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CLIENT INTAKE FORMS

The decision to file bankruptcy is not an easy one. Usually bankruptcy is the last resort for those suffering financial hardship. Your attorney cannot tell you whether to file; he can only explain the options available to you. The decision to file is a very personal one and may differ for different people in almost identical circumstances.

Though it may be difficult to answer the questions contained in this packet, your attorney needs your answers to complete your bankruptcy documents and to properly advise you of your rights and responsibilities. As with all communications between you and your attorney, the information you supply is **ABSOLUTELY CONFIDENTIAL**. Never keep information from your attorney because you are afraid or embarrassed. To properly assist you, your attorney must have all the facts.

You might view these questions as our second step toward financial recovery. The first step was visiting with our office.

Remember, the information and instructions you read while completing this form are not meant to replace your attorney who is your advocate and counselor.

Please do not hesitate to call with any questions you may have as you fill out these forms

Sincerely,

R. Steven Chambers

ITEMS NEEDED TO COMMENCE THE BANKRUPTCY PROCESS

- Consumer Credit Counseling Education Certificate
- This Completed Intake Packet
- Past Four (4) years income tax returns (both State & Federal)
- Last Six (6) month's paystubs from ALL sources of income
- Last Three (3) month's bank statements from all banking institutions
- Proof of any Charitable Contributions during the past year
- Copy of most recent property tax notice for any land or house you own or are purchasing
- Copies of all bills received during the most recent billing cycle
- Attorneys Fees in the amount of: \$

Note: In order to file your paperwork with the Bankruptcy Court and receive a case number, it is important that you fill out all the following information.

PETITION INFORMATION

Debtor Name	Debtor 1	Debtor 2
Last Name		
First, Middle		

Street Address		
Mailing Address (if different)		
County of residence		

Home Phone:		
Work Phone:		
Cell Phone:		
E-Mail Address:		

Other names you have used		

Social Security No.		
Other tax ID number		

PRIOR BANKRUPTCIES: List all prior bankruptcies you have filed, including cases not completed				
Case Number	State	Date Filed	Chapter	Completed Y/N

PROPERTY INFORMATION

Real Estate: This includes land, houses, condominiums, townhouses, etc. that you own or are buying.

YOUR HOME:

Address	Name of Co-Owners and % interest	Market Value	
Lender's Name	Monthly Payment	Delinquency	Mortgage Balance
1.			
2.			
3.			
Valuation method: ____ Tax notice (Year: _____), ____ Appraisal (Year: _____); ____ Prior listing/Market Analysis/Comps in neighborhood; ____ Other: _____			
Ownership (circle one)	Fee Simple	Life estate	Other: _____

OTHER REAL ESTATE:

Address	Name of Co-Owners and % interest	Market Value	
Lender's Name	Monthly Payment	Delinquency	Mortgage Balance
1.			
2.			
3.			
Valuation method: ____ Tax notice (Year: _____), ____ Appraisal (Year: _____); ____ Prior listing/Market Analysis/Comps in neighborhood; ____ Other: _____			
Ownership (circle one)	Fee Simple	Life estate	Other: _____

TIMESHARE:

Description and Address	Market Value	Tax ID Number	Percent of ownership owned by you/weeks per year:
Lender (if any)	Monthly Payment	Delinquency	Balance owed

If you have additional property, please provide the same information on separate sheets of paper.

Personal Property:

Value your property at “replacement value”, which means the price someone would charge for that property, considering its age and condition. List all property you own, including property not in your possession.

This column for office use only		Owner: 1 = Debtor 1; 2 = Debtor 2 J = Joint	Value (garage sale value)	If item is pledged, creditor name. Otherwise, brief description
1	Cash on hand		\$	
2	Saving		\$	Bank: Account No:
2	Checking		\$	Bank: Account No:
2	Certificates of Deposit		\$	Bank: Account No:
3	Security Deposits: utility companies landlords		\$	
3	Proceeds from disability or unemployment benefits		\$	
3	Insurance proceeds for medical care, etc.		\$	

