association: _____

2nd Mortgage Company: _____

Monthly payments: _____ What is the payoff amount?: _____

Are you behind in payments?: Yes No If so, how many months?: _____

3rd Mortgage Company: _____

Monthly payments: _____ What is the payoff amount?: _____

Are you behind in payments?: Yes No If so, how many months?: _____

Have you sold, transferred, or lost through foreclosure any other real estate in the last 6 years? Yes No

RENTAL PROPERTY OR VACANT LAND

Do you own other real estate or have an interest in other real estate, such as rentals or vacant property? Yes No

If yes, location of property: _____

Mortgage Company: _____ Payoff amount: _____ Monthly Payment: _____

Rents received monthly: _____ Value of property: _____

IF YOU ARE RENTING:

Landlord name: _____
Address: _____ City: _____ State: _____ Zip: _____
Term of lease: _____ Date lease began: _____

TIME SHARE:

Do you have an interest in a time share? Yes No Do you want to keep or surrender it? Keep Surrender

If yes, location of property: _____
Date purchased: _____ Monthly payments: _____ Purchase amount: _____
Name of Finance company: _____ Account number: _____ Value: _____

FOR CONDOMINIUMS:

Name & Address of Association you pay your monthly fees to:

Name of company: _____
Address: _____
City: _____ State: _____ Zip: _____ Payment amount: _____

FOR MOBILE HOMES:

Name & Address of Association you pay your lot rent to:

Name of company: _____
Address: _____
City: _____ State: _____ Zip: _____ Payment amount: _____

FOR TIMESHARES:

Name & Address of Association you pay your monthly fees/dues to:

Name of company: _____
Address: _____
City: _____ State: _____ Zip: _____ Payment amount: _____

FOR STORAGE UNITS:

Name & Address of Association you pay your monthly fees/dues to:

Name of company: _____
Address: _____
City: _____ State: _____ Zip: _____ Payment amount: _____

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUVs, motorcycles, RVs, boats, trailers, campers, etc..., that are **TITLED IN YOUR NAME OR YOUR SPOUSES NAME, OR WITH ANYONE ELSE**. Include all vehicles even if they are paid in full or not running, or someone else drives.

(1) VEHICLE TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other
Year: _____ Make: _____ Model: _____ Lease or Purchase: Lease Purchase
Condition: Excellent Good Fair Poor Not running Mileage: _____
Name(s) on vehicle title: _____
Name of company you make payments to: _____
Vehicle value: _____ Monthly payments: _____ Do you want to keep or surrender? Keep Surrender
Are you behind in payments? Yes No If yes, how many months? _____

(2) VEHICLE TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other
Year: _____ Make: _____ Model: _____ Lease or Purchase: Lease Purchase
Condition: Excellent Good Fair Poor Not running Mileage: _____
Name(s) on vehicle title: _____
Name of company you make payments to: _____
Vehicle value: _____ Monthly payments: _____ Do you want to keep or surrender? Keep Surrender
Are you behind in payments? Yes No If yes, how many months? _____

(3) VEHICLE TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other
Year: _____ Make: _____ Model: _____ Lease or Purchase: Lease Purchase
Condition: Excellent Good Fair Poor Not running Mileage: _____
Name(s) on vehicle title: _____
Name of company you make payments to: _____
Vehicle value: _____ Monthly payments: _____ Do you want to keep or surrender? Keep Surrender
Are you behind in payments? Yes No If yes, how many months? _____

(4) VEHICLE TYPE: Automobile Truck Motorcycle Boat Trailer/Camper Other
Year: _____ Make: _____ Model: _____ Lease or Purchase: Lease Purchase
Condition: Excellent Good Fair Poor Not running Mileage: _____
Name(s) on vehicle title: _____
Name of company you make payments to: _____
Vehicle value: _____ Monthly payments: _____ Do you want to keep or surrender? Keep Surrender
Are you behind in payments? Yes No If yes, how many months? _____

YOUR HOUSEHOLD INVENTORY

Please check the items below that you currently have in your home, even if they were a gift. To the right of each items, provide the value of each item in its **current condition (used, "garage sale value")**, and the brand name if known.