3	Veterans' benefits		\$	
35	Food storage		\$	What period of time could you survive on your food storage? _____ months
4	Microwave oven		\$	
4	Sewing machine		\$	
4	Washer		\$	
4	Dryer		\$	
4	Refrigerator		\$	
4	Freezer		\$	
4	Stove		\$	
4	Dishes/silverware		\$	
4	Carpets in use		\$	
4	Beds/bedding		\$	
4	End tables/lamps		\$	
4	Chairs		\$	
4	Sofa/loveseat		\$	
4	Televisions		\$	
4	VCR/DVD player		\$	
4	Radio		\$	
4	Stereo		\$	
4/26	Computer/printer		\$	
4	Kitchen table/chairs		\$	
5	Books		\$	
5	Family artwork		\$	
5	Other paintings/artwork		\$	
5	Coin and other collections		\$	
6	Clothing		\$	
7	Jewelry		\$	
8	Musical instruments		\$	

8	Cameras		\$	
8	Bicycles		\$	
8	Sporting equipment		\$	
8	Camcorder		\$	
8	Video games		\$	
8	Guns and firearms		\$	
9	Insurance policies		\$	Company: Face value \$ _____ Cash surrender value \$ _____
10	Annuities/pensions		\$	
11	Education savings plans (529 Plans) Provide copy of most recent statement		\$	
12	Retirement Plans (IRAs, SEPs, 401(k), etc. Provide copies of most recent statements		\$	
13	Stocks		\$	Provide list of all stocks, number of shares, value as of current date
13	Bonds		\$	
14	Partnerships/joint ventures		\$	Name of entity: Percentage of interest
16	Accounts receivable		\$	Give name of debtor, face value of accounts, likelihood of collection (high, medium or low)
17	Alimony/support owed to you		\$	Provide copies of divorce decree or order
18	Tax refunds not yet received		\$	What years?

18	Wages earned but not paid		\$	What time period? Who owes you?
19/20	Interests in probate estates, including proceeds of life insurance policies		\$	
21	Claims you have against others		\$	Provide details
22	Patents, copyrights, trademarks, etc.		\$	
23	Licenses and franchises you own		\$	
26	Boats		\$	
27	Aircraft		\$	
28	Typewriter		\$	
28	Fax machine		\$	
28	Other business equipment or supplies		\$	
30	Inventory used in business		\$	
31	Animals		\$	Breed and number:
32/33	Crops and other farming equipment or supplies		\$	
35	Lawn and yard equipment		\$	
35	Power tools		\$	
35	Hand tools		\$	
35	Satellite dishes		\$	
35	Burial plots		\$	
35	Health aids (wheelchairs, walkers, crutches, etc.)		\$	
25	Recreational vehicles (snowmobiles, motorcycles, jetskis, motor homes, etc.)		\$	

	Mobile homes		\$	
25	Vehicle No. 1		\$	
25	Vehicle No. 2		\$	
25	Vehicle No. 3		\$	
25	Vehicle No. 4		\$	
	Other property not already disclosed:			
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

VEHICLE INFORMATION REQUESTED BY TRUSTEE (include cars, trucks, boats and trailers)

Vehicle No. 1

Identification No. (VIN)			
Make		Passenger air bag	Driver air bag
Model		Automatic	4 wheel drive
Special Package		Manual	Custom wheels
Year		A/C	Leather seats
Engine (4 cyl, 6 cyl, 8 cyl)		Power windows	Tilt steering wheel
Doors		Power locks	Sunroof
Mileage		Power seats	Cruise control
		Cassette player	CD player
General Condition _____ excellent _____ good _____ fair _____ poor			
Describe any damage or other conditions that would affect value			

Vehicle No. 2

Identification No. (VIN)			
Make		Passenger air bag	Driver air bag
Model		Automatic	4 wheel drive
Special Package		Manual	Custom wheels
Year		A/C	Leather seats
Engine (4 cyl, 6 cyl, 8 cyl)		Power windows	Tilt steering wheel
Doors		Power locks	Sunroof
Mileage		Power seats	Cruise control
		Cassette player	CD player
General Condition _____ excellent _____ good _____ fair _____ poor			
Describe any damage or other conditions that would affect value			

Vehicle No. 3

Identification No. (VIN)			
Make		Passenger air bag	Driver air bag
Model		Automatic	4 wheel drive
Special Package		Manual	Custom wheels
Year		A/C	Leather seats
Engine (4 cyl, 6 cyl, 8 cyl)		Power windows	Tilt steering wheel
Doors		Power locks	Sunroof
Mileage		Power seats	Cruise control
		Cassette player	CD player
General Condition _____ excellent _____ good _____ fair _____ poor			
Describe any damage or other conditions that would affect value			

Vehicle No. 4

Identification No. (VIN)			
Make		Passenger air bag	Driver air bag
Model		Automatic	4 wheel drive
Special Package		Manual	Custom wheels
Year		A/C	Leather seats
Engine (4 cyl, 6 cyl, 8 cyl)		Power windows	Tilt steering wheel
Doors		Power locks	Sunroof
Mileage		Power seats	Cruise control
		Cassette player	CD player
General Condition _____ excellent _____ good _____ fair _____ poor			
Describe any damage or other conditions that would affect value			

CREDITOR INFORMATION

You must list ALL your creditors (persons or entities to whom you owe money), even though some debts (e.g., student loans, criminal fines, support obligations, traffic tickets, etc.) may not be dischargeable. If in doubt as to whether someone is a creditor, list them. If a debt has been referred to a collection agency, list both the original creditor and the agency, but indicate that they are the same debt.

Secured Creditors

Secured creditors are those who hold collateral for the debt. Examples are car loans, home loans, home equity loans, or other debts for which you have pledge property as collateral. A secured debt is one where, if you do not pay, the creditor can repossess (as with a car) or foreclose (as with your house). All other types of debt are unsecured. You must indicate your intention with respect to secured debt, whether you will *reaffirm*, *surrender* or *redeem* the collateral for the debt.

Reaffirm means that you agree to pay the debt after receiving your discharge. This effectively removes the debt from your bankruptcy and, as to that debt, it is as if you had not filed bankruptcy. Use this option if you wish to keep the property.

Surrender means that you give the collateral for the debt back to the creditor. If you choose to surrender, you will, in most cases, owe nothing further for the debt.

Redeem means that you will pay the creditor a lump sum equal to the current market value of the collateral. After paying the lump sum, the creditor releases its claim to the collateral. This is not a likely option, because you probably don't have the lump sum payment required.

Creditor		Date incurred		Name and address of co-signers
Account No.		Circle: 1 2	Joint	
Address		Market value	\$	
		Balance owed	\$	
		Default amt.	\$	
		_____ Reaffirm _____ Surrender _____ Redeem		
Description of Collateral:				

Creditor		Date incurred		Name and address of co-signers
Account No.		Circle: 1 2	Joint	
Address		Market value	\$	
		Balance owed	\$	
		Default amt.	\$	
		_____ Reaffirm _____ Surrender _____ Redeem		
Description of Collateral:				

Creditor		Date incurred		Name and address of co-signers
Account No.		Circle: 1 2	Joint	
Address		Market value	\$	
		Balance owed	\$	
		Default amt.	\$	
		_____ Reaffirm _____ Surrender _____ Redeem		
Description of Collateral:				

Creditor		Date incurred		Name and address of co-signers
Account No.		Circle: 1 2	Joint	
Address		Market value	\$	
		Balance owed	\$	
		Default amt.	\$	
		_____ Reaffirm _____ Surrender _____ Redeem		
Description of Collateral:				

Creditor		Date incurred		Name and address of co-signers
Account No.		Debtor:		
		Circle: 1 2	Joint	
Address		Market value	\$	
		Balance owed	\$	
		Default amt.	\$	
		_____ Reaffirm _____ Surrender _____ Redeem		
Description of Collateral:				

Creditor		Date incurred		Name and address of co-signers
Account No.		Circle: 1 2	Joint	
Address		Market value	\$	
		Balance owed	\$	
		Default amt.	\$	
		_____ Reaffirm _____ Surrender _____ Redeem		
Description of Collateral:				

If you have additional secured creditors, please provide the above information for each additional creditor.

Priority Creditors

Priority creditors include domestic support obligations (alimony, child support, etc.), all state and federal tax debts, and debts associated with injuries caused by drunk or impaired driving.