<input type="checkbox"/> Stove/Cooking Unit _____ <input type="checkbox"/> Refrigerator _____ <input type="checkbox"/> Washer/Dryer _____ <input type="checkbox"/> Microwave _____ <input type="checkbox"/> Cookware (pots & pans) _____ <input type="checkbox"/> Cooking Utensils _____ <input type="checkbox"/> Silverware/Flatware _____ <input type="checkbox"/> Living Room Furniture _____ <input type="checkbox"/> Dining Room Furniture _____ <input type="checkbox"/> Tables & Chairs _____ <input type="checkbox"/> Televisions _____ <input type="checkbox"/> VCRs _____ <input type="checkbox"/> DVD Players _____ <input type="checkbox"/> Satellite Dish _____ <input type="checkbox"/> Compact Disks (CDs) _____ <input type="checkbox"/> DVDs _____ <input type="checkbox"/> Stereo Equipment _____ <input type="checkbox"/> Bedroom furniture _____ <input type="checkbox"/> Dressers/Nightstands _____ <input type="checkbox"/> Lamps & Accessories _____ <input type="checkbox"/> Wedding rings _____ <input type="checkbox"/> Other Jewelry/watches _____ Describe items even if you Think they are worthless _____ <input type="checkbox"/> Trust Beneficiary/Trustee _____ <input type="checkbox"/> Furs _____ <input type="checkbox"/> Computers _____ <input type="checkbox"/> Computer Printers _____ <input type="checkbox"/> Desk/Office Furniture _____ <input type="checkbox"/> Other computer equipment _____ <input type="checkbox"/> Accounts Receivables _____ <input type="checkbox"/> Cash on Hand _____ <input type="checkbox"/> Photography equipment _____ <input type="checkbox"/> Camcorder _____ <input type="checkbox"/> Cell Phones _____ <input type="checkbox"/> Paintings/Art _____ <input type="checkbox"/> Annuity _____ <input type="checkbox"/> Books _____ <input type="checkbox"/> Guns & Firearms _____ <input type="checkbox"/> Corporation or LLC share _____ <input type="checkbox"/> Clothes _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Carpenters Tools _____ Describe Items: _____ <input type="checkbox"/> Mechanics Tools _____ Describe Items: _____ <input type="checkbox"/> Lawn Mower _____ <input type="checkbox"/> Pets _____ <input type="checkbox"/> Tax refund 2010/2011 _____ When did you receive? _____ <input type="checkbox"/> Yard tools/equipment _____ <input type="checkbox"/> Swimming Pool _____ <input type="checkbox"/> Storage Unit & Contents _____ OTHER ASSETS <input type="checkbox"/> Rent deposit with landlord _____ <input type="checkbox"/> Collectables _____ <input type="checkbox"/> Off Shore Bank Accounts _____ <input type="checkbox"/> Baseball cards, sports stuff, Train sets, Hobbies, etc. _____ <input type="checkbox"/> Inheritance _____ <input type="checkbox"/> Government bonds _____ <input type="checkbox"/> Antiques _____ <input type="checkbox"/> Copyrights/Patents _____ <input type="checkbox"/> Aircraft _____ <input type="checkbox"/> 1 st Checking Account _____ Name of Bank: _____ Account number: _____ Joint Account? <input type="checkbox"/> yes <input type="checkbox"/> no _____ <input type="checkbox"/> 2 nd Checking Account _____ Name of Bank: _____ Account Number: _____ Joint Account? <input type="checkbox"/> yes <input type="checkbox"/> no _____ <input type="checkbox"/> Savings Account _____ Name of Bank: _____ Account Number: _____ Joint Account? <input type="checkbox"/> yes <input type="checkbox"/> no _____ <input type="checkbox"/> 401K/IRA _____ <input type="checkbox"/> Certificate of Deposit _____ <input type="checkbox"/> Money market accounts _____ <input type="checkbox"/> Stocks, bonds, mutual funds _____ <input type="checkbox"/> Safe Deposit boxes _____ <input type="checkbox"/> Life Insurance Policy _____
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Please list places where you and/or your spouse have worked for the last 6 months and ALL sources of income for the last 6 months. Including gifts of money, rental/roommate income, gambling/lottery winnings, buyouts, 401K loans, etc.