Domestic support obligations

Description of debt:				
Account No.	Debtor (1 or 2)	Date incurred		Name & address of any state agency involved in collection
Ex spouse or child's name and address				
Please provide copies of all decrees, orders or other documents relating to this debt	Balance owed	\$		
	Default Amt	\$		

Tax Obligations

Account No.	Debtor (1, 2, or Joint)	Tax year(s) and type of tax	Amount due \$ _____	Name and address of co-debtor
Creditor	IRS	Were tax returns timely filed? _____ Yes _____ No If not, when were they filed?		
Address	P.O. Box 7346 Philadelphia, PA 19101-7346			

Account No.	Debtor (1, 2, or Joint)	Tax year(s) and type of tax	Amount due \$ _____	Name and address of co-debtor
Creditor	Utah State Tax Commission	Were tax returns timely filed? _____ Yes _____ No If not, when were they filed?		
Address	Bankruptcy Unit 210 North 1950 West Salt Lake City, UT 84134			

If you owe taxes to any other taxing authority, e.g., another state, please provide the same information for that obligation.

Other Priority Creditors

If you have any claims being asserted against you for death or personal injury caused by you while under the influence of drugs or alcohol, provide the details and persons involved on a separate sheet, and provide copies of any relevant court documents.

Unsecured Creditors

Unsecured creditors are charge cards, medical bills, returned checks, student loans, signature loans, payday loans, etc. They are any creditor that does not have collateral. **If you have more unsecured creditors, attach additional pages.**

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Creditor		Description of debt		Name and address of co-signer
Account No.		Date incurred		
Address		Balance owed	\$	
		Circle: 1 2 Joint		

Leases or Contracts

If you are a party to a lease, rental agreement or contract, complete the following information for EACH contract. Examples of leases and contracts are apartment leases, cell phone contracts, spa memberships, storage facility rental agreements, etc. Remember to include leases or contracts where you are the landlord.

Name of other party		Description	
Address		Monthly payment	\$
		Expiration date	
		Balance remaining	\$
Name of other party		Description	
Address		Monthly Payment	\$
		Expiration date	
		Balance remaining	\$
Name of other party		Description	
Address		Monthly payment	\$
		Expiration date	
		Balance remaining	\$

Has your landlord obtained a judgment against you? _____ Yes _____ No _____ Not applicable

Do you still reside in the property _____ Yes _____ No _____ Not applicable

INCOME AND EXPENSES

Provide copies of all paystubs and proof of income for past SIX MONTHS for income verification

Current marital status: _____ Single _____ Married _____ Separated _____ Divorced
 _____ Widow/widower

List names, ages and relationship to you of all dependents currently living with you

Name	Age	Relationship

Debtor No. 1

Age: _____
 Occupation: _____
 Employer: _____
 Length of employment: _____
 Address of employer: _____

Debtor No. 2

Age: _____
 Occupation: _____
 Employer: _____
 Length of employment: _____
 Address of employer: _____

Current Income

	Debtor No. 1	Debtor No. 2
Current monthly gross wages, salary or commission	\$	\$
Estimated monthly overtime	\$	\$
Subtotal	\$	\$
Payroll deductions		
Taxes and Social Security	\$	\$
Insurance	\$	\$
Union dues	\$	\$
Child support/alimony/other support	\$	\$
Other (specify)	\$	\$
Total monthly take home pay	\$	\$

Self employment income (attach detailed statement)	\$	\$
Income from real property (rent)	\$	\$
Interest and dividends	\$	\$
Alimony or support received	\$	\$
Social security or other assistance	\$	\$
Pension, retirement, disability, etc.	\$	\$
Other monthly income (specify)	\$	\$
Total monthly income	\$	\$

Current Expenses

Rent or mortgage payment (include lot rent for mobile home) Are real estate taxes included? _____ Yes _____ No Is property insurance included? _____ Yes _____ No	\$
Utilities: electricity and heat	\$
Water and sewer	\$
Telephone	\$
Other (circle) cable/satellite TV/internet/cell phone	\$
Home maintenance (repairs and upkeep)	\$
Food	\$
Clothing	\$
Laundry and dry cleaning	\$
Medical and dental	\$
Transportation (not including car payments)	\$
Recreation: clubs, entertainment, newspaper, magazines	\$
Charitable contributions	\$
Insurance not included in mortgage payments	
Homeowners' or renters'	\$
Life and health (if not deducted from pay)	\$
Automobile	\$
Other (specify)	\$
Taxes not deducted from pay	\$

Installment payments (in Chapter 13 cases, do not include payments included in Plan)	\$
Auto	\$
401(k) or other retirement contributions	\$
Educational savings plans	\$
Other	\$
Alimony, maintenance and support paid to others	\$
Regular expenses from operation of business (attach detailed statement)	\$
Other (specify)	\$
Total monthly expenses	\$

Describe any increase or decrease in income anticipated in the next year:

STATEMENT OF FINANCIAL AFFAIRS

Please read the following questions and answer each question completely, including all subparts. If you do not understand a question please contact our office for clarification.

If you have conducted a business within the past SIX (6) years, the additional questions 18 - 25 will also have to be answered.

A. Income from regular employment or operation of a business.

List the total gross income as reported on your tax returns for the years indicated below and list the source of the income.

Amount for Current Year to Date (Total Gross Amount)		Amount for Last Year (Total Gross Amount)		Amount for Year Before Last (Total Gross Amount - Year to Date)	
\$	Employers Name:	\$	Employers Name:	\$	Employers Name: As of what Date?
\$	Spouse's Employers Name:	\$	Spouse's Employers Name:	\$	Spouse's Employers Name: As of What Date?

2. Income other than from employment or operation of a business.

List the total amount of all other income received during the current and past two years. Specify the amount of income and the source (*i.e.*; income tax refunds, social security, unemployment compensation, child support, alimony, 401(k) or pension disbursement, gambling winnings, proceeds from the sale of assets, monetary gifts from relatives, monetary assistance from religious sources, *etc.*)

NONE

Amount for 2010 (Total Gross Amount)	Amount for 2011 (Total Gross Amount)	Amount for 2012 (Total Gross Amount)
Source	Source	Source
Amount	Amount	Amount

3. Recent payments made during the last 90 days.

NONE

a. **Consumer Debts:** If, within the past ninety (90) days, you have submitted payments on any debts that you owe more than \$600.00, indicate the following information: (*this would include "big ticket" items, such as cars, housing [either mortgage or rental], large balance credit cards, etc.*)

CREDITOR (Name and Address)	Date of Payments	Total Amount Paid	Amount Still Owing
		\$	\$
		\$	\$
		\$	\$
		\$	\$

a. **Domestic Support Obligations:** If, within the past ninety (90) days, you have submitted payments on any debts that you owe pursuant to a Domestic Relations Court Order, indicate the following information (*this would include items such as child support, alimony/maintenance, etc.*)

NONE

Person Paid (Name and Complete Address)	Relationship	Amount Ordered to be Paid	Total Mount Paid	Date(s) of Payments

a. **Alternative Repayment Plan:** If, within the past ninety (90) days, you participated in an alternative repayment schedule/plan by an approved nonprofit budgeting and creditor counseling agency, identify the following particulars related to such program:

NONE

Nonprofit Agency Involved (Name and Address)	Amount of Monthly Repayment Schedule	Date(s) of Payments	Total Paid (Past 90 Days & During Entire Program)
	\$ _____		Past 90 days: \$ _____ During Entire Program: \$ _____

b. **Preferential Payments:** List all payments made within the past **YEAR** (*i.e.* 12 months) by either you or your spouse to creditors who have the right to collect the obligation from a co-signer, relative, business associate, or person other than yourself.

NONE

Name and Address of Creditor	Name & Relationship of Other Party Liable on the Debt	Date(s) of Payments	Amount Paid	Amount Still Owing

4. (a) If you were a party to a lawsuit (civil or criminal in nature) during the **past year (i.e. 12 months)** complete the following information for each lawsuit. (Including, but not limited to: domestic dissolution/divorces, custody battles, child support issues, criminal charges, small claims cases, personal injury claims, collection lawsuits, administrative cases such as workers comp., unemployment, *etc.*) This applies to lawsuits that have been filed against you AND claims that you have filed against others as well.

NONE

Caption of Lawsuit (Names of Parties Involved)	Case Number	Nature of Proceeding	Court and Location	Status or Disposition of Case

(b) List any property garnished, attached or seized during the **last year** (*i.e.* 12 months).

NONE

Creditor (Name and Address)	Date of Seizure	Description of Property	Value of Property
			\$
			\$

5. List any repossessions, foreclosures and returns during the **last year** (*i.e.* 12 months).

NONE

Creditor (Name and Address)	Date of Repossession	Description of Property	Value of Property
			\$
			\$

6. (a) Describe any assignment of property for the benefit of creditors made within the last **120 days**.