Place Name: _____ Date of hire/termination _____

Place Name: _____ Date of hire/termination _____

Place Name: _____ Date of hire/termination _____

Have your wages or property been garnished or attached in the last 90 days? Yes No

Who garnished your wages or attached your property? _____

How much/what was taken? _____ Time period: _____

Other income: (401K Loans, IRA Distributions, Life Insurance Proceeds, Gifts of money, Lottery winnings, Gambling winnings, Inheritance, Roommate assistance, etc... received in the last 2 years)

NAMES & ADDRESSES OF ANY CO-DEBTORS ON YOUR DEBTS

Name: _____

Address: _____

City/State: _____ Zip: _____ Country: _____ Name of Creditor: _____

Does anyone owe you money? Yes No If yes, who & how much: _____

Do you pay or owe child support? Yes No

If yes, Name of recipient: _____

Address: _____

City/State: _____ Zip: _____ Country: _____

Amount paid or owed: _____

Do you pay on rent to own furniture contracts or storage units? Yes No

If yes, Name of Company: _____

Address: _____

City/State: _____ Zip: _____ Country: _____ Payment amount: _____

Have you paid back any family or friends in the past year? Yes No If yes, how much & when: _____

If yes, Name: _____

Address: _____

City/State: _____ Zip: _____ Country: _____

Have you paid back any creditors/credit cards/utilities in the last 90 days? Yes No

If yes, list below:

Name of Creditor: _____

Date & amount paid back: _____

Name of Creditor: _____

Date & amount paid back: _____

PLEASE CHECK THE TYPES OF DEBTS YOU OWE & ESTIMATED AMOUNTS OF DEBT

<input type="checkbox"/> Auto Repossession _____	<input type="checkbox"/> Student Loans _____
<input type="checkbox"/> IRS/State of Wisconsin _____	<input type="checkbox"/> Loans to friends/relatives _____
<input type="checkbox"/> Credit Cards _____	<input type="checkbox"/> Child Support _____
<input type="checkbox"/> Medical Bills _____	<input type="checkbox"/> Unemployment comp fees _____
<input type="checkbox"/> Judgments/Garnishments _____	<input type="checkbox"/> Traffic Tickets _____
<input type="checkbox"/> Payday/Cash advance loans _____	<input type="checkbox"/> Rent to own furniture _____
<input type="checkbox"/> Apartment/lease deficiency _____	<input type="checkbox"/> Art Van, Gardner White, etc. _____
<input type="checkbox"/> Storage Unit fees _____	<input type="checkbox"/> Other _____

NAMES & ADDRESSES OF RELATIVES AND/OR FRIENDS YOU OWE MONEY TO AND THE AMOUNTS:

(1) Name: _____
(2) Name: _____
(3) Name: _____

Have you had any lotto or gambling winnings in the last 2 years? Yes No How much and when? _____

Have you had any lotto or gambling losses in the last 2 years? Yes No How much and when? _____

Do you expect to receive an inheritance or life insurance proceeds in the next year? Yes No

If yes, how much and when? _____

Have you sued anyone in the last 5 years or are currently involved in a lawsuit? Yes No If yes, why? _____

Have you been injured at work, in a car accident, or a slip and fall incident in the last 6 years? Yes No

Are you currently receiving medical care for an injury? Yes No

Is anyone holding property that belongs to you? Yes No

Example: Your parents have a vehicle in their name because you did not have good credit but it is your car and you make the payments and pay the insurance

What are the items? _____

Name of person holding the items: _____

Have you returned any property to creditors or was any property repossessed? Yes No

If yes, date of sale/seizure: _____ Items sold/seized: _____

Name of person who sold/seized the property: _____

Have you transferred any money or property to family members and/or friends? Yes No

If yes, what and when: _____

Have you or your bank closed a checking or savings account in the last 2 years? Yes No

If yes, name of bank, account number and balance at time of closing: _____

_____ Date of closing: _____

Are you thinking of suing anyone? Yes No Why? _____

Have you participated in a debt counseling/consolidation program in the last year? Yes No

If yes, how much did you pay & dates of payments: _____

Name of counseling agency: _____

Have you sold, transferred, given away or lost due to theft or fire any property in the last 2 years? Yes No

If yes, please indicate below:

- Autos _____
- Real Estate _____
- Furniture _____
- Jewelry _____
- Boat _____
- Recreational Vehicles _____
- Bank Accounts/CDs _____
- Other _____

Have you filed all required tax returns? Yes No If not, why? _____

Have you received all tax refunds you are entitled to receive for the last 4 years? Yes No

Do you intend to amend any income tax returns? Yes No If yes, why and when? _____

BRIEFLY DESCRIBE THE CIRCUMSTANCES THAT GAVE RISE TO YOUR CURENT FINANCIAL STIUATION THAT CAUSED YOU TO SEEK HELP AND POSSIBLY FILE FOR BANKRUPTCY?

Signature of debtor 1: _____ Date: _____

Signature of debtor 2: _____ Date: _____

QUESTIONNAIRE

Important: Please answer all questions below so that we may better assess your situation.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

(married debtors may fill out same questionnaire if answers are the same)

<p>1. Do you own any house or real estate? (assume for these questions "house or real estate" includes houses, mobile homes, buildings, land, etc...)</p> <p>If you have a house, is it: <input type="checkbox"/> "stick built" (built out of lumber at the site)</p> <p style="padding-left: 40px;"><input type="checkbox"/> a manufactured mobile home (such as a double wide; these have titles)</p> <p style="padding-left: 40px;"><input type="checkbox"/> a modular home</p> <p>How much land? <input type="checkbox"/> city lot <input type="checkbox"/> acres _____</p> <p>If it has been appraised in the last 4 years, state: When: _____ and for how much: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Do you currently have any agreement regarding the purchase or sale of any asset? (besides the ones on schedule D where you are purchasing)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Have you owned or had an interest in any type, in any house or real estate in the last 4 years? (other than the ones you now own)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your name now (or within the last 3 years) on anyone else's deed, or mobile home, title, bank account, CD or stock certificate?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Is there any house or real estate or other asset owned by someone else which if it was sold, you'd be entitled to money for any reason?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have you been divorced in the past 4 years? If yes, when? _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Does anyone owe you money?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Do you have a basis to sue anyone? If yes, what? _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Are you involved in any lawsuit or court proceeding in which you might receive money?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Have you received anything from an inheritance, trust, probate estate, or insurance in the last 2 years? If yes, how much? _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Do you expect to receive any inheritance or anything from a trust, probate estate or insurance in the next year?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Do you have any interest in a trust or estate?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Have you paid any money to relatives in the past 1 ½ years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Have you given away or otherwise transferred real estate or anything worth over \$500 to friends or relatives in the last 6 years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. For each vehicle you now have list:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>16. Are you subject to or responsible for a domestic support obligation? If yes, please provide the beneficiary's name, current address & phone number. ALSO, identify which court the support obligation is through & case number</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficiary: _____ Address & Phone: _____ Court & Case Number: _____	
17. In the past 6 months, have you paid one credit card off or down with another credit card or with a check written against another credit card (balance transfer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you collect items which might be valuable (such as coins, stamps, antiques, guns, cards etc.) or have any musical instrument or household goods worth over \$450. or \$900.00 if jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you have any IRAs, CDs, Stocks, bonds, mutual funds or other investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. What tax refunds did you receive for tax year 2010? For tax year 2012, do you expect: <input type="checkbox"/> more <input type="checkbox"/> less <input type="checkbox"/> same	
21. What day of the week are you paid? _____ most recent payday? _____ For how many weeks? _____ Is there a one week holdback _____	
22. Have you received a lump sum payment of \$10,000 or more for any reason in the last 4 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Did any creditor get payments totaling over \$600.00 during the 3 months before your bankruptcy will be filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you filed bankruptcy case before this one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are you involved in the operation of any business (including home based businesses, Partnerships, proprietorships, etc....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Were any of our assets seized, repossessed, surrendered, or garnished during the 3 months before your bankruptcy will be filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever had an accident or injury for which someone else may be at fault or liable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do you have an RV, boat, motor home, camper, trailer, snowmobile, jet ski, or lawn tractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For any yes answer above, please explain:

I have read and understand these questions and the answers are true and correct to the best of my information, knowledge, and belief.

Signature of debtor 1: _____ Date: _____
Print name: _____

Signature of debtor 1: _____ Date: _____
Print name: _____