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment

(b) List all property which has been in the hands of a custodian, receiver, our Court-appointed official during the past year.

NONE

Name and Address of Custodian	Name and Location of Court	Case Number	Date of Order	Description and Value of Property

7. List all gifts or charitable contributions made during the **last year** (*i.e.* 12 months) to family members totaling more than \$200.00 per family member and \$100.00 per charitable recipient (*i.e.* Tithing, United Way, Big Brother, or Big Sister). Include gifts such as payments on vehicles, rent, insurance, and tuition for family members. Information on this question should also be consistent with that which has previously been reported on your income tax returns.

NONE

Recipient of Gift (Name and Address)	Relationship (If Any)	Date of Gift	Value of Gift	Description of Gift

8. Losses from fire, casualty or gambling during the **past year** (*i.e.* 12 months)

NONE

Description of Property	Value of Property	Circumstances of Loss	Covered by Insurance (Yes/No)	Date of Loss
	\$			
	\$			

9. List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy during the **past year** (*i.e.* 12 months)

Payee (Name and Address)	Date of Payments	Amount Paid or Value of Property Transferred
R. Steven Chambers		\$
Pre-Bankruptcy Education Program: Name: Address:		
Any Other Entity:		\$

10. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security during the **past TWO years** (*i.e.* 24 months), including, but not limited to sales of real property (home, land, *etc.*), transfers or assets to spouse or relative, granting of a security interest in any property (2nd mortgage, refinance, secured loan, pawned, *etc.*)

NONE

Transferee (Name and Address)	Relationship (If Any)	Date of Transfer	Describe property and Value Received	What Was the Money Spent On?

11. List all financial accounts and instruments held by or for the benefit of the debtor which were closed, sold or otherwise transferred in the **past year** (*i.e.* 12 months). Include checking, savings, or other financial accounts, CD's, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, *etc.*.

NONE

Institution (Name and Address)	Account Number and Type of Account	Amount of Final Balance	Date of Closing
		\$	
		\$	
		\$	
		\$	

12. List each safe deposit box or depository in which you have had valuables with the **past year** (*i.e.* 12 months).

NONE

Institution (Name and Address)	Who Has Access? (Name and Address)	Description of Contents	Date of Transfer or Surrender

13. List all setoffs made by creditor (including, but not limited to, a bank, taxing authority, or any other person/entity) against a debt or deposit of the debtor within the past **90 days**. (A setoff is when a Creditor applies your funds, which they hold, to satisfy a loan or debt).

NONE

Creditor (Name and Address)	Date of Setoff	Amount of Setoff

14. List all property OWNED by another person that the debtor holds or controls. This includes items such as a car that you are borrowing from another person, furniture that you are using/storing for someone else. *etc.* It also includes bank accounts that are held for the benefit of children (including certain college funds).

NONE

Actual Owner of the Property (Name and Address)	Description and Value of Property	Location of Property	Why is it that You Have Possession?

15. If you have moved within the last **THREE (3) years**, list all premises occupied and vacated during that period

NONE

Names Used	Address	Date of Occupancy
		From:
		To:
		From:
		To:
		From:
		To:
		From:
		To:

16. Have you been a resident of Alaska, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin within the past **EIGHT (8) years**? (*Circle One*) **YES / NO**

If yes, identify the name of your spouse and any former spouse who resided with you.

Name	Address	Date Occupancy
		From:
		To:

17. (A) Have you ever received a notice of violation of Environmental Law?

NONE

Site Name and Address	Name and Address of Governmental Unit	Dates of Notice / Environmental Law
		Date:
		Law:

NONE (b) List the name and address of every site for which you provided a notice to the governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of notice.

Site Name and Address	Name and Address of Governmental Unit	Date of Notice / Environmental Law
		Date:
		Law:

NONE (c) List all judicial or administrative proceedings, including settlement or orders, under any Environmental Law with respect to which you have been a party.

Name and Address of Governmental Unit	Docket Number	Status or Disposition

If you have been self-employed, conducted any sort of business, participated in a partnership, joint venture, or held an executive position with any corporation; or, owned more than 5% voting rights in a company within the past SIX (6) years, YOU MUST COMPLETE THE FOLLOWING ADDITIONAL QUESTIONS 18 - 25.

If you have not held any of the foregoing positions, you do NOT have to answer Questions 18 - 25.

BUSINESS QUESTIONS

18. Nature, Location and Name of Business in the past SIX (6) YEARS.

Business Name and Address	Tax Payer ID Number / Nature of Business	Beginning and Ending Dates
		Beginning Date:
		Ending Date:
		Beginning Date:
		Ending Date:

19. a. **Books, Records and Financial Statements:** List all bookkeepers and accountants who within the last **TWO** years kept or supervised the keeping of books of account and records for the business.

Name and Address of Bookkeeper/Accountant	Dates Services Were Rendered
	Beginning Date:
	Ending Date:

b. **Accounting Audits:** List all firms or individuals who within the last **TWO** years audited the books of account and records, or prepared a financial statement of the business. (Please provide a copy of any such audit report and financial statement.)

NONE

Name and Address of Firm or Individual	Date Audit Conducted	For What Purpose Was The Audit/Statement Prepared?

c. **Possession of the Books and Records:** Identify the firm or individual that is in possession of the books of account and records of the business presently. If the books and records are not available, explain.

I am currently in possession of the books of account and records fo the business.

Name and Address of Person/Firm Currently in Possession of the Books/Records

d. **Financial Statements:** List all financial institutions, creditors and other parties, to whom a financial statement was issued within the past **TWO YEARS**.

NONE

Name and Address of Entity Provided a Financial Statement	Date	Purpose for Providing the Financial Statement

20. a. **Inventories:** List the dates of the last **TWO (2)** inventories taken of the business property, the name of the person who supervised the taking of such inventory, and the dollar amount and basis of each inventory.

[] No such inventory has been taken because the business does not maintain an inventory of goods to be sold.

Inventory Date	Name and Address of Inventory Supervisor	Dollar Amount of Inventory	Basis of Inventory (i.e. Cost, Market, Other)
		\$	
		\$	

b. Who currently has possession of the records of each of the above-referenced inventories?
 Name:
 Address:

21. **Current Partners, Officers, Directors and Shareholders:**

a. If the conducted business is a **partnership**, list the nature and percentage of partnership interest each members holds.

Name and Address of Partner	Nature of Interest	Percentage of Interest

b. If the conducted business is a **corporation**, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds five percent (5%) or more of the voting or equity securities of the corporation.

Name and Address of Officer/Director/Stockholder	Title	Nature and Percentage of Stock Ownership

22. **Former Partners, Officers, Directors and Shareholders:** Identify any person who withdrew from the partnership, or terminated their interest with the Corporation, with **ONE (1) year**.

[] No member withdrew from the partnership.

Name and Address of Person Withdrawing	Date of Withdrawal	Reason Given For Withdrawing

23. **Payments/Distributions to Partner or Insider:** List all withdrawals or distributions credited or given to a Partner, Officer, Director, or Shareholder (or any relative or other affiliated party); including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other prerequisite within the past **YEAR**.

Name and Address of Recipient	Title/Relationship to Business Entity	Date of Payment	Purpose for Payment	Amount of Money or Description and Value of Property

24. **Tax Consolidation Group:** If the business is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the past **SIX (6) years**.

[] **NONE**

Name of Parent Corporation	Taxpayer Identification Number (EIN)

25. **Pension Funds:** List the name and federal taxpayer identification number of any pension fund to which the Debtor, as an employer, has been responsible for contributing at any time within the past **SIX (6) years**.

Pension Fund Name and Administrator	Taxpayer Identification Number (EIN)

Do you owe any funds to an employee benefit plan for services rendered within the past **SIX (6) MONTHS**?
Yes / No

-If yes, such obligations will likely be considered priority claims. Please identify the particulars:

Do you owe any wages, salaries, or commissions (including vacation, severance, and sick leave pay) to employee or independent sales representative for services provided within the past **180 DAYS**? Yes / No

-If yes, such amounts will likely be considered priority claims. Please identify the particulars:

Does your business hold any deposits by an individual related to the purchase, lease, or rental of property or services, which were intended for personal, family, or household use, but were not delivered or provided? Yes / No

-If yes, such amounts will likely be considered priority claims. Please identify the particulars